Supplemental information

Supplemental Figure 1. Immunohistochemical analysis and EBER in situ hybridization in Case 20. (A) H&E stain of a skin biopsy with an ulcer and dense infiltrate extending to the deep dermis (original magnification 25x). (B): EBER in situ hybridization reveals the same distribution of EBER positive cells (original magnification 25x). (C) Higher magnification shows that the atypical perivascular lymphoid infiltrate is CD8 positive and (D) CD56 positive (original magnification 200x). The cells are TIA1 positive (E), Beta F1 positive (F) and EBER positive (G) (E-G: original magnification 400x). (H-I) Double stainings for EBER (black) and CD8 (brown) demonstrate that only rare EBER positive cells are CD8 positive (arrows) (original magnification 400x) (I). Higher magnification shows that many EBER positive cells are CD8 negative (Insert, original magnification 630x).

Supplemental Figure 2. Comparative immunohistochemical analysis and EBER in situ hybridization in two biopsies in Case 8. (A-E) Skin biopsy at diagnosis. (A) H&E stain of a skin biopsy with a suprabasal blister and a dense lymphoid infiltrate in the upper dermis (H&E, original magnification 50x). (B): EBER in situ hybridization reveals the same distribution of EBER positive cells (original magnification 50x). (C-D) Higher magnification shows a lymphoid infiltrate in the epidermis and upper dermis. The infiltrate is CD8 positive (C) and CD56 mainly negative (D) (original magnification 200x). (E) EBER in situ hybridization is positive in many infiltrating lymphoid cells comparable to the CD8 staining (original magnification 200x). (F-J) Recurrent skin lesion after 4 years of original diagnosis. (F) H&E stain of a skin biopsy with predominantly subcutaneous lymphoid infiltrate (original magnification 12.5x). Higher magnification shows that the lymphoid cells are CD56 positive (G), CD8 mainly negative (F), TIA1 positive (I) and EBER positive (G-J: original magnification 400x).
Supplemental Figure 1