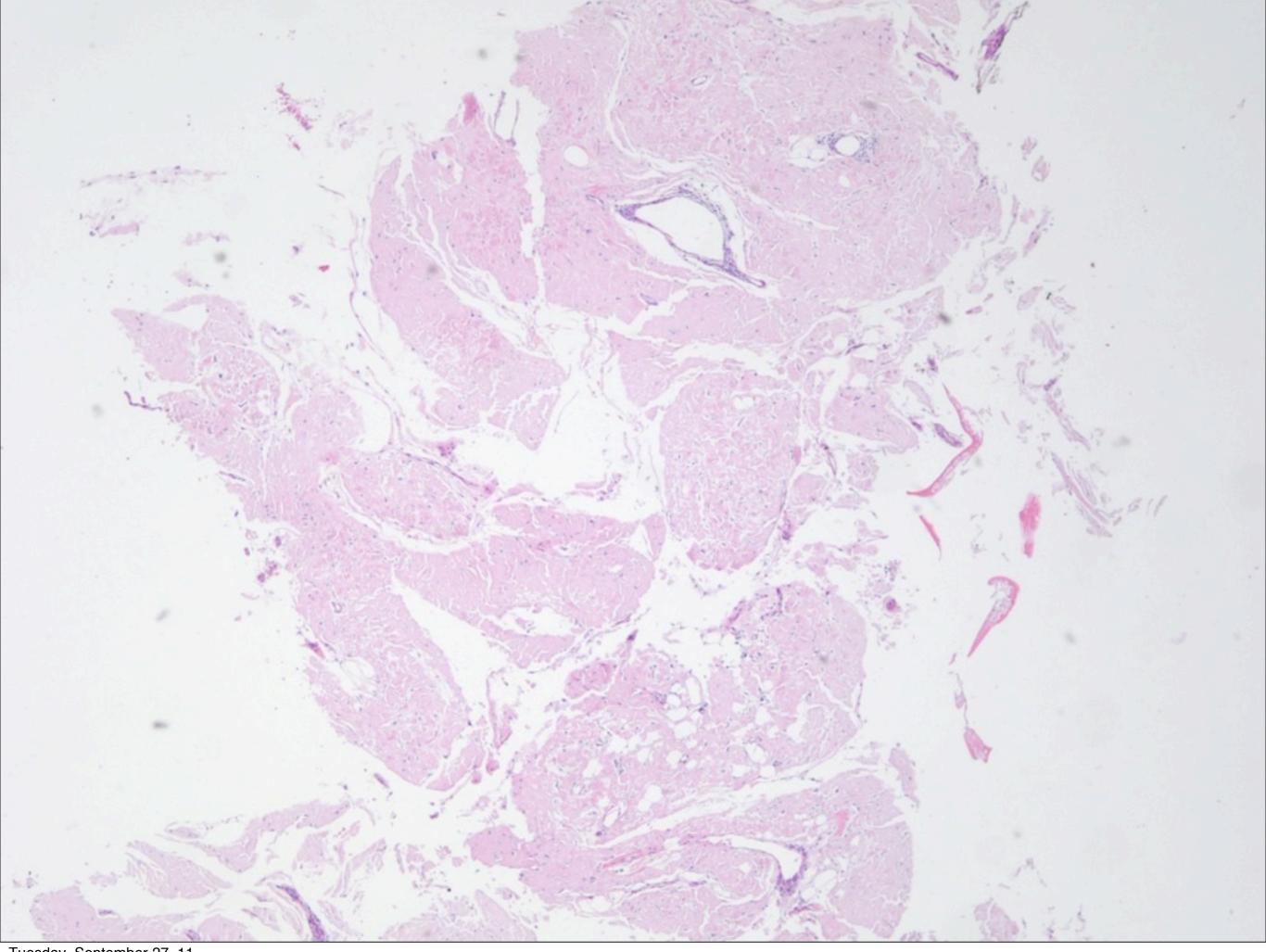
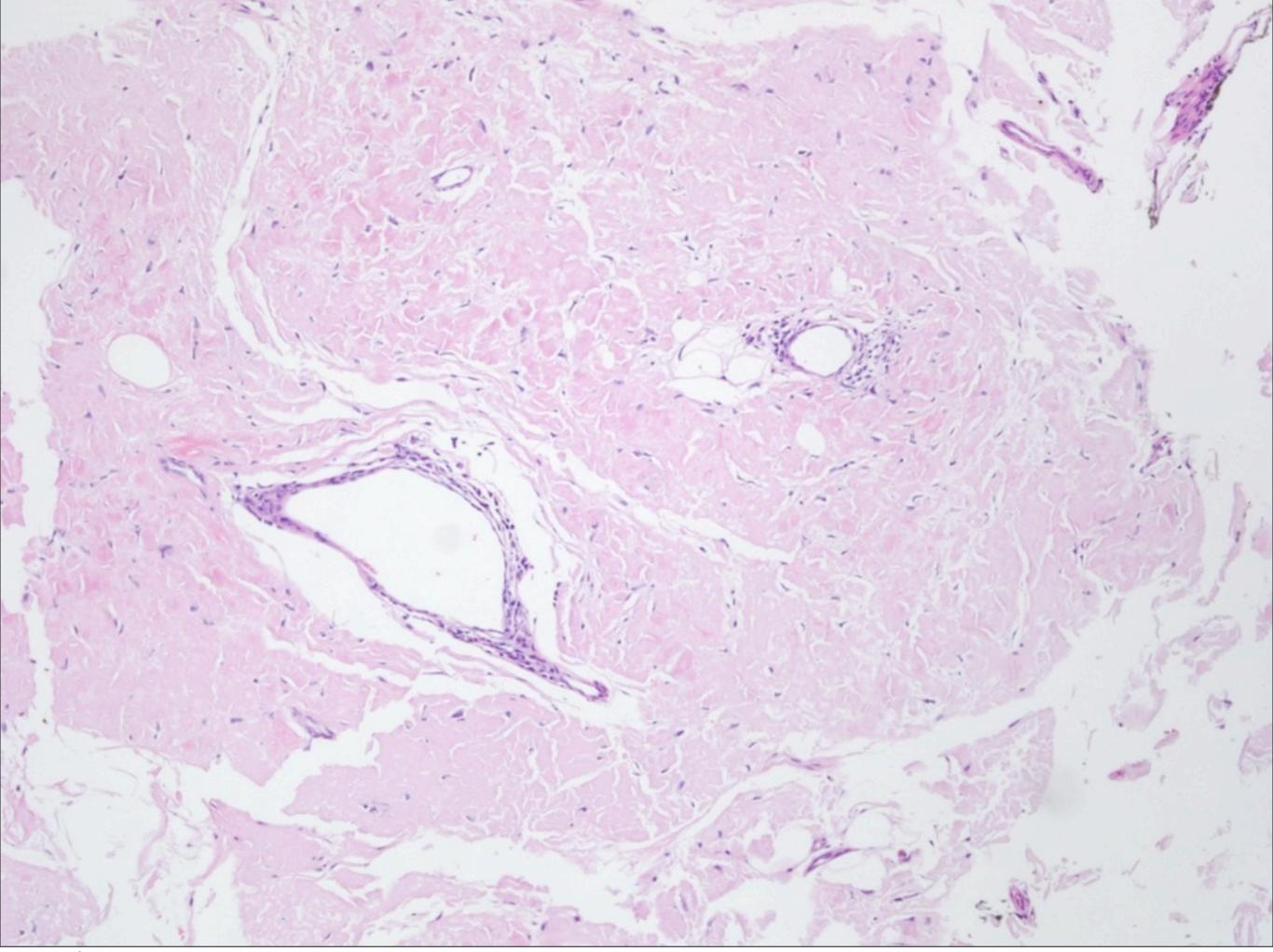
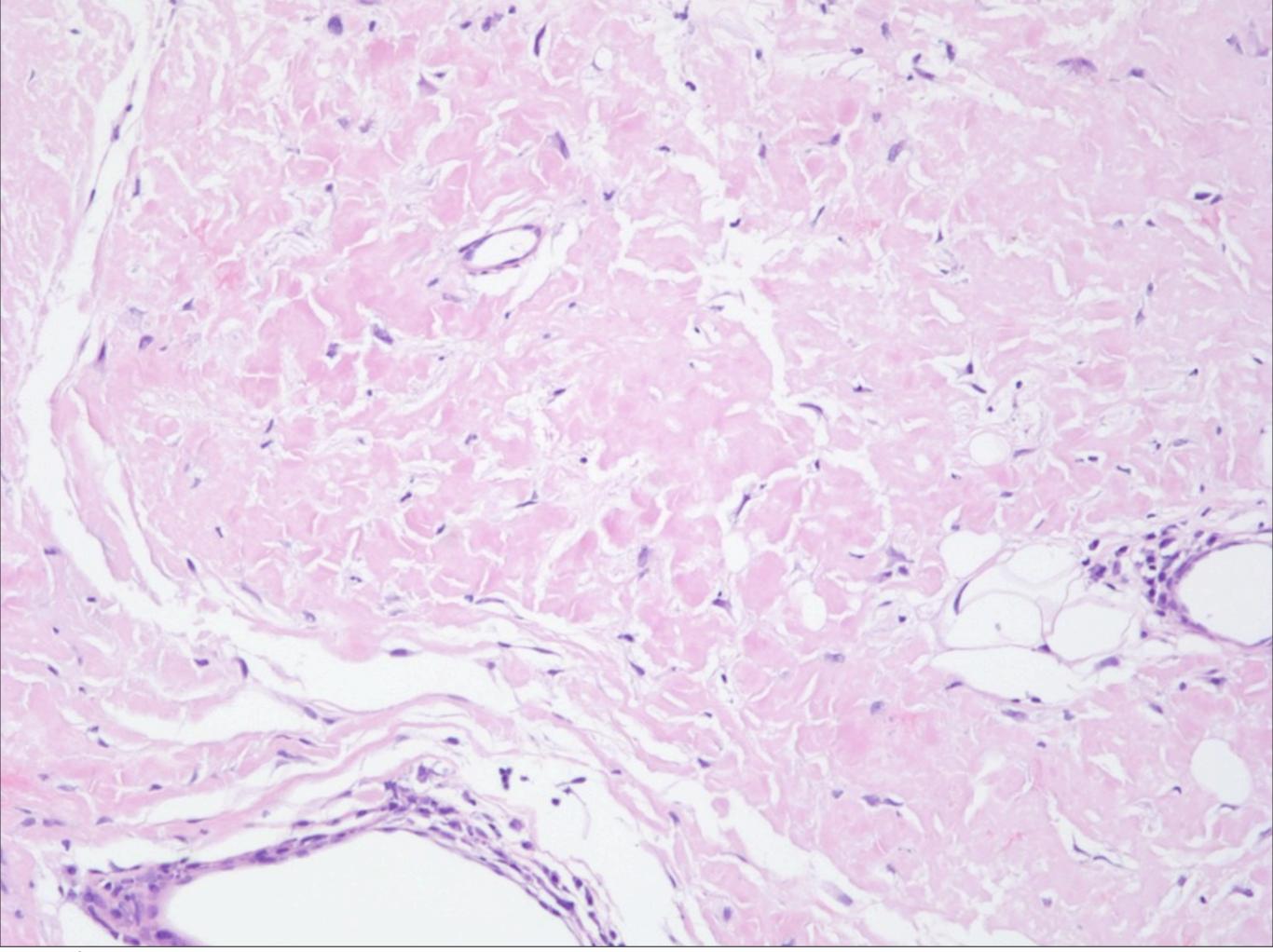
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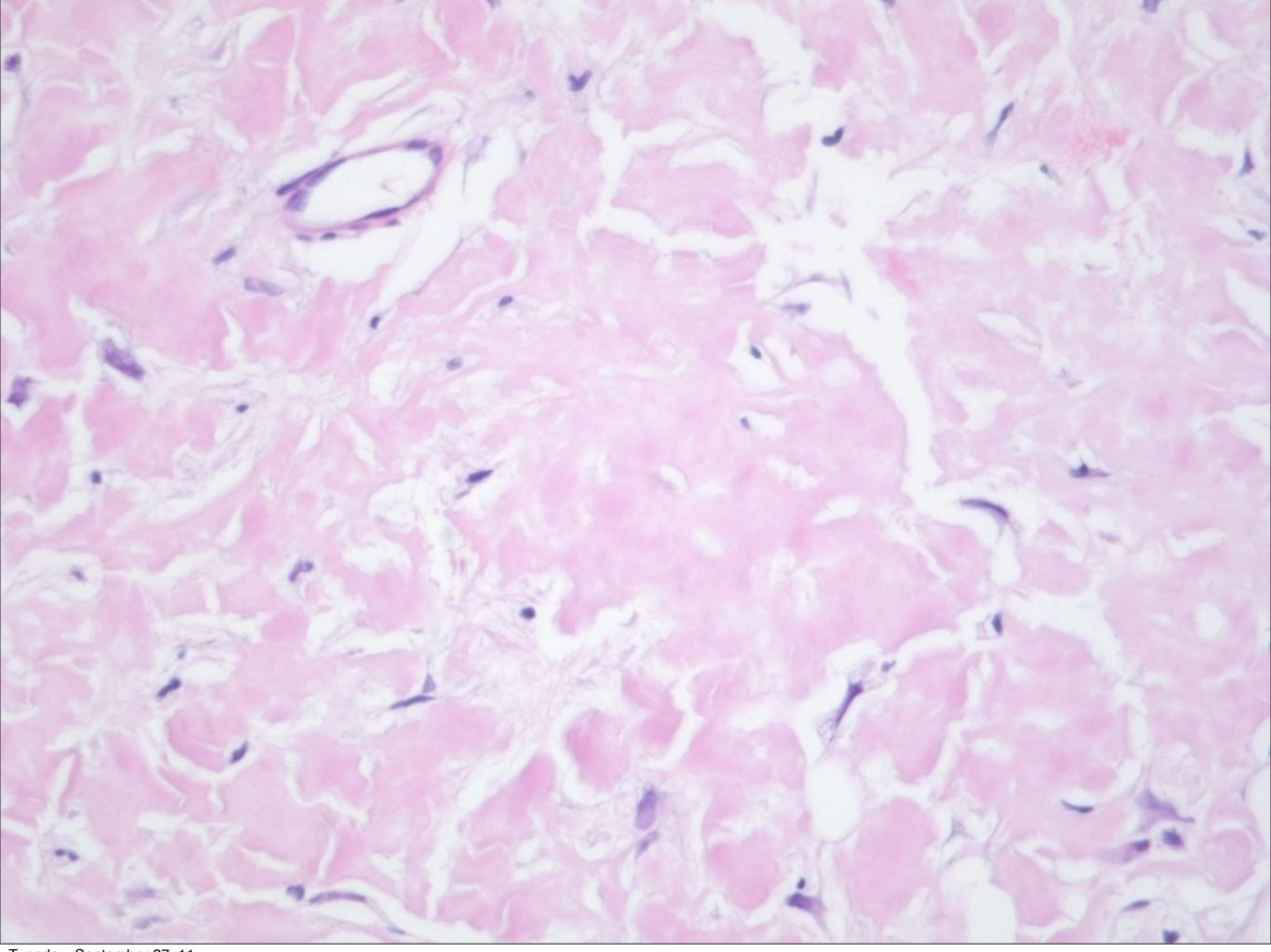
Paul K. Shitabata, M.D.

