



Fig. S1. Clinical and histopathological features of 3 patients who presented positive PCR results for microorganisms. (a) Case 2, *M. tuberculosis* complex. (b) Case 5, *M. xenopi*. (c) Case 3, *Leishmania* spp. The morphological pattern of skin lesions was varied and strongly resembles sarcoidosis, leading to diagnostic difficulties in distinguishing these conditions without a molecular approach. Histologically, all 3 cases exhibited sarcoidal granulomas ("naked") without necrosis and associated with a dermal inflammatory infiltrate of lymphocytes and histiocytes. (b) The presence of multinucleated giant cells was the rule, as observed under higher magnification ($\times 40$) (arrow). (a) Focal necrosis was occasionally observed ($\times 20$) (arrow). (c) In case 3, under higher magnification ($\times 100$), the immunohistochemical evaluation allowed identification of only few intracytoplasmic amastigotes (thin arrow), which may explain the negative results with Giemsa stain; plasma cells (thick arrow) are another important histological features that can help clinicians to make a correct diagnosis of cutaneous leishmaniasis.