

World Journal of *Clinical Cases*

World J Clin Cases 2023 June 6; 11(16): 3664-3931



Contents

Thrice Monthly Volume 11 Number 16 June 6, 2023

REVIEW

- 3664 Kikuchi-Fujimoto disease: A comprehensive review
Mahajan VK, Sharma V, Sharma N, Rani R
- 3680 Current diagnostic tools and treatment modalities for rectal prolapse
Oruc M, Erol T

MINIREVIEWS

- 3694 Application of laparoscopic surgery in gallbladder carcinoma
Wu X, Li BL, Zheng CJ
- 3706 Current research of idiopathic normal pressure hydrocephalus: Pathogenesis, diagnosis and treatment
Ishida T, Murayama T, Kobayashi S
- 3714 *Helicobacter pylori* plays a key role in gastric adenocarcinoma induced by spasmolytic polypeptide-expressing metaplasia
Li ML, Hong XX, Zhang WJ, Liang YZ, Cai TT, Xu YF, Pan HF, Kang JY, Guo SJ, Li HW
- 3725 Review of deep learning and artificial intelligence models in fetal brain magnetic resonance imaging
Vahedifard F, Adepoju JO, Supanich M, Ai HA, Liu X, Kocak M, Marathu KK, Byrd SE
- 3736 Diabetes more than retinopathy, it's effect on the anterior segment of eye
Morya AK, Ramesh PV, Kaur K, Gurnani B, Heda A, Bhatia K, Sinha A

ORIGINAL ARTICLE

Retrospective Cohort Study

- 3750 Long term outcomes of Cohen's cross trigonal reimplantation for primary vesicoureteral reflux in poorly functioning kidney
Ansari MS, Banthia R, Jain S, Kaushik VN, Danish N, Yadav P

Retrospective Study

- 3756 Dexmedetomidine-induced anesthesia in elderly patients undergoing hip replacement surgery
Li JQ, Yuan H, Wang XQ, Yang M

Observational Study

- 3765 Hypoperfusion context as a predictor of 28-d all-cause mortality in septic shock patients: A comparative observational study
Kataria S, Singh O, Juneja D, Goel A, Bhide M, Yadav D

- 3780** Psychological review of hemodialysis patients and kidney transplant recipients during the COVID-19 pandemic

Gundogmus AG, Oguz EG, Guler-Cimen S, Kocyigit Y, Dogan AE, Ayli MD

- 3791** Incidence and peri-operative risk factors for development of acute kidney injury in patients after cardiac surgery: A prospective observational study

Dimopoulos S, Zagkotsis G, Kinti C, Rouvali N, Georgopoulou M, Mavraki M, Tasouli A, Lyberopoulou E, Roussakis A, Vasileiadis I, Nanas S, Karabinis A

Randomized Controlled Trial

- 3802** Coaxial radiography guided puncture technique for percutaneous transforaminal endoscopic lumbar discectomy: A randomized control trial

Chen LP, Wen BS, Xu H, Lu Z, Yan LJ, Deng H, Fu HB, Yuan HJ, Hu PP

CASE REPORT

- 3813** Blood typing and transfusion therapy in a patient with A2 subtype acute myeloid leukemia M2: A case report

Kuang XC, Zhang SH, Cen YJ, Zhang JB, Liu YS

- 3822** Valve repair after infective endocarditis secondary to perforation caused by *Streptococcus gordonii*: A case report

Qu YF, Yang J, Wang JY, Wei B, Ye XH, Li YX, Han SL

- 3830** *Prevotella oris*-caused meningitis and spinal canal infection: A case report

Zhang WW, Ai C, Mao CT, Liu DK, Guo Y

- 3837** Severe liver trauma with complex portal and common bile duct avulsion: A case report and review of the literature

Mitricof B, Kraft A, Anton F, Barcu A, Barzan D, Haiducu C, Brasoveanu V, Popescu I, Moldovan CA, Botea F

