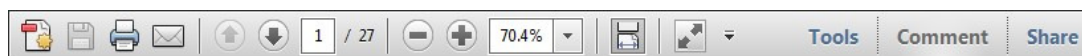


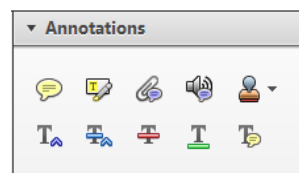
USING e-ANNOTATION TOOLS FOR ELECTRONIC PROOF CORRECTION

WILEY

Once you have Acrobat Reader open on your computer, click on the [Comment](#) tab at the right of the toolbar:



This will open up a panel down the right side of the document. The majority of tools you will use for annotating your proof will be in the [Annotations](#) section, pictured opposite. We've picked out some of these tools below:



1. Replace (Ins) Tool – for replacing text.

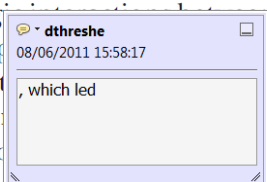


Strikes a line through text and opens up a text box where replacement text can be entered.

How to use it

- Highlight a word or sentence.
- Click on the [Replace \(Ins\)](#) icon in the Annotations section.
- Type the replacement text into the blue box that appears.

standard framework for the analysis of mark-ups. Nevertheless, it also led to exogenous number of strategic responses of mark-ups. The number of competitors and the impact of mark-ups is that the structure of the sector. The main components of the dynamic responses of mark-ups are exogenous level, are exogenous important words on entry by Gilroy (M henceforth) we open the 'black b



2. Strikethrough (Del) Tool – for deleting text.



Strikes a red line through text that is to be deleted.

How to use it

- Highlight a word or sentence.
- Click on the [Strikethrough \(Del\)](#) icon in the Annotations section.

there is no room for extra profits as mark-ups are zero and the number of firms (net) values are not determined by Blanchard ~~and Kiyotaki~~ (1987), perfect competition in general equilibrium of aggregate demand and supply in the classical framework assuming monopoly. An exogenous number of firms

3. Add note to text Tool – for highlighting a section to be changed to bold or italic.



Highlights text in yellow and opens up a text box where comments can be entered.

How to use it

- Highlight the relevant section of text.
- Click on the [Add note to text](#) icon in the Annotations section.
- Type instruction on what should be changed regarding the text into the yellow box that appears.

dynamic responses of mark-ups are exogenous level, are exogenous important words on entry by Gilroy (M henceforth) we open the 'black b

ent with the **VAR** evidence



4. Add sticky note Tool – for making notes at specific points in the text.



Marks a point in the proof where a comment needs to be highlighted.

How to use it

- Click on the [Add sticky note](#) icon in the Annotations section.
- Click at the point in the proof where the comment should be inserted.
- Type the comment into the yellow box that appears.

and supply shocks. Most of the dynamic responses of mark-ups are exogenous level, are exogenous important words on entry by Gilroy (M henceforth) we open the 'black b



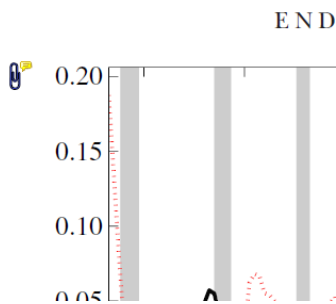
5. **Attach File** Tool – for inserting large amounts of text or replacement figures.



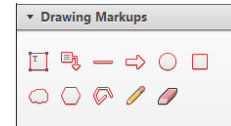
Inserts an icon linking to the attached file in the appropriate place in the text.

How to use it

- Click on the **Attach File** icon in the Annotations section.
- Click on the proof to where you'd like the attached file to be linked.
- Select the file to be attached from your computer or network.
- Select the colour and type of icon that will appear in the proof. Click OK.

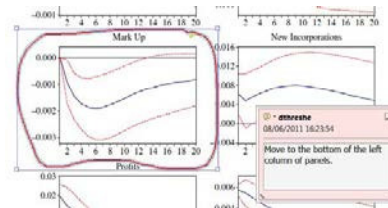


6. **Drawing Markups** Tools – for drawing shapes, lines and freeform annotations on proofs and commenting on these marks. Allows shapes, lines and freeform annotations to be drawn on proofs and for comment to be made on these marks.



How to use it

- Click on one of the shapes in the Drawing Markups section.
- Click on the proof at the relevant point and draw the selected shape with the cursor.
- To add a comment to the drawn shape, move the cursor over the shape until an arrowhead appears.
- Double click on the shape and type any text in the red box that appears.



