

made at full thickness so as to retract as little as possible.

Finally, the flaps should be harvested considering the growth lines and the anatomical region of the donor site.

The growth phase of the patient which begins and ends earlier in women (12–16 years) than in men (14–18 years) could be defined “dynamic phases” in the surgical treatment. This phase is typified by a very accelerated growth and, therefore, it is not advisable to defer surgery.

Declaration of patient consent

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

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Author’s reply

Sir,

Thank you very much for apprising us of the reader’s interest in our article.¹ We respect the opinion. The incidence of malignant melanoma arising from small/medium congenital melanocytic nevi is an important issue. Although most of them are assessed to be safe, malignant melanoma actually develops in such nevi. It is practically impossible to conduct lifetime follow-up to identify the malignant transformation of these nevi, because the congenital melanocytic nevi appear in babies and ordinary malignant melanoma usually develops in the sixth to eighth decades. Therefore, in our study, we established a certain period and checked the incidence of congenital melanocytic nevi and malignant melanoma arising from small/medium congenital melanocytic nevi who visited our hospital.¹ Based on our study, we need to pay attention to possible underestimation of the risk of malignant transformation of such lesions.¹ We agree with the prophylactic surgical excision of the lesions. The surgical factors related to patients are well analyzed in the article. If further research on the factors related to lesion, for example, regarding which lesions should be removed by surgery, is carried out, it will be welcome.

Declaration of patient consent

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

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Conflicts of interest

There are no conflicts of interest.

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