- 3847** TACC diagnosed by transoesophageal endoscopic ultrasonography: A case report

Pu XX, Xu QW, Liu BY

- 3852** Ruptured teratoma mimicking a pelvic inflammatory disease and ovarian malignancy: A case report

Lai PH, Ding DC

- 3858** Purpura annularis telangiectodes of Majocchi: A case report

Pu YJ, Jiang HJ, Zhang L

- 3864** Giant cyst in heterotopic pregnancy: A case report

Kong YY, Chanda K, Ying XY

- 3870** High doses of dextromethorphan induced shock and convulsions in a 19-year-old female: A case report

Shimozawa S, Usuda D, Sasaki T, Tsuge S, Sakurai R, Kawai K, Matsubara S, Tanaka R, Suzuki M, Hotchi Y, Tokunaga S, Osugi I, Katou R, Ito S, Asako S, Mishima K, Kondo A, Mizuno K, Takami H, Komatsu T, Oba J, Nomura T, Sugita M

- 3877** Postpartum ovarian vein thrombosis after cesarean section and vaginal delivery: Two case reports

Zhu HD, Shen W, Wu HL, Sang X, Chen Y, Geng LS, Zhou T

- 3885** Traumatic pancreatic ductal injury treated by endoscopic stenting in a 9-year-old boy: A case report
Kwon HJ, Jung MK, Park J
- 3891** Novel mutation c.2090_2091del in neurodevelopmental-craniofacial syndrome with variable renal and cardiac abnormalities in an 18.5-mo-old boy: A case report
Li Y, Zhou Z, Xu Y, Wang ZR
- 3899** Reading impairment after neonatal hypoglycemia with parieto-temporo-occipital injury without cortical blindness: A case report
Kurahashi N, Ogaya S, Maki Y, Nonobe N, Kumai S, Hosokawa Y, Ogawa C, Yamada K, Maruyama K, Miura K, Nakamura M
- 3907** Unusual clinical presentation of oral pyogenic granuloma with severe alveolar bone loss: A case report and review of literature
Lomeli Martínez SM, Bocanegra Morando D, Mercado González AE, Gómez Sandoval JR
- 3915** Intraoperative photodynamic therapy for tracheal mass in non-small cell lung cancer: A case report
Jung HS, Kim HJ, Kim KW
- 3921** Coexistence of urinary tuberculosis and urothelial carcinoma: A case report
Tsai YC, Li CC, Chen BT, Wang CY

LETTER TO THE EDITOR

- 3929** Symmetric DWI hyperintensities in CMT1X patients after SARS-CoV-2 vaccination should not be classified as stroke-like lesions
Finsterer J

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Ashraf F Hefny, MD, MSc, Associate Professor, Surgeon, Department of Surgery, College of Medicine and Health Sciences, UAE University, Al Ain 00000, United Arab Emirates. ahefny@uaeu.ac.ae

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC's CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Si Zhao; Production Department Director: Xu Guo; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

June 6, 2023

COPYRIGHT

© 2023 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Purpura annularis telangiectodes of Majocchi: A case report

Yun-Jing Pu, Hong-Jing Jiang, Li Zhang

Specialty type: Medicine, research and experimental

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): B
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Exbrayat JM, France; Nazzaro G, Italy

Received: February 20, 2023

Peer-review started: February 20, 2023

First decision: March 24, 2023

Revised: April 3, 2023

Accepted: May 6, 2023

Article in press: May 6, 2023

Published online: June 6, 2023



Yun-Jing Pu, Hong-Jing Jiang, Li Zhang, Department of Dermatology, Kunming Children's Hospital, Kunming 650034, Yunnan Province, China

Corresponding author: Li Zhang, MS, Doctor, Department of Dermatology, Kunming Children's Hospital, No. 288 Qianxing Road, Kunming 650034, Yunnan Province, China. ettyzhangli@sina.com

Abstract

BACKGROUND

Purpura annularis telangiectodes of Majocchi (PATM), also known as Majocchi, is a rare subclass of pigmented purpuric dermatoses. The etiology of PATM is unknown, but it seems more common in children and young women. The skin lesions are mostly symmetrical ring-shaped reddish-brown macules on the lower limbs.

