# SUPPLEMENTARY MATERIAL 2

*Dermatology Reports*

**Title: Successful treatment of idiopathic Knuckle Pads with a combination of high-dose Salicylic acid and Urea topical keratolytics: a case report**

Davide Sogliani[1,*], Chiara Mura[1], Giorgio Tamborrini[2]

[1]Department of Biology and Biotechnology, University of Pavia, Via A. Ferrata, 9 - 27100 Pavia, Italy. Davide Sogliani, ORCID ID: 0000-0002-6455-7823; Chiara Mura, ORCID ID: 0000-0001-9323-046X

[2]UZR, Ultrasound Center Basel, Switzerland.

**Corresponding author* davide.sogliani@gmail.com

In the following slides, a series of high-resolution ultrasonographic images of KPs from three different patients is presented.

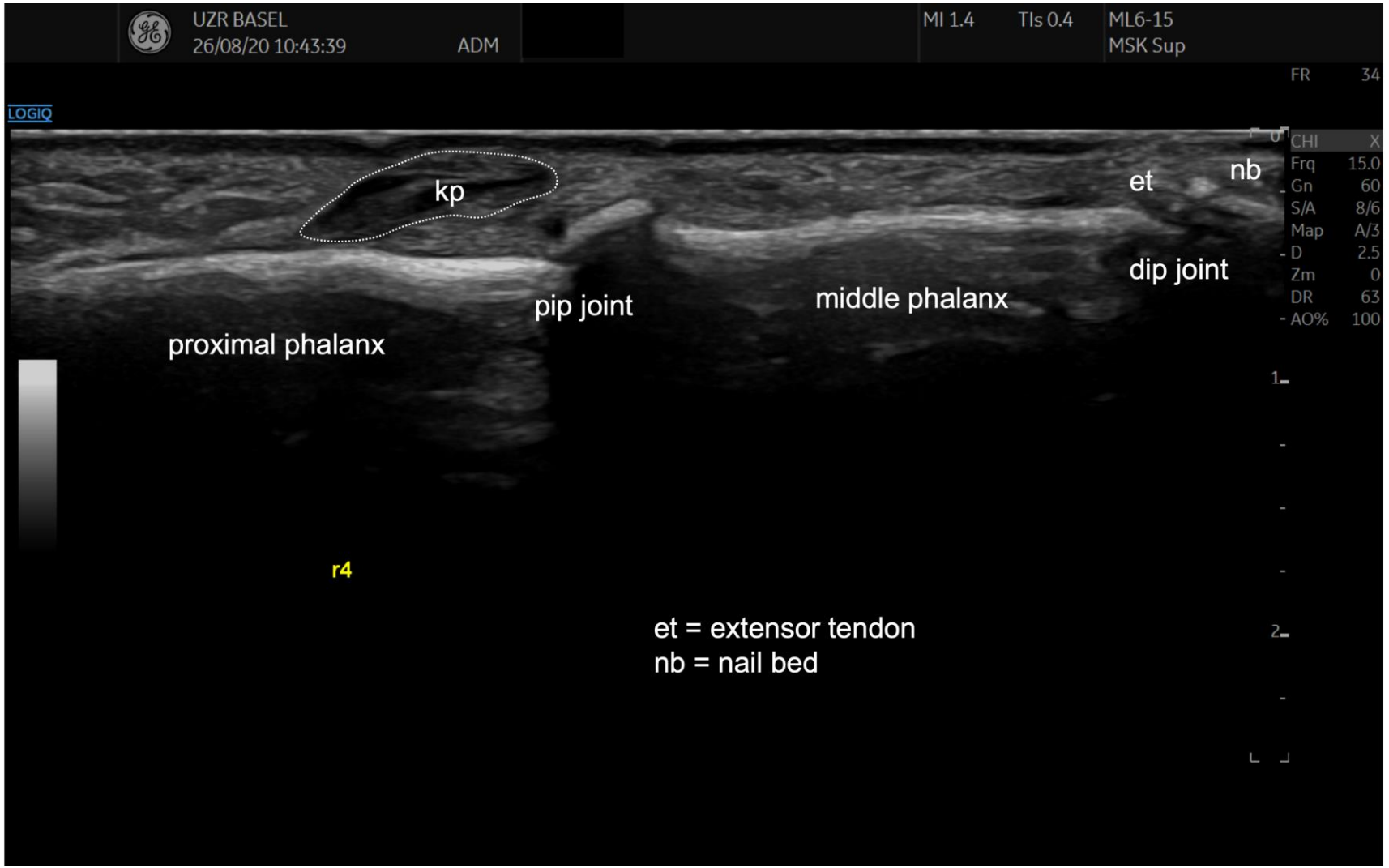
Through this series, it can be observed how in all patients KPs appear as noncompressible, and hypoechoic nodules over the dorsal PIP joints (i.e., the most frequent position of appearance) characterized by the thickening of subcutaneous tissues. In all patients, no signs of synovitis were identified on ultrasound evaluation of intra-articular structures.

