

of salicylic acid should be kept in mind while performing the procedure.<sup>2</sup>

Second, when the salicylic acid peel is applied, it crystallises forming a pseudo-frost. It is then washed with water after three to five minutes. The skin is gently dried with gauze and the patient is asked to wash with cold water until the burning subsides. Bland moisturisers should be prescribed post-procedure for dryness and the patient should be asked to avoid peeling or scratching of skin.<sup>2</sup>

Finally, few common local side effects of salicylic acid need to be mentioned and explained, such as prolonged erythema, intense exfoliation, crusting, dryness and pigmentary dyschromias, as salicylic peel is done over extensive areas in this study.<sup>3</sup>

#### Declaration of patient consent

Patient's consent not required as there are no patients in this study.

## Authors' reply

Sir,

We would like to thank the reader<sup>1</sup> for providing constructive inputs on our paper.<sup>2</sup> The reader has suggested that sensitive areas of skin like scrotum should be protected by a layer of petrolatum. We wholeheartedly concur with the suggestion of the reader and would follow the same in our future practice. However, in our study, we have carefully avoided the areas adjoining the scrotal sac.

Second, the readers have suggested post-peel care in the form of neutralisation of peel with cold water and liberal application of bland emollient/moisturiser. Intense burning in our patients was managed by applying cold compresses and patients were suggested to apply bland emollients over treated areas keeping in mind the disturbed barrier function of epidermis affected by dermatophytosis.

The inputs from the reader would definitely help in increasing the adherence of the patients toward salicylic acid peel in the treatment of dermatophytosis.

#### Financial support and sponsorship

Nil.

#### Conflicts of interest

There are no conflicts of interest.

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#### Financial support and sponsorship

Nil.

#### Conflicts of interest

There are no conflicts of interest.

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**How to cite this article:** Saoji V, Madke B. Authors' reply. *Indian J Dermatol Venereol Leprol* 2022;88:651.

**Received:** September, 2021 **Accepted:** October, 2021 **Epub Ahead of Print:** December 2021 **Published:** August, 2022

**DOI:** 10.25259/IJDVL\_979\_2021 **PMID:** 35138059

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