### Table SI. Study characteristics

<table>
<thead>
<tr>
<th>Author (year) (Ref.)</th>
<th>Country</th>
<th>Study type</th>
<th>Patients, n</th>
<th>Topical and intralesional agents</th>
<th>Systemic agents</th>
<th>Physical modalities</th>
<th>Follow-up and outcome</th>
<th>Trigger factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shazzad et al. (2015) (24)</td>
<td>Bangladesh</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Methotrexate (Pentoxyfylline)</td>
<td>PUVA Debridement of the ulcers, cream PUVA, UVA1</td>
<td>Successful treatment</td>
<td>Unknown</td>
</tr>
<tr>
<td>Dumke et al. (2014) (41)</td>
<td>Germany</td>
<td>Case report</td>
<td>1</td>
<td>Topical corticosteroids</td>
<td></td>
<td></td>
<td></td>
<td>Diabetes mellitus type 1 for 40 years</td>
</tr>
<tr>
<td>Yoshimura et al. (2014) (39)</td>
<td>Japan</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carvalho et al. (2014) (27)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Pentoxyfylline, Calchicine, Methotrexate</td>
<td></td>
<td>No satisfactory response</td>
<td>Unknown</td>
</tr>
<tr>
<td>Aichelburg et al. (2012) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Intravenous immunoglobulins</td>
<td></td>
<td>Successful treatment</td>
<td>Post-streptococcal</td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>High-dose antibiotic therapy (Furosemide, digoxin, captopril)</td>
<td></td>
<td>Skin slowly and spontaneously got better</td>
<td>Unknown</td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Pentoxyfylline, Colchicine, Methotrexate</td>
<td></td>
<td>Successful treatment</td>
<td>Cardiac involvement</td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Intravenous immunoglobulins</td>
<td></td>
<td>Successful treatment</td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>High-dose antibiotic therapy (Furosemide, digoxin, captopril)</td>
<td></td>
<td>Skin slowly and spontaneously got better</td>
<td>Unknown</td>
</tr>
<tr>
<td>Yoshimura et al. (2014) (39)</td>
<td>Japan</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carvalho et al. (2014) (27)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2012) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaac et al. (2011) (48)</td>
<td>Brazil</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aichelburg et al. (2010) (29)</td>
<td>Austria</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rani et al. (2011) (30)</td>
<td>India</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author (year) (Ref.)</td>
<td>Country</td>
<td>Study type</td>
<td>Patients, n</td>
<td>Topical and intralesional agents</td>
<td>Systemic agents</td>
<td>Physical modalities</td>
<td>Follow-up and outcome</td>
<td>Trigger factor</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>------------</td>
<td>-------------</td>
<td>----------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Krasagakis et al. (1996) (31)</td>
<td>Germany</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>High dose intravenous penicillin (3 × 10⁶ IU/day) for 7 days</td>
<td></td>
<td>Clinical improvement</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Angeli-Besson et al. (1994) (8)</td>
<td>France</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Topical steroids</td>
<td>Chlorambucil, dapsone, penicillamine, melphalan, adriamycin, cyclophosphamide, systemic steroids</td>
<td>Significant improvement</td>
<td>IgA kappa monoclonal hypergammaglobulinemia</td>
</tr>
<tr>
<td>Sansom et al. (1994) (15)</td>
<td>UK</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td>Electron-beam radiation</td>
<td>No improvement</td>
<td>IgA myeloma</td>
</tr>
<tr>
<td>Carrington et al. (1988) (13)</td>
<td>UK</td>
<td>Case report</td>
<td>1</td>
<td>Trianmcino1one cream 0.1%</td>
<td></td>
<td></td>
<td>No progression or resolution</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Salisbury et al. (1988) (37)</td>
<td>UK</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td></td>
<td>Cyclophosphamide and prednisolone in pulse therapy</td>
<td>Skin began to become more mobile</td>
<td>Multiple myeloma</td>
</tr>
<tr>
<td>Venencie et al. (1984) (26)</td>
<td>France</td>
<td>Case series</td>
<td>5</td>
<td></td>
<td></td>
<td>Systemic steroids, Methotrexate</td>
<td>No response</td>
<td>Patients without diabetes</td>
</tr>
<tr>
<td>Toyota et al. (1983) (23)</td>
<td>Japan</td>
<td>Case report</td>
<td>1</td>
<td>Hyaluronidase s.c.</td>
<td>Vitamin E</td>
<td>No response</td>
<td>Patients without diabetes</td>
<td></td>
</tr>
<tr>
<td>Theodoridis &amp; Capetanakis (1979) (32)</td>
<td>Greece</td>
<td>Case report</td>
<td>1</td>
<td></td>
<td>Penicillin</td>
<td>Skin lesions improved</td>
<td>Diabetes mellitus</td>
<td></td>
</tr>
<tr>
<td>Johnson et al. (1970) (51)</td>
<td>UK</td>
<td>Case report</td>
<td>1</td>
<td>Simple emollient creams</td>
<td></td>
<td></td>
<td>Skin improved slowly</td>
<td>After an upper respiratory tract infection</td>
</tr>
</tbody>
</table>

UVA: ultraviolet A; PUVA: psoralen plus ultraviolet A.

Table SI. Contd.