Supplementary Online Content


**eFigure 1.** Dermoscopic and Confocal Features Statistically Significant in Multivariate Analysis for LM Diagnosis

**eFigure 2.** Benign Macule in a Woman in Her 70s

This supplementary material has been provided by the authors to give readers additional information about their work.
eFigure 1. Dermoscopic and Confocal Features Statistically Significant in Multivariate Analysis for LM Diagnosis

A. Light brown facial macule exhibiting asymmetric pigmented follicular openings (asterisc); B. Pigmented facial macule showing target-like pattern on dermoscopy (asterisc); C. Confocal capture (0.5x0.5 mm) revealing widespread round large pagetoid cells. D. Confocal mosaic (1x1mm) showing follicular localization of pagetoid cells.
**eFigure 2. Benign Macule in a Woman in Her 70s**

A, a 12 mm brownish macule on her upper eyelid. B, Dermoscopy showed a pseudonetwork, annular-granular pattern and increased density of vascular network. C, RCM mosaic (1 x 1mm) at DEJ level showing epidermal cords and bulbous projections. D, RCM image (0.5 x 0.5mm). Dendritic cells in the interior of the bulbous projections. E, RCM image (0.5 x 0.5mm). Refractile keratinocytes in follicular openings and abundant melanophages (plump bright cells) in the papillary dermis. F, Biopsy specimen revealed some epidermal hyperplasia with huge number of melanophages in the upper dermis (H&E, original magnification x40). Inset: On more detail, epidermis with elongation of rete ridges and absence of melanocytic hyperplasia (H&E, original magnification x400). G, Melan-A/Ki-67 double staining, original magnification x200, showing normal distribution of melanocytes. H, MitF staining, original magnification x400. Low number of basal melanocytes and presence of many melanophages in the upper dermis. I, SOX10 staining, original magnification x100, showing the same features.