

In view of the above, we continue to support our study conclusion that skin cancer risk is increased in Korean patients with vitiligo compared with the general public.

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Negative tests for SARS-CoV-2 infection do not rule out its responsibility for chilblains

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DEAR EDITOR, We read with great interest the report of Le Cleach et al. discussing chilblains as a manifestation of the COVID-19 pandemic.¹ They reported 311 patients with acral lesions occurring during the COVID-19 lockdown in France. The most frequent clinical presentation of these acral lesions was typical chilblains. Among the 150 patients with reverse transcription polymerase chain reaction (RT-PCR) testing and/or serology, only 10 had confirmed COVID-19. They concluded that there is no evidence of SARS-CoV-2 infection in the large majority of patients with acral lesions. They hypothesized that the situation could be due to the media stating that chilblains were caused by SARS-CoV-2 infection and leading to a higher rate of consultation or the lockdown leading to more inactivity and long periods at home barefoot on a cold floor.¹

We do not agree with this explanation. We recently published cases of chilblains enrolled during the COVID-19 pandemic.²

We performed the same virological tests, which were also mostly negative, but our conclusion was different. We demonstrated in skin biopsies a high expression of MxA [interferon type I induced (IFN-I) protein] and CD123 (a marker of plasmacytoid dendritic cells, known as the major producer of IFN-I). Histochemical results were comparable to those found in our chilblain lupus erythematosus group. We concluded that chilblain was a manifestation of IFN-I upregulation as observed in genetic interferonopathies. Active viral replication is not necessary to mount an efficient IFN response in SARS-CoV infection. IFN-induced transmembrane protein may inhibit coronavirus replication.³ This inhibition may be one of the reasons why PCR tests were negative. It was also demonstrated that high expression of IFN-I at the onset of viral infection may induce a depletion of B cells and may explain the negativity of serologies.⁴ Moreover, subcutaneous injection of β -interferon is known to induce vasculopathy. We concluded that chilblains reflect a strong antiviral response in patients that are potentially genetically predisposed for high production of IFN-I.

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Negative tests for SARS-CoV-2 infection do not rule out its responsibility for chilblains: reply from the authors

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DEAR EDITOR, With great interest, we read the comment by Battesti and Descamps¹ on our recently published study in the *BJD*.² Their comment is based on their findings that