Table SI. Reported cases of facial discoid dermatosis (FDD): demographic, clinical, pathological features, and treatment outcomes

Authors, (year)	Demographics Age, Sex	Clinical features	Pathological features	Treatment	Outcome
Huang YW, Tsai TF (2024) (7)	52, F	Pinkish facial eruption of the cheeks	ND	- Topical: TCS, TCI, crisaborole - Systemic: secukinumab, guselkumab	No response
				Topical sirolimus	**Complete resolution after one month**
	Middle-age, F	Discoid, pink-orange papules Cheeks	ND	Topical sirolimus	**Marked improvement**
Rypka KJ at al. (2022) (2)	40, F	10-year history: discoid, pink-orange, flat-topped papules and plaques with light scale - Forehead, cheeks, jawline - Neck	Hyperkeratosis with focal parakeratosis, psoriasiform hyperplasia, follicular hyperkeratosis, and a mild superficial perivascular lymphocytic infiltrate	- Topical: TCS, AZO, TCI, TR, CAL, permethrin - Systemic: CS, ISO, MTX, MTZ, FLU, HCQ, CYCL - Excimer laser	Minimal or no improvement
				Ustekinumab	**Marked improvement**
Allegue F et al. (2022) (6)	61, M	Pruriginous, salmon-colored with thick yellowish, adherent scaling Lower eyelid and right side of the nose	Acanthosis, parakeratosis, follicular plugging, mild spongiosis, thickening of the granular layer, lymphocytic exocytosis and perivascular lymphocytic infiltrate	TCS, CS, HCQ, and MTX	Ineffective
				CAL/BET and then TCI (0,1% tacrolimus) twice a week	**Complete resolution**. But relapse, requiring ongoing treatment.
Amarnani R et al. (2022) (8)	48, F	4-year history: discrete hypopigmented macules and superficial papulosquamous facial lesions	- Unremarkable epidermis, mild perifolliculitis, pigmentary incontinence - Stains: negative for fungi	Topical: TCS, AZO, TCI Systemic: FLU, valaciclovir and clarithromycin	Ineffective
				CAL	**Complete resolution**

Welborn M et al. (2021) (9)	44, F	10-year history: scattered thin, pink, scaly papules, Right cheek and lower forehead	Parakeratosis, psoriasiform hyperplasia, follicular plugging and involuted sebaceous lobules	Topical: TCS, TCI, and AZO	Ineffective Lost of follow up after biopsy
Condal L et al. (2021) (4)	45, F	Erythematous, scaling papules and plaques with a slightly orange, seborrheic appearance Cheeks and forehead	- Mild acanthosis, hyperkeratosis, parakeratosis, follicular plugging, moderate interstitial and perifollicular infiltrate - Demodex	Topical: TCS, TCI Systemic: MTX and HCQ.	Ineffective
				CAL/BET	**Awaiting effectiveness**
Rahmatulla S et al. (2021) (3)	19, M	8-year history: discrete orange-pink slightly scaly discoid plaques Cheeks and forehead	Hyperkeratosis, parakeratosis, acanthosis, follicular plugging and lymphocytic infiltration	- Topical: TCS, AZO, TCI, and tacalcitol - Systemic: ITZ, CYCL, ACT, HCQ - Other: NBUVB, cryotherapy, PDL	Ineffective
	40, F	7-year history: small discoid and erythematous facial plaques	Hyperkeratosis, acanthosis and dermal lymphocytic infiltrate	- Topical: TCS, TCI, CAL - Systemic: HCQ - NBUVB	Ineffective
	44, F	Mildly scaly erythematous discoid facial plaques	Hyperkeratosis, focal parakeratosis, acanthosis, follicular plugging and a dermal lymphocytic infiltrate	- Topical: TCS - Systemic: HCQ	Ineffective
Bohdanowicz M. and DeKoven J. G. (2017) (10)	56, F	3-year history: orange, papulosquamous facial plaques	- Parakeratosis, mild psoriasiform acanthosis and perivascular lymphocytic infiltrate - Stains: negative for fungi and mucin	Topical: TCS, TCI, AZO Systemic: FLU, ACT Other: NBUVB, 5mg/mL intralesional triamcinolone	Ineffective
				CAL/BETH and ACT	**Marked improvement**
Salman A et al. (2015) (11)	26, F	6-year history: itchy, pink-orange, erythematous, facial papules with annular scale	Acanthosis, slight – spongiosis, focal parakeratosis and follicular plugging - Demodex	Topical: TR, TCI Systemic: ITZ	Ineffective Oral ISO was declined by the patient > follow up without treatment

Gan EY et al. (2014) (5)	8 cases, (16-48) 7 F, 1 M	Pink-orange well-defined plaques with dry scale (n=6, 75%) Cheeks (100%) and chin	- All: Hyperkeratosis, parakeratosis and psoriasiform hyperplasia - Some: subcorneal acantholysis, vacuolated keratinocytes and follicular plugging	Topical: TCS, TCI, TR, AZO, CAL, IMQ, salicylic acid, Systemic: CS and MTX` Other: NBUVB	Minimal improvement Several years later: one patient developed features of Type II PRP (involvement of scalp, elbows, knees, palmoplantar hyperkeratosis and onychodystrophy)
Ko CJ at al. (2010) (1)	39, M	- Thin orange–pink papules and plaques with scale - Cheeks/beard area - 12-14 lesions, Size 4–15 mm	Psoriasiform epidermal hyperplasia with follicular plugging	Stable for 15 years despite TCS, CAL	
	11, F	- Discoid, pink, slightly scaly - Right cheek - 2 lesions of 15mm	Focal perifollicular parakeratosis, acanthosis and perivascular lymphocytes	**First lesion resolved post-biopsy**; second stable for 3 years despite TCS, AZO, TCI, IMQ, CYCL and PDL	
	19, F	- Scaly, pink thin plaques - Forehead - 2 lesions of 1-3,5cm	Psoriasiform epidermal hyperplasia and follicular plugging	Stable for 7 years despite AZO, TCI, and TR	

- *ND: no data; F: Female; M: Male*

- *FDD Facial Discoid Dermatosis;* PRP pityriasis rubra pilaris

- *ACT: acitretin; AZO: topical azole antifungals; CAL: calcipotriol; CAL/BET: calcipotriol and betamethasone; CS: corticosteroids; CYCL: cyclin; FLU: fluconazole; HCQ: hydroxychloroquine; IMQ: imiquimod; ISO: isotretinoin; ITZ: itraconazole; MTZ: metronidazole; MTX: methotrexate; NBUVB Narrowband UVB; TCS: topical corticosteroids; PDL: pulsed dye laser; TCI: topical calcineurin inhibitors; TR: topical retinoids*