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Conflict of Interest Disclosures: No specific financial conflicts were reported. However, both authors are currently conducting a Cochrane Review on topical antifungal treatments for tinea cruris and tinea corporis.

Disclaimer: Although both authors are members of The Cochrane Collaboration, the views expressed in this letter are not necessarily the views or the official policy of The Cochrane Collaboration.

1. Rotta I, Ziegelmann PK, Otuki MF, Riveros BS, Bernardo NLMC, Correr CJ. Efficacy of topical antifungals in the treatment of dermatophytosis: a mixed-treatment comparison meta-analysis involving 14 treatments. *JAMA Dermatol*. 2013;149(3):341-349.
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In Reply Our systematic review and mixed-treatment comparison meta-analysis showed no significant differences among 14 topical antifungal agents for mycologic cure.¹ We also have found that butenafine, naftifine, and terbinafine might be the best treatments for maintaining a cure in patients with dermatophytosis.¹ German language randomized clinical trials were not included in our review, which is 1 limitation of the study. Nevertheless, we believe that even if these studies were included, our results would not have changed significantly.

Two of the German studies^{2,3} found naftifine or ciclopiroxolamine to be superior to placebo, which was also consistently demonstrated in the systematic reviews we reviewed. Two other German studies not included in our systematic review^{4,5} compared naftifine to bifonazole or clotrimazole in the treatment of tinea pedis. These studies did not find a significant difference between these antifungal agents for mycologic cure, which is in agreement with our mixed-treatment comparison results. In another study,⁶ the efficacy of antifungal agents was compared in the treatment of patients with dermatophytosis or candidiasis. However, the results were not separately reported for each dermatomycosis, so this study did not meet our inclusion criterion. The same inclusion criterion was not met by 4 other studies excluded from analysis but cited in our supplemental eTable 1.¹ Furthermore, we included studies conducted in Germany but published in English and studies published in *Mykosen* since the 1980s.

We recognize the limitation of the Jadad scale used in our study. However, we applied the Jadad scale only to identify studies with poor design and reporting, not as a tool to assess the quality of the included studies. Additionally, we applied the Cochrane risk-of-bias criteria to evaluate the included stud-

ies. Unclear attrition bias was attributed to 18% of included studies, and 3% of them showed reporting bias. The other findings of this analysis were described in the Results section of our report.

Finally, we believe that new systematic reviews that include studies published in languages other than English, Spanish and Portuguese can be useful and must be performed to confirm or refute our findings.

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1. Rotta I, Ziegelmann PK, Otuki MF, Riveros BS, Bernardo NL, Correr CJ. Efficacy of topical antifungals in the treatment of dermatophytosis: a mixed-treatment comparison meta-analysis involving 14 treatments. *JAMA Dermatol*. 2013;149(3):341-349.
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Neutrophilic Urticaria With Systemic Inflammation Identical to Neutrophilic Urticarial Dermatitis

To the Editor Belani et al¹ describe 2 patients with an urticarial eruption displaying a neutrophilic infiltrate on histopathologic examination as well as systemic and joint inflammation. The symptoms did not respond to antihistamines, but they disappeared after treatment with the interleukin (IL)-1 inhibitor anakinra. The authors refer to this syndrome as *neutrophilic urticaria with systemic inflammation* or NUSI. While I fully agree with these observations, I disagree with naming this disorder NUSI. When our research team² described 9 patients with an urticarial eruption and a neutrophilic dermatosis histopathologically, we placed this constellation of signs within the established nosology under the designation of *neutrophilic urticarial dermatosis* or NUD.² We pointed out that most patients had systemic signs of inflammation with leukocytosis, elevated C-reactive protein levels, and joint inflammation, and we discussed the IL-1 responsiveness of those patients.

Although Belani et al¹ discuss our article,² we do not agree that a diagnosis of NUD is unlikely because their patients had

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 Winkelmann³ 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 al¹ 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 al² 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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