Table SI. Characteristics of the patients

	Case 1	Case 2	Case 3
Sex, age	F, 13 years	M, 3 years	M, 2 months
Past medical history	Asthma, pollen and cat allergy, atopic dermatitis and urticaria	Iritis and juvenile polyarthritis	DTaP-IPV-Hib, rotavirus and pneumococcal conjugate vaccination 1 week before onset
Clinical features	Pruritic vesicles and bullae in addition to erythematous plaques on the palms and soles. Eczema-like lesions on the arms, legs and dorsum of the hands.	Widespread maculo-papules and tense bullae on erythematous base preceded by target lesions on the torso, arms and legs	Widespread annular and converging erythematous and urticarial plaques with vesicobullous formation on the edge of the lesions
Mucosal involvement	No	Blisters on the lower lip	No
Biopsy	Unspecific ulceration without eosinophilia	Sub-epidermal bulla	Sub-epidermal bulla with an eosinophilic infiltrate
DIF	Irregular linear deposits of IgG and C3c on the basement membrane	Linear IgG and C3c fluorescence on BMZ	Linear IgG and C3c positivity on BMZ
IIF (titre)	NA	10	50
Serum ELISA BP180Ab	130 U/ml	140 U/ml	>150 U/ml
Eosinophils/mm^3	650	680	2,790
Treatment schemes	Oral prednisolone 1 mg/kg and methotrexate 15 mg/week	Oral prednisolone 30 mg daily gradually tapered within a month to 7.5 mg leading to first relapse of BP. Two additional relapses within 6 months during IVIg indicated a slow tapering to 2.5 mg one year later and no new flares of BP occurred Methotrexate and infliximab were reintroduced after the diagnosis, IVIg was introduced after the first exacerbation	Oral clarithromycin 15 mg/kg/day and topical desonide
Treatment duration	Prednisolone 100 days and methotrexate 300 days.	Oral prednisolone treatment altogether 2 years and 5 months. IVIg 6 years, continuing to this day	Clarithromycin 3 weeks course. Topical desonide 1–2 times daily in 3 days courses

DIF: direct immunofluorescence; BMZ: basal membrane zone; NA: not available; M: male; F: female; BP: bullous pemphigoid.