

Reply to: “Comment on ‘Skin stripping technique: A diagnostic clue for fiberglass dermatitis’”



To the Editor: We thank Drs Rajabi-Estarabadi, Williams, and Tosti¹ for their interest in our diagnostic pearl for fiberglass dermatitis.

We agree that reflectance confocal microscopy (RCM) would be an excellent diagnostic tool for fiberglass dermatitis. In fact, we believe that RCM would eventually improve the sensitivity of the histopathologic examination because a wider area of skin could be analyzed. In our experience, even skin stripping is more sensitive than histopathology for this reason—ie, there are no specific findings except for the observation of birefringent fiberglass fragments,² which could be hard to find in a 4-mm punch biopsy specimen. RCM has certainly increased in popularity, and we expect that in the near future it will reduce the number of biopsy specimens obtained from patients with many different inflammatory conditions, since it nearly reaches histologic resolution. However, this method is often unavailable, and it requires a specific education in inflammatory dermatoses in order to avoid the misinterpretation of otherwise easy recognizable and highly suggestive findings (ie, granulomas in a histopathologic examination). Skin stripping is a noninvasive, cheap, time-saving, easy technique both in performance and interpretation, so it may be the first diagnostic step when fiberglass dermatitis is suspected. In a 3-step diagnostic algorithm, RCM should be placed at the second position as a

noninvasive tool that can potentially avoid the need to obtain a skin biopsy specimen.

We assume the confusion arrived from the sentence “[Glass fibers] can be accurately identified only by using polarized light microscopy to avoid misdiagnosis.” We wanted to express the need of polarized light as opposed to unpolarized light. We agree that RCM and histopathology can identify fibers as well and appreciate the clarification.

Jaime Company-Quiroga, MD, Sergio Alique-García, MD, Cristina Martínez-Morán, MD, Susana Córdoba, MD, and Jesús Borbujo, MD, PhD

Fuenlabrada University Hospital, Madrid, Spain

Funding sources: None.

Conflicts of interest: None disclosed.

Reprint requests: Jaime Company-Quiroga, MD, Fuenlabrada University Hospital, Camino del Molino, 2, 28942, Fuenlabrada, Madrid, Spain

E-mail: j.companyquiroga@gmail.com

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<https://doi.org/10.1016/j.jaad.2018.12.029>