

## Nail lichen planus



*To the Editor:* We would like to thank Dr Lipner for her positive appraisal<sup>1</sup> of our work.<sup>2,3</sup> We agree that nail lichen planus needs to be treated aggressively to minimize or prevent permanent scarring. Dr Lipner concurs that more aggressive treatment is warranted when a greater number of nails are involved. We did not suggest that systemic corticosteroids must be avoided but merely stated what is favored practice, per the cited literature. In our experience, intralesional corticosteroids are not easily tolerated on a regular basis, despite adjunctive measures to minimize discomfort being taken. We treat the individual, so therefore, we take a flexible approach, whereby the adopted treatment modality addresses the impact of nail disease on the patient's quality of life, regardless of the number of nails affected.

On a different but important note, an emergency, in a biomedical context, is defined as a serious, unexpected, and often life-threatening condition requiring immediate action. Although we accept that nail lichen planus warrants urgent action, we would avoid (mis-) using the term emergency in this context and reserve it for dermatoses, such as toxic epidermal necrolysis and Stevens-Johnson syndrome.

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