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Letter to Editor

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Public Perception of Morgellons Disease: A Critique of Wikipedia-Driven Medical Commentary

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To the Editor

We read with interest the commentary by Huang et al., Public Perception of Morgellons Disease: Lay Media Controversies and Patient Perspectives (JAAD International, 2025) [1]. The authors seek to evaluate online patient discourse and treatment trends by analyzing the edit history and "talk page" archives of Morgellons Wikipedia articles from 2006 to 2024. While an analysis of digital communication dynamics is valuable for media studies, several critical methodological and epistemological limitations undermine the clinical relevance of the commentary.

First, the primary methodological weakness of the commentary is its baseline reliance on unverified qualitative material. The authors treat the anonymous text logs of internet users including unverified IP addresses as a valid proxy for epidemiological data regarding patient treatment trends (e.g., self-treatment with tetracyclines or ivermectin). Because this digital material completely lacks standardized surveys, clinical chart verifications, or laboratory diagnostic confirmations, it possesses no scientific reliability. Elevating unvetted forum discourse to the status of clinical patient data represents an analytical deficit that should not serve as a substitute for empirical human medicine.

Second, the authors commit an epistemological error by conflating crowd-sourced website moderation with objective scientific vetting. Huang et al. defend Wikipedia's deletion of peer-reviewed, Digital Object Identifier-indexed literature regarding a spirochetal etiology by citing the platform's internal guidelines (WP:MEDRS and WP:WEIGHT), which mandate a reliance on secondary review articles. However, the authors fail to recognize the structural circularity this creates for emerging or marginalized conditions. Under these policies, if a disease entity is excluded by historical mainstream reviews, any subsequent primary laboratory or molecular discovery is systematically deleted by non-medical editors. This enforces an artificial consensus loop that is structurally insulated from newly published, peer-reviewed physical evidence.

Third, the commentary exhibits analytical bias by overstating the definitive scope of the 2012 Centers for Disease Control and Prevention (CDC) cross-sectional study (Pearson et al.) [2]. The authors assert that the controversy was fully resolved by this study. Yet, the 2012 study suffered from significant limitations, including severe participant attrition, a heterogeneous patient pool, lack of clinical markers for the disease and the complete absence of targeted spirochetal assays as presented in alternative etiological models [3]. Presenting a single, decades-old descriptive survey as an absolute, permanent barrier to modern histological and molecular investigation is unscientific and ignores the evolving nature of diagnostic pathology.

Finally, the paper offers a paradoxical recommendation for dermatological practice, advising clinicians to reference these unvetted

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alignment undermines the rigorous standard of evidence-based clinical counseling.

Ultimately, the commentary by Huang et al. contains no clinical data, no histopathological findings, and no direct observation of human patients. Its methodology relies entirely on digital sociology and qualitative media analysis. Publishing a text-log analysis under the guise of dermatological commentary lowers the threshold for what constitutes peer-reviewed medical literature. We contend that the evaluation of complex, chronic dermopathies must remain grounded in objective clinical science such as tissue biophysics, advanced imaging, and molecular diagnostics rather than the anonymous editorial policies of a crowd-sourced webpage.

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