Dermatology Reports

Eosinophilic annular erythema: four additional cases and a review of the literature on therapeutic options

Andrea Corio,[1] Simona Sola,[2] Iris Zalaudek,[1] Cesare Massone[3]

[1]Dermatology Clinic, Maggiore Hospital, University of Trieste; [2]Surgical Pathology, Galliera Hospital, Genoa; [3]Dermatology Unit and Scientific Directorate, Galliera Hospital, Genoa, Italy

doi:10.4081/dr.2026.10168

SUPPLEMENTARY MATERIAL

Supplementary Table 1. Cases of EAE and relative therapeutic regimens that led to improvement or resolution of the rash, with control of the disease.

Author, year	Age (years); sex	Localization	Time from onset to admission	Comorbidities and medications	Additional information	Management	Outcome	Evolution
Alharbi *et al.*, 2017[18]	60; F	Face, trunk, extremities	6 months	-	-	Dapsone 100 mg/day	Resolution after 1 week	Under maintenance with dapsone 100 mg/daily for 1 year
Bolado *et al.*, 2023[8]	83; F	Face, neck, trunk, extremities	8 years	Macular hole	-	Benralizumab 30 mg s.c., q4wk for the first 3 doses, then q8wk	Resolution	Under maintenance with benralizumab, limited lesions arise when the next dose time approached
Chaabani *et al.*, 2020[10]	28; M	Trunk, then buttocks, upper and lower limbs	3 months	-	-	Hydroxychloroquine 200 mg BID x 1 month + topical steroids	Resolution	No relapse after 1 year of follow-up
Eljazouly *et al.*, 2022[11]	31; M	Trunk, limbs, glutes	2 weeks	-	-	Hydroxychloroquine 6.5 mg/kg/day x 6 months	Resolution	No relapse after 6 months of follow up
Gordon *et al.*, 2018[19]	14; F	Lower extremities, then arms, trunk, forehead	-	-	-	Dupilumab 600 mg s.c. for induction, then 300 mg every 2 weeks	Resolution	Under maintenance with dupilumab with no relapse
Howes *et al.*, 2008[12]	52; F	Trunk, limbs	3 years	Lethargy, arthralgia	-	Hydroxychloroquine 200-400 mg/day x 3 years	Improvement	Disease flares if hydroxychloroquine is suspended
Ikutama *et al.*, 2023[22]	82; M	Trunk, thighs	2 weeks	Transient hypothyroidism	-	Betamethasone dipropionate ointment x 1 month	Resolution	No relapse
Kahofer *et al.*, 2000[13]	62; F	Trunk, extremities	9 years	Thyroiditis, chronic tonsillitis; thyrostatic treatment 10 years	*Borrelia burgdorferi* IgG+++	Chloroquine 250 mg/day x 1 month	Resolution	No relapse after 9 months of follow-up

				before admission				
Karatas *et al.*, 2017[9]	69; F	Trunk, neck, extremities	12 months	Autoimmune thyroiditis; levothyroxine sodium	-	Hydroxychloroquine 200 mg BID x 10 weeks	Resolution	No relapse after 16 months of follow-up
Kim *et al.*, 2017[23]	73; M	Trunk	-	Chronic kidney disease, asthma, Churg-Strauss disease		Intravenous methylprednisolone 10 mg/kg x 3 days, then 0.5 mg/kg x 2 months	Resolution	No relapse after 2 months of follow-up
Lachance *et al.*, 2023[16]	57; F	Left thigh, then trunk, arms and legs	1 month	Mitral prolapse operated; aspirin, citalopram, bupropion	-	Dapsone 100 mg/day x 4 weeks	Resolution	Under maintenance with dapsone 75 mg/day, no relapse after 5 months of follow-up
Ljubojevic *et al.*, 2018[14]	59; M	Back, glutes, extremities	1 month	-	-	Chloroquine 4 mg/kg/day x 10 days, then 250 mg day x 10 weeks	Resolution	No relapse after 2 years of follow-up
Maione *et al.*, 2020[21]	56; F	Trunk, limbs	7 years	-	-	Dupilumab 600 mg s.c. for induction, then 300 mg every 2 weeks	Resolution	Under maintenance with dupilumab, with no relapse after 6 months of follow-up
Manriquez *et al.*, 2014[17]	29; F	Trunk, proximal extremities	12 months	Type I diabetes mellitus, chronic kidney disease	-	Dapsone 25 mg/day x 3 weeks	Resolution	No relapse after 8 months of follow-up
Masaki *et al.*, 2021[24]	56; F	Back	-	Asthma, eosinophilic chronic rhinosinusitis	Angioedema and asthma attack presented along with the rash	Benralizumab 30 mg s.c., q4wk for the first 3 doses, then q8wk	Resolution	Data not available
Mebazaa *et al.*, 2009[15]	30; F	Trunk, limbs	-	-	-	Prednisone x 2 months + chloroquine 4 mg/kg/day x 1 year	Resolution	No relapse after 1 year of follow-up
Ogawa *et al.*, 2016[25]	65; M	Trunk, extremities	-	Autoimmune pancreatitis, diabetes mellitus	-	Nicotinamide p.o. 900 mg/day x 1 year	Resolution	No relapse after 1 year of follow-up
Okazaki *et al.*, 2024[20]	47; F	Trunk, extremities	4 years	-	-	Dupilumab 600 mg s.c. for induction, then 300 mg every 2 weeks	Resolution	Under maintenance with dupilumab, with no relapse after 4 months of follow-up
Thomas *et al.*,	8; M	Face	4 months	-	*Borrelia burgdorferi* IgG+	NB-UVB x 8 session	Resolution	No relapse after 9 months of follow-up

2015[27]								
Young *et al.*, 2023[26]	39; M	Back, buttocks, genitals	Over 9 years	-	*Borrelia burgdorferi* IgM+ 8 years before presentation	Doxycycline 100 mg BID x 3 months	Resolution	Resolution after 1 year of follow-up. The rash flared during a period of drug cessation
Żychowska *et al.*, 2020[7]	65; F	Extremities	2 months	-	-	Mepolizumab 100 mg s.c. q4wk for 3 times	Resolution	No relapse after 6 months from the 3rd dose

F, female; M, male; s.c., subcutaneous; q4wk, every 4 weeks; q8wk, every 8 weeks; BID, *bis in die* (twice daily); p.o., *per os* (orally); NB-UVB, narrowband ultraviolet-B.