

Title: Reply (Acquired subungual fibrokeratoma)

Short title: Acquired fibrokeratoma

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Dear Editor,

We appreciate considerable interest in our manuscript by Urbina. We previously reported a case of acquired subungual fibrokeratoma on the left thumb.¹ On the other hand, Urbina reported a unique case of transungual fibrokeratoma on the first toenail.²

Acquired subungual or periungual fibrokeratoma is a rare solitary fibrous benign tumor located on or around the nail. Yasuki³ classified the disease into 5 subtypes (ventral aspect of the proximal nail fold, dermis beneath the matrix, nail bed, and distal or lateral periungual area) based on the anatomical location of the tumor. Hwang *et al.*⁴ classified the tumor into 3 subtypes (periungual, subungual and intraungual (dissecting unguis)). Both (our and Urbina's) cases can be classified into subungual type (arising from the nail bed). In our case, the tumor was enlarged beneath the nail plate. In contrast, the tumor in the case reported by Urbina had passed through the nail plate, resulting in a longitudinal distal groove.

Although the underlying mechanism is not clear, we speculate that pressure on the nail from above is related to the development of transungual fibrokeratoma. In our case, the tumor was located on the left thumb (without pressure), whereas the tumor in the case reported by Urbina was on the first toenail. It is reasonable to assume that the toenail

had sustained pressure by walking with shoes in daily life, which might have caused transungual formation of a subungual tumor with a longitudinal distal groove.

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