Author’s response to reviews

Title: Mucous membrane pemphigoid-associated paronychia with onychomadesis.

Authors:

Salim Alkeraye (drsaleem121@hotmail.com)
Sarah Alsukait (salsukait@gmail.com)

Version: 4 Date: 08 Jan 2019

Author’s response to reviews:

Dear Dr. Guangde,

Thank you again for your valuable input and comments. The following amendments were made to our revised manuscript as suggested, which addressed the textural overlap with other previously published work.

Background section, lines 6-7, page 2

“Nail lesions in bullous pemphigoid are quite rare. The most frequently associated nail findings were nail loss and pterygium formation [3,4].”

Discussion and Conclusion section, lines 24-31, page 4-5

“The diagnosis of MMP depends largely on DIF testing, which is known to be the gold standard [7]. However, many studies conducted on patients with MMP showed DIF sensitivity rates of 70-80% [9,10,11]. In those studies, MMP diagnosis in patients with negative DIF was formed based on clinical and histopathological features. Sinclair et al. [12] demonstrated that all target antigens found in the normal non-appendageal basement membrane, in specific the epidermal-associated antigens 220-kDa and 180-kDa BP antigens, were expressed by the proximal nail fold, the nail matrix, the nail bed and the hyponychium.”

I hope this revised version finds your approval and fulfills your expectations.