CASE SUMMARY

A 9-year-old girl, who has received treated in our department, presented with reddish-brown ring-shaped rash on both lower limbs that had been present for 6 mo. These lesions, red brownish annular or petaloid patches, were mostly found on ankles and lower limbs, which do not fade when adding pressure and no feel of infiltration and no atrophy when touching those lesions. Pathological examination showed deposition of hemosiderin in papillary dermis. However, dermoscopy showed the pigmentation in the center as well as the lavender patches on the edge of lesion. The child was thus diagnosed with PATM. After diagnosis, we suggested the patient avoid strenuous exercise. she was given vitamin C tablets for oral and mometasone furoate cream for external use. Follow-up examinations and treatment continue to support the clinical diagnosis to date.

CONCLUSION

This is the first report of investigating PATM using dermoscopy, which can differentiate PATM from other diseases due to its unique microscopic feature under dermoscopy. Although PATM is harmless, it still requires long-term follow-up. Moreover, dermoscopy technique can be applied for observation of multi-site lesions and correlated with histopathology. Thus, we believe this approach could be generalized for future diagnosis of PATM.

Key Words: Pigmented purpuric dermatoses; Majocchi's disease; Dermatoscope; Histology; Case report

©The Author(s) 2023. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Purpura annularis telangiectodes of Majocchi (PATM) also known as Majocchi's disease, is a rare subclass of pigmented purpuric dermatoses. The skin lesions are mostly symmetrical ring-shaped reddish-brown macules on the lower limbs. This disease is more commonly found among children and young women and the etiology is unknown. Currently, the diagnosis of PATM mainly depends on clinical and histopathological features. Dermoscopy, a non-invasive detection technique, could be a promising technique for future PATM diagnosis owing to its good correlation with histopathology, and multi-site observation.

Citation: Pu YJ, Jiang HJ, Zhang L. Purpura annularis telangiectodes of Majocchi: A case report. *World J Clin Cases* 2023; 11(16): 3858-3863

URL: <https://www.wjgnet.com/2307-8960/full/v11/i16/3858.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v11.i16.3858>

INTRODUCTION

Purpura annularis telangiectodes of Majocchi (PATM), also known as Majocchi disease, is a rare subclass of pigmented purpuric dermatoses (PPD). The etiology of PATM is unknown, but it seems more common among children and young women[1]. The skin lesions are mostly symmetrical ring-shaped reddish-brown macules on the lower limbs[2,3]. Thus, some researchers believe that gravity and venous hypertension may be the inducing factors of this disease[4]. The diagnosis of PATM usually depends mainly on the clinical findings and histopathological features. However, different sampling sites or time may affect the pathological diagnosis. Moreover, histopathological examination is an invasive method, which is not conducive to long-term follow-up. Dermoscopy, a non-invasive detection method, has a good corresponding relationship with histopathology and multi-site observation is more beneficial to diagnose the disease. Herein, we applied the dermoscopy to observe a girl who suffered from PATM.

CASE PRESENTATION

Chief complaints

A 9-year-old girl admitted to Kunming Children's Hospital, Kunming City, Yunnan Province, China in November 2021 due to the "repeated reddish-brown ring-shaped rash on both lower limbs for 6 mo".

History of present illness

In the beginning, the lesions were erythematous, where most of them are annular patches, appear on both insteps and ankles. Subsequently, the lesions evolved to both ankles, with sporadic itches. It recurs after topical glucocorticoids. They spread to both legs, with occasional itching. No clinic symptoms of hematuria, hematochezia, joint pain or hypodynamia observed during this period of time.

History of past illness

The patient had no history of systemic symptoms, allergies and no specific history of past illness.

Personal and family history

Normal.