This collection has a high educational value, potentially playing a role in medical education about this *forgotten skin disease*. Indeed, those detailed US images can be used by physicians to become familiar with the typical ultrasonographic appearance of KPs, thus potentially reducing the risk of misdiagnosis.

Fig.S7


Typical high-resolution ultrasound (18 MHz) appearance of a Knuckle Pad. This longitudinal view of the long-finger proximal interphalangeal joint shows a subcutaneous dome-shaped, noncompressible, and hypoechoic nodule

Fig.S8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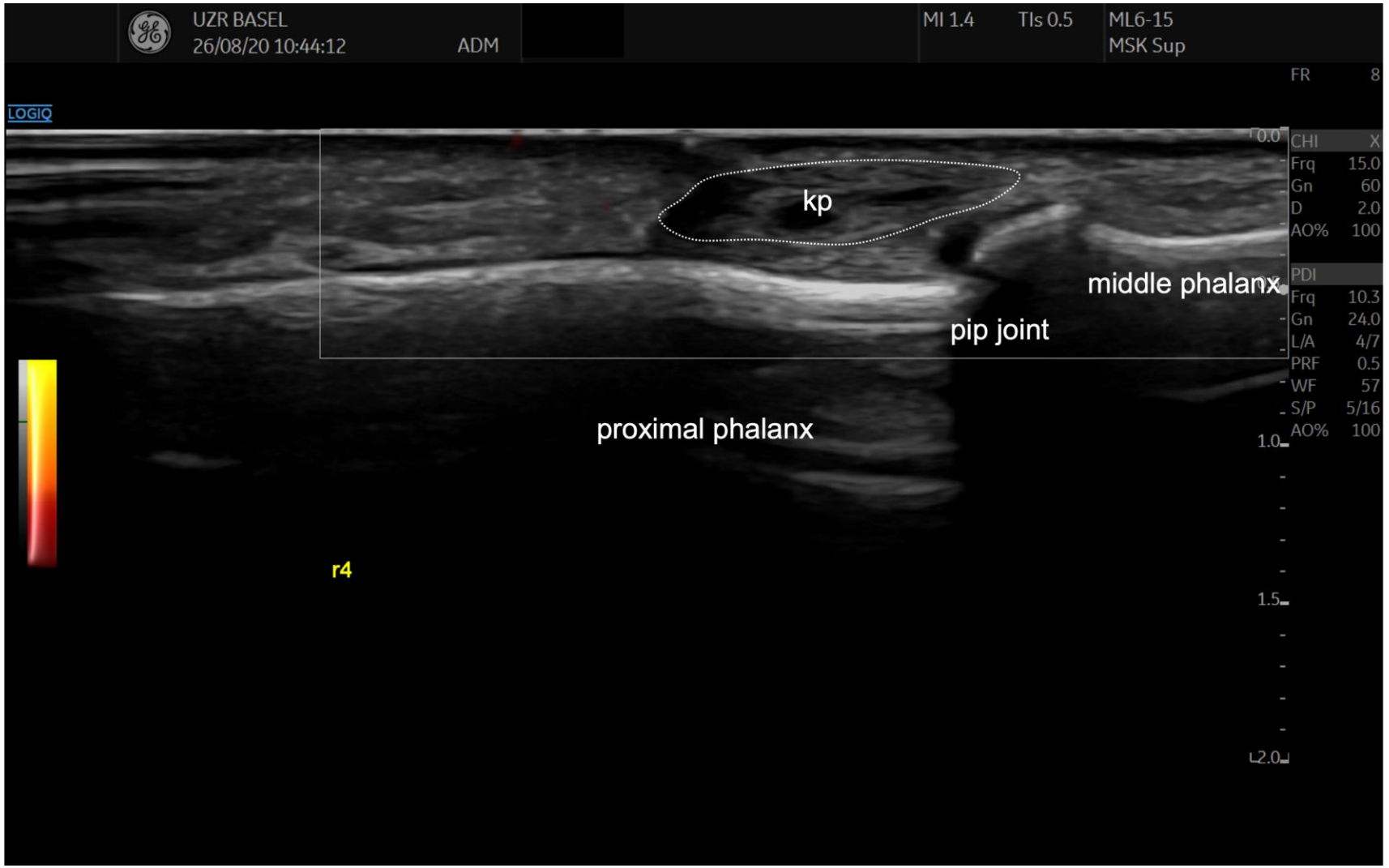
MI 1.4
TIs 0.4
ML6-15
MSK Sup
LOGIQ
kp
et
nb
dip joint
pip joint
middle phalanx
proximal phalanx
r4
et = extensor tendon
nb = nail bed

