Table SII. *Differential diagnosis of the main dermal elastolytic syndromes associated with autoimmune phenomena*

	Mid-dermal elastolysis	Anetoderma
Sex	Only described in females	More frequent in females
Age, years	30–50	15–30
Clinical features	Well-demarcated patches of fine wrinkled skin, sometimes perifollicular	Multiple, round, non-follicular, 5–25 mm diameter Inward herniation at palpation
Location	Neck, trunk, proximal limbs	Upper trunk, proximal limbs
Histopathology	Inflammatory infiltrates of variable degree and elastophagocytosis may occur	Perivascular inflammatory infiltrates may be present in clinically inflammatory lesions
Elastic fibres stains	Band-like loss of elastic fibres along the mid-dermis	Loss of elastic fibres throughout the dermis
Associated autoimmune disorders	Rheumatoid arthritis (5) Lupus erythematosus (8) Hashimoto's thyroiditis (7) Graves' disease (2)	Serological findings[a], systemic lupus erythematosus, antiphospholipid syndrome[b], Graves-Basedow, Addison's disease, Raynaud's syndrome, systemic sclerosis, immunohaemolytic anaemia, Sjögren's syndrome (14), alopecia areata and vitiligo

[a]False-positive Venereal Disease Research Laboratory, lupus anticoagulant, antiphospholipid antibodies, anticardiolipin, anti-beta-2-glycoprotein-1, antinuclear antibodies, anti-n-DNA, anti-Sm, anti-thyroidal antibodies, positive indirect Coombs test, hypocomplementaemia, circulating immunocomplexes.
[b]Primary and secondary (15).