

Review of: "An Analysis of Literature on Topical Steroid Withdrawal in Dermatology"

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Potential competing interests: No potential competing interests to declare.

- Considering the text in general, it would benefit from proofreading to correct some grammatical errors/inconsistencies. Various terms that mean the same thing (TCS abuse, TCS addiction, TSW) are used interchangeably. It would be clearer for the reader to use consistent terminology throughout the manuscript. Finally, some very old references could probably be improved.
- It would be helpful to clarify the vasoconstriction assay. How is it conducted and how it determines potency?
- A table summarizing TCS according to potency, their names and uses would enhance the readability of that part. Also, scabies are not treated with TCS. Maybe you mean something else, possibly for the irritation after treatment?
- The section on TSA, since it is the main focus of the article, could benefit from a more detailed explanation of the condition, for example epidemiology, risk factors, potential long-term effects etc.
- The article mentions that some therapeutic modalities, such as gabapentin, phototherapy, immunosuppressants and many others, might be used for TSW. There aren't references for most of those. Also, an important reason for dermatologists to read such a review would be to rapidly find concentrated information about treatment. Doses, duration etc. would be extremely helpful.
- In the treatment/therapeutic implications part the text should be organized more coherently. Consider grouping related information together, some parts feel that I read the same things two times.
- The credibility of the evidence presented could be stronger if more information were available about the methodology of some referenced systematic reviews/case studies.
- Immediately under Figure 1 the text (which by the way should have a reference) says "The number of younger people presenting with possible TSA has appeared to increase." And then "younger patients may be more likely to research information online and are hence more aware of the adverse effects of TCS." But if they are aware of AEs, that should decrease the number of young patients with TSA, if I understand correctly.