edematous papules and a little more sparse neutrophilic infiltrate than our cases. From a clinicopathologic point of view, their 2 patients had NUD, and they fit perfectly within the definition of this entity that we provided. Introducing their new name will only add confusion in nosology. The principle of parsimony made us choose an operational definition of NUD with the fewest possible defining criteria, namely the eruption and its particular histopathologic findings, though we insisted on the other aspects of this syndrome. We carefully discussed why NUD is different from the entity described by Peters and Winkelmann\(^3\) in 1985 under the designation neutrophilic urticaria. We also insisted on the association with diseases such as genetic autoinflammatory syndromes, Schnitzler syndrome, adult-onset Still disease, and lupus erythematosus.

Once again, we fully agree with their astute observation, but for the sake of simplification of nosology and of definition of diseases, we think this is merely a confirmatory report of the entity that we reported under the designation of NUD.

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Editor’s Note The article on “Neutrophilic Urticaria With Systemic Inflammation: A Case Series” by Belani et al\(^1\) was published because we believed that our readers were unfamiliar with this concept. Additionally, the approach of treating with interleukin 1 antagonists is relatively underappreciated in the dermatologic community. Lipsker et al\(^2\) had previously noted this issue under a different nomenclature, neutrophilic urticarial dermatosis.\(^2\) While we recognize the concept that both groups are describing the same disease, we believe that the name proposed by Belani et al more accurately reflects the need to consider systemic disease than that proposed previously.

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