## Response to the Letter by Professor Grosshans

Sir,

Professor Grosshans's letter raises interesting points about the nature of congenital leukonychia totalis as presented in our case (1). We gave the patients a thorough examination: there was no sign or symptom of any associated ectodermal dysplasias in either brother. Some authors have found evidence of leukonychia totalis – associated disorders inconstantly affecting hair shafts, hair sheats, eye lashes, and stratum corneum of palms and soles (2–4). The hypothesis of congenital familial leukonychia totalis as one main symptom of a more complex ectodermal dysplasia in keratinizing structures is a promising idea which must be further substantiated by analysing the genetic background too.

## REFERENCES

1. Köhler LD, Möhrenschlager M, Ring J. Congenital leukonychia

- totalis in two brothers. Acta Derm Venereol (Stockh) 1998; 78: 156-157.
- 2. Giustina TA, Woo TY, Campbell JP, Ellis CN. Association of pili torti and leukonychia. Cutis 1985; 35: 533-534.
- 3. Friedel J, Heid E, Grosshans E. Le syndrome "FLOTCH". Survenue familiale d'une leuconychia totale, de kystes trichilemmaux et d'une dystrophic ciliare à hérédité autosomique dominante. Ann Dermatol Venereol 1986; 113: 549 553.
- 4. Crosby EF, Vidurrizaga RH. Knuckle pads, leukonychia, deafness and keratosis palmoplantaris: report of a family. Johns Hopkins Med H 1976; Suppl 189: 90–92.

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