

AUTHORS' REPLY

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We would like to thank Dr Garg for his thoughtful reading of our case report.⁽¹⁾ Although the main subject of our article was not inflammatory breast cancer (IBC), we fully agree with his concern about the need for a set of worldwide uniform diagnostic criteria for IBC. This is because the varying definitions used by clinicians and researchers can delay the understanding of the biology, clinical behaviour and treatment outcome of the disease.⁽²⁾ However, there has been some disagreement on whether IBC is a clinical, histopathological or a combined diagnosis. In the past, the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) Programme introduced histopathological and clinical features as diagnostic criteria for IBC, while the American Joint Committee on Cancer (AJCC), and more recently, the consensus of a panel of recognised international experts in the First International Conference on Inflammatory Breast Cancer, based the diagnosis mainly on clinical features.^(2,3) As the presence of dermal lymphatic emboli can be documented in only about 75% of cases of IBC,^(4,5) Dr Garg has correctly pointed out that IBC cannot be ruled out based solely on the absence of dermal lymphatic emboli in histological examination in our case.

Yours sincerely,

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