Dermatopathology Institute
Torrance, CA



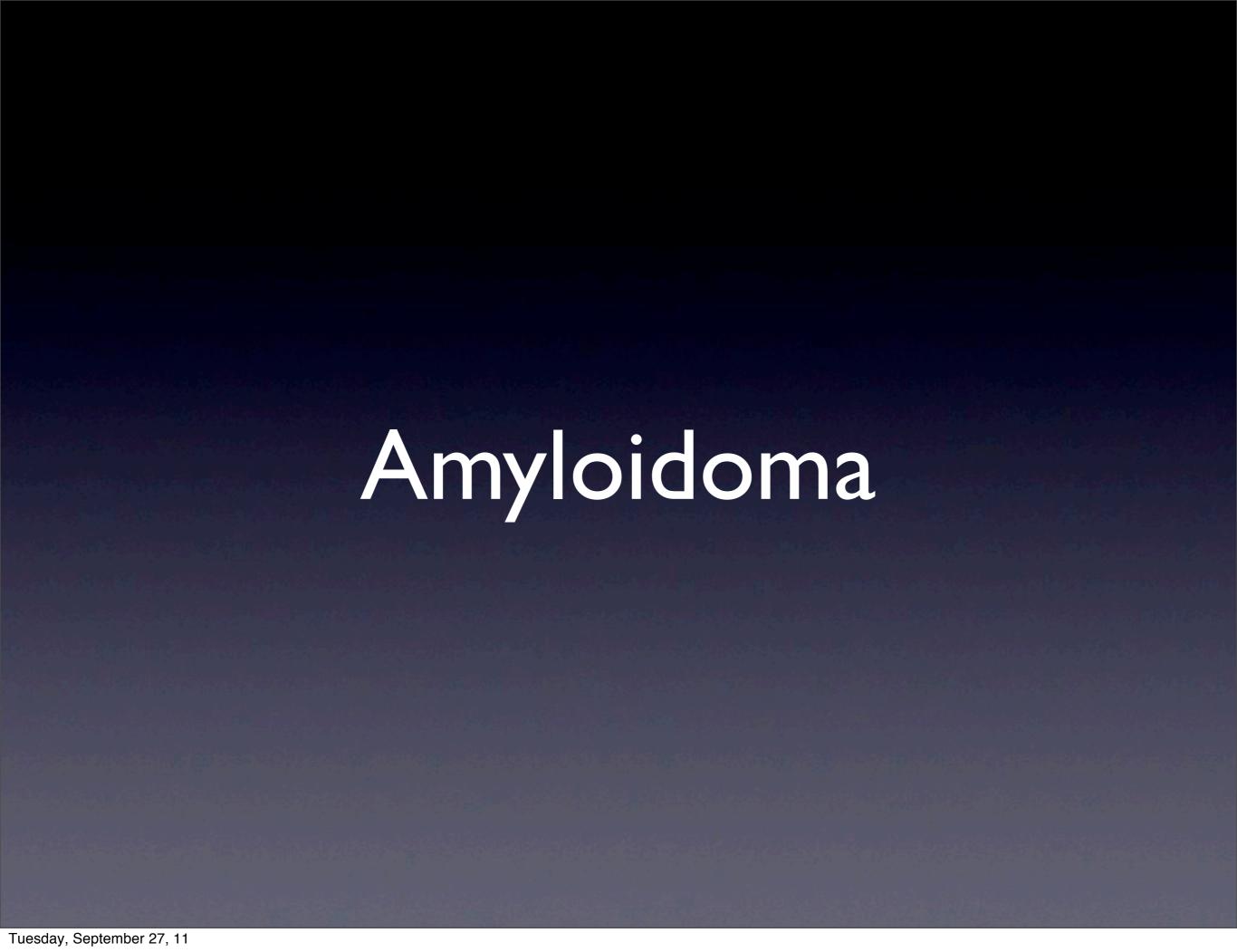


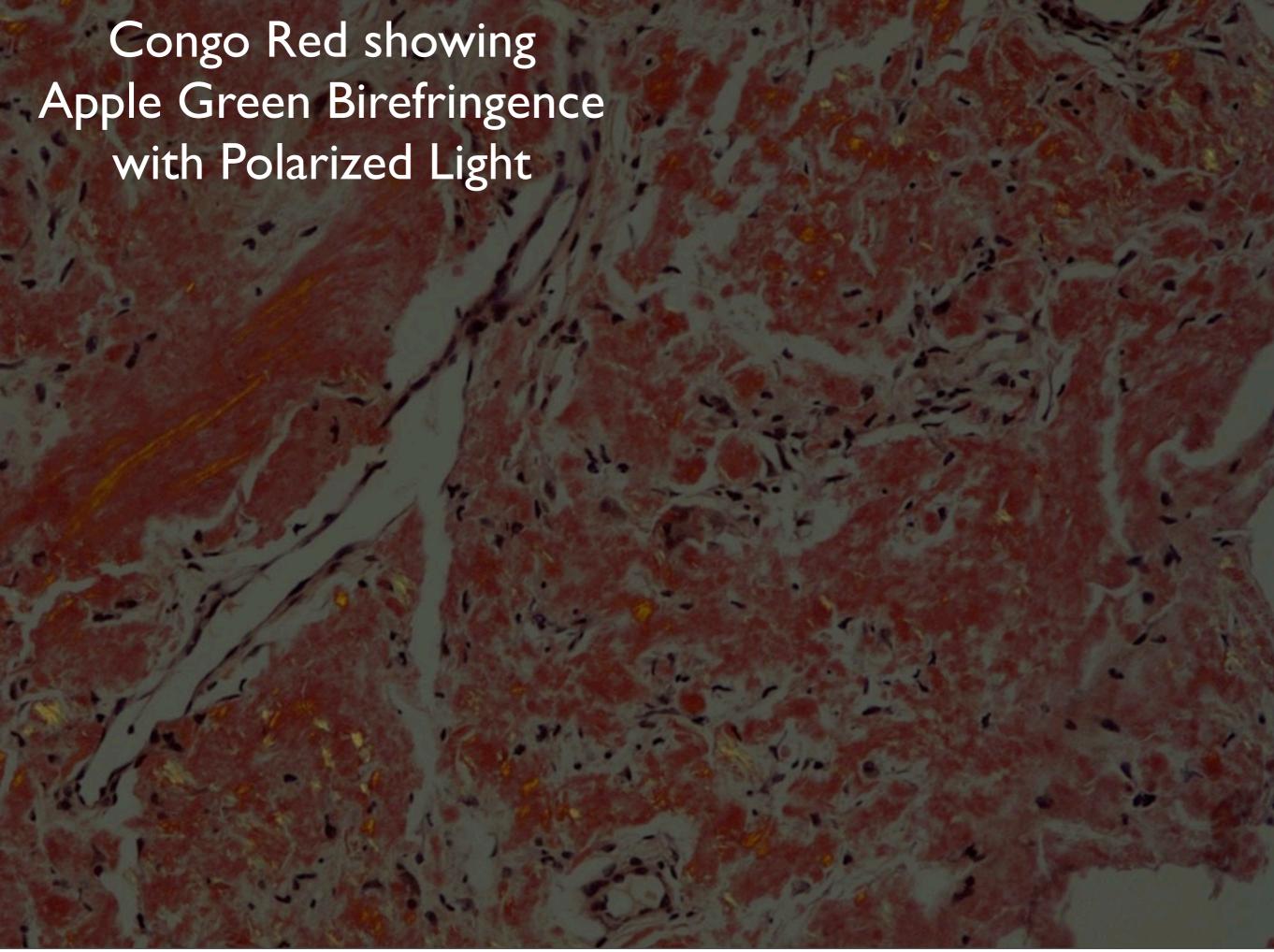


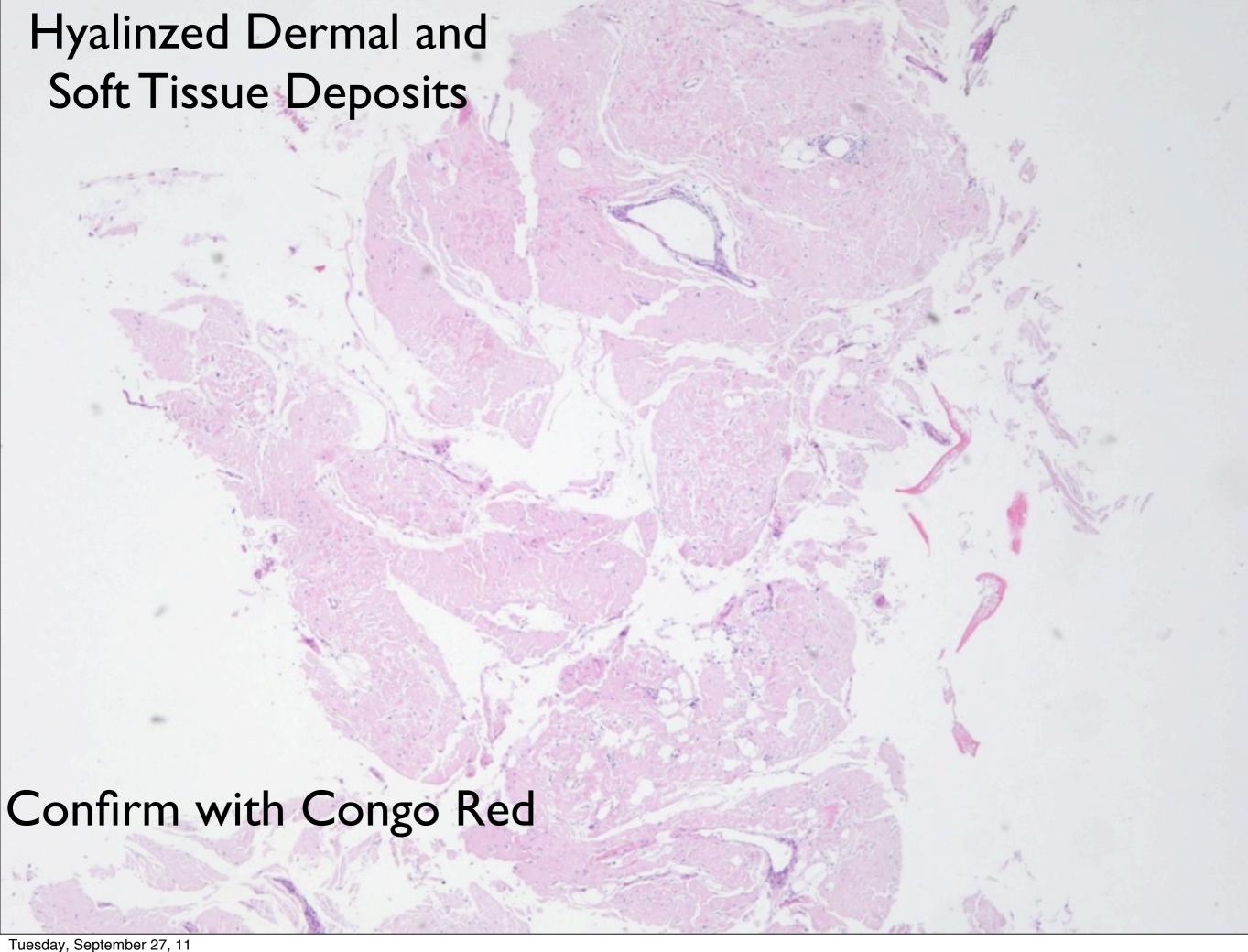


What is the best diagnosis?

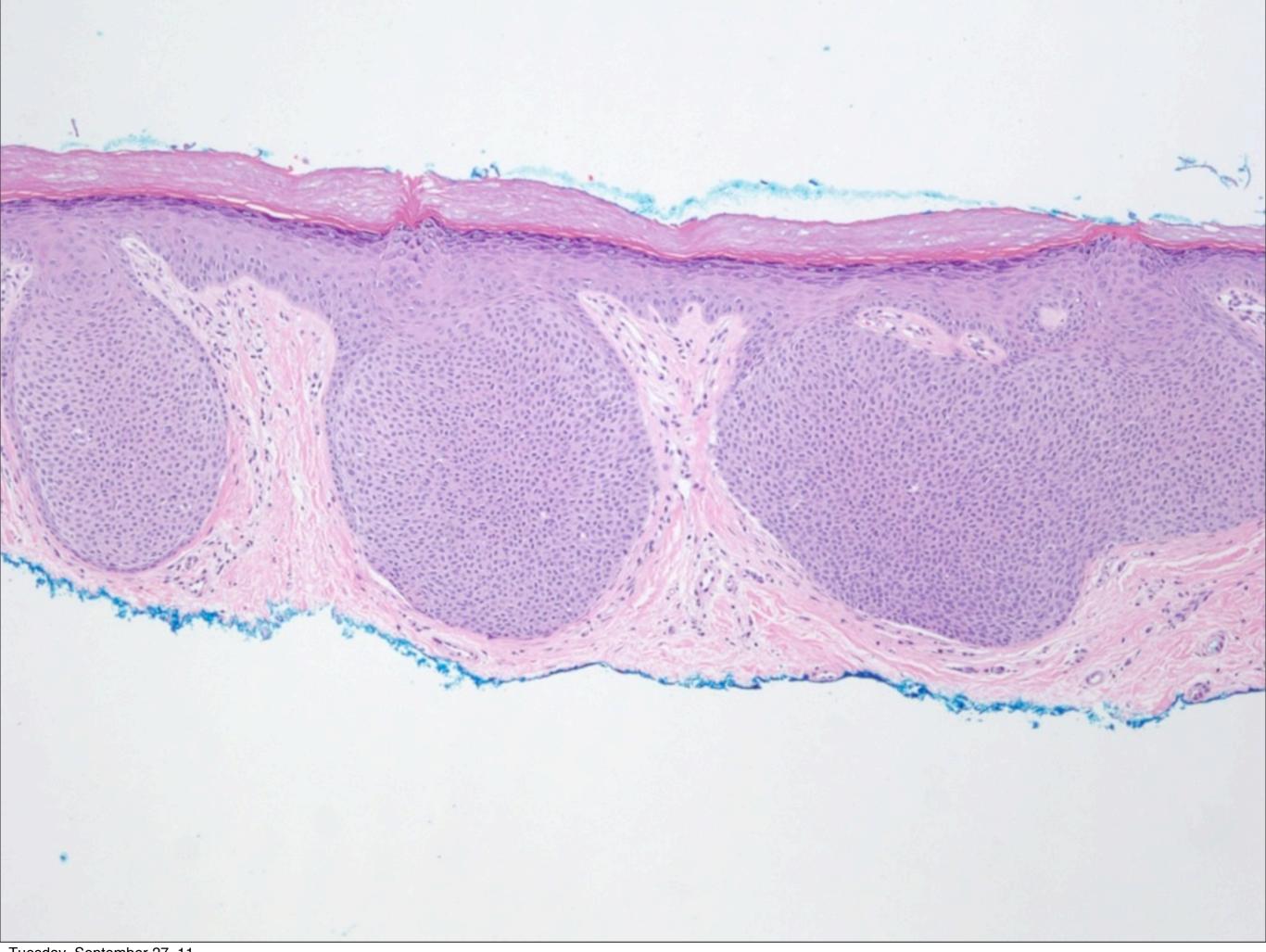
- Granulation tissue
- Keloid
- Amyloid
- Cutaneous Mucinosis
- Radiation dermatitis