Physical examination

Physical examination revealed good general condition. Dermatological examination results showed that these lesions are red brownish annular or petaloid patches with various size, 1-3 cm in diameters can be observed on both insteps, ankles and lower limb. And they do not fade when adding pressure. During this process, light brownish pigmentation can be observed central of these macules. No feel of infiltration and no atrophy when touching those lesions. Such lesions on instep are shown in [Figure 1](#).

Laboratory examinations

Blood routine, urine routine, liver function, kidney function, antinuclear antibody, coagulation function and erythrocyte sedimentation rate tests were normal.

Dermoscopy examinations

Dermoscopy showed a large number of reticular or honeycomb pigmentation in the center of the lesion,



DOI: 10.12998/wjcc.v11.i16.3858 Copyright ©The Author(s) 2023.

Figure 1 Macroscopic features of the lesion. The child presented red brownish annular or petaloid patches with various size, 1-3 cm in diameters can be observed on instep.

and lavender patches and a few focally distributed punctate blood vessels were seen on the edge of lesion (Figure 2).

Pathological examinations

Pathological examination showed scattered vacuolar endothelial cells, infiltration of lymphocytes and histiocytes around blood vessels, and deposition of hemosiderin in papillary dermis (Figure 3).

FINAL DIAGNOSIS

Combining with relevant examinations, the patient was diagnosed as PATM.

TREATMENT

The patient was given orally dipyridamole tablets 25 mg/bid, vitamin C tablets 0.1 g/bid, and topical mometasone furoate cream and mucopolysaccharide polysulfonate cream bid for external use.

OUTCOME AND FOLLOW-UP

The patient was given orally vitamin C tablets 0.1 g/bid, and topical mometasone furoate cream for external use. We suggested that the girl avoid prolonged stand, as well as strenuous exercises. The skin lesions subsided after 2 wk of treatment. In December 2022, the patient's disease recurred again after intense exercise, and the lesions gradually subsided one month after external medication. Follow-up is ongoing.

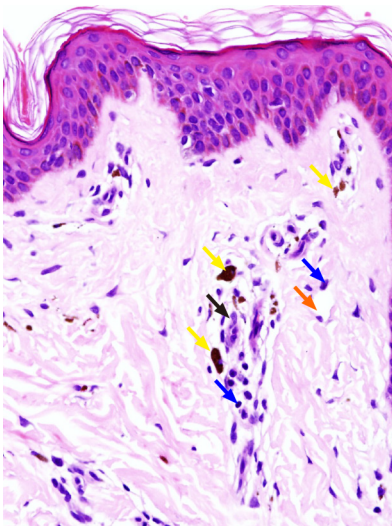
DISCUSSION

In this case, dermoscopy data showed a large number of reticular or honeycomb-shaped pigmentations in the center of the lesion, some lavender patches, and a few focally distributed punctate blood vessels at the edge of the lesion. These structures are often observed in lichen sclerosus and pigmented purpuric dermatosis[5]. The purplish red patches under dermoscopy correspond to red blood cell overflow in the histopathological picture, while the pigmentation corresponds to hemosiderin deposition. It is well known that overflowing red blood cells are engulfed to form hemosiderin[1], and pigmentation is the final form of purplish-red patches. The histopathology results for the early rash of PATM shows swollen vascular endothelial cells in the upper dermis and dermal papilla, with a large number of lymphocytes and histiocytes around the lumen, extravasation of red blood cells, and occasional neutrophil infiltration. However, the inflammatory infiltration of old lesions is not as obvious as in the early stages, with reduction in extravasation of red blood cells, and deposition of hemosiderin. Although the pathological manifestations of this patient were consistent with those of old lesions, the active margin could be



DOI: 10.12998/wjcc.v11.i16.3858 Copyright ©The Author(s) 2023.

Figure 2 Dermoscopic appearance of the lesion. The infiltration method was used ($\times 50$). Dermoscopy showed a large number of reticular or honeycomb pigmentation (orange arrow) in the center of the lesion, and lavender patches (black arrow) and a few focally distributed punctate blood vessels (yellow arrow) were seen on the edge of lesion.



