

## Authors' reply

Sir,

We thank the authors for responding to our formal introduction of the commonly used, essentially Indian term “seborrhic melanosis” in dermatological literature in our article published in the May-June 2017 issue.<sup>1</sup> The term “seborrhic melanosis” has been used by Indian dermatologists for the past three decades but has lacked a formal description in dermatological literature, and hence, we are happy that the editors and reviewers of the esteemed journal responded to the need to fill that lacuna. We decided to publish it specifically as a “Viewpoints” article because of the nascent understanding of this entity.<sup>1</sup> We must point out to the authors that they have completely missed the fact that a “Viewpoints” article is to essentially accommodate sharing of observations, views or opinions even if lacking solid evidence or data. To interpret it as a pilot study is erroneous. Therefore, some of the suggestions of the authors can be incorporated in a future study, which we encourage the authors to undertake in the future. Further worthwhile discussion is not possible due to the basic error of the authors in the very interpretation of the description as well as what seems to be the nebulous understanding of the clinical features of this entity. We

would, however, suggest that the authors observe seborrhic melanosis more closely in the future to better appreciate the involvement of angles of the mouth and labiomental creases in many cases. In addition, we would also suggest looking closely at the association of facial acanthosis nigricans with seborrhic melanosis in select overweight, dark-skinned patients. At this point we would like to reiterate that this condition is of seborrhic origin and most likely a form of postinflammatory hyperpigmentation in dark-skinned individuals, both of which have been mentioned in our article just in case the authors have missed them. We do not agree with the American phrase “skin of color” introduced for the sake of political correctness because essentially every skin has a color without exception.<sup>2</sup>

We do believe that for establishing criteria for seborrhic melanosis one needs a diagnostic algorithm either through modeling or through a classification and regression tree analysis using other facial melanoses as comparators. We, especially two of our authors who routinely perform dermoscopy, are aware of what authors describe as “dermoscopic virginal areas.” The dermoscopic findings

mentioned are restricted to the patients mentioned in our article and are not to be interpreted as a generalization. In fact, we are concerned about the rather authoritarian views and observations we witness every now and then in the area of dermoscopy shared by individuals who give the impression of overestimating the importance of dermatoscopy as a standalone diagnostic tool. We also take the opportunity to warn readers against the use of a “toy dermatoscope” such as “escape” used by the authors.

In conclusion, we thank the authors for showing interest in our article describing “seborrheic melanosis” as a specific entity that Indian dermatologists have been rightly referring to since long. We agree wholeheartedly with the need for further studies to facilitate better understanding of this condition and would, in fact, encourage the authors to embark upon a large scale prospective study with emphasis on clinico-dermatoscopic-histological features of seborrheic melanosis.

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Nil.

**Conflicts of interest**

There are no conflicts of interest.

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