I wish to thank the author of the letter for the interesting comment on our previous article. Although the author of the letter suggested that the term ‘genital tuberculides’ was more appropriate than ‘penis tuberculides’, since a case in which papulonecrotic tuberculides occurred was observed also in the vulval region, we ourselves have hardly seen patients’ tuberculides localized on the vulva in Japan, and could find hardly any case reports on such a case in the literature [1-3].

On the contrary, in Japan, there have been many reported cases in which papulonecrotic tuberculides lesions were limited to the penis, which is strikingly different from ordinary papulonecrotic tuberculides characteristically affecting the extremities or trunk symmetrically. In such cases, a clinical entity ‘penis tuberculides’ is useful for clinical diagnosis, and this is the reason why the term ‘penis tuberculides’ has commonly been used in Japan. In the case reported here, papulonecrotic tuberculides lesion was not limited to the vulval region (case 2), and in this sense, it is different from ‘penis tuberculides’. However, if there are as many cases of papulonecrotic tuberculides limited to the vulvar region as those of penis tuberculides outside Japan, ‘genital tuberculides’ would be more appropriate than the term ‘penis tuberculides’. We would like to stick to the term ‘penis tuberculides’ until further studies reveal several cases in which papulonecrotic tuberculides lesions are limited to the vulval region.

We also noticed the recurrence of tuberculides in cases in which the treatment was discontinued or entirely omitted. Precise diagnosis and prompt anti-tuberculous therapy are important.

References