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**Can we allow a further intake of drugs poorly suspected as responsible in responsible in drug reaction with eosinophilia and systemic symptoms (DRESS)? A study of practice**

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Dear Editor,

We have read with interest the response letter from Stanulović et al. which has a very limited link with our study and our discussion. The cases we have reported, all were induced by xenobiotics and not by biologicals. The mechanisms of the side effects of xenobiotics are different from those due to xenobiotics (1). The clinical features may be similar but not identical. Anti-CD25 antibodies induce immunological dysregulations, mainly related to immune deviations (Delta type), as such adverse events are not triggered by xenobiotics. Some cutaneous adverse drug reactions (CADR) reported with anti-CD25, even if they look like DRESS cannot be classified as DRESS according to the criteria of Regiscar. In our study, only CADR due to xenobiotics have been included and all could be classified as probable or definite DRESS according to Regiscar's criterias (2). The management of AEs due to xenobiotics cannot be applied to those induced by biological or immunotherapies by check point inhibitors. The later also have been reported as inducers of DRESS (3).

The occurrence of a new AEs with neurological involvement during the reintroduction of an anti-CD25, in a patient who previously would have had a DRESS, has nothing to do with our study involving DRESS induced by xenobiotics. A relapse of DRESS may be accompanied by encephalitis and such cases it is due to viral reactivations of the herpesvirus family. This is very different from an AEs directly due to the deleterious cerebral impact of an anti-CD25 antibody.

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Finally, any side effects occurring during slow drug re-introductions in our patients were scrupulously recorded and described, and no patient had neurological involvement. The discussion of a relapse of a DRESS due to an anti-CD25 with neurological involvement without liver or renal involvement is purely hypothetical and has no relation to our study.

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#### References

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