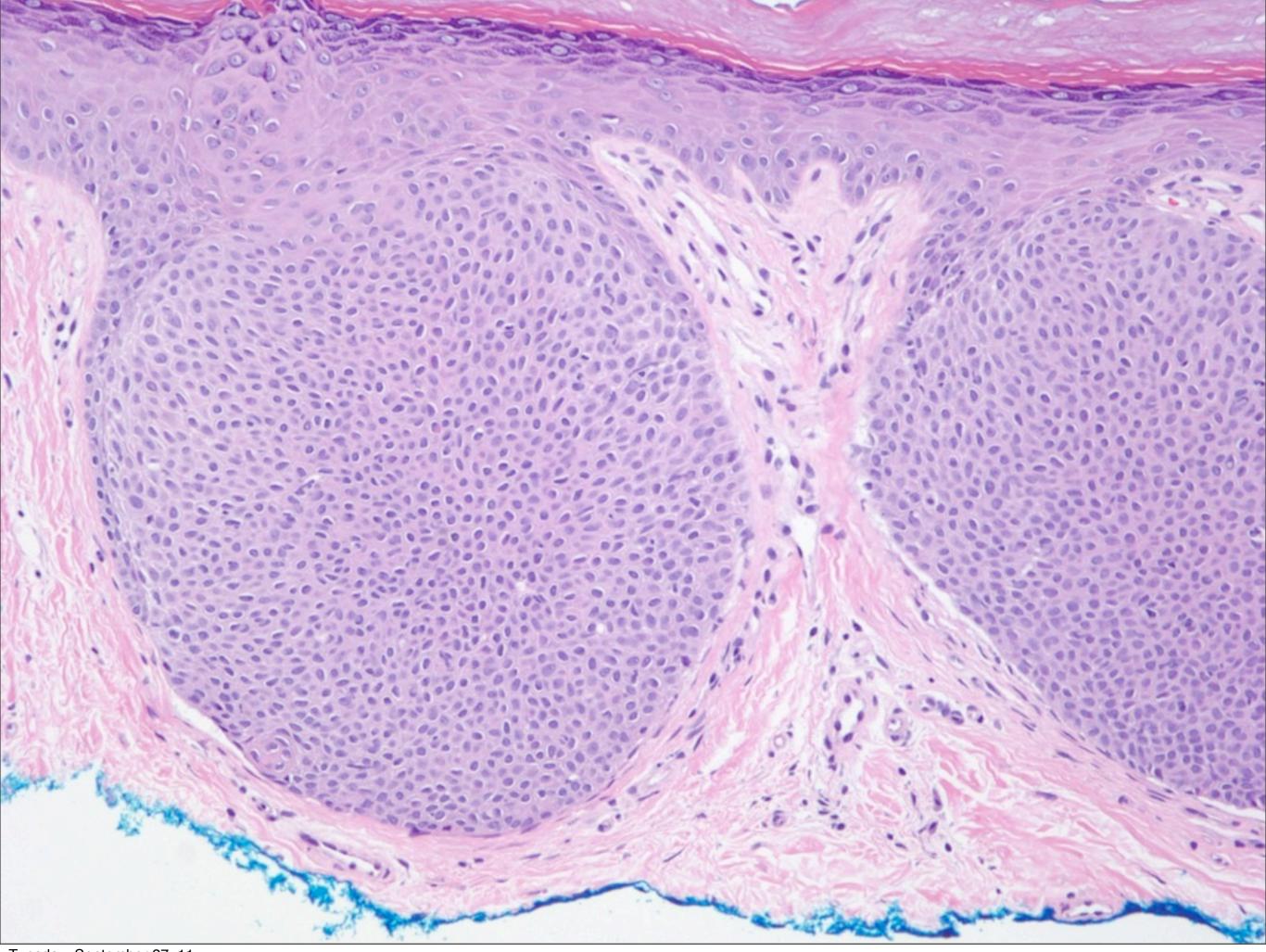


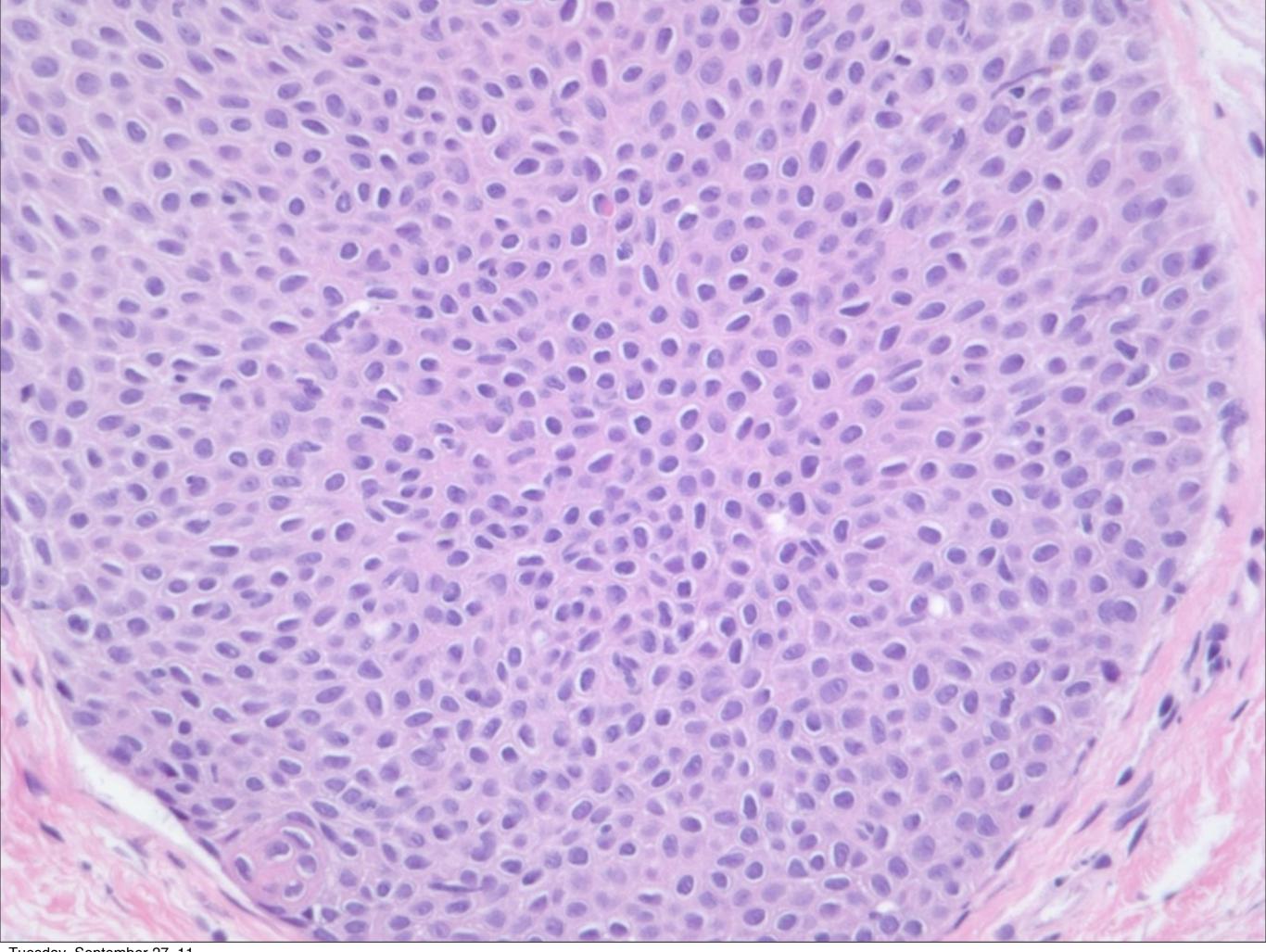












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What is the best diagnosis?

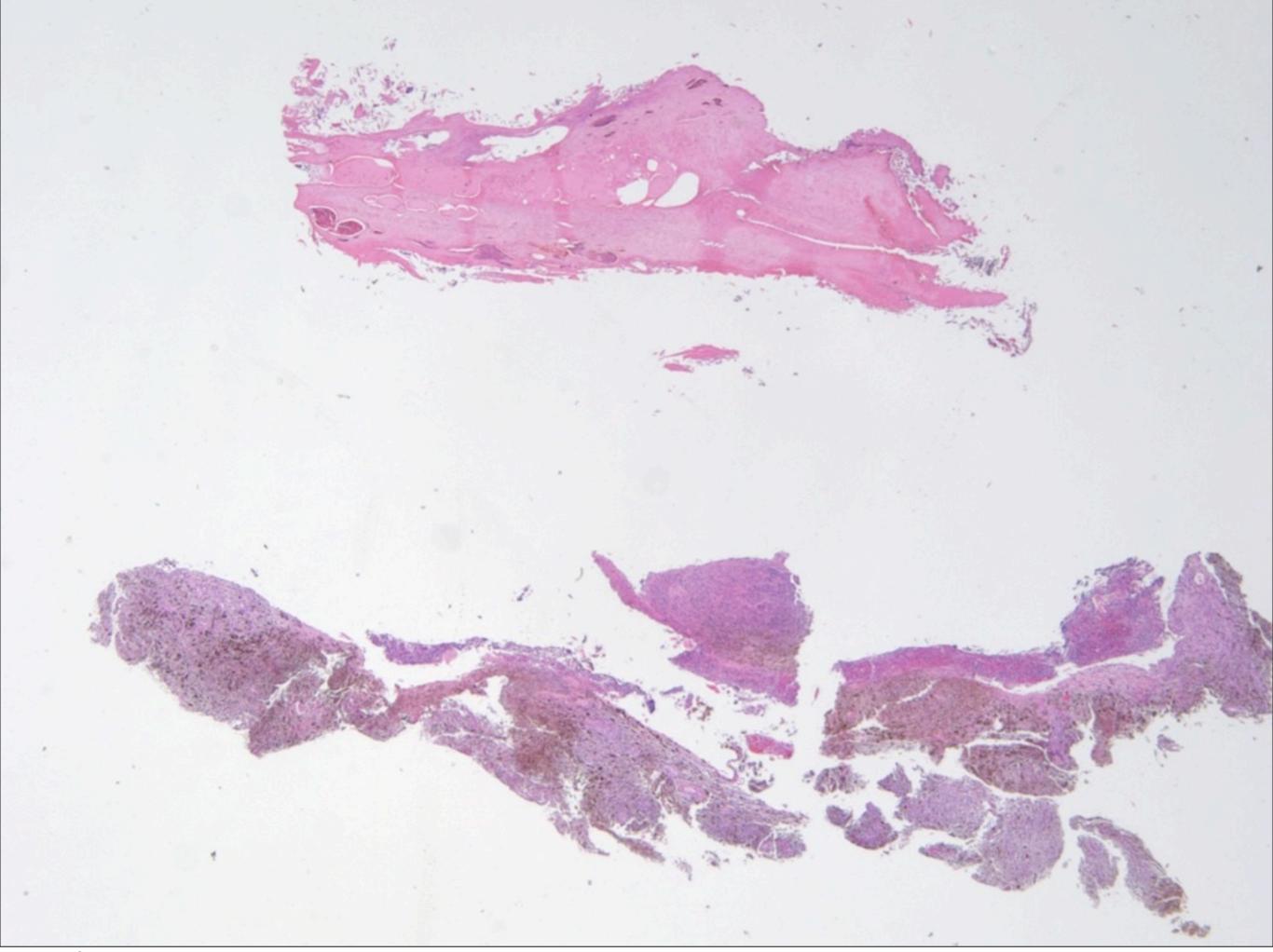
- Hidroacanthoma simplex
- Seborrheic keratosis
- Condyloma
- Bowen's disease
- Basal cell carcinoma

