

## Author's Reply

Sir,

We appreciate the interest shown in our article.<sup>[1]</sup> The scars were evaluated using the method of scar counting as already mentioned in the text. The ice pick scars were

counted before treatment and recounted after treatment. The Leeds scoring pattern is a numerical count of scars translated into scores.<sup>[2]</sup> The ECCA system is also a numerical scoring system and takes into account all the



**Figure 1: Excellent improvement 3 months after the last treatment**

types of scars.<sup>[3]</sup> The Global Acne Scarring Classification is a qualitative and subjective method and takes into account all types of scars.<sup>[4]</sup> This was not required in our case since we focussed only on the ice pick scars. We did a numerical scoring before and after treatment and translated it into a quartile system. As shown in Table 1, a reduction in scar count of >70% was excellent and a reduction in scar count between 50 and 70% was good. The assessment results of the improvement in the number of scars did not change at the end of the study period at 6 months. The table is representative of the study period. In one patient, there was reduced improvement in the subjective depth of the scars, which is mentioned in the paper. The patient who developed transient postinflammatory hyperpigmentation was Fitzpatrick type IV and improvement was in the 50–70% group.

Figures 2 and 3 are of different patients.<sup>[1]</sup> A figure with pre and post-treatment was submitted [Figure 1]. In the final publication, the post-treatment figure was inadvertently edited.

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