Fig.S9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kp
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pip joint
proximal phalanx
r4
CHI
Frq 15.0
Gn 60
D 2.0
AO% 100
PDI
Frq 10.3
Gn 24.0
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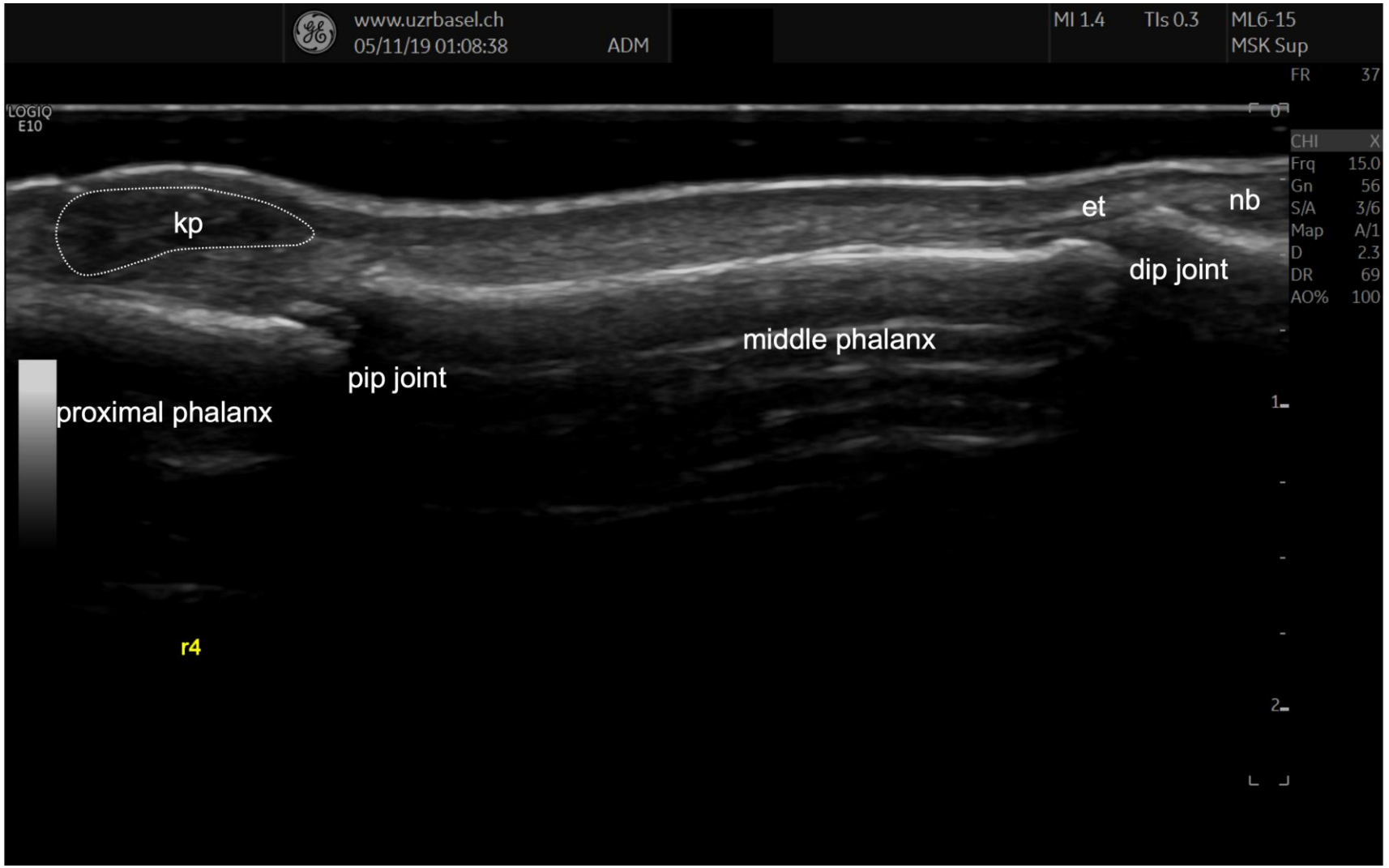
1.0
1.5
2.0

