



## Dermatoscopy of non-pigmented skin tumors : pink - think - blink /

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Monografía

Although many skin lesions are pigmented, Dermatoscopy of Non-pigmented Skin Tumors: Pink - Think - Blink addresses non-pigmented lesions, which may be more difficult to diagnose. It discusses dermatoscopy not only as a reliable tool for diagnosis, but also for the monitoring of treatment outcomes following topical therapy. The clinical diagnosis of non-pigmented skin lesions is one of the most challenging in the daily routine. To arrive at a correct diagnosis-or at least an adequate management plan-the clinician needs to collect many pieces of information and put them together like a puzzle. I

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**Título:** Dermatoscopy of non-pigmented skin tumors pink - think - blink edited by Iris Zalaudek, MD, Department of Dermatology and Venereology, Medical University of Graz, Graz, Austria; Giuseppe Argenziano, MD, Skin Cancer Unit, Arcispedale S. Mar

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**Nota general:** Description based upon print version of record

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**Contenido:** Front Cover; Contents; Foreword; Preface; Contributors; Chapter 1: Physics of polarized and nonpolarized dermoscopy and digital photography; Chapter 2: Instrument-dependent criteria; Chapter 3: Metaphoric and descriptive language in dermoscopy: Lessons from the cognitive sciences; Chapter 4: How to perform dermoscopy of non-pigmented skin lesions; Chapter 5: How to assess a given non-pigmented lesion; Chapter 6: Clinical assessment; Chapter 7: Vascular morphologies; Chapter 8: Vascular arrangements; Chapter 9: Specific patterns; Chapter 10: Dermatoscopic clues in non-pigmented lesions Chapter 11: The influence of tumor thickness on the vascular morphologies Chapter 12: Intradermal nevi (including Unna and Miescher types); Chapter 13: Clark nevi in fair skin types; Chapter 14: Spitz nevi; Chapter 15: Atypical Spitzoid neoplasms (atypical Spitz

nevi, atypical Spitz tumors, Spitzoid melanoma): A clinicopathological update; Chapter 16: Nevi in patients with Bap1 germ line mutation, red-hair polymorphism, and albinism; Chapter 17: Amelanotic melanoma; Chapter 18: Hypomelanotic melanoma; Chapter 19: Cutaneous melanoma metastases; Chapter 20: Sebaceous hyperplasia Chapter 21: Seborrheic keratosis Chapter 22: Dermatofibromas; Chapter 23: Angioma, pyogenic granuloma, angiokeratoma; Chapter 24: Benign adnexal lesions; Chapter 25: Basal cell carcinoma; Chapter 26: Keratinocyte skin cancer; Chapter 27: Dermoscopy of cutaneous neuroendocrine ("Merkel cell") carcinoma; Chapter 28: Malignant vascular, adnexal, and fibrous tissue tumors; Chapter 29: Clues for the differential diagnosis of inflammatory lesions from tumoral lesions; Chapter 30: Dermoscopy for assessing surgical margins; Chapter 31: Dermoscopy in the treatment decision (surgical vs. topical) Chapter 32: Dermoscopy for treatment monitoring (recurrence vs. clearance) Chapter 33: Diagnostic clues and management rules; Chapter 34: Confocal microscopy in the diagnosis and management of non-pigmented skin tumors (which, when, and when not); Back Cover

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