Discussion | *Demodex* is the most common ectoparasite in humans.[1] Sixty-five *Demodex* species have been described, with approximately 10 suggested to cause dermatoses in mammals.[2] Two species of *Demodex, Demodex folliculorum* and *Demodex brevis*, are known to inhabit the pilosebaceous unit in humans.[3]

Clinically, human demodicosis can resemble papulopustular rosacea, folliculitis, perioral dermatitis, acne, and other inflammatory dermatoses. Chen and Plewig[4] propose primary and secondary forms of human demodicosis with novel nomenclature to decode the often confusing terminology. Primary demodicosis includes pityriasis folliculorum (spinulate demodicosis), rosacealike demodicosis (papulopustular demodicosis), perioral-periorbital-periauricular dermatitislike demodicosis (perioral-periorbital-periauricular demodicosis), Demodex abscess-facial abscesslike conglomerates (nodulocystic-conglobate demodicosis), ocular and auricular demodicosis. Skin lesions in secondary demodicosis occur in conjunction with systemic disease, particularly in immunocompromised patients.[4]

Pityriasis folliculorum was first described by Ayers[5] in 1930. The description was based on the cases of 11 women with chronic facial irritation characterized by slight erythema and follicular-based scale with a sandpaperlike texture of the skin associated with a burning sensation in the affected area. We propose a novel clinical variant of demodicosis termed *demodectic frost of the ear*, which is most reminiscent of pityriasis folliculorum.

In our experience, patients with demodectic frost of the ear present with fine follicular scaling primarily confined to the helix and lobule, giving the skin a frosted or powdery appearance and sandpaperlike texture. There is a varying degree of auricular erythema in some patients. Infrequently, patients complain of auricular pruritus, pain, and discomfort. Findings from potassium hydroxide preparation of the scale are positive for *Demodex* mites. Demodectic frost of the ear is a distinct clinical entity from auricular demodicosis, which was described based on a case report of *Demodex*-associated otitis externa and myringitis.[1,4] A large majority of patients with demodectic frost of the ear are male. This finding is supported by a higher *Demodex* mite burden in male patients, likely due to an increased number of sebaceous glands.[4]

Various therapeutic options exist for the treatment of human demodicosis. Using standardized skin surface biopsies, Forton and colleagues[6] assessed the acaricidal action of several topical therapies. Benzyl benzoate (not commercially available in the United States) was the most efficacious treatment compared with metronidazole, permethrin, sulfur compound, lindane, and crotamiton.[6] Successful therapy with ivermectin has been reported and was an effective treatment for another patient in our clinic (unpublished data). Other therapies include oral metronidazole and topical camphor oil.[6] In symptomatic patients with demodectic frost of the ear, we recommend selenium sulfide, 2.5%, lotion as a wash in addition to a low-potency topical corticosteroid. If compounding is available, a mixture of hydrocortisone ointment, 1%, salicylic acid, 2%, and precipitated sulfur, 3%, is preferable for optimal treatment.

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CORRECTION

Incorrect Author Affiliation and Error in Abstract Results and Findings of Key Points: In the Original Investigation titled "Incidence of and Risk Factors for Skin Cancer in Organ Transplant Recipients in the United States,"[1] published online January 11, 2017, the institutional affiliation for Mr Allen F. Shih was incorrect; he is affiliated with Yale New Haven Hospital. There was also an error in the abstract Results, as well as the Findings of the Key Points. The incidence ratio for posttransplant skin cancer overall was corrected to 1437 per 100 000 person-years, and the specific subtype rates for squamous cell carcinoma, malignant melanoma, and Merkel cell carcinoma were corrected to 812, 75, and 2 per 100 000 person-years, respectively. This article has been corrected online.

1. Garrett GL, Blanc PD, Boscardin J, et al. Incidence of and risk factors for skin cancer in organ transplant recipients in the United States [published online January 11, 2017]. *JAMA Dermatol*. doi:10.1001/jamadermatol.2016.4920

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