

Table S1. Study characteristics

Author (year) (Ref.)	Country	Study type	Patients, n	Topical and intralesional agents	Systemic agents	Physical modalities	Follow-up and outcome	Trigger factor
Shazzad et al. (2015) (24)	Bangladesh	Case report	1	Topical corticosteroids	Methotrexate (Pentoxifylline)	PUVA	Successful treatment	Unknown
Dumke et al. (2014) (41)	Germany	Case report	1			Debridement of the ulcers, cream PUVA, UVA1	Chronic and therapy resistant	Diabetes mellitus type 1 for 40 years
Yoshimura et al. (2014) (39)	Japan	Case report	1			UVB	Successful treatment	After severe throat and upper respiratory tract infection
Carvalho et al. (2014) (27)	Brazil	Case report	1		Pentoxifylline, Colchicine, Methotrexate		No satisfactory response	Unknown
Aichelburg et al. (2012) (29)	Austria	Case report	1		Intravenous immunoglobulins		Successful treatment	Post-streptococcal
Rani et al. (2012) (30)	India	Case report	1		High-dose antibiotic therapy (Furosemide, digoxin, captopril)		Symptoms improved	Unknown
Isaac et al. (2011) (48)	Brazil	Case report	1				Skin slowly and spontaneously got better	Unknown
Stürmer et al. (2009) (28)	Germany	Case report	1		Penicillin 5 Mega i.v. 4 x/d during 12 d, 100 mg prednisone during 3 days, then tapering until 15 mg daily	30 x UVA1	Improvement of the lesions	Cardiac involvement
Yu et al. (2009) (45)	Korea	Case report	1			Radiotherapy (Total dose 20 Gy)	Improvement of the lesions	Diabetes mellitus and carcinoid tumour of the rectum
Beers et al. (2006) (1)	USA	Case report	1		Prednisone 60 mg/d		No additional progression, but no regression	B-cell lymphoma?
Könnenmann et al. (2004) (9)	Germany	Case report	1			Electron-beam radiation therapy	Significant improvement of the lesions	Diabetes mellitus as co-diagnosis
Venturi et al. (2004) (35)	Italy	Case report	1		Intravenous treatment with factor XIII		Marked improvement	Insulin-dependent diabetes mellitus as co-disease
Bowen et al. (2003) (44)	USA	Case reports	3			Electron-beam radiation therapy	Subjective improvement with different duration	Type 2 diabetes mellitus
Lee et al. (2000) (46)	South Korea	Case reports	3			Localized electron-beam therapy	Subjective improvement with different duration	Type 2 diabetes mellitus
Tobler et al. (2000) (47)	USA	Case report	1			Electron-beam radiation therapy	Short-term results did appear favourable	Diabetes mellitus
Stables et al. (2000) (42)	UK	Case report	1			Extracorporeal photopheresis (2 days per month)	Improvement after 6 months	Paraproteinaemia
Banney et al. (2000) (40)	Australia	Case report	1			2-month course of UVB	Increased mobility of the neck and shoulder regions	Insulin-dependent diabetes mellitus
Happe et al. (1999) (49)	Germany	Case report	1		Corticosteroids and cyclosporine		Mild improvement	Insulin-dependent diabetes mellitus
Seyger et al. (1999) (25)	Netherlands	Case report	1		Low-dose methotrexate		Partial response	Insulin-dependent diabetes mellitus
Tamburin et al. (1998) (43)	USA	Case report	1	(Topical/intralesional corticosteroids)	(Corticosteroids)	Electron-beam radiation	Complete resolution	Type 1 diabetes mellitus
Hager et al. (1998) (33)	Germany	Case report	1		(Penicillin) (Penicillin)	PUVA-bath (UVB), PUVA-bath	Reduction of skin thickness	-
Basarab et al. (1997) (20)	UK	Case report	1			PUVA-bath	Marked improvement	Diabetes mellitus, mycosis fungoides
Mattheou-Vakali et al. (1996) (36)	Greece	Case report	1		Cyclophosphamide	Plasma exchange, electron-beam therapy	Reduction of skin thickness. No effect	Diabetes mellitus
Tate et al. (1996) (50)	Australia	Case report	1	Betamethasone Dipropionate	Cyclosporine 5 mg/kg/d	Complete resolution	Complete resolution	Monoclonal gammopathy
			1	Betamethasone Dipropionate	Cyclosporine 5 mg/kg/d	Complete resolution	Complete resolution	Pharyngitis
			1	Betamethasone Dipropionate	Prednisolone	No effect.	No effect.	Otitis
			1	Betamethasone Dipropionate		Mild improvement	Mild improvement	Diabetes mellitus
			1	Betamethasone Dipropionate		No effect.	No effect.	Diabetes mellitus
			1	Betamethasone Dipropionate		No follow-up	No follow-up	Diabetes mellitus

Table SI. Contd.

Author (year) (Ref.)	Country	Study type	Patients, n	Topical and intralesional agents	Systemic agents	Physical modalities	Follow-up and outcome	Trigger factor
Krasagakis et al. (1996) (31)	Germany	Case report	1		High dose intravenous penicillin (3×10^6 IU/day) for 7 days		Clinical improvement	Diabetes mellitus
Angeli-Besson et al. (1994) (8)	France	Case report	1			Electron-beam radiation	Significant improvement	IgA kappa monoclonal hypergammaglobulinaemia
Sansom et al. (1994) (15)	UK	Case report	1	Topical steroids	Chlorambucil, dapson, penicillamine, melphalan, adriamycin, cyclophosphamide, systemic steroids	PUVA, plasmapheresis	No improvement	IgA myeloma
Carrington et al. (1988) (13)	UK	Case report	1	Triamcinolone cream 0.1%			No progression or resolution	Diabetes mellitus
Salisbury et al. (1988) (37)	UK	Case report	1		Cyclophosphamide and prednisolone in pulse therapy		Skin began to become more mobile	Multiple myeloma
Venencie et al. (1984) (26)	France	Case series	5		Systemic steroids		No response	Patients without diabetes
			1		Methotrexate		No response	Patient without diabetes
			1		D-penicillamine		No response	Patient without diabetes
Toyota et al. (1983) (23)	Japan	Case report	1		Vitamin E		Skin lesions improved	Diabetes mellitus
Theodoridis & Capetanakis (1979) (32)	Greece	Case report	1	Hyaluronidase s.c.	Penicillin		The disorder resolved	IgA deficiency, lesions appeared after tonsillitis
Johnson et al. (1970) (51)	UK	Case report	1	Simple emollient creams			Skin improved slowly	After an upper respiratory tract infection

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