

Materials and Methods

This was an observational morphological study, and data were collected retrospectively from the databases of 3 dermatology centres in Udine (Italy), Thessaloniki (Greece) and Rome (Italy). Subjects with biopsy-confirmed classic GA were included; the only exclusion
5 criterion was the use of any specific treatment during the 8 weeks prior to dermoscopic examination. Clinical and histological data for all cases were collected from medical records, including age, sex, disease duration and extension [localized or generalized (defined as the presence of 10 or more/widespread skin lesions)], clinical aspect [annular or non-annular (including discrete papules/nodules or roundish plaques)] and localization (trunk or
10 extremities) of the biopsied lesion, and histological subtype (interstitial, palisading granuloma, sarcoidosis-like, and mixed) defined according to established criteria [25]. For each subject, 1 dermoscopic picture of the target lesion (the most active lesion underwent histological examination) was selected from the databases. In all cases, dermoscopic images had been captured before histological examination using polarized light devices at 10-fold
15 magnification [DermLite DL3 (3Gen, San Juan Capistrano, CA, USA) equipped with a camera (Coolpix 4500; Nikon Corporation, Melville, NY, USA) and DermLite Foto Equipment (3Gen LLC, Dana Point, CA, USA)]; minimal pressure had been applied to preserve vessel morphology and ensure their better visualization.

All the retrieved pictures were evaluated by 2 of the authors (E.E. and G.S.) in consensus for
20 the presence of specific morphological findings, according to criteria commonly used for inflammatory skin diseases [7]; both of the evaluators were unaware of clinical and histological data.

All analyses were performed using Microsoft Excel 2010 (Microsoft Corporation, Redmond, WA, USA). Data are expressed as means or absolute values or percentages. Possible

25 correlations between each dermoscopic finding and specific histological subtypes or clinical features [i.e. localization/aspect of target lesions and disease extension/duration (less or more than 2 months)] were evaluated using the Fisher exact test with statistical significance set at $p < 0.01$.