

In Response

Dear Sir:

We read with interest Mello and Madeira's comments on our article¹ and herein we discuss the points they raised. They emphasized skin scraping for the diagnosis of cutaneous leishmaniasis. We agree that skin scraping is a good method for the diagnosis of cutaneous leishmaniasis; however, it has shown to be less sensitive than press imprint smear (PIS),²⁻⁵ and skin scraping should not be done in clearly infected ulcers and should not be performed in non-ulcerated lesions. On the other hand, local anesthesia is recommended for the comfort of the patient. As skin scraping does not elucidate a large proportion of cases of cutaneous leishmaniasis, neither does it allow the diagnosis of several other diseases, so we recommend that a skin biopsy should be performed at the same time. To do it, one will need all things used in PIS, plus a scalpel blade or a curette, making its cost a little higher than with PIS. Suturing is not necessary for a 3-mm punch biopsy. We understand that a microscopy technician with a short training course can learn to identify amastigotes, because he or she is someone already used to see other microorganisms. We are not referring to a lay person on microscopy. On the other hand, the performance of procedures (skin scraping or other) by technicians, is a matter that concerns us because before doing scraping or other procedures, it is necessary to evaluate the patient and the lesion: if the lesion is infected, if it is close to varicose veins, and other aspects of it. These interventions require training and qualification that a technician does not have to perform the tasks Mello and Moreira suggest. We should make all efforts to guarantee that even in poor-resource areas, any intervention in humans, even the simplest one

should be done in accordance with the best practices, by qualified professional and under good supervision.

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