

Letter to the Editor

Computer aided design mapping for SCORAD index in atopic dermatitis: ScoradCard software

Editor,

I read with interest Dr Kanthraj's letter to you (1) about computer aided design mapping for scoring atopic dermatitis (AD). In his letter he cited my article (2) in which we presented a new software, ScoradCard®, for scoring AD using SCORAD (3) index. I agree that the two systems are alike and allow to evaluate this index in a quick and simple way. However, I would like to clarify some Kanthraj's comments about the ScoradCard® software.

First of all, ScoradCard® is the precise computerized transposition of the SCORAD method to assess AD severity, but it works in a very user-friendly way, also with untrained users. As it is cheap, it can be used not only in a research setting, but also in the daily practice. Moreover, to assess the extension of the involved skin surface, the software does not use photographs, as Kanthraj stated, but moving the PC mouse allows to draw the area of skin lesion extension on 2-D schematic figure outlines shown, in front and back view, on the PC screen. While it is possible to choose different dimensions of brushes, to erase eventual mistakes, the software automatically calculates the involved area as a percentage of the specific part of the schematic figure (head, trunk, arms, hands and legs), by counting the exact amount of the painted pixels in comparison with the total zone surface. This calculation is made by the software using the exact values proposed by SCORAD. Moreover, ScoradCard® automatically accounts for the different percentage depending on the patient's age. To verify the accuracy of this method, we have used a true 'gold standard': the exact amount of pixels of artificial painted lesions on a picture used as test. On the contrary, the CAD method, proposed by Kanthraj, was validated by some trained observers, through the 9% rule method. However, previous studies have demonstrated that the 9% rule method itself is not an accurate one and cannot be used as 'gold

standard' (4). Maybe, the pictures Kanthraj makes reference to are the ones employed and already validated by the Scorad task force (3), and that are used in the ScoradCard® software to compare the severity grading of AD objective signs. Kanthraj's CAD system allows to use different painting patterns based on objective signs and the software calculates the relative percentage, although this is not stated in the published SCORAD method. For the subjective symptoms (pruritus and sleep loss) ScoradCard® uses an easy visual analogue scale. As the software works with Windows™ operating system (from 9x to XP), it can be used either for outpatients or as a bedside procedure. Moreover, the software-house producing ScoradCard® (<http://www.tpsproduction.com>, Rome, Italy) is developing a Pocket PC version and another one for Mac™ operating system. All data are saved in a specific database for the next follow-up and ScoradCard® can export all the database or a patient's selection for multicentric studies; finally a web version will soon be available.

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