Reply to: "Plasmacytoid dendritic cell content, clustering, and distribution pattern are useful parameters in differentiating lupus alopecia from lichen planopilaris"

To the Editor: We read with great interest the letter by Abbas commenting on our published research letter, "Clusters of $CD123^+$ plasmacytoid dendritic cells help distinguish lupus alopecia from lichen planopilaris," (LPP)[1] and we thank him for confirming and expanding our results with his study.[2] Fening et al[3] has also recently demonstrated that plasmacytoid dendritic cells (PDCs) constituting more than 20% of the infiltrate or the presence of PDC clusters with more than 20 cells favor a diagnosis of chronic cutaneous lupus erythematosus (LE). This pattern also helps exclude LPP and central centrifugal cicatricial alopecia. PDCs in cases of chronic cutaneous LE were also more likely to be in a perivascular, perifollicular, and/or perieccrine distribution, whereas the PDCs were distributed as single and interstitial cells in LPP and central centrifugal cicatricial alopecia.[3]

We would like to emphasize that, for practical purposes, the identification of clusters of $CD123^+$ PDCs alone is a valuable histopathological tool for dermatopathologists, when confronted with cases in which it is difficult to distinguish LE from LPP. These challenging cases are usually characterized by the absence of an interfollicular interface dermatitis and an absence of a deep dermal lymphocytic infiltrate. Cases with clusters of $CD123^+$ PDCs with deep dermal and a perieccrine distribution or with involvement of the interfollicular dermoepidermal junction can easily be diagnosed as LE rather than LPP with routine hematoxylin-eosin examination, because LPP typically shows only focal peri-infundibuloisthmic lymphocytic infiltrate rather than a deep infiltrate and is devoid of interfollicular interface dermatitis. Similar to LPP, central centrifugal cicatricial alopecia lacks deep perifollicular, deep dermal, and interfollicular epidermal involvement. Identification of PDC clusters and evaluation of PDC distribution have utility in the challenging cases when these hematoxylin-eosin features are not distinct.

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