

**Reply to: “Comment on  
‘Trichloroacetic acid as a treatment  
for persistent oral mucosal lesions  
in pemphigus vulgaris’”**



*To the Editor:* We would like to thank Filho et al<sup>1</sup> for their interest in our article “Trichloroacetic acid as a treatment for persistent oral mucosal lesions in pemphigus vulgaris.”<sup>2</sup> They raised the important subject of the role of herpes simplex virus (HSV) in their comment and inquired about a possible role for this viral infection in the etiology of the chronic ulcer observed and treated with trichloroacetic acid (TCA). As they have mentioned, many studies have reported HSV in pemphigus lesions,<sup>3</sup> and the role of this virus as a trigger of pemphigus is also well known in clinical practice.

In this case, although we did not perform either a Tzanck test or PCR on the refractory ulcer, we have strong evidence against the role of HSV. First, our patient was on minimal therapy (<5 mg of prednisolone) for months with no significant clinical change (despite multiple intralesional steroid injections). We do not expect to see a stable, chronic ulcer of viral origin in individuals without immunodeficiency while receiving only a low dose of corticosteroids. Second, the reported patient repeatedly received acyclovir treatment during the course of her illness, especially during the disease flares, like almost all of our mucosal pemphigus vulgaris patients. Therefore, her risk of developing a chronic ulcer due to HSV infection became even more unlikely. Last, she responded dramatically to topical TCA. To the best of our knowledge, there is no evidence for the efficacy of topical TCA in chronic ulcers due to HSV. TCA application might even induce herpes reactivation. It is noteworthy that the patient had no relevant dental problem, a risk factor for chronicity of pemphigus lesions that Filho et al properly mentioned.

Detection of HSV is possible through different methods, including immunofluorescence studies, viral culture, and PCR, but these are not widely available. Tzanck test is an easy, rapid, and cheap method to investigate the presence of cytopathic effects of HSV,<sup>4</sup> as suggested by Filho et al. However,

the test is best to be performed on fresh, early lesions, and its sensitivity decreases markedly in old lesions.<sup>4,5</sup> As a last resort, clinicians caring for pemphigus vulgaris patients often treat them with acyclovir, whenever clinically suspicious of HSV infection.

In conclusion, the refractory, chronic ulcer we observed and treated with TCA did not seem to have an HSV etiology (or contribution). Further studies are needed to elucidate other involved factors leading to these persistent oral lesions in pemphigus.

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