

Table SI. Overview of clinical and pathological features of elastoderma cases

Author	Sex/ Age, years	Age of onset, years	Localization	Histopathological findings	Transmission electron microscopy	Scanning electron microscopy
Kornberg et al. (1)	F/33	31	Right elbow	Pleomorphic elastic fibres, no calcification.	Abnormal elastic structures, more electron dense. Fibroblast-like cells with prominent rough endoplasmic reticulum.	Grape-like globular structures. Higher desmosine concentration.
Yen et al. (2)	M/27	25	Anterior and posterior aspect of the neck	Increase in thin, intertwined elastic fibres in the dermis. Also seen in unaffected skin, but smaller amount.	Abnormal elastic fibres. Active fibroblasts.	Excess elastic material appearing as grape-like masses.
Vieira et al. (3)	M/16	14	Anterior aspect of the neck	Accumulation of pleomorphic elastic tissue within the dermis. Masses of thin intertwined fibres. No calcification.	Apposition of abnormal elastic fibres and fibroblasts with prominent rough endoplasmic reticulum. Abnormal elastic fibres more electron dense than normal fibres.	Excessive abnormal elastic material, appearing as grape-like structures in association with decreased normal appearing elastic fibres.
Present case	M/25	Puberty	Both elbows and knees	Increase in elastic tissue fibres within the reticular dermis with clumping and fragmentation. No calcification.	Irregular elastic tissue fibres, with electronic dense extensions and fibroblasts with prominent rough endoplasmic reticulum.	Not performed.