Reply to Dr. Henderson et al.'s comments

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We thank Henderson et al. for the insightful comments. Although, they have echoed most of our opinions, we think two facts may merit further comments.

One, the fact that local scalp flaps may not be reliable in neonates is underscored by Dr. Henderson's team's experience. We tend to fully agree with them that in patients with a large scalp defect parental allografts should be considered as a first-line measure rather than as a salvage procedure pending definitive autografting.

Two, in our case, the maternal autograft stayed on, and the entire wound healed without the need for auto grafting, even though the epidermis peeled off after a month. The auto graft was done for a limited area of breakdown much later (after a year!!). We believe that specifically maternal autograft is preferable due to the perinatal transmission of maternal T cells

to the neonate. It confers in many cases, a type of immunological tolerance [1] and hence improves the probability of the duration and extent of survival of the graft. Of course, more experience is needed on this issue.

In our patient, the wait to see the fate of the calvarial bone is adding to our anxiety as we are unclear if dura was intact as the infant presented to us with eschar and granulation. We await further follow-ups.

Reference

1. Zhang L, Miller RG (1993) The correlation of prolonged survival of maternal skin grafts with the presence of naturally transferred maternal T cells. *Transplantation* 56:918–921

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