

## Supplementary material

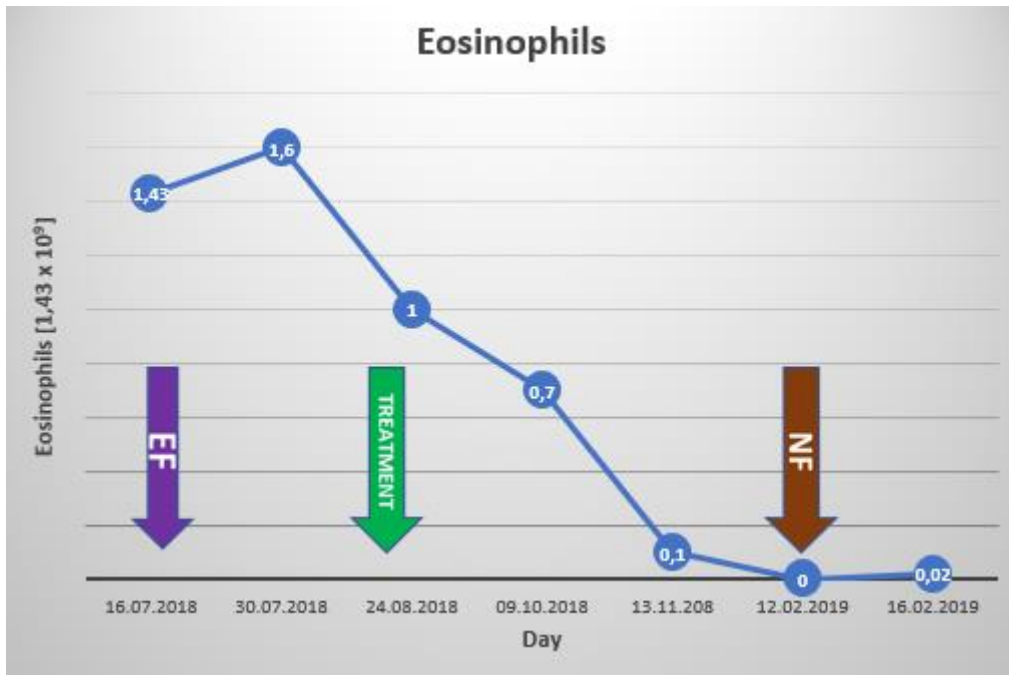
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Karuga FF, Semenič D. Necrotizing fasciitis secondary to the immunosuppressive treatment of eosinophilic fasciitis: radiological imaging, treatment modalities, and outcome. *Pol Arch Intern Med.* 2020; 130: 1099-1101. doi:10.20452/pamw.15593

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<b>June 2018</b>	Sudden onset of EF symptoms. Absolute eosinophilia of $1.98 \times 10^9/L$ .
<b>July 2018</b>	Absolute eosinophilia of $1.43 \times 10^9/L$ , elevated CRP- 45 mg/L.
<b>October 2018</b>	Diagnosis of EF. Start of treatment with methylprednisolone and methotrexate. Absolute eosinophilia of $0.7 \times 10^9/L$ , elevated CRP- 15 mg/L.
<b>November 2018</b>	<i>Borrelia burgdorferi</i> hyperthermia protocol eradication.
<b>February 2019</b>	Emergency admission → NF type 2 → treatment of NF: antibiotic therapy, methylprednisolone and methotrexate substitution with hydrocortisone, fasciectomy and debridement. Eosinophils- $0.02 \times 10^9/L$ , elevated CRP- 253 mg/L.
<b>After NF full recover</b>	Reconsideration of EF treatment continuation.

**Table S1.** Timetable of events and treatment interventions.



**Figure S1.** Eosinophils blood count. EF- start of eosinophilic fasciitis symptoms; Treatment- start of EF treatment; NF- admission to hospital with necrotizing fasciitis.



**Figure S2.** C-reactive protein level. EF- start of eosinophilic fasciitis symptoms; Treatment- start of EF treatment; NF- admission to hospital with necrotizing fasciitis.



**Figure S3.** The range of movement of both upper limbs is decreased due to the developing hardening of the skin and fascia in the course of eosinophilic fasciitis. Patient is not able to straighten his upper limbs fully.