As time goes by, lesions tend to, yes, appear in this more typical distribution, along with age. And then, the differential diagnosis, although the first thing we should think about because of its frequency is Fabry's Disease, there are other diseases, especially like lysosomal storage diseases that might also appear with this typical angiokeratoma corporis diffusum, like fucosidosis, beta-mannosidosis, galactosialidosis. There are around eight-- or we are all the time describing new diseases associated with this angiokeratoma corporis diffusum.

And even there is-- way we call it, angiokeratoma corporis diffusum with no known lysosomal disease. There are some patients in whom we see the typical angiokeratoma corporis diffusum with the typical distribution with no other symptoms, and we don't find the actual lysosomal storage disease in them. Those are very, very rare patients which we've come through, or we got to know when we suspected Fabry's Disease, but we couldn't find it. But the first thing you should suspect in these patients with angiokeratoma corporis diffusum in the typical distribution is Fabry's Disease.