

Table S1. Summary of study characteristics

Author (year)	Patients (n)	Aetiology	Time of onset	Treatment	Results
Jaehn et al. (2014) (69)	1	Red tattoo reaction	After 6 months	Excision of affected areas/skin grafts	After 2 years: pain-free and wounds healed completely
Souza et al. (2014) (15)	1	Black pigment tattoo reaction	After 4-5 years	Topical corticosteroids	The lesions relapse after discontinuation of topical steroids
Safa et al. (2014) (27)	1	Erythroidermic CD8+ pseudolymphoma during infliximab treatment	After 11 months	Cyclosporine 5 mg/ kg/ day	Dramatic improvement without any significant side-effects
Toberer et al. (2014) (70)	1	Phenytol-in-induced T-cell predominant pseudolymphoma	After 15 years	Phenytoin was discontinued	Skin lesions resolved completely within 6 weeks
Altamura et al. (2014) (29)	1	Due to therapy with medicinal leeches (Hirudo medicinalis)	After 6 weeks	Topical corticosteroids (mometasone furoate)	Complete resolution of the skin eruption after 4 weeks
Marchesi et al. (2014) (8)	1	Red tattoo reaction	After 6 months	Excision of the affected areas	Complete resolution
Oliveira et al. (2013) (56)	1	Lymphocytoma cutis (Spiegler-Fendt sarcoïd)	-	13 PUVA sessions + 5 sessions of intralesional triamcinolone	Regression of nearly all the lesions
Chu et al. (2013) (71)	1	Anticonvulsant-induced CLH	-	Topical clobetasol steroid treatment + carbamazepine discontinuation	Lesion resolved after 6 weeks of treatment
Baumgartner-Nielsen et al. (2014) (64)	1	-	-	Topical imiquimod 5% 5x/week for 6 weeks	Total clearance of the Cutaneous pseudolymphoma
Madsaas et al. (2013) (72)	1	T-cell lymphoma-like eruption in a HIV+ patient taking varicomyacin and rifampicin	-	Cessation of rifampicin and vancomycin	Lesions completely resolved
Pacheco et al. (2013) (57)	1	Solitary T-cell pseudolymphoma of the breast	-	PUVA	-
Khelifa et al. (2013) (30)	1	After leech therapy	After several months	Topical and intralesional corticosteroids	Favourable outcome
Koguchi et al. (2013) (73)	1	Solitary T-cell pseudolymphoma, superficial type of the breast	-	Resistant to topical steroid therapy. Electron beam radiation (30 Gy)	Plaque finally disappeared leaving pigmentation
Pulitzer et al. (2013) (24)	1	Ambiodipine	After several months	Cessation of ambiodipine	Complete resolution
	1	Cefepime	8 days	Cessation of cefepime	Rash resolved
	1	Sertraline (SSRI)	After several days	Cessation of sertraline	Complete resolution
	1	Gabapentin	-	Cessation of gabapentin	Rash and pruritus diminished after therapy was stopped
	1	Sertraline (SSRI)	After 2 weeks	Drug was discontinued	Rash subsided completely
Cristaudo et al. (2012) (14)	3	Red tattoo reaction	-	Corticosteroid therapy	Ineffective
Wagner et al. (2012) (58)	1	Palpable migratory arciform erythema	-	UVA1	Complete regression of the lesions
Moulouquet et al. (2012) (66)	2	Miliarial-type perifollicular B-cell pseudolymphoma	-	Hydroxychloroquine	Lesions improved in 1 patient after hydroxychloroquine
Moniuszko et al. (2012) (36)	1	Borreliolymphocytoma after tick bite	After 3 days	Amoxicillin for 3 weeks	Lesion cleared completely