DOI: 10.12998/wjcc.v11.i16.3858 Copyright ©The Author(s) 2023.

Figure 3 Histopathological findings. Histopathology showed hyperkeratosis, scattered vacuolar endothelial cells, infiltration of lymphocytes (blue arrows) and histiocytes (black arrow) around blood vessels (orange arrow), and deposition of hemosiderin (yellow arrows) in papillary dermis (Hematoxylin eosin staining: Magnification $\times 400$).

clearly observed under dermoscopy.

Differentiating PATM from lichen aureus (LA) and purpuric mycosis fungoides (PMF) could be challenging. LA is another subtype of PPD while PMF is a cutaneous lymphoma with purpuric eruptions as the clinical manifestation[6,7]. PATM and LA can be differentiated by the distribution pattern of pigments and purplish red patches using dermoscopy. PATM shows a ring-like distribution, while LA shows a diffuse distribution[8]. Neither of them has a special vessel structure under dermoscopy, but PMF has its unique vessels such as spermatozoa-like vessels[9]. Therefore, the differences between PATM, LA and PMF on dermoscopy are clear. In addition, we could distinguish the three diseases.

Due to the detection of epidermotropism or monoclonality in inflammatory infiltrates, other hypotheses believed that PPDs represent a type of T lymphocyte, occult and metaepithelial change[10]. There are even some described cases of progression to mycosis fungoides[11,12]. To sum up, although PATM is harmless, cutaneous T-cell lymphoma needs to be ruled out in some cases[2,11,12]. Thus, long-term follow-up of PATM is necessary.

CONCLUSION

PATM, a rare subclass of PPD, also known as Majocchi's disease. The skin lesions are mostly symmetrical ring-shaped reddish-brown macules on the lower limbs and more commonly found among children and young women. The purplish red patches under dermoscopy correspond to red blood cell overflow in the histopathological picture, while the pigmentation corresponds to hemosiderin deposition. Overflowing red blood cells are engulfed to form hemosiderin. Pigmentation is the final form of purplish-red patches. According to the histopathology results, the early rash of PATM shows swollen vascular endothelial cells in the upper dermis and dermal papilla, with a large number of lymphocytes and histiocytes around the lumen, extravasation of red blood cells, and occasional neutrophil infiltration. However, the inflammatory infiltration of old lesions is not as obvious as in the early stages, with reduction in extravasation of red blood cells, and deposition of hemosiderin. Although the pathological manifestations of this patient were consistent with those of old lesions, the active margin could be clearly observed under dermoscopy. It is challenging to differentiate PATM from LA and PMF but dermoscopy enables us to visualize the special vascular structure and pigment distribution pattern and distinguish these three diseases. Although PATM is harmless, the disease is prone to relapse and may resemble the early clinical feature of T-cell lymphoma. Thus, long-term follow-up of PATM is crucial. As a non-invasive detection method, Dermoscopy enables us multi-site observation and to correlates the obtained images with histopathology, which could be a promising approach for future PATM.

FOOTNOTES

Author contributions: Pu YJ and Jiang HJ contributed to the work equally; Pu YJ carried out the studies and drafted the manuscript; Jiang HJ and Zhang L participated in its design and helped to draft the manuscript; All authors read and approved the final manuscript.

Supported by the Scientific Research Foundation of the Education Department of Yunnan Province, No. 2023J0293.

Informed consent statement: Consent was obtained from relatives of the patient for publication of this report and any accompanying images.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

CARE Checklist (2016) statement: The authors have read CARE Checklist (2016), and the manuscript was prepared and revised according to CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Yun-Jing Pu 0000-0002-1896-5631; Hong-Jing Jiang 0000-0003-3474-7543; Li Zhang 0000-0002-6204-3810.