Fig.S10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LOGIQ
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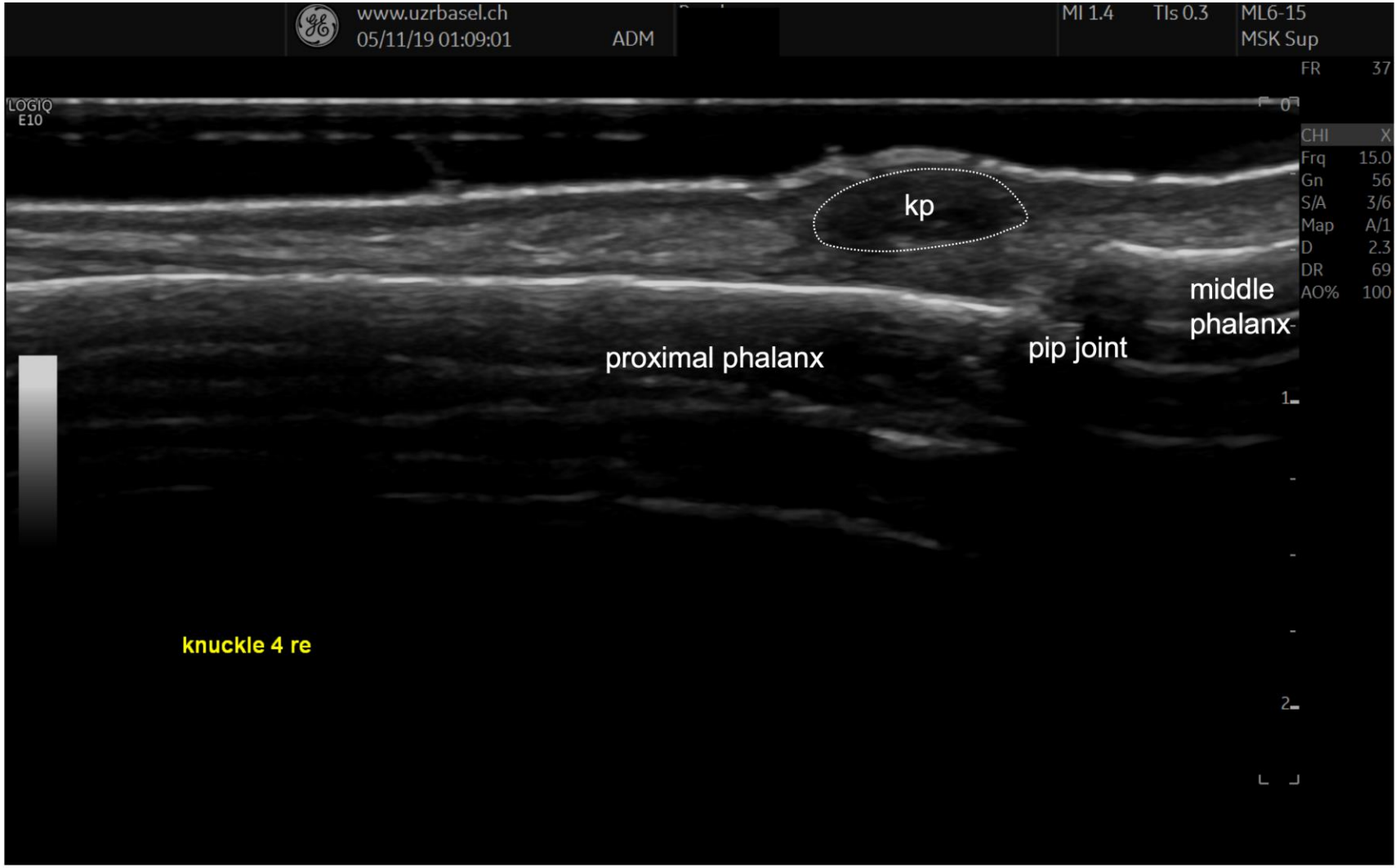
FR 37
CHI X
Frq 15.0
Gn 56
S/A 3/6
Map A/1
D 2.3
DR 69
AO% 100
kp
et
nb
dip joint
middle phalanx
pip joint
proximal phalanx
r4