Yalcin et al. (2012) (38)	1	Pseudolymphoma as a side-effect of bee venom immunotherapy	After 3 weeks	Treatment was stopped	Lesions resolved when treatment was stopped
Singletary et al. (2012) (74)	1	-	-	Topical corticosteroid, methotrexate, doxycycline and interferon alfa-2b 5.c.	Lesions cleared after interferon alpha and remain in remission during tapering
Fernández-Morano et al. (2012) (34)	1	HIV-associated atypical cutaneous CD8+ T-cell infiltrate	-	Systemic antiretroviral therapy (ritonavir, atazanavir, emtricitabine, tenofovir) and oral prednisolone	Decrease in the number of lesions
Moulouquet et al. (2012) (75)	1	Prethibial lymphoplasmacytic plaque	-	Amoxicillin and topical clobetasol under occlusion	Lesion recurred rapidly when the steroid was withdrawn
Choi et al. (2011) (31)	1	Cutaneous pseudolymphoma induced by Hirudo medicinalis therapy	After several months	Triamcinolone acetonide intralesional injection	Lesions mostly cleared up after 3 months
Campolmi et al. (2011) (22)	1	Cutaneous pseudolymphoma localized to black tattoo	After a few years	Systemic steroid and Q-switched neodymium:yttrium-aluminium-garnet laser	Almost complete clearance after laser treatment
Millican et al. (2011) (48)	1	Cutaneous lymphoid hyperplasia related to squaric acid dibutylester	After 10 months	Intralesional Kenalog® (triamcinolone acetate), Bristol-Myers Squibb Company, Princeton, USA), tacrolimus ointment	Lesion remain stable
Martin et al. (2011) (76)	1	Cutaneous lymphoid hyperplasia	-	Doxycycline, imiquimod cream, steroids (topical and intralesional), radiotherapy. Intralesional rituximab and topical tacrolimus.	Marked clinical improvement
Kuo et al. (2011) (77)	1	Red tattoo reaction	Shortly after tattoo	Excision	-
Cruz et al. (2010) (16)	1	Red, purple and yellow tattoo reaction	One year later	Topical occlusive clobetasol	Response was poor
Sawada et al. (2010) (78)	1	Valsartan	Two months later	Prednisolone 30 mg/d, topical betamethasone butyrate propionate, narrowband ultraviolet B light irradiation	Lesions subsided in 4 weeks
O'Neill et al. (2010) (59)	1	Cutaneous pseudolymphoma on the cheek	-	5-aminolevulinic acid photodynamic therapy	Significant improvement in lesion size and symptoms
Madhogia et al. (2010) (40)	1	Secondary to cat scratches	Approximately 1 year later	Azithromycin	Reduction in the size of some of the nodules. All nodules resolved after cat died.
Pham-Ledard et al. (2010)	1	Cutaneous pseudolymphoma after hepatitis B vaccine	After 9 years	Hydroxychloroquine, cyclins and thalidomide.	Lesions disappeared after treatment with thalidomide
Monn et al. (2009) (52)	1	A nodular syphilid presenting as a pseudolymphoma	-	Benzathine penicillin	Lesions resolved
Chiang et al. (2009) (23)	1	Pseudolymphoma in a tattoo after far infrared light	A few days later	Nd:YAG laser treatments and intralesional triamcinolone	Tattoo pigment, skin nodules and pruritus improved markedly.
Kluger et al. (2009) (17)	1	Red tattoo reaction	After 2-3 months	Corticosteroids ointment	Relapse after sun exposure
	1	Blue tattoo reaction	18 months	Corticosteroids ointment	Relapse after sun exposure
	1	Red tattoo reaction	15 months	Excision	No relapse

