

Fig. S1. Ultrastructural features of the stratum corneum in the patient and a healthy control. (a)

Ultrastructural features of the stratum corneum of the patient (magnification x10000). There are both intact and loosened areas between the layers of the corneocytes. Inclusion bodies can be seen (white arrows). (b) A higher-magnification view of the stratum corneum of the patient (magnification x40000). The corneocyte lipid envelope (CLE) cannot be seen. Inclusion bodies are visible (white arrows), although loosening/detachment is not evident in this higher-magnification view. (c-d) Ultrastructural features of the stratum corneum of a healthy control (magnification x12000). There is very little loosening between the cornified cell layers, and the stratum corneum is much more compact. No inclusion bodies can be seen. (d) A higher-magnification view of the stratum corneum of the healthy control (magnification x50000). The CLE (white arrows) is intact. No inclusion bodies are seen.

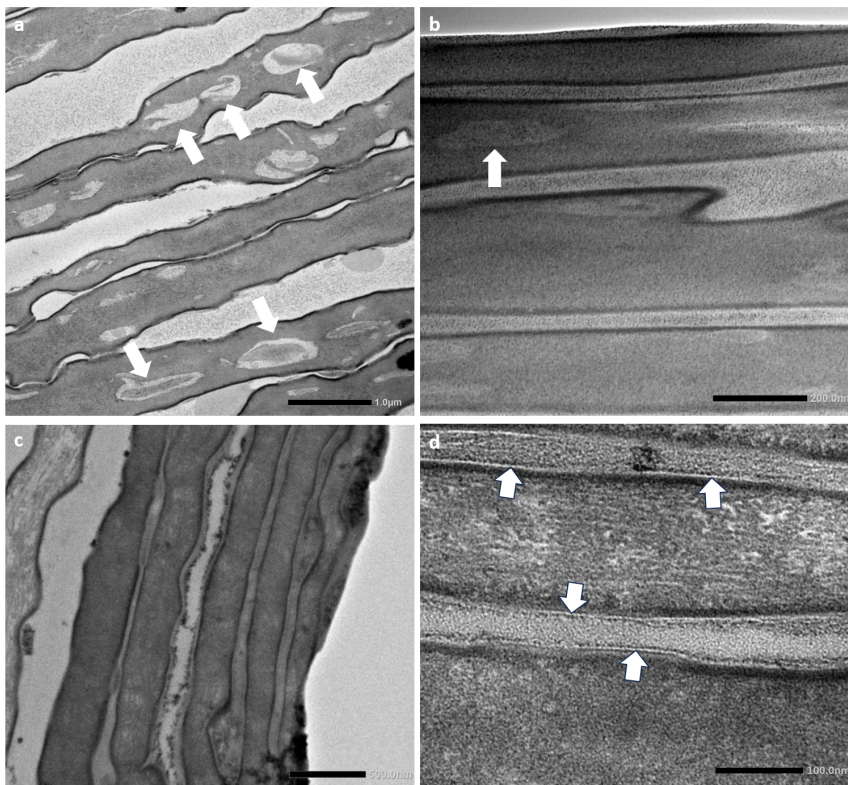


Fig. S2. Immunohistochemical staining for IL-17C, IL-36 γ and TNF- α (all magnification x200). (a) Anti-IL-17C antibody staining of a healthy control shows limited areas of staining. (b) Anti-IL-17C antibody staining of the patient shows significantly increased staining. (c) Anti-IL-36 α antibody staining of a healthy control shows very limited staining. (d) Anti-IL-36 α antibody staining of the patient shows significantly increased expression. (e) Anti-TNF α antibody staining of a healthy control shows very limited staining. (f) Anti-TNF α antibody staining of the patient shows significantly increased staining.

