Sir,

We read with great interest the article by Pektas and Demir. The study described the profile of the dermatological manifestations among patients admitted to Intensive Care Units (ICUs), and thus highlighted the need for a comprehensive care of the admitted patient, including care of skin manifestations.

We would like to draw your attention to the following three methodological issues. The first issue is about the use of the word “prospective” by the authors in the title of the study. The title of an article provides a glimpse of not only the topic discussed but also about the methodology used to achieve the result. Accordingly, readers might either choose to stop by, or forego reading the article. Using the word “prospective” in the title gave an impression as if the study has enrolled certain patients from ICU with skin manifestation, and have followed them over a period of time for an outcome analysis. However, what the study has actually done was approached a patient, identified the dermatological manifestation, if any, which became the outcome variable. Moreover, at the same point of time, assessed probable risk factors, such as multimorbidity, duration spent in ICU, in addition to sociodemographic variables, from the hospital information system for that particular patient. This procedure was repeated on consecutively recruited patients between January 1, 2012, and December 31, 2014. None of the patient was actually followed-up which is a prerequisite of “prospective study.” Thus, it appears that by using the term “prospective” the authors perhaps desired to reflect that the recruited patients consecutively as they were admitted to the ICU. The title of the study thus should have used something like,… “done using a cross-sectional study”… while, in the methods sections, sampling strategy should have described the “consecutiveness” of study participant recruitment.

The second issue was about associating multimorbidity with dermatological manifestations. An important confounder that should have been controlled for in the analysis was that of the duration of stay in the ICU, which, was shown as strongly significant in univariate analysis.

Finally, instead of comparing between the subgroups A and B, these should have been taken as independent variable, since access to care (in this case seeking a dermatological consultation) could indicate, a significantly different profile of the patient, in terms of general well-being or, on the contrary, in terms of extreme severity.

Nonetheless, we would like to congratulate the authors for studying an otherwise overlooked area in the continuum of patient care.

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Nil.

Conflicts of interest
There are no conflicts of interest.

Reference
1. Pektas SD, Demir AK. Prospective analysis of skin findings in surgical critically ill patients Intensive Care Unit. Indian J Dermatol 2017;62:297-303.

Author’s Reply
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Sir,

I agree with the reviewer. I have suggested that the “prospective” statement should be changed as “cross-sectional” in title and materials and methods of our article.¹

We think that it is more appropriate to compare patients (A) who are in intensive care but not dermatology consultation (B) and patients who require dermatology consultation (A). The patients in both groups were followed up in surgical intensive care unit.
In our study, we found that univariate analysis was more appropriate than bivariate analysis.

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**Conflicts of interest**
There are no conflicts of interest.

**Reference**
1. Haldar P. Methodological issues with sampling strategy. Indian J Dermatol 2017;62:427.