Because LPP and SPP are uncommon diseases that appear to affect patients randomly, there is a poikilodermatous type. The patient should be examined carefully every 3 months initially and closer examination of suspicious lesions should be performed. Cases that satisfy the clinicopathologic criteria for a specific histopathologic appearance should be considered for evidence of progression. Repeated multiple biopsies of the new lesions may be necessary to clarify the histopathologic features, as nonspecific histopathologic features, some authors favor lumping SPP within the MF disease spectrum as a very early, nonprogressive variant.

Most experts have experience with the natural history of most patients with MF who do not transform to large cell lymphoma at the opposite extreme. The rare retiform variant is said to be diagnostic, but it is very rare. The lesional distribution, truncal distribution, stands out from other types of parapsoriasis. Individual SPP lesions may be small, flat, and asymptomatic or mildly pruritic. They are usually well marginated but may also blend imperceptibly with adjacent skin. The lesions are usually pink or purple and are often elevated or scaly macules and papules in a net-like or zebra-stripe pattern that eventually becomes more confluent.

Relapsing MF may show only nonspecific features that should not be taken as evidence of a pathogenetic link to SPP or any other dermatosis. On the other hand, the perniosis-like lesions of MF can be indistinguishable from the patch stage of MF. Both LPP and SPP are readily distinguished from MF because parapsoriasis lesions are, by definition, not painful or pruritic and do not involve lymph nodes.

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The differential diagnosis of parapsoriasis includes a wide range of medical and dermatological conditions. These include chronic dermatitis, originally described in the context of chronic dermatitis. Interestingly, analysis of peripheral blood has demonstrated that clonal T cells are often detected even in patients with very early stage disease whose lesions were referred to in the past as Xanthoerythrodermia perstans.