Comment on "Rule of thumb: A simple tool to estimate 1% scalp surface area": Whose thumb is it anyway?

To the Editor: We read with great interest the article by Wambier and King[1] about an innovative and user-friendly method to calculate the area of involvement of alopecia areata. After evaluating this method, we believe the addition of a modification is needed to make this assessment method applicable to most alopecia areata cases, regardless of age and sex, and might actually increase its objective value.

Alopecia areata is an autoimmune disorder characterized by hair loss over the scalp and other body parts that has a range in severity, varying from localized patchy alopecia to alopecia universalis. There is a validated score for measuring area of involvement named the Severity of Alopecia Tool (SALT), which was introduced in 2004 for the assessment of hair regrowth in comparison with baseline.[2] The major disadvantage of SALT is it's lack of precision and wide interobserver variation in assessing smaller patches of alopecia. To overcome this limitation, the SALT score was changed so that the scalp was divided into 1% scalp surface area increments.[3] Unwittingly, this change ended up complicating the applicability of SALT. The study by Wambier and King,[1] involving the use of juxtaposed thumb prints over a model of an adult-sized head, has minimized this technical difficulty; in their method, 1 thumb projection is considered almost equal to 1% of the scalp surface area. We suggest that the potential for using the observer's thumb projection is a limitation of this method that can make the calculation erroneous. Using the observer's thumb can lead to overestimation or underestimation of involved scalp surface area, especially in children and people with different skeletal builds.

In a literature search, we observed that the rule of 9 and Lund-Browder chart are widely used scales for burn area assessment, but these methods are also difficult to apply to small-sized burns.[4] With these methods, the patient's own palm, which is equivalent to 1% of the body surface area, is used to solve the problem, and the patient's own thumb print is used as a valid measurement tool to calculate the extent of hand involvement in burns.[5] Likewise, the patient's own thumb projection will be more accurate than the observer's thumb projection for calculating SALT. Patients can give thumb impression marks over a transparent sheet of paper (eg, tracing paper) and the observer can use the patient's own thumb mark over the diseased scalp. The involved scalp surface area will be calculated by counting the number of such thumb projections inside the alopecia patches. An additional advantage of this improvisation is that the same sheet can be used for follow-up assessments. With this modification to the original work by Wambier and King,[1] most patients will benefit except those having disproportionate head size, viz infants and persons with microcephaly and macrocephaly.

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Funding sources: None.

Conflicts of interest: None disclosed.

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https://doi.org/10.1016/j.jaad.2019.08.052