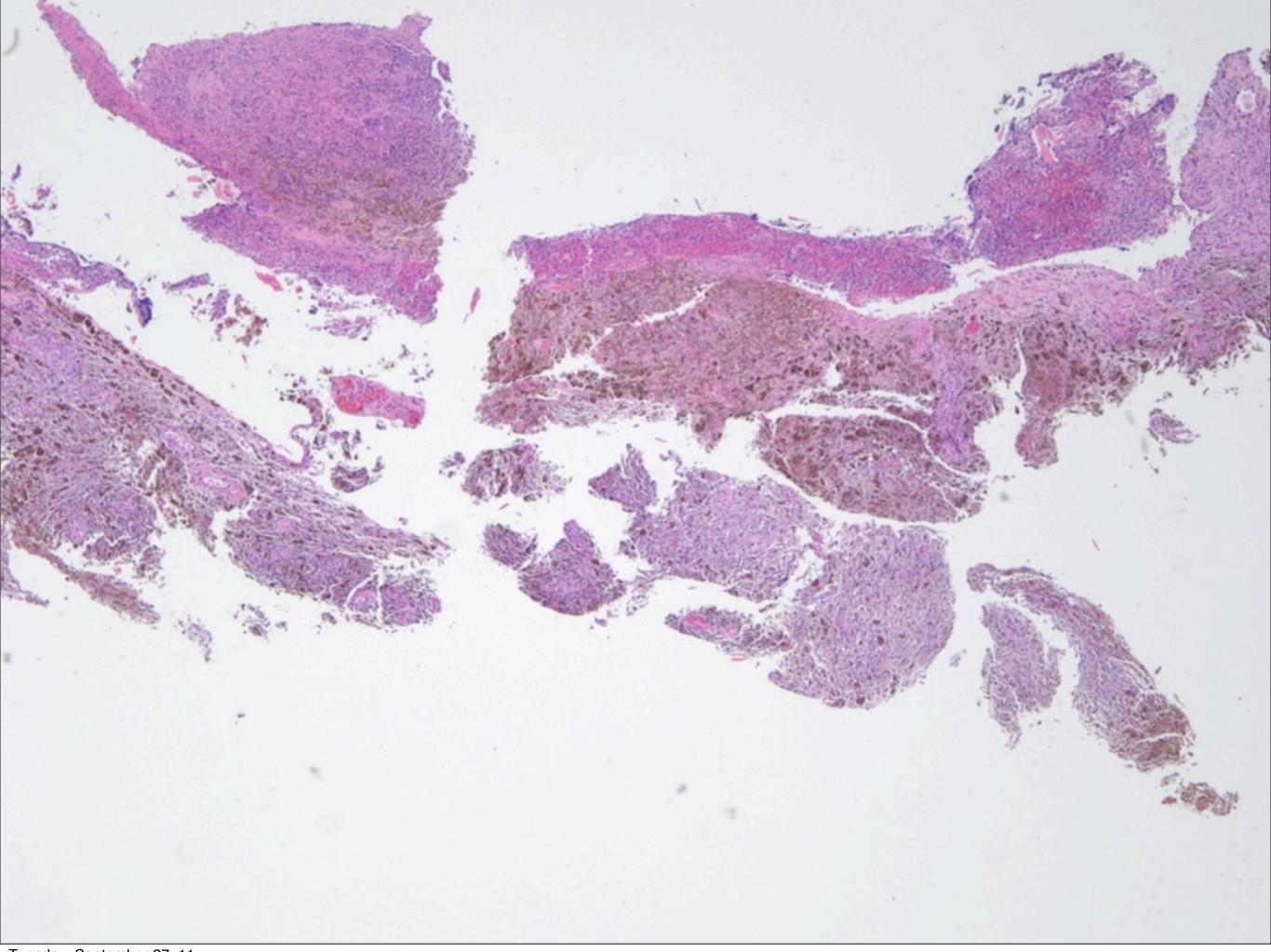
Hidroacanthoma Simplex

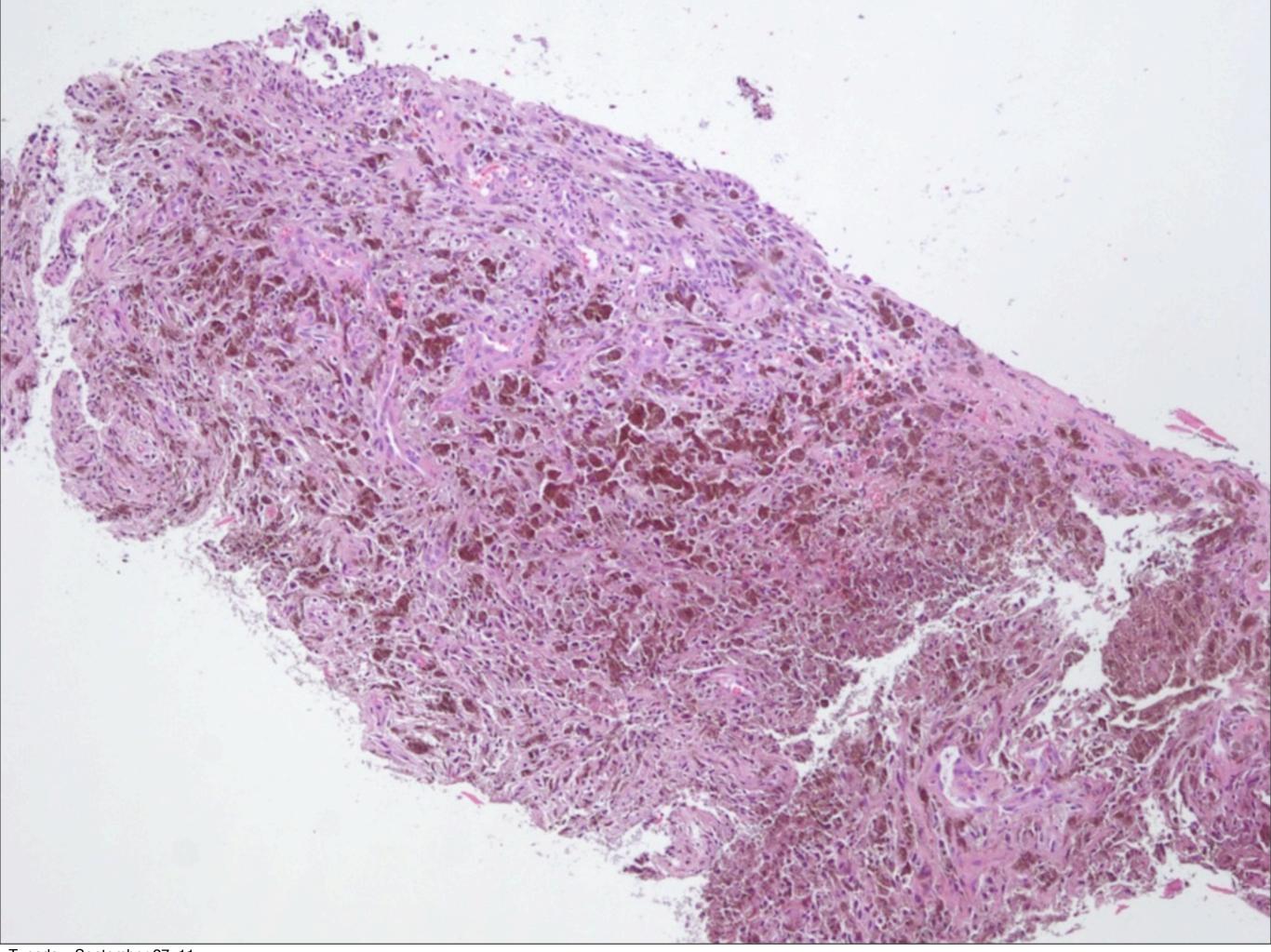
"Clonal" proliferation of keratinocytes

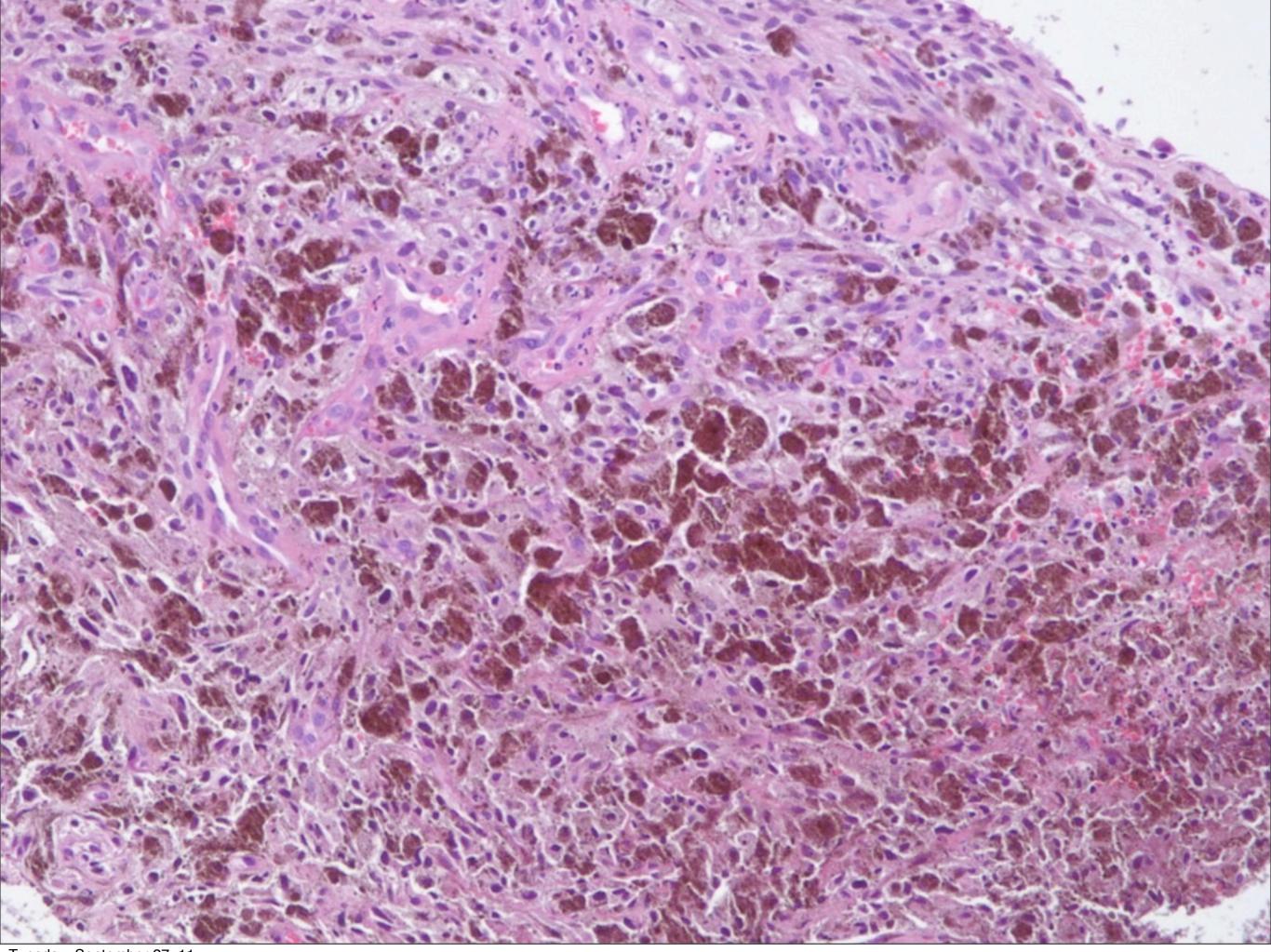
