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A clinical trial and another clinical practice bites the dust, or should there not be an appendix?

Studies over the past 2 decades have assessed an alternative approach to acute appendicitis: treatment with systemic antibiotics and observation.

Brian F. Mandell, MD, PhD

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**THE CLINICAL PICTURE**

**Atypical erythema as a clinical presentation of tinea incognito**

The lesions were originally diagnosed as contact allergic dermatitis and treated with topical corticosteroids, but culture revealed *Trichophyton rubrum*.

Ana Ravić Nikolić, MD, PhD; Gordana Ristić

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**Skin-colored papules on the cheeks, acrochordons on the axillae**

Biopsy revealed dermal follicular structures surrounded by a perifollicular fibrous sheath and a densely fibrous stroma, consistent with a fibrofolliculoma.

Irene López Riquelme, MD; María Ayala Blanca, MD, PhD; Elisabeth Gómez Moyano, MD, PhD

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**Spider nevi secondary to alcoholic chronic liver disease**

The lesions blanched when pressure was applied centrally and refilled from the center outward when pressure was released.

Mohamed Adam Ali, MBBS, BSc, FHEA

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**Pigmented lesion on nail bed: Pseudo-Hutchinson sign**

The discoloration had been present since the patient was 14, and it had not changed in appearance.

Yahya Daneshbod, MD; Majid Akrami, MD; Sara Fanaee, MD; Komeil Mirzaei Baboli, MD; Hadi Mirfazaelian, MD

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**Spotty skin pigmentation in Carney complex**

Characteristic skin findings and their locations can indicate underlying hereditary lentiginosis syndromes.

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