Fig.S11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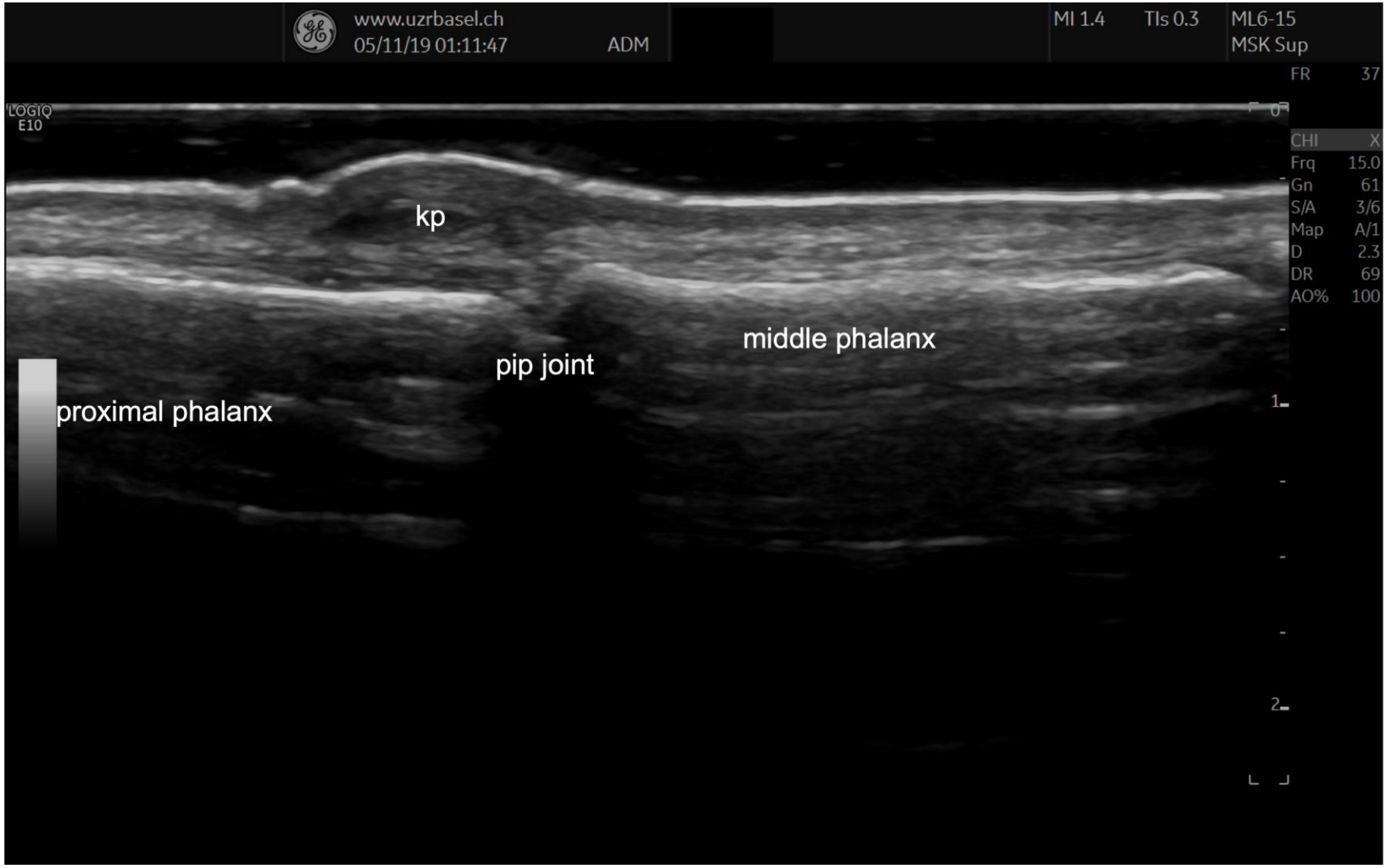
CHI X
Frq 15.0
Gn 56
S/A 3/6
Map A/1
D 2.3
DR 69
AO% 100
kp
middle
phalanx
pip joint
proximal phalanx
knuckle 4 re

Fig.S12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S/A 3/6
Map A/1
D 2.3
DR 69
AO% 100
kp
middle phalanx
pip joint
proximal phalanx