

Supplementary Table 2: Differences between EPC/ESPR and EAC

Features	EPC/ESPR	EAC
Morphology	A number of lesions are less in EPC, mainly involves the trunk and the edges of lesions consist of grouped tiny red papules or maculopapules.	Presents as multiple annular or semi-annular lesions with slightly edematous borders, sometimes with characteristic trailing scales behind the advancing edge of erythema.
Histopathology	Spongiosis, parakeratosis, superficial perivascular mononuclear cell infiltrate, and inflammation around intraepidermal as well as dermal eccrine ducts is seen.	Spongiosis, parakeratosis, and perivascular ‘sleeve-like’ lymphohistiocytic infiltrate in the dermis
Dermoscopy	Red background, local white scales, and local linear and dotted vessels	Similar to EPC, but vessels and scales are more numerous and widespread in EAC
Treatment	Symptomatic only (oral antihistamines, topical steroids, and coal tar)	Can use topical steroids and calcipotriol as first line, topical tacrolimus, phototherapy, systemic steroids, and HCQ can also be used

ESPR: Erythema papulosa semicircularis recidivans, EPC: Erythema papulatum centrifugum, EAC: Erythema annulare centrifugum