Lacks flattened silhouette of SK



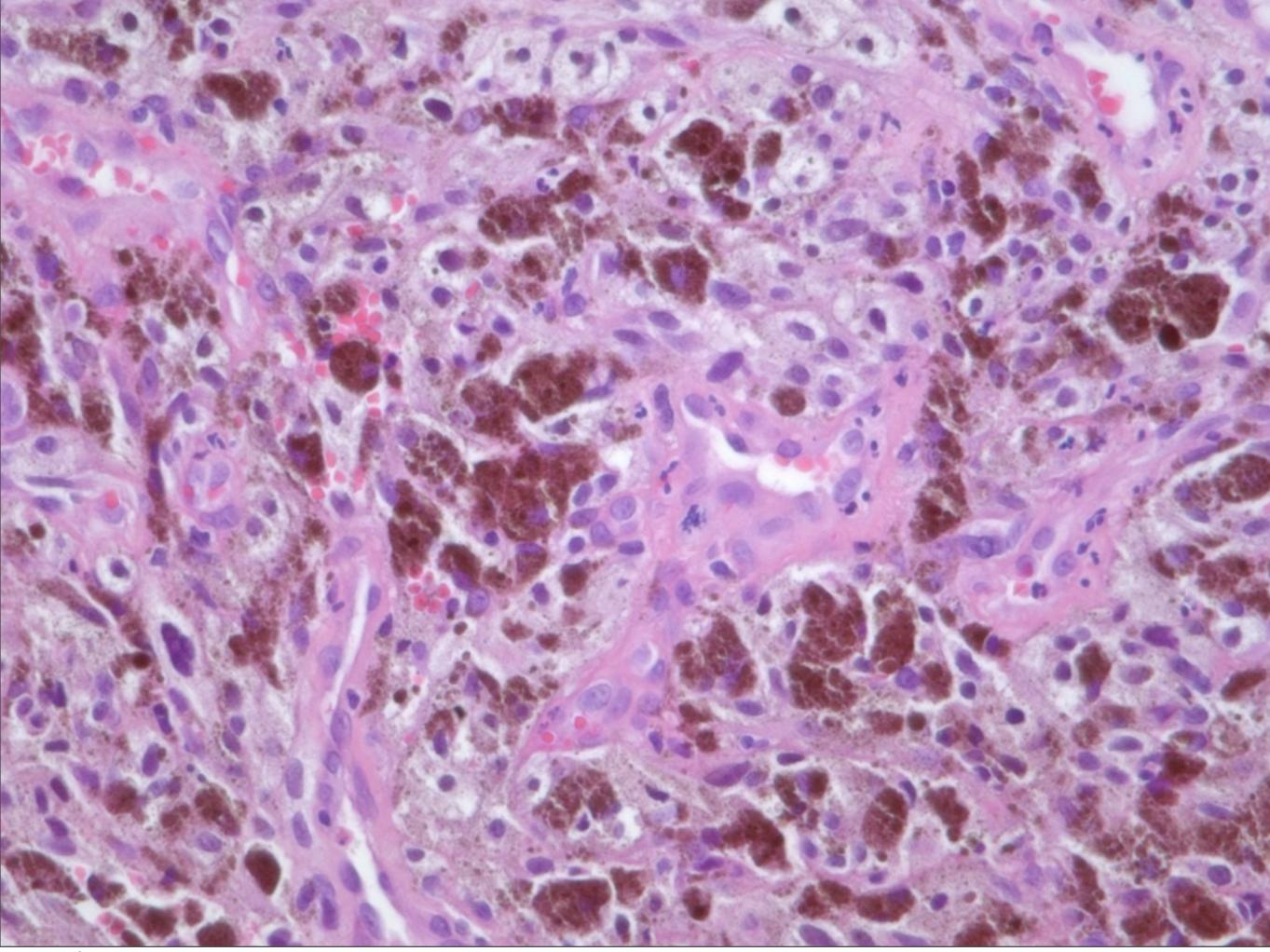






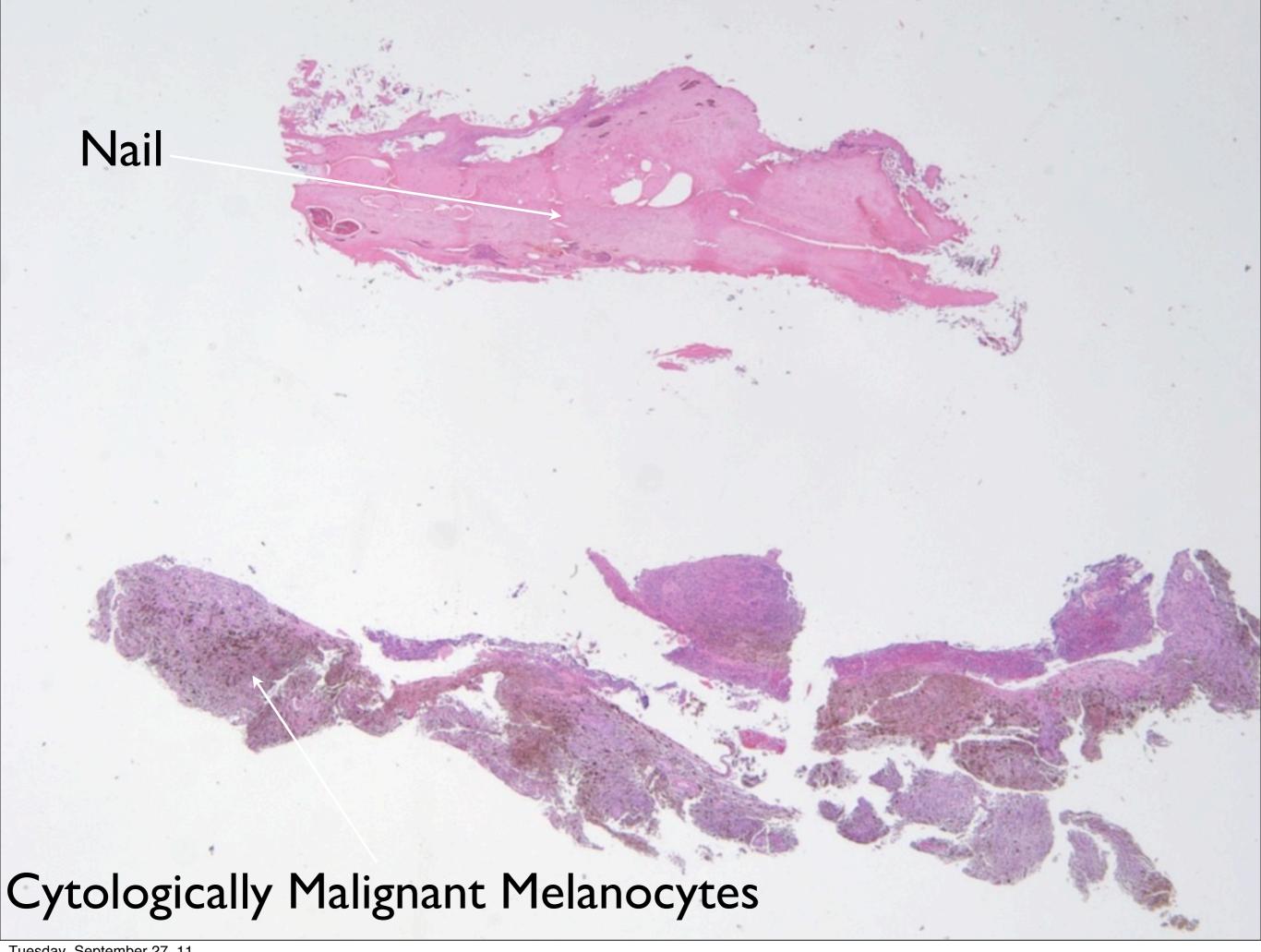


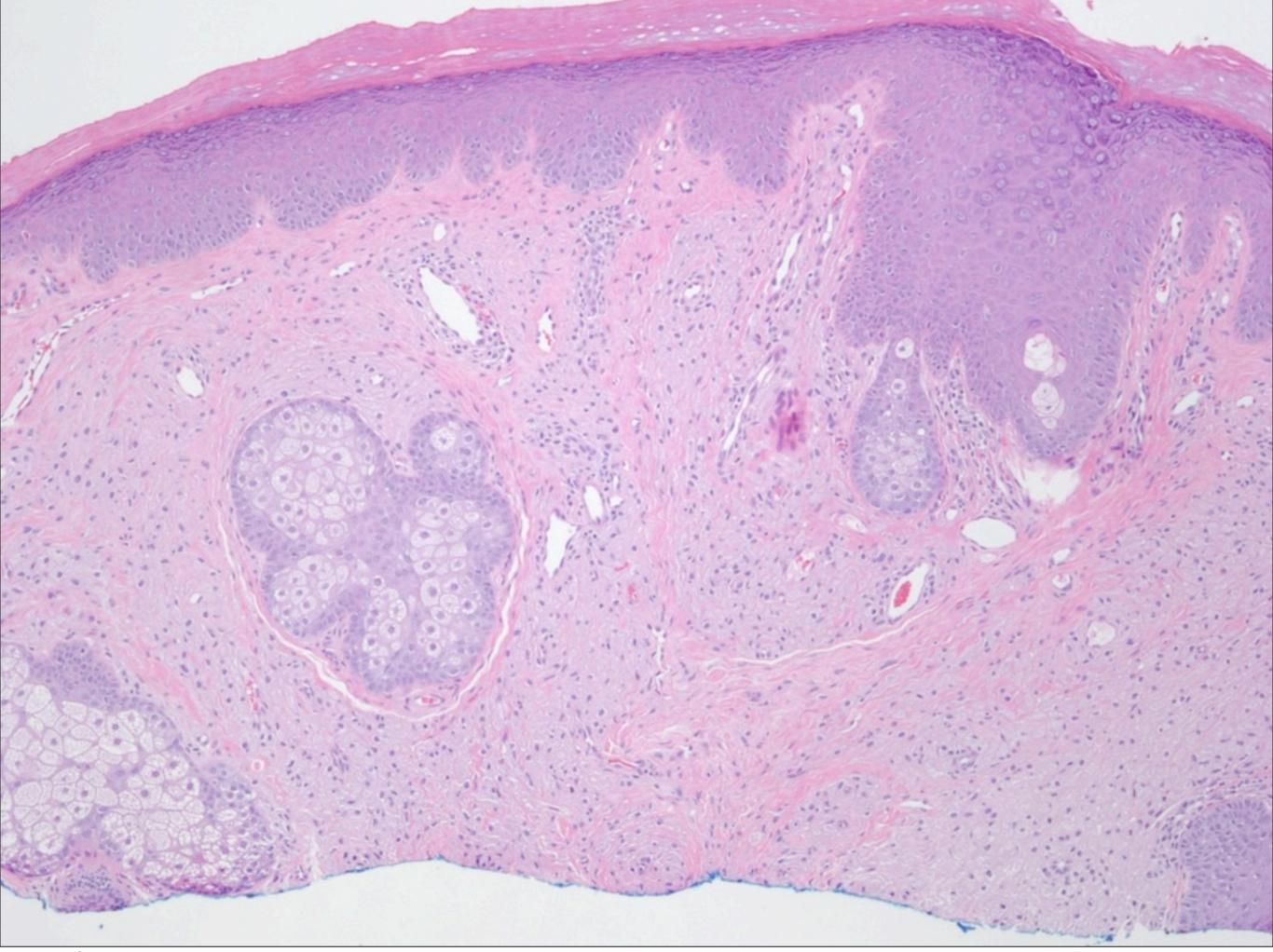
