Eosinophilic Pustular Folliculitis versus Eosinophilic Pustulosis

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We have read with great interest the article of Aoyama and Tagami [1] describing a case of Ofuji syndrome and reviewing the literature. There is no doubt that Japanese dermatologists have the most experience with Ofuji syndrome and that most of the literature on this disease has originated in Japan.

However, we have several comments regarding the case report. Since 18% of patients with Ofuji syndrome demonstrate palmoplantar pustulosis (PPP) the term 'foUiculitis' is misleading as there are no follicles in

these areas. We, like others [2], believe that the term 'eosinophilic pustulosis' or 'eosinophilic pustular dermatosis' would be more appropriate. Secondly, the authors state that '...whenever we see a patient with PPP poorly responsive to ordinary therapeutic modalities, we should suspect the possibility of eosinophilic pustular foUiculitis with pal-

References

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moplantar involvement'. We believe that whenever we see a patient with therapy-resistant PPP drug-induced PPP should be considered the primary diagnosis, since it is far more common than Ofuji syndrome. Awareness of this possibility is important since drug cessation is essential for therapy success [3, 4].

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Reply

We appreciate the interesting comments from Drs. Wolf and Kuritzky on our article on eosinophilic pustular foUiculitis (so-called Ofuji disease). They suggested to use 'eosinophilic pustular dermatosis' instead of the original term proposed by Dr. Ofuji, because palmoplantar

pustular lesions are not so rare in this dermatosis. However, based on the fact that the epithelium of the pilosebaceous follicles is the only site for pustule formation on the skin other than that of the palms and

soles and that the demonstration of the characteristic clinical as well as histopathological features of the follicular lesions constitutes a key point to reach a final diagnosis of this disorder as in our reported case, it is our opinion to respect the original name. However, we do not have any objection to simply call it Ofuji disease or Ofuji syndrome. No one would dare to propose to eliminate the word 'pilaris' from pityriasis rubra pilaris or to replace it with another name, even though

the palmoplantar lesions, which are far more common than those in eosinophilic pustular folliculitis, constitute a characteristic clinical feature in it.

In regard to their second comments we appreciate their pertinent suggestions to include the possibility of drug-induced pustulosis palmaris et plantaris in the differential diagnosis of therapy-resistant cases.

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