Author’s response to reviews

Title: Frequency of different types of facial melanoses referring to the Department of Dermatology and Venereology, Nepal Medical College and Teaching Hospital in 2019, and assessment of their effect on health-related quality of life

Authors:
Bibush Amatya (bibush.amatya@nmcth.edu; doc_bibush@hotmail.com)
Anil Kumar Jha (draniljha@gmail.com)
Shristi Shrestha (sonyjony@gmail.com)

Version: 2 Date: 19 Jun 2020

Author’s response to reviews:

To
The Editor
Professor Dr. Nooshin Bagherani
BMC Dermatology

Subject: Submission of Revised Manuscript

Dear Professor Dr. Nooshin Bagherani,

We would like to thank you for giving us this opportunity to submit a revised draft of our manuscript entitled “Frequency of different types of facial melanoses in affected patients referring to the Department of Dermatology and Venereology, Nepal Medical College and Teaching Hospital in 2019, and assessment of their effect on health-related quality of life” for publication in BMC Dermatology.

We also sincerely appreciate the time and effort you and the reviewers have dedicated to providing feedback on our manuscript. We are grateful for the insightful comments and have incorporated all the suggestions made by the reviewers. The changes have been highlighted within the manuscript with comments in the side box.

We have provided a point-by-point response to the editor’s and reviewers’ comments. The numbers refer to the revised manuscript file with tracked changes.

Warm regards,

Bibush Amatya
Manuscript ID: BDER-D-20-00037R1
Editor’s comments to the authors:

1. “Prevalence” is not an appropriate term for the study done by you. Instead of it, “Frequency” could be a better one. Then, as a suggestion for the title of your article “Frequency of different types of facial melanoses in affected patients referring to the Department of Dermatology and Venereology, Nepal Medical College and Teaching Hospital in 2019, and assessment of their effect on health-related quality of life”. Please consider this replacement in all over your article.

Response of authors:
Yes, Professor Dr. Nooshin Bagherani, we agree that “frequency” is a better term than “prevalence”. Indeed, at the time of preparing the research proposal and during the IRB presentation, there was a debate about the use of the words prevalence and frequency. We wholeheartedly agree with your suggestion and have changed the title of our work to the one suggested by you (lines 2-4).

2. Why did you consider actinic cheilitis as a facial melanosis? If you have no justifiable reply, please delete it from the list of facial melanoses.

Response of authors:
Thank you for pointing it out Professor. We had mistakenly read “actinic cheilitis” to be within the spectrum of facial melanosis. We performed additional literature review on the subject and none of them have included actinic cheilitis as a facial melanosis. We have therefore removed all information pertaining to “actinic cheilitis” in our revised work (lines 45, 81, 176-78, 249, tables 1, 3).

3. It could be better to consider Fitzpatrick’s skin types for your collected data. You could get amazing results in comparing DLQI with different skin types. Please consider it as limitation of your study.

Response of authors:
Sir, we admit deficiency on our part to provide information on Fitzpatrick skin type of the individual participants. We wrongly assumed that almost all people in Nepal have Fitzpatrick’s skin type III or IV. We have duly mentioned that as a limitation of our study (lines 306-11).

4. The language needs revision.

Response of authors:
Sir, we again admit deficiency on our part as we are not native speakers of the English language. We have therefore had our manuscript proofread by a colleague who is fluent in English. We have also adhered to the following rules:
• Using short sentences
• Keeping the verbs and subjects close together in sentences
• Use of active voice wherever possible
• One idea per sentence
• Comparison of comparable entities only
5. Regarding the results of your study, please suggest questions which can be revised or added in the DLQI questionnaire for assessing quality of life

Response of authors:
Sir, we believe that a few questions in the DLQI questionnaire are not suitable for our population. As you have rightly suggested, we have included the questions relating to social discrimination, suspicion of leprosy or cancer, association with blood impurities and the financial burden of treatment that would be more appropriate for our population (lines 314-6, 319-21).