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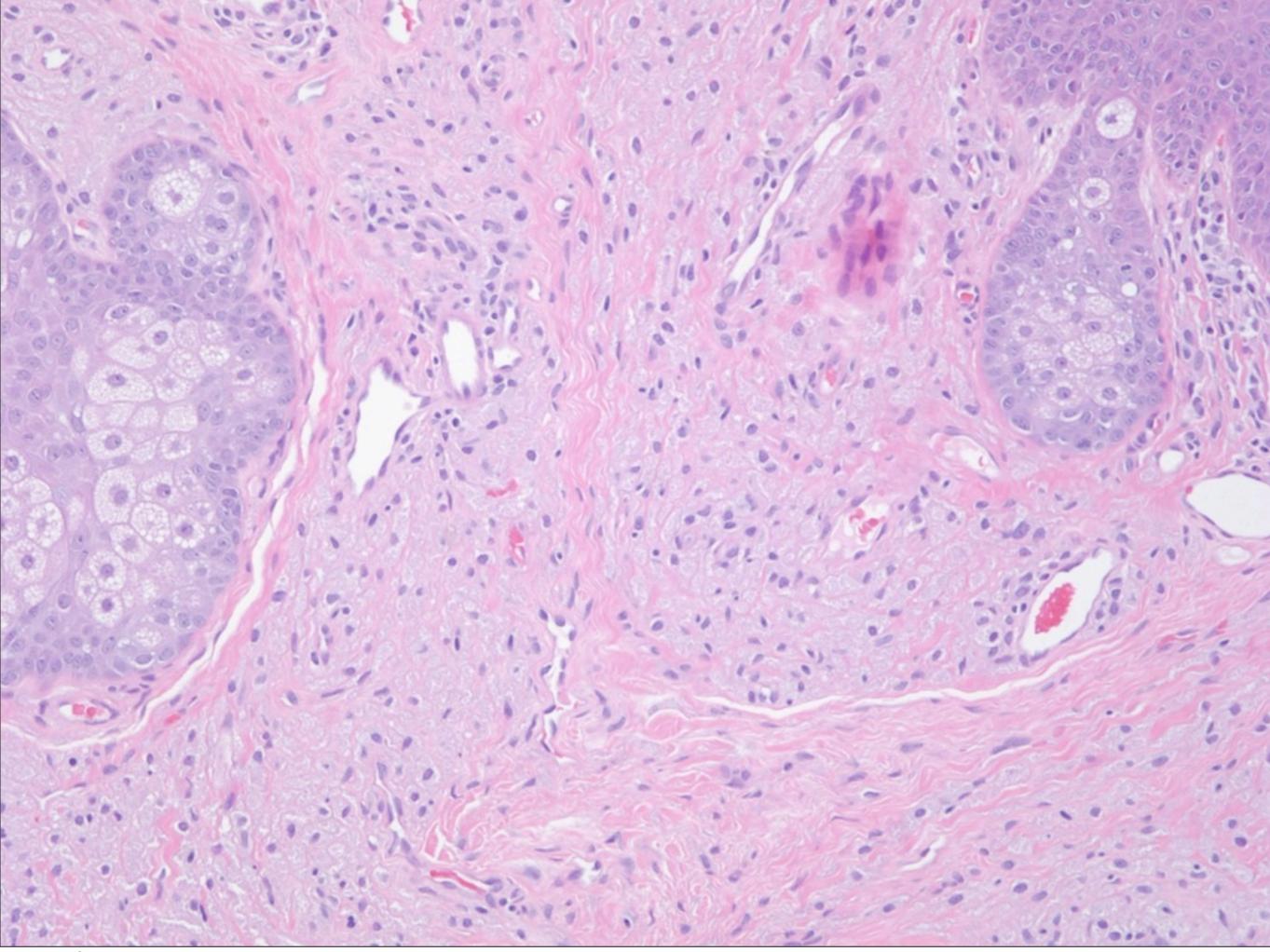


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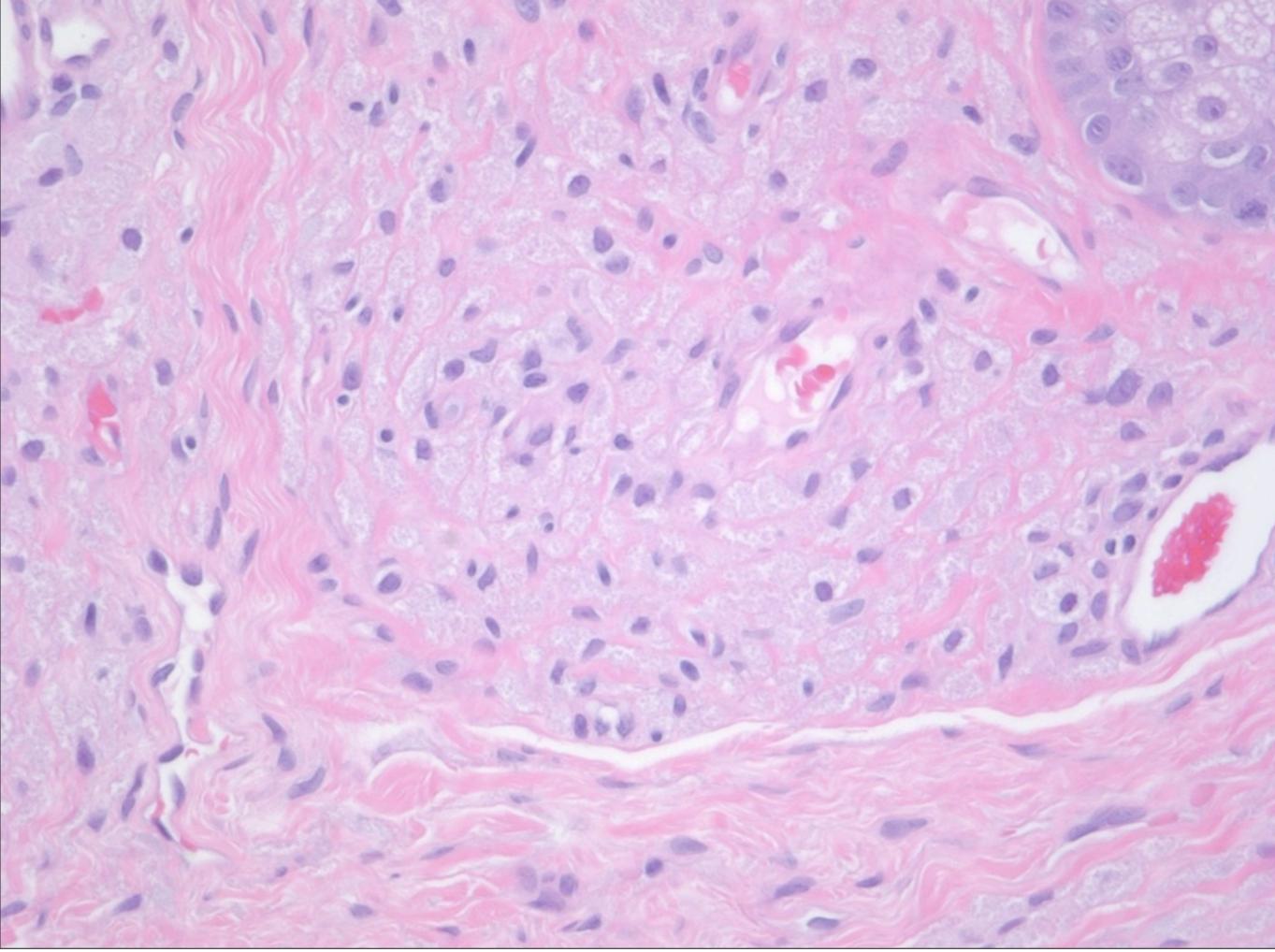


