We greatly appreciate Dr. Chuh’s suggestions regarding our article [1] and have carefully reviewed all comments and previous reports [2, 3]. It was mentioned that the presented serological profile was inadequate as evidence of EBV reactivation, but we are convinced that EBV reactivation played a causal role in the reported symptom; as the reactivation of varicella-zoster virus, a member of the herpesvirus family, causes herpes zoster, it is not surprising that EBV, which is also a member of the herpesvirus family, has the same causal effect.

Furthermore, it is widely known that many viruses and vaccines cause GCS. Although the case presented here did not include a detailed vaccination history, there was no evidence of the involvement of other viruses throughout the examination. However, the possibility of HHV-6 [4] and HHV-7 involvement, as you pointed out, cannot be completely excluded, as they were not examined. We hope that similar cases will continue to accumulate and a new technique will be established for the accurate diagnosis of virus reactivation.

References

Kenjiro Terasaki, MD, PhD, Department of Dermatology
Kagoshima University Faculty of Medicine
8-35-1 Sakuragaoka, Kagoshima 890-8520 (Japan)
Tel. +81 99 275 5388, Fax +81 99 275 1134
E-Mail ken0913@m2.kufm.kagoshima-u.ac.jp