Dear Authors,

Abstract and Introductory portion are very well written which provide reasonable knowledge to the readers, especially to dermatologists and non-dermatologic surgeons. However after going through the main text of the article, I have following suggestions:

*Page-5
Senile comedon, a common form of disease has not been mentioned under the headings of Comedo. Moreover it is such a benign condition that can easily and very effectively removed by a simple instrument (comedo extractor) that treatment with electrocautery and CO2 laser is rarely indicated.

*Page-6
Hydrocystoma usually present as solitary translucent bluish nodule. Blue colored is due to Tyndall effect caused by scattered light. Histologically it may be of apocrine or eccrine origin.

*Page-8
Other conditions mimicking Rhinophyma and may require surgical correction, like lupoid cutaneous leishmaniasis presenting as rhinophyma can also be mentioned under the heading.

*Page-10
While mentioning associations/causes of Telangiectasis, an important cause, Rosacea has not been mentioned which may require treatment with IPL/other lasers.

**It is mentioned in the Abstract that this is the second part of review series (I don’t know what was the first part of review about) that deals with the cutaneous lesions of the nose where surgery or laser therapy could be a therapeutic option. Considering this limitation in mind I still feel that the article lacks mention of some important diseases in which surgery, PDT or laser therapy can be a possible treatment option like,

*Infective diseases:
Chronic Cutaneous Leishmaniasis of nose (Lupoid leishmaniasis, Leishmaniasis recidivans), Cutaneous Tuberculosis (Lupus vulgaris), Deep Mycosis (Chromoblastomycosis, Mucormycosis, Pheohyphomycosis), leprosy, Molluscum
contagiosum, wart

*Auto-immune diseases:
Discoid Lupus Erythematosus, Lupus tumidis, Dermatomyositis, Lipodystrophy,

*Various syndromes:
Xeroderma Pigmentosum, Rothmund Thompson Syndrome. Dyskeratosis Congenita

*Deposition diseases:
Lipoid Protinosis, Porphyria, Exogenous oochrnonosis. Colloid Milium.

*Premalignant Conditions:
Actinic keratosis, Porokeratosis.

*Benign Tumourous conditions:
Pyogenic Granuloma, Tricoepithelioma

*Miscellaneous Diseases:
Post disease scarring (acne, Chicken pox, etc), Post burn contracture, Freckles/lentigens, Milia.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.