

Table SI. Clinical findings for the 45 localized injection-site toxic erythema of chemotherapy cases at our department

Clinical findings	
Drug n (%)	
Vinorelbine	14 (31)
Docetaxel	15 (33)
5-fluoruracil	7 (16)
Others	9 (20)
Clinical features n (%)	
Local erythema multiforme-like	18 (40)
Linear supravenuous erythema	14 (31)
Fixed drug eruption-like	13 (29)
Location n (%)	
Forearm	21 (47)
Dorsum of the hand	17 (38)
Cubital	6 (13)
Chest	1 (2)
Recurrence n (%)	
Yes	7 (16)
No	38 (84)
Number of cycles, n	
Median (range)	3 15 (1-16)

Table SII. Histopathological findings

Histopathological finding	Main features (of each histopathological finding)	Characteristics (when applicable)	%
Inflammatory infiltrate	Intensity	Intense	25
		Mild	25
		Scarce	50
	Distribution	Perivascular, interstitial and lichenoid	16
		Interstitial and lichenoid	33
Epidermal involvement	Hydropic degeneration	Limited	75
		Intense	25
	Keratinocyte necrosis	Scattered	33
		Abundant	33
		Full thickness necrosis	33
Epidermis maturation changes	Mitotic retention images	25	
	Nuclear atypia	40	
	Dyskeratosis	50	
Eccrine squamous syringometaplasia			41

Table SIII. Previously reported cases of localized injection-site toxic erythema of chemotherapy (TEC) (localized epidermal necrosis; EN) available in the literature

Reference	Cases, n	Description	Involved cytostatic	Chemo-therapy cycle	Onset time	Location	Clinical appearance	Histopathology	Resolution/Other
Chan and Lin (S15).	1	Serpentine supravenuous pigmentation	Doxorubicin + cyclophosphamide + 5-FU	1	1 day	Left arm	EM	Hyperkeratotic epidermis, vacuolization of the basal layer, necrotic keratinocytes, and lymphocytic infiltrate (often perivascular)	Resolution in 4 months. Erythematous phase preceding hyperpigmentation.
Ghosh et al. (S12).	1	Docetaxel-induced supravenuous serpentine dermatitis	Docetaxel	1	1 day	Right arm	PSE	Basket-weave pattern of hyperkeratosis, spongiosis with lymphocytic and neutrophilic exocytosis, irregular acanthosis, focal basal cell degeneration, upper dermal band-like as well as perivascular lympho-mononuclear infiltrates, and papillary dermal oedema	Practically solved in 4 weeks with mometasone furoate cream tid.
Aydogan (S1)	1	Persistent serpentine supravenuous hyperpigmented eruption	Cisplatin + gemcitabine + Docetaxel	1	2 days	Right arm	PSE	Hyperkeratosis, vacuolization of the basal layer and necrotic keratinocytes	Resolution in 6 months
Rao and Balachandran (S2)	1	Persistent supravenuous eruption	Bortezomib + CHOP	1	8 hours	Right arm, Left arm	PSE	Interface dermatitis with isolated necrotic keratinocytes, oedema of the underlying papillary dermis, and a superficial perivascular inflammatory infiltrate	Third infusion with no lesions. Resolution in 5 months
Mataix et al. (S3)	1	Persistent supravenuous erythematous eruption	5-FU	1	4 days	Both arms	PSE	Vacuolar degeneration, necrotic keratinocytes.	Residual pigmentation
Vukelja et al. (S4)	1	Serpentine supravenuous pigmentation	5-FU + Oxaliplatin	1	1 day	Right arm	PSE	Interface dermatitis with vacuolization of the basal cells and necrotic keratinocytes.	Gradual vanishing in 3 months
Arias et al. (S8)	1	EM-like	Vinblastin	1	1 days	Forearm	EM	-	Scaliness in 1 week
Nigro and Hsu (S5)	1	Supravenuous serpentine scaling	Actinomycin D + Vincristine	1	7 days	Arm	PSE	Vacuolization. Lymphocytoclastic vasculitis	Persistent at 5 months
Chen et al. (S6)	2	Linear supravenuous papules	Bromodeoxyuridine	NR	2 days	Forearm	PSE	NR	Peeling in 1 week
Zimmerman et al. (S7)	3	Isolated erythrodysesthesia lesion	Docetaxel	1, 2, 3	NR	Forearm	FDE	NR	-
Fine and Breathnach (S8)	3	Local reactions	Paclitaxel	-	-	-	PSE	-	-
Hiral et al. (S9)	1	EM-like	Docetaxel	1	7 days	Forearm	EM	-	-
Dorr and Jones (S10).	4	Absent infiltration	Vindesine	NR	1 days	Both hands	FDE	-	Ulceration
Spencer (S11)	1	EM-like	Mitomycin + 5-FU	3	1 days	Both forearms	EM	Vacuolar degeneration, necrotic keratinocytes	Peeling in 2 weeks
Koehn and Balizet (S12)	1	Local cutaneous reaction	Dacarbazine	4	1 days	Forearm	EM	Basal vacuolar degeneration, necrotic keratinocytes	Peeling in 3 weeks
Misery et al. (S13)	1	Local EN	Vinorelbine	2	2 days	Forearm	EM	Basal vacuolar degeneration, necrotic keratinocytes	Residual pigmentation
Chu et al. (S10).	4	Located erythrodysesthesia	Docetaxel	1,2,3	7-14 days	Forearm - hand's dorsum	FDE (3) PSE (1)	-	Residual pigmentation. Scaliness in 6 weeks
Correia et al. (S14)	2	Located erythrodysesthesia	Docetaxel	NR	5-8 days	Forearm	FDE	Vacuolar degeneration, eczema	NR
Suvirya et al. (S15)	1	Persistent serpentine supravenuous hyperpigmented eruption	5-FU	1 (left forearm) 2 (right forearm)	2 days	Both forearms	PSE	Sparse superficial perivascular infiltrate predominantly of melano- phages with a few lymphocytes. Slight flattening of rete ridges and the papillary dermis showed mild fibroplasia	Significant decrease in hyperpigmentation at the end of fourth month
Das et al. (S16)	1	Supravenuous serpentine dermatitis	Docetaxel	1	2 days	Lower limb	PSE	Basal layer degeneration, pigment incontinence, melanophages, focal band-like infiltrate as well as perivascular mononuclear infiltrate	NR

Table SIII. Contd.

Reference	Cases, n	Description	Involved cytostatic	Chemotherapy cycle	Onset time	Location	Clinical appearance	Histopathology	Resolution/Other
Akyurek et al. (S17)	1	Serpentine supravenuous hyperpigmentation	Carboplatin + Vinorelbine	1	14 days	Left forearm	PSE	Loss of superficial epidermis and dermal lympho-cytic infiltration, focal oedema, and scant extravasated erythrocytes	Amelioration of erythematous and bullous lesions within a few days. Hyperpigmented tracts remained
Jamalpur et al. (S18)	1	Serpentine supravenuous hyperpigmentation	Docetaxel	-	7 days	Right forearm	PSE	-	-

EM: erythema multiforme; PSE: persistent serpentine supravenuous hyperpigmentation/eruption; FDE: fixed drug eruption; 5-FU: 5-fluorouracil; CHOP: cyclophosphamide, doxorubicin hydrochloride, vincristine and prednisone; NR: not reported.

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