

**Reply to: “Comment on ‘Rule of thumb: A simple tool to estimate 1% scalp surface area’: Whose thumb is it anyway?”**



*To the Editor:* We thank Rajan and Bhardwaj for their comments<sup>1</sup> on our method for estimating 1% scalp surface area (SSA) using the thumb, in particular the thumb projection.<sup>2</sup> We agree that accuracy and precision in assessing the Severity of Alopecia Tool score are important, and tools to help achieve these things are needed. Rajan and Bhardwaj make an important observation regarding our method: an adult thumb projection (of a dermatologist evaluating a patient) will approximate 1% SSA of an adult scalp, but for smaller scalps, such as those of young adolescents and preadolescents, the relative size of the adult thumb projection to SSA will obviously be different. They propose that a patient’s own thumb be used to approximate 1% SSA.

This modification would be a useful adaptation of our method as long as the relative size of the thumb to the SSA is the same throughout development (ie, as an infant, toddler, preadolescent, and adolescent, the individual’s thumb projection is always ~1% SSA). This assumption would need to be tested, as we did in adults in our study.

Furthermore, the Severity of Alopecia Tool itself was not validated as a tool for children,<sup>3</sup> and the percentage of SSA of each quadrant (right and left sides both 18%, back 24%, and top 40%) could be different, with varying proportions, over the course of development.

Again, we thank Rajan and Bhardwaj for their insightful comments. Indeed, our work would have

more appropriately been titled “Rule of thumb: A simple tool to estimate 1% scalp surface area in an adult.”

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*Conflicts of interest: Dr King and Dr Wambier are investigators in alopecia areata clinical trials for Concert Pharmaceuticals Inc, Eli Lilly and Company, and Pfizer Inc.*

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