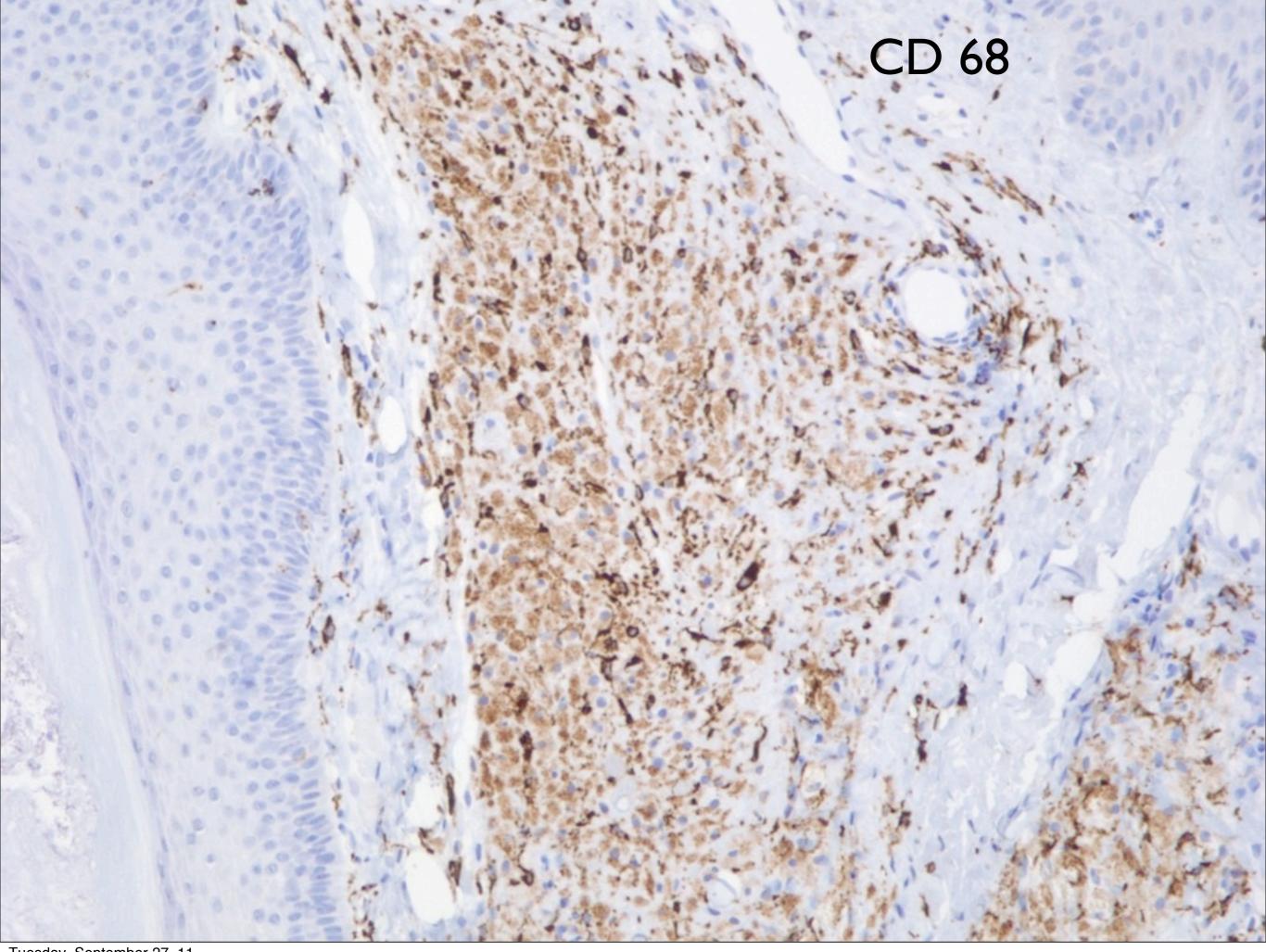




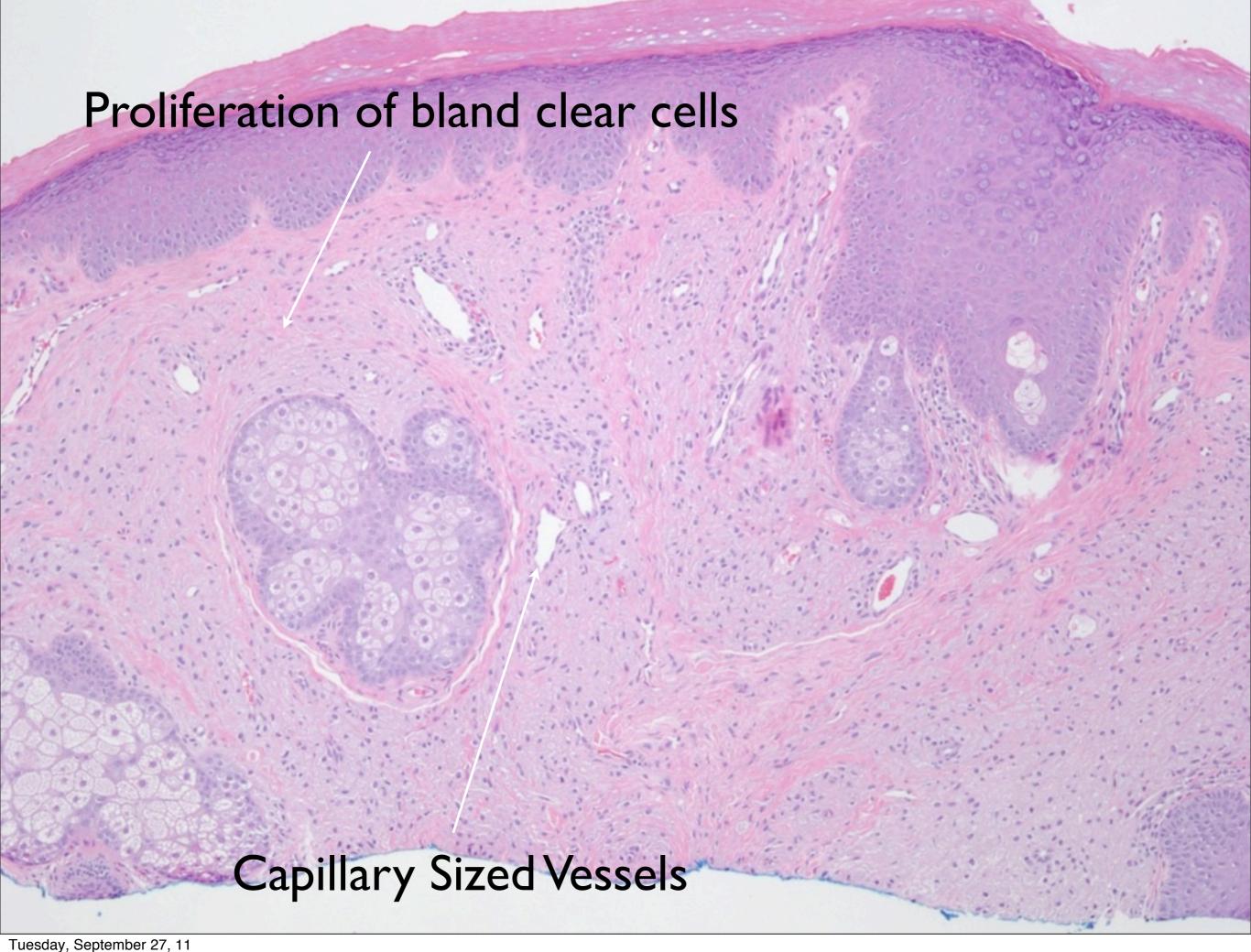


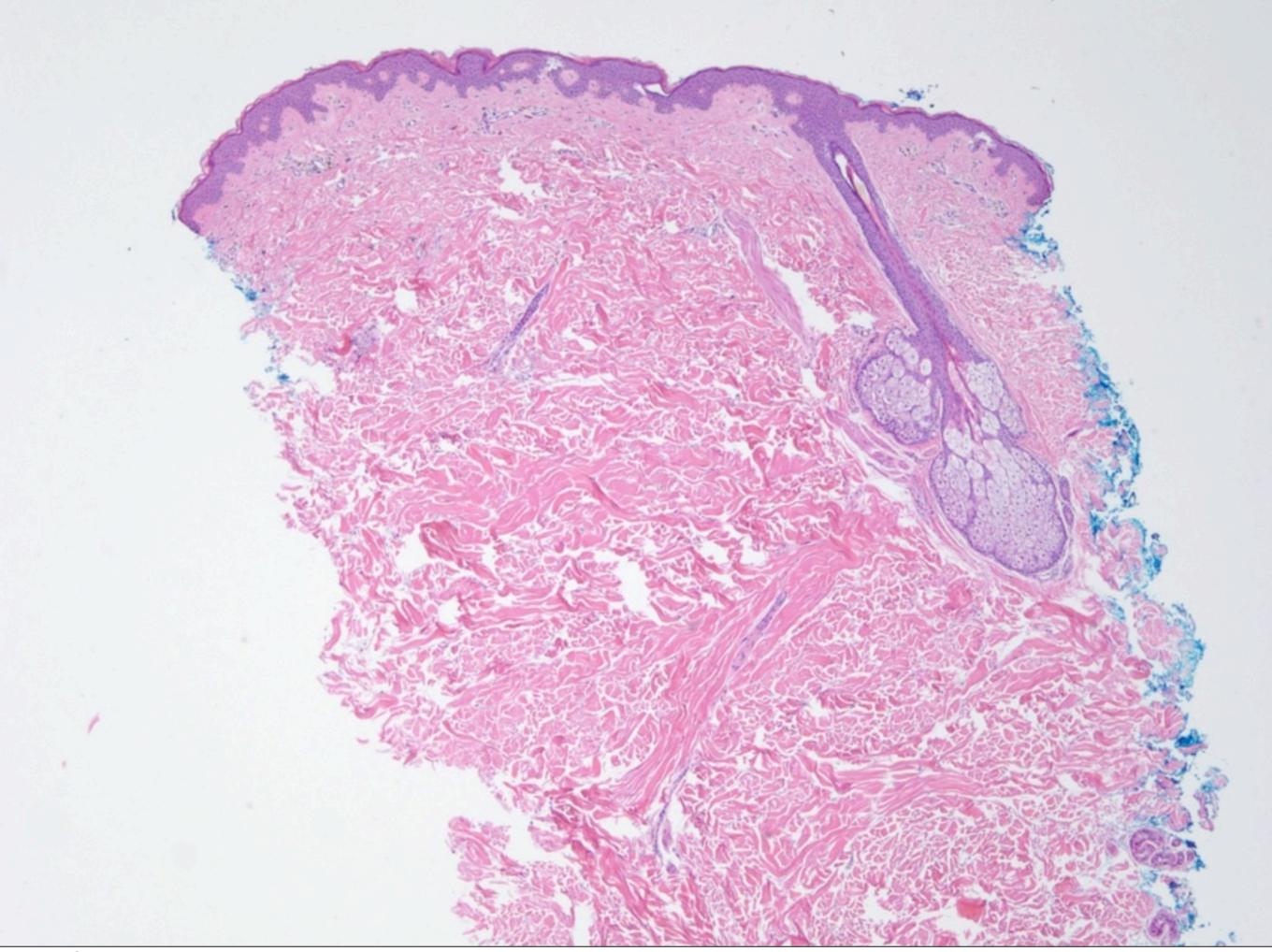
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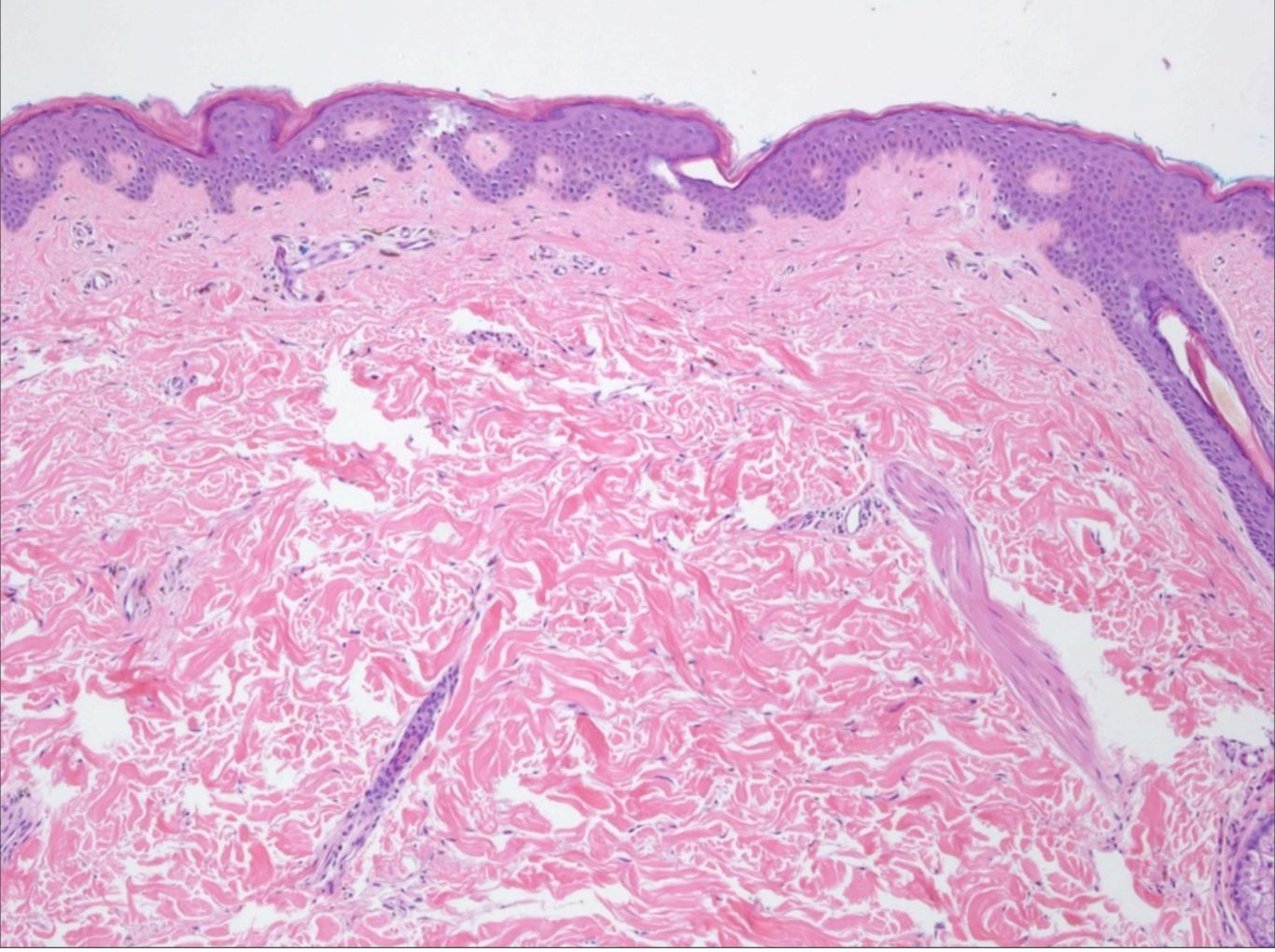




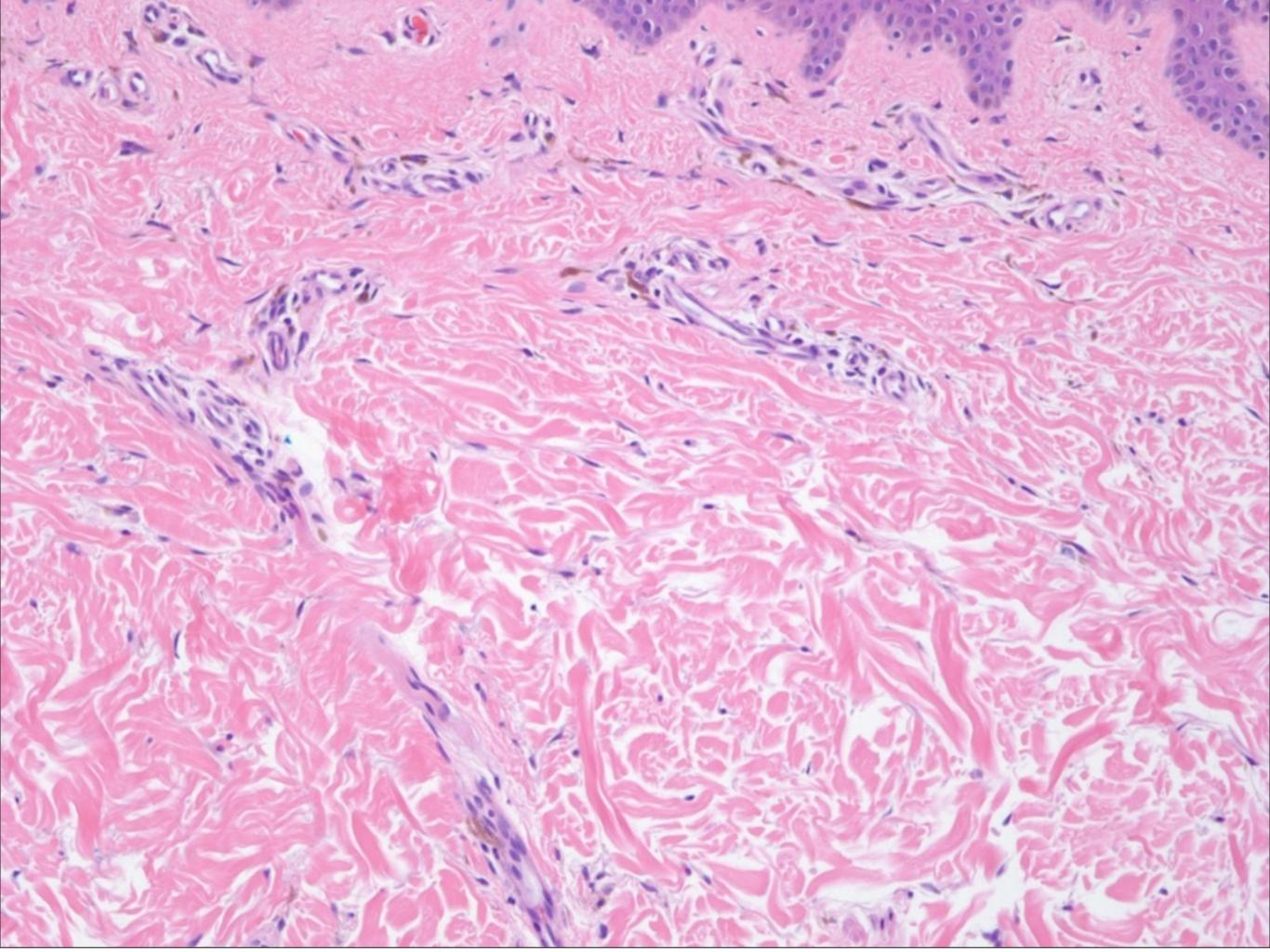
Clear Cell Fibrous Papule



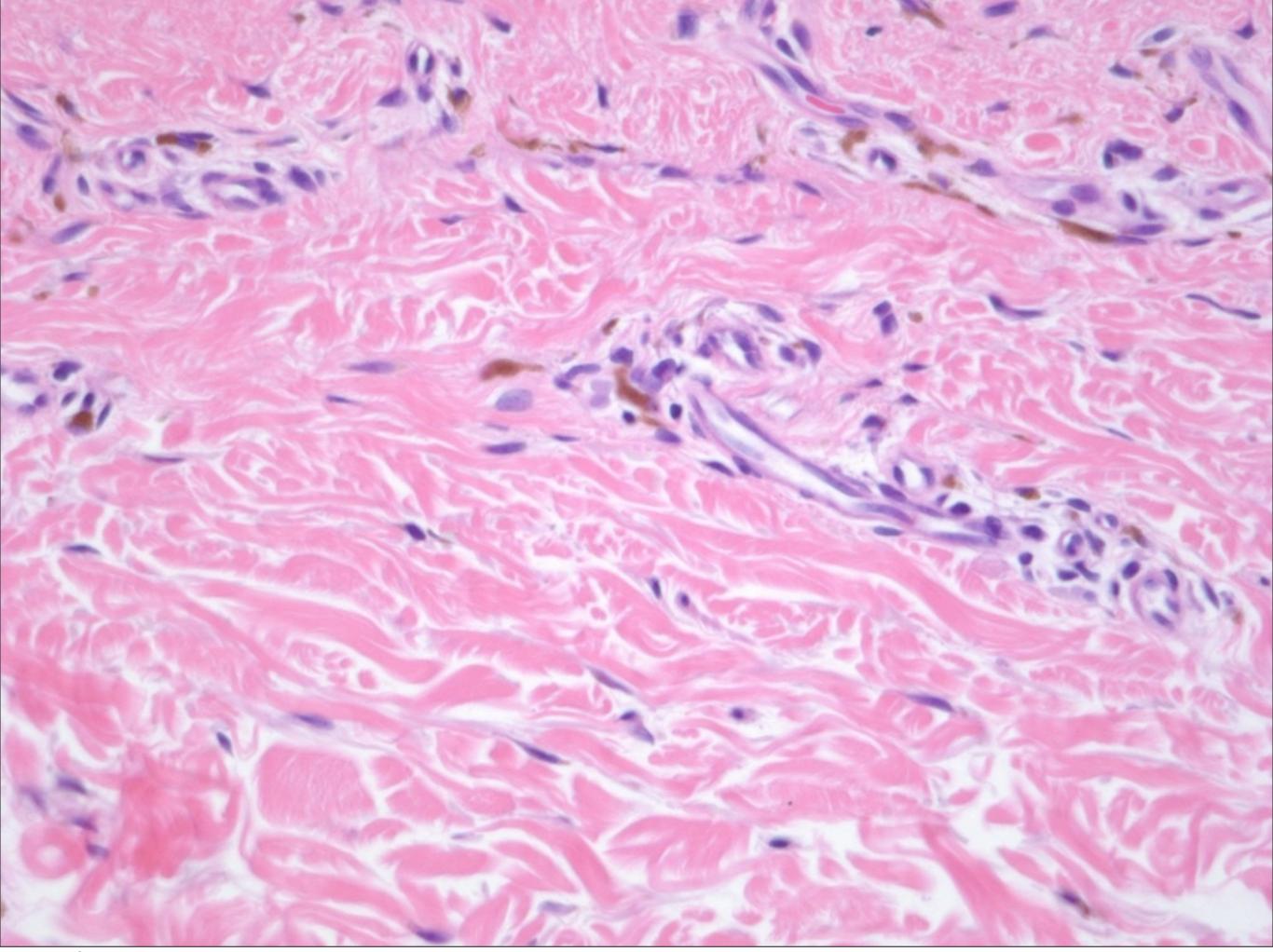




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Changes Consistent with Notalgia Paresthetica

Notes

- Notalgia paresthetica is a clinical-pathologic correlation
- Biopsies show changes consistent with post-inflammatory pigmentary alteration with melanophages
- A Congo red stain may be helpful to rule out amyloidosis, which may sometimes coexist