6. Please rewrite your article in the format of “Letter to Editor”.

Response of authors:
Sir, we admit there were a lot of deficiencies in our original manuscript. However, Professor, we believe that improvements have been made in the revised manuscript. We have tried and failed to get three manuscripts accepted by BMC Dermatology in the past. That has still not deterred us from trying Professor because for us, BMC Dermatology is the standard. Sir, an article accepted as a “Letter to Editor” does not provide us with any scope for professional development. We humbly request you to please re-consider our manuscript as an original article. We realize that you have done extensive work on pigmentary dermatoses, especially melasma and vitiligo. It was an honour for us to cite your work in our revised manuscript, which took us almost 18 months to complete and involved 485 participants.

Reviewer 1’s comments to the authors:
Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

1. Correction ephilides in pages 78, 223,235, 305

Response of authors:
Thank you very much for pointing our spelling mistake. The corrections have been made on line numbers 49, 79, 209, 230, 240, tables 1 and 3.

2. Why do you include in facial melanosis, actinic cheilitis?

Response of authors:
Yes Sir, we had mistakenly read “actinic cheilitis” to be within the spectrum of facial melanosis. We did more literature review on facial melanosis and none of them have included actinic cheilitis as a facial melanosis. We have therefore removed all information pertaining to “actinic cheilitis” in our revised work (lines 45, 81, 176-78, 249, tables 1, 3).
3. It should be interesting to mention Fitzpatrick’s type skin and add some comment about in your population.

Response of authors:
Thank you for this suggestion. It would have been interesting to explore this aspect.
Sir, we admit deficiency on our part to provide information on Fitzpatrick skin type of the individual participants. We wrongly assumed that almost all people in Nepal have Fitzpatrick’s skin type III or IV. We have duly mentioned that as a limitation of our study (lines 306-11).

Reviewer 2’s comments to the authors:

1. You include a few images as per journal specifications

Response of authors:
Yes Sir, thank you very much for the suggestion. We have included three figures in the revised manuscript (lines 188-200, 214-5).

Reviewer 3’s comments to the authors:

1. Line 32 – you may delete “patients with”

Response of authors:
Thank you for pointing out the mistake. We have deleted the words “patients with” (line 32)

2. Line 33 – add “among patients”

Response of authors:
We agree with the reviewer’s suggestion and have added the phrase “among patients” (line 33)

3. Line 59 – delete “like ours”

Response of authors:
Thank you for the suggestion. We have deleted the words “like ours” (Line 57).

4. Line 76 – substitute the word “increased” with “abnormal”

Response of authors:
Yes, Sir, we agree that “abnormal pigmentation” would be a better phrase to describe facial melanoses than “increased pigmentation” (line 28, 77, 82, 87 and 254).

5. Line 80 – better to use the word “DLE” rather than “discoid lupus erythematosus” after using the full name the first time and abbreviations subsequently
Response of authors:
We whole heartedly agree with you Sir and have replaced “discoid lupus erythematosus” with DLE in the whole manuscript (lines 81, 230, 240, 262, 303 and tables 1 and 3)

6. Line 81 – more extensive list of facial melanoses provided in the recent article by Abdel-Naser MB

Response of authors:
Sir, the article you have recommended has indeed given an even more extensive list of facial melanoses. We have therefore cited the work of Abdel-Naser MB (line 86).

7. Line 90-1 – inappropriate use of the word “in”

Response of authors:
We would like to thank you once again dear Sir for pointing out errors in our grammar. We have replaced the word “in” by “on” (lines 93, 97).

8. Line 105 – inappropriate use of the word “quantified”

Response of authors:
The reviewer is again correct in pointing out inappropriate use of the word “quantified”. We have used the word “investigated” instead (line 111).

9. Line 140 – Delete the word “of”

Response of authors:
Thank you Sir. We have deleted the word “of” (line 138).

10. Line 151 – Delete the phrase “using a personal computer”

Response of authors:
We have deleted the phrase (line 148).

11. Lines 151-5
1. This can be a separate paragraph with the title of statistical evaluation.
2. The methods can be described with more elaboration regarding the use of a particular method for a particular data.

Response of authors:
Sir, we have made a separate paragraph for statistical analysis and have also provided detailed information on the methods that were used to measure and investigate the specific variables (lines 150-8).

12. Line 177 – Use of the word “majority”
Response of authors:
We had used the word “majority”. One of the definitions of “majority” according to Merriam-Webster dictionary is more than 50%. However, a more appropriate term as correctly suggested by the reviewer would probably be “highest” (line 178).

