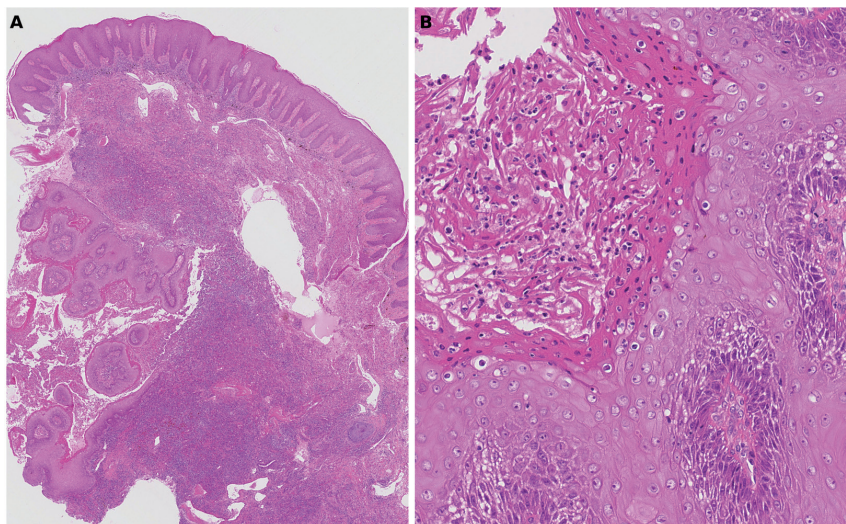


Fig. S1. Pelvic magnetic resonance imaging. (A) At diagnosis: subcutaneous mass of the right gluteal region with heterogeneous signal measuring  $13.6 \times 4$  cm, infiltrating the gluteus maximus muscle, the anterior muscles of the thigh and the pelvic posterior muscles. Infiltration and collections are enhanced after contrast injection. Several fistulae (arrows) and small collections of necrosis in the ischioanal fossae and between the anterior thigh muscles and the gluteus maximus. (B) Fifty percent tumour collapse at week 4. (C) Ongoing regression at month 9. (D) Almost complete healing (month 15).



*Fig. S2.* Pathological examination of the tumour. (A) Prominent burrowing and ill-defined cysts pattern associated with suppurating areas. (B) Architecture of the invasive component present cuniculatum carcinoma features. Well-differentiated proliferative epithelium, koilocytes, few basal mitoses, no nuclear atypia. (Haematoxylin and eosin staining (A)  $\times 12.5$ ; (B)  $\times 400$ ).

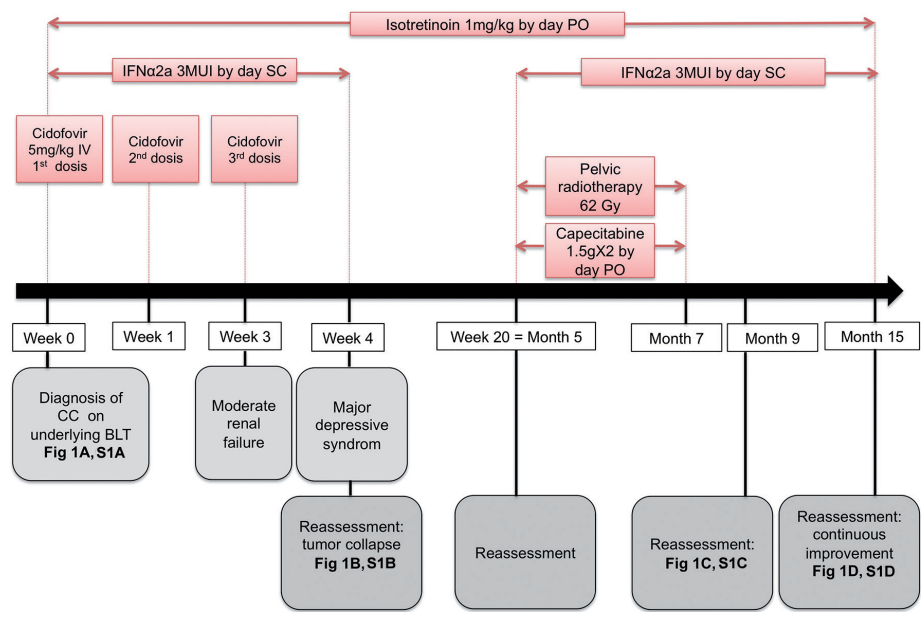


Fig. S3. Sequential history of the management of the patient.