Table S1. Contd.

Author (year)	Patients (n)	Aetiology	Time of onset	Treatment	Results
		Red tattoo reaction	3 months	QS-532nm Nd:YAG laser in association with local injection of corticosteroid	Patient treated
Patrizi et al. (2009) (21)	1	Red tattoo reaction	-	CO ₂ laser	Patient treated
Tomar et al. (2009) (79)	1	Green tattoo reaction	Three years later	Excision	Complete clearing after 2 months of treatment
Shin et al. (2008) (20)	1	Cutaneous pseudolymphoma	-	Topical corticosteroids with hydroxychloroquine per os	All lesions but 1 had resolved.
Cerroni et al. (2007) (43)	1	After application of a semi-permanent lip-liner tattoo	Gradually after application	Intralesional interferon (IFN) α -2b	Clinical improvement after intralesional corticosteroid.
		After vaccination: early summer meningococcalitis	-	Intralesional triamcinolone injections	Lesions resolved
		After vaccination: Tetanus	-	Radiotherapy	Lesions resolved
Stavrianeas et al. (2007) (80)	1	Following Iornoxicam	Ten days later	Radiotherapy	Complete remission after 6 months.
Moreira et al. (2007) (49)	1	Post-zoster cutaneous pseudolymphoma	Immediately after acute phase	Oral methylprednisolone.	Eruption resolved leaving macular hyperpigmentation.
Dionysopoulos et al. (2006) (81)	2	Cutaneous T-cell pseudolymphoma probably after insect bite	1 year later	Topical betamethasone dipropionate	Disease free at 6.5 years follow-up
Aydogan et al. (2006) (37)	1	Borrelial lymphocytoma cutis	1 month later	Tumour resection	Very good aesthetic outcome over a 6-year period
Muñoz et al. (2005) (18)	1	Tattoo-induced pseudolymphoma (red dye)	Shortly after tattoo	Excision	Complete histological remission was achieved after 4 months of therapy
Mikasa et al. (2005) (60)	1	Cutaneous pseudolymphoma on the cheek and nose	-	Penicillin/doxycycline were ineffective	Relief of the rashes; no recurrence was observed
Takeda et al. (2005) (61)	2	Lymphadenitis benigna cutis on her cheek	-	Intralesional IFN- α -2a	Marked improvement in skin lesions
		Lymphadenitis benigna cutis on her right upper eyelid	-	5-aminolevulinic acid photodynamic therapy (ALA-PDT)	Marked improvement in skin lesions
El-Dars et al. (2005) (62)	2	Lymphocytoma cutis	-	5-aminolevulinic acid photodynamic therapy	After 8 months all lesions had resolved
May et al. (2005) (82)	1	Within the influenza inoculation site	-	Topical tacrolimus 0.1%	All but 1 lesion had resolved after 8 months of treatment
Dragonetti et al. (2004) (65)	1	Pseudolymphoma cutis	-	Topical tacrolimus 0.1%	Healing after other treatments failed
Lee et al. (2004) (83)	1	Cutaneous pseudolymphoma associated with silicone injection	After 4 years	Radiation therapy	Disease-free at 1 year follow-up
Chave et al. (2004) (19)	1	Tattoo-induced pseudolymphoma (red and blue pigment)	Six months later	Hydroxychloroquine sulphate (400 mg/d) for 3 months	Lesions improved with no recurrence
Moreno-Ramirez et al. (2003) (51)	1	Cutaneous pseudolymphoma in association with molluscum contagiosum	-	Triamcinolone acetonide injection (5 mg/ml), 3 injections	Significant flattening of the indurated areas
Schartz et al. (2003) (35)	1	HIV-associated cutaneous CD8+ pseudolymphoma	-	Topical clobetasol propionate 0.05%	No recurrence was observed
Grange et al. (2002) (84)	2	Borrelia burgdorferi associated cutaneous pseudolymphoma	-	Excision	Dramatic improvement in skin lesions
Gissler et al. (2002) (85)	1	Borrelia lymphocytoma of the nipple	-	Lamivudine, stavudine and indinavir	Complete resolution of skin lesions
Marucci et al. (2001) (86)	1	Gemcitabine-associated cutaneous pseudolymphoma	After 1 day	Antibiotics (amoxicillin and ceftriaxone)	Complete response
Miranda-Romero et al. (2001) (87)	1	Cutaneous pseudolymphoma due to carbamazepine	After 2 months	Cessation of gemcitabine	Complete regression
Sidwell et al. (2000) (88)	1	Cutaneous pseudolymphoma in association with chronic wound sinus	After 7 years	Discontinuation of carbamazepine	Complete remission
Smolle et al. (2000) (32)	1	Multiple cutaneous pseudolymphoma caused by Hirudo medicinalis therapy	Several weeks later	Treatment of the chronic wound sinus	Lesion completely disappeared. No recurrence.
Steinmann et al. (1999) (89)	1	Palpable arciform migratory erythema (PAME) and lymphocytic infiltration of Jessner and Kanof (LIS)	-	Intralesional treatment with corticosteroids	Gradual clearing of the skin lesions
Shelley et al. (1997) (90)	1	Cutaneous pseudolymphoma at the site of clonidine patch	Approximately 1 year after	Ceftriaxone, systemic PUVA therapy, tonsillectomy	Improvement in the lesions but no remission
Houck et al. (1997) (91)	1	After exposure to a nickel-containing necklace	-	Intralesional injection of triamcinolone acetonide suspension.	Completely involuted.
Amann et al. (1997) (92)	1	Red tattoo reaction	A few weeks later	Topical corticosteroids	Complete response
Kalimo et al. (1996) (93)	5	Cutaneous pseudolymphoma after intradermal testing with gold sodium thiomalate	-	Nickel avoid	No recurrence.
Braddock et al. (1992) (94)	1	Cutaneous pseudolymphoma associated with phenytoin therapy	After 4 months	Excision	-
Blazejak et al. (1990) (95)	1	Cutaneous pseudolymphoma associated with phenothiazine (levomepromazine)	After many years	Surgical excision	Prompt resolution of the cutaneous nodules after 2 weeks
				Phenytoin therapy was discontinued	Complete remission after discontinuation.
				Levomepromazine was replaced by melperone	

SSRI: serotonin re-uptake inhibitor.