13. Lines 181, 192, 257, 263 – inconsistency in the use of the word/s “dermatosis/dermatoses”

Response of authors:
Sir, we would like to thank you very much for pointing out our varied and inconsistent use of the word/s “dermatosis/dermatoses”. After a detailed literature review, we have used the name “steroid induced rosacea-like dermatitis” to encompass the features of redness, stinging, burning and flushing sensation along with thinning of skin, development of erythematous papules and pustules and telangiectases after prolonged use of topical corticosteroids. These changes have been made in lines 48, 55, 183, 190, 208-9, 218, 256, 259, 261-2, 276, 348-9, 373 and tables 1-4.

14. Lines 196-7 – inappropriate use of the word “in”

Response of authors:
Thank you for pointing this out Sir. We have deleted the phrase in the revised manuscript.

15. Line 201, 213 – deletion of the Statistical test used

Response of authors:
Sir, we wholeheartedly agree with you on avoidance of repetition. Therefore, we have removed the use of the test of significance in the results section. (Lines 218, 224, 236).

16. Line 206 – use of the phrase “question 9”

Response of authors:
Sir, we are not sure what you meant by highlighting this text “question 9”. We believe it may be a grammatical error on our part and have therefore used the phrase “the ninth question” instead. (Line 220)

17. Lines 257, 263 – inappropriate use of the terms “dermatosis/dermatoses”

Response of authors:
Sir, we would like to thank you very much for pointing out our varied and inconsistent use of the word/s “dermatosis/dermatoses”. After a detailed literature review, we have used the name “steroid induced rosacea-like dermatitis” to encompass the features of redness, stinging, burning and flushing sensation along with thinning of skin, development of erythematous papules and pustules and telangiectases after prolonged use of topical corticosteroids. These changes have been made in lines 48, 55, 183, 190, 208-9, 218, 256, 259, 261-2, 276, 348-9, 373 and tables 1-4.
18. Lines 262, 283, 284, 300 – repetition of results

Response of authors:
Sir, we wholeheartedly agree with you on avoidance of repetition. Therefore, we have removed the DLQI values in the discussion section (Lines 257 and 282-3).

19. Line 270 – inappropriate use of the word “pharmaceuticals”

Response of authors:
Sir, we would like to thank you for pointing out this error. We meant “sales persons in pharmacies” and have made the change (Line 269).

20. Line 273 – Suggestion to cite more work

Response of authors:
Sir, we would once again like to thank you for the suggestion. We have not only cited the work by Abdel-Nasar MB but also by other authors (line 272-3).

21. Line 276 – inappropriate use of the word “discovered”

Response of authors:
Yes Sir, we agree that “revealed” would be a better word and have made the change (line 278).

22. Lines 276-8 – discrepancy in percentage

Response of authors:
Sir, we would like thank you for pointing out this discrepancy. We have made the corrections in lines 279.

23. Line 291 – inappropriate use of the word “in”

Response of authors:
Thank you for pointing this out Sir. We have replaced the word “in” by “on” (line 287).

24. Line 311 – inappropriate use of the word “all”

Response of authors:
Sir, we have duly made the correction and replaced “all” by “a few questions” (line 315).

25. Line 312 – error in tense

Response of authors:
Sir, we accept the grammatical error. We have substituted “are” by “were” (line 315).
26. Lines 324 and 326 - inappropriate use of the word “in”

Response of authors:
Thank you for pointing this out Sir. We have replaced the word “in” by “on” (line 350).

27. Line 330 – delete the phrase “like ours”

Response of authors:
Thank you for the suggestion. We have duly deleted the words “like ours” (line 353).

28. Table 1
1. Well written and informative articles usually contain 3-5 tables. The manuscript contains 16 tables which seem to be unnecessary. In fact several of these tables can be combined so that the total number is 3-5 tables. Example is given.
2. Tables must be self explanatory. With other words, there must be an informative legend for each table that explains the findings in the table.
3. Figures or graphs can better show the results and also reduce the number of tables by replacing some of them.

Response of authors:
Sir, we have reduced the number of tables to four. A figure/graph has also been added to replace the tables. Tables 1 and 2 have been merged as have tables 5, 6 and 7.