

(continued)	Time of panniculitis onset relative to diagnosis of DM	Age, y/sex	Location of panniculitis lesions	Other cutaneous manifestations	Treatment	Treatment response	Interval between therapy initiation to final treatment response	Malignancy
32	Concurrent	54/F ²⁹	Arms	Periorbital edema; erythema on the arms, face, eyelids, fingers, knees, and thorax; erythematous papules over the MCP joints	Prednisolone 1 mg/kg daily, AZT 2 mg/kg daily	Resolved	-	-
33	Concurrent	57/F ²⁹	Buttocks, left thigh, sacral region	Facial rash	Methylprednisolone 1 mg/kg daily for 2 wk, then cyclosporine 3 mg/kg daily	Resolved	-	-
34	Concurrent	65/F ³⁰	Buttocks, thighs, lower right leg	Brownish erythematous lesions with telangiectasia on the neck, back, buttocks, and extensor surfaces of the forearms and lower legs; slightly keratotic erythematous lesions on the elbows, poikilodermatous changes on the neck, upper chest, and back	Prednisolone 60 mg daily, then taper; then methylprednisolone 1000 mg one time, prednisolone 60 mg daily	Panniculitis persisted	-	-
35	5 y later	42/M ³¹	Buttocks	Erythematous swollen skin over the extensor surfaces of the hand joints, elbows, and knees and over the medial and lateral ankle malleoli, buttocks, ear tragi, right upper eyelid; nail fold infarcts, ragged cuticles, periungual telangiectasia	IV/IM/oral steroids, IV/oral cyclophosphamide, cyclosporine, AZA, MTX, HCQ, mepacrine, chlorambucil, plasma exchange, antithymocyte globulin, IVIG 2 mg/kg monthly for 5 mo	Resolved	-	-
36	Concurrent	3/F ³²	Right inner arm	Faint erythema and edema of the eyelids, fingers, knees, and abdomen; erythematous papules over the MCP joints; dilated proximal nailfold capillaries	Oral prednisone 1 mg/kg daily; then MTX and increased systemic steroids	Panniculitis resolved, other cutaneous manifestations did not; weakness recurred	-	-
37	10 mo prior	42/F ³³	Buttocks, thighs, arms, abdomen, breasts	None	Prednisone 1 mg/kg daily, then taper	Resolved, recurred with steroid taper, then improved	29 mo	-
38	3 mo prior	24/F ³⁴	Left arm	Infraorbital erythema and edema, periorbital discoloration, Gottron papules	HCQ 200 mg twice weekly increased to daily doses; then prednisone 60 mg daily, MTX 7.5 weekly, then taper	Improved	-	-
39	1 y later	7/M ³⁵	Buttocks, thighs	Erythematous eruption on the backs of fingers, hands, elbows, and plantar surfaces; facial erythema	Prednisone 2 mg/kg daily, then taper, then increase	Improved	-	-

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(continued)

Patient	Age, y/ sex	Time of panniculitis onset relative to diagnosis of DM	Location of panniculitis lesions	Other cutaneous manifestations	Treatment	Treatment response	Interval between therapy initiation to final treatment response	Malignancy
40	58/F ³⁶	4.5 mo prior	Left thigh, abdomen, buttocks	None	Prednisone 60 mg daily, then taper	Resolved, recurred with steroid taper, then resolved	-	-
41	40/F ³⁷	1 y later	Legs	Scaly erythematous rash on shoulders, neck, knees	Prednisone 80 mg daily	Resolved	-	-
42	2/M ³⁸	7 mo later	Extremities, chest, gluteal region	Facial erythema, heliotrope rash, edema around eyelids	Prednisolone 25 mg daily for 3 weeks, then taper	Resolved	6 wk	-
43	22/F ³⁹	Concurrent	Arms, thighs	Blotchy erythematous eruption with pruritus over the backs of hands (especially the dorsal surfaces of the MCP joints), face (butterflylike distribution), and upper sternum	-	-	-	-
Current case	62/F	Following year	Arms, axillae, chest, abdomen, buttocks, thighs	Violaceous, hyperpigmented, periorbital rash and erythema of the anterior chest	Prednisone 0.9 mg/kg daily; MTX 15–20 mg weekly; then mycophenolate mofetil 1–3 g daily; HCQ 200 mg daily	Panniculitis persisted	-	-

Abbreviations: DM, dermatomyositis; F, female; MTX, methotrexate; NA, not available; AZA, azathioprine; MCP, metacarpophalangeal; HCQ, hydroxychloroquine; IV, intravenous; IVIG, intravenous immunoglobulin; IM, male; IMi, intramuscular.

^aLiterature review included cases through July 2019.