LETTER TO THE EDITOR

Dear Editor,

Melanosis of the lower lip subverted by filler injection: a simulator of early mucosal melanoma

A 41-year-old Caucasian woman patient presented to our department with a 4-month history of a pigmented lesion of the lower lip, growing rapidly and with chromatic changes (Fig.1a). Furthermore, the patient complained of a mild burning and stinging sensation. Clinically, the lesion was brownish, with irregular borders and a diameter of 6.5 mm. The dermoscopy revealed a multi-component pattern (broader rail-tracks, parallel pattern and structureless areas) with a grey color and sparse greyish dots.(Fig.1b) The familial and personal medical history were negative for malignancies. The patient stated that in the same area there had been a small pigmented lesion for several years (unchanged through the years), that had shown growth and colour changes only in the last months, after having an injection of hyaluronic acid (HA) for aesthetic purposes. The histology revealed a pigmentation of the keratinocytes of the basal layer (without an increased number of melanocytes or cytoarchitectural atypia), in association with several melanophages in the papillary dermis. In the deep dermis there were multiple hyaline deposits, leading to a final diagnosis of melanosis associated with deposits of HA (Fig.1c).

Melanosis is a common cause of the benign pigmentation of the mucosa and can be easily misdiagnosed as a

Soft tissue augmentation with HA fillers is one of the most popular contemporary aesthetic procedures. Melanosis is not a usual adverse effect of HA as *N*-acetyl glucosamine, a precursor of HA, is well known for its depigmenting proprieties.⁴ In our patient, the hyaline deposits most likely caused the chromatic changes, inducing the inflammation that might explain the recent enlargement of the lesion and the underlying infiltration of melanophages in the papillary dermis. These findings may also explain the grey color of the whole lesion, the sparse greyish dots and the burning or stinging sensation. In addition, HA may explain the whitish structureless areas, while the broader rail-tracks were related to the pigmented epidermis with acanthosis and elongated rete ridges (Fig.1b).

According to Blum and colleagues⁵ our patient meets more closely the criteria of suspicious lesions (rapid growth, ≥ 2 colours, multiple patterns, structureless areas and dots) than of oral melanosis or other oral deposits (amalgam). Indeed, melanosis usually have fewer than two colours with few dermoscopic patterns (brown colour, circle or parallel pattern), while amalgam tattoos often show a homogeneous whitish/bluish pattern.^{1,5}

In conclusion, the grey in the dermoscopy of the mucosal lesions is related to melanophages in the superficial dermis and to an underlying inflammation, in our patient induced by HA. When the grey colour is not associated with a polychromatic pattern or to other atypical dermo-

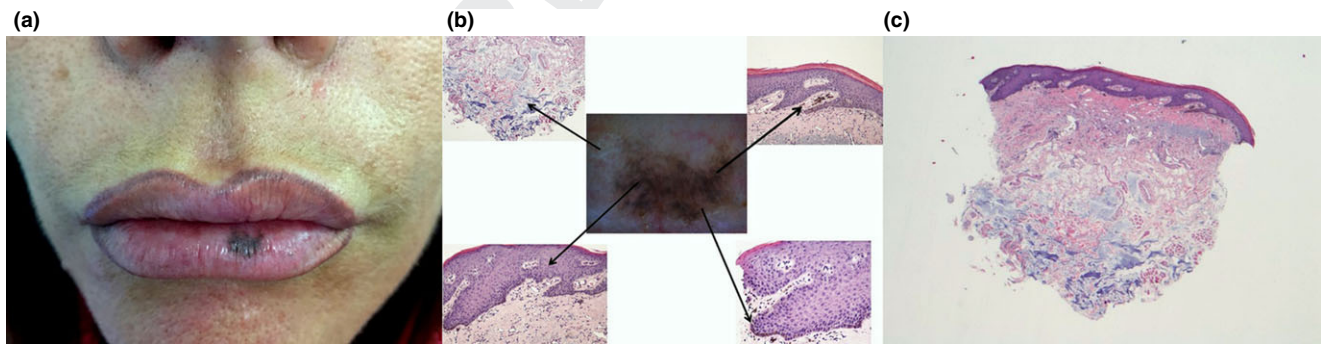


Figure 1 (a) Clinical presentation of the melanosis. (b) Centre, dermoscopy of the lesion; upper left, whitish structureless areas corresponding to underlying deposits of hyaluronic acid (HE \times 50); upper right: grey of the lesion and greyish dots corresponding to sparse melanophages on the dermis (HE \times 20); lower left: broader rail track corresponding to acanthosis and elongated rete ridges of the epidermis (HE \times 50); lower right: dark brown corresponding to pigmented keratinocytes of the basal layer (HE \times 50). (c) Melanosis with underlying deposits of hyaluronic acid (HE \times 10).

melanoma.¹ In addition, various factors can affect the morphology and structure of melanosis, including chronic trauma, inflammation and exogenous materials. For this reason, a correct differential diagnosis is needed to avoid an unnecessary biopsy.¹

Abbreviation:

HA hyaluronic acid

scopic findings, it may be related to a melanosis. However, a multicomponent and a polychromatic pattern should be always evaluated carefully. In this regard, the presence of exogenous materials (widely used in aesthetic medicine) could further modify the dermoscopic structures of pre-existing mucosal pigmented lesions, leading to important diagnostic pitfalls.



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