Table SI. *Comparison of clinical features, pathological characteristics and laboratory findings between eosinophilic fasciitis (EF) and sclerodermoid graft-versus-host disease (GVHD)*

	EF	Sclerodermoid GVHD
Clinical features		
Skin	Erythema and non-pitting oedema symmetrical induration irregular, woody, ”peau d’orange” texture	Shiny, atrophy, sclerosis, and sometimes erosion
Joint	Contracture	Impaired mobility
Face, hair, and distal limbs	Sometimes involved	Mostly involved
Mucosa	–	Mostly involved
Other organs	–	Chronic hepatitis, diarrhoea, bronchiolitis obliterans, neuropathy and polymyositis
Pathological characteristics		
Epidermis	Absence of lichenoid changes and epidermal atrophy	Epidermal atrophy and abolition of the ridge pattern
Dermis	Dermal fibrosis	Hyalinization of the collagen throughout the dermis and loss of the adnexal structures
Subcutis	Lymphocytes, histiocytes, plasma cells and eosinophils in variable degrees	Rarely involved
Fascia and muscle	Lymphocytes, histiocytes, plasma cells and eosinophils in variable degrees	Rarely involved
Laboratory findings		
Peripheral eosinophilia	Transient	–
Hypergammaglobulinaemia	Usually IgG	–
ESR	Elevated	–
GOT, GPT, ALP, γGT, and total bilirubin	–	Usually elevated

ESR: erythrocyte sedimentation rate; GOT: glutamic-oxaloacetic transaminase; GPT: glutamic-pyruvic transaminase; ALP: alkaline phosphatase; γGT: γ-glutamyltransferase; IgG: immunoglobulin G.