S-Editor: Li L

L-Editor: A

P-Editor: Li L

REFERENCES

- 1 Spigariolo CB, Giacalone S, Nazzaro G. Pigmented Purpuric Dermatoses: A Complete Narrative Review. *J Clin Med* 2021; **10** [PMID: 34070260 DOI: 10.3390/jcm10112283]
- 2 Hoelsy FJ, Huerter CJ, Shehan JM. Purpura annularis telangiectodes of Majocchi: case report and review of the literature. *Int J Dermatol* 2009; **48**: 1129-1133 [PMID: 19775410 DOI: 10.1111/j.1365-4632.2009.04160.x]
- 3 Fathy H, Abdelgaber S. Treatment of pigmented purpuric dermatoses with narrow-band UVB: a report of six cases. *J Eur Acad Dermatol Venereol* 2011; **25**: 603-606 [PMID: 21492246 DOI: 10.1111/j.1468-3083.2010.03806.x]
- 4 Mansur AT, Koç MK, Ramadan S. Purpura annularis telangiectodes of Majocchi: an atypical presentation. *Eur J Dermatol* 2019; **29**: 546-547 [PMID: 31647463 DOI: 10.1684/ejd.2019.3623]
- 5 Borghi A, Corazza M, Minghetti S, Toni G, Virgili A. Clinical and dermoscopic changes of vulvar lichen sclerosis after topical corticosteroid treatment. *J Dermatol* 2016; **43**: 1078-1082 [PMID: 27075682 DOI: 10.1111/1346-8138.13374]
- 6 Kaufman AE, Patel K, Goyal K, O'Leary D, Rubin N, Pearson D, Bohjanen K, Goyal A. Mycosis fungoides:

- developments in incidence, treatment and survival. *J Eur Acad Dermatol Venereol* 2020; **34**: 2288-2294 [PMID: [32141115](#) DOI: [10.1111/jdv.16325](#)]
- 7 **Hanna S**, Walsh N, D'Intino Y, Langley RG. Mycosis fungoides presenting as pigmented purpuric dermatitis. *Pediatr Dermatol* 2006; **23**: 350-354 [PMID: [16918631](#) DOI: [10.1111/j.1525-1470.2006.00259.x](#)]
 - 8 **Portela PS**, Melo DF, Ormiga P, Oliveira FJ, Freitas NC, Bastos Júnior CS. Dermoscopy of lichen aureus. *An Bras Dermatol* 2013; **88**: 253-255 [PMID: [23739706](#) DOI: [10.1590/S0365-05962013000200013](#)]
 - 9 **Nasimi M**, Bonabiyan M, Lajevardi V, Azizpour A, Nejat A, Dasdar S, Kianfar N. Pigmented purpuric dermatoses vs purpuric mycosis fungoides: Clinicopathologic similarities and new insights into dermoscopic features. *Australas J Dermatol* 2022; **63**: 81-85 [PMID: [34905635](#) DOI: [10.1111/ajd.13759](#)]
 - 10 **Georgala S**, Katoulis AC, Symeonidou S, Georgala C, Vayopoulos G. Persistent pigmented purpuric eruption associated with mycosis fungoides: a case report and review of the literature. *J Eur Acad Dermatol Venereol* 2001; **15**: 62-64 [PMID: [11451328](#) DOI: [10.1046/j.1468-3083.2001.00198.x](#)]
 - 11 **Guitart J**, Magro C. Cutaneous T-cell lymphoid dyscrasia: a unifying term for idiopathic chronic dermatoses with persistent T-cell clones. *Arch Dermatol* 2007; **143**: 921-932 [PMID: [17638739](#) DOI: [10.1001/archderm.143.7.921](#)]
 - 12 **Viseux V**, Schoenlaub P, Cnudde F, Le Roux P, Leroy JP, Plantin P. Pigmented purpuric dermatitis preceding the diagnosis of mycosis fungoides by 24 years. *Dermatology* 2003; **207**: 331-332 [PMID: [14571083](#) DOI: [10.1159/000073103](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

