

Table SI. Histological criteria for the diagnosis of arteriosclerotic ulcer of Martorell

Histological parameter	References
Arteriolar media thickening	(4, 5, 7, 11, 13, 17, 20, 29, S1–S3)
Increased mean wall-to-lumen ratio (reduced luminal surface)	(4–6, 13, 18, 20, S2–S4)
Media-hypertrophy	(4, 5, 13, 20, S3, S4)
Media-hyperplasia	(4–6, 17, 29, S1)
Subendothelial hyalinosis	(6)
Thickening of the elastic lamina	(6, S1)
Fragmentation of lamina elastica interna	(6, S1)
Hyalinosis of the media	(20, 29, 30)
Intimal hyperplasia	(6, 18, 20, 29)
Intimal hypertrophy	(20)
Arteriolar media calcinosis (like "Miniaturized Mönckeberg")	(6, 7, 12, 13)
Increased number of capillaries (upper dermis)	(S3)
Luminal thrombosis	(6, 7, 13, 20)
Periarteriolitis	(6, 7, 20, 29, S3)
Acanthosis	(S3)
Parakeratosis	(S3)
Necrosis/necrotic base	(7, 17, 28, S3)

SUPPLEMENTARY REFERENCES

- S1. Nitzschner H. Zur Problematik des Ulcus Martorell. *Z Haut Geschlechtskr* 1966; 40: 188–193.
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- S3. Giot JP, Paris I, Levillain P, Huguier V, Charreau S, Delwail A, et al. Involvement of IL-1 and oncostatin M in acanthosis associated with hypertensive leg ulcer. *Am J Pathol* 2013; 182: 806–818.
- S4. Duncan HJ, Faris IB. Martorell's hypertensive ischemic leg ulcers are secondary to an increase in the local vascular resistance. *J Vasc Surg* 1985; 2: 581–584.