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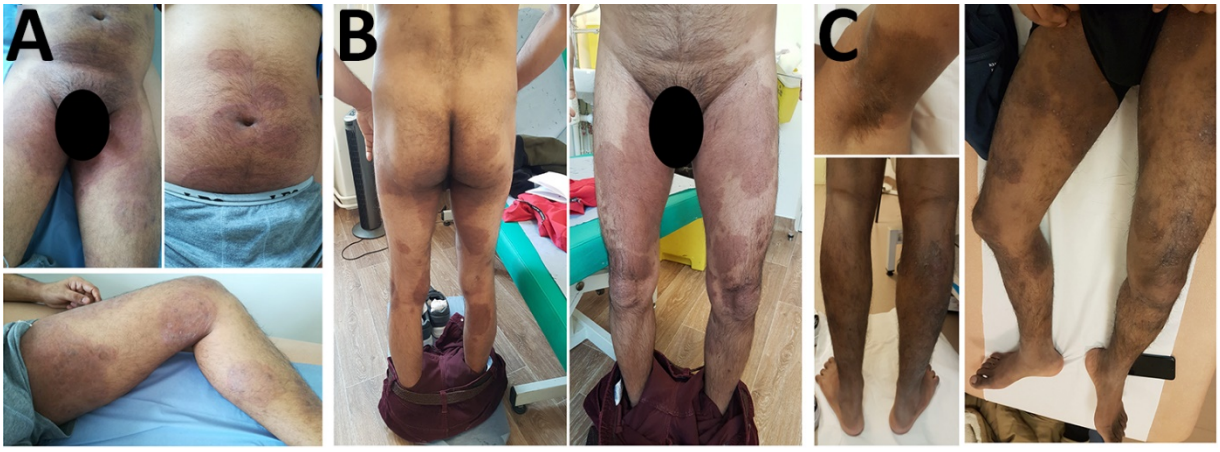
Extensive Dermatophytosis Caused by Terbinafine-Resistant *Trichophyton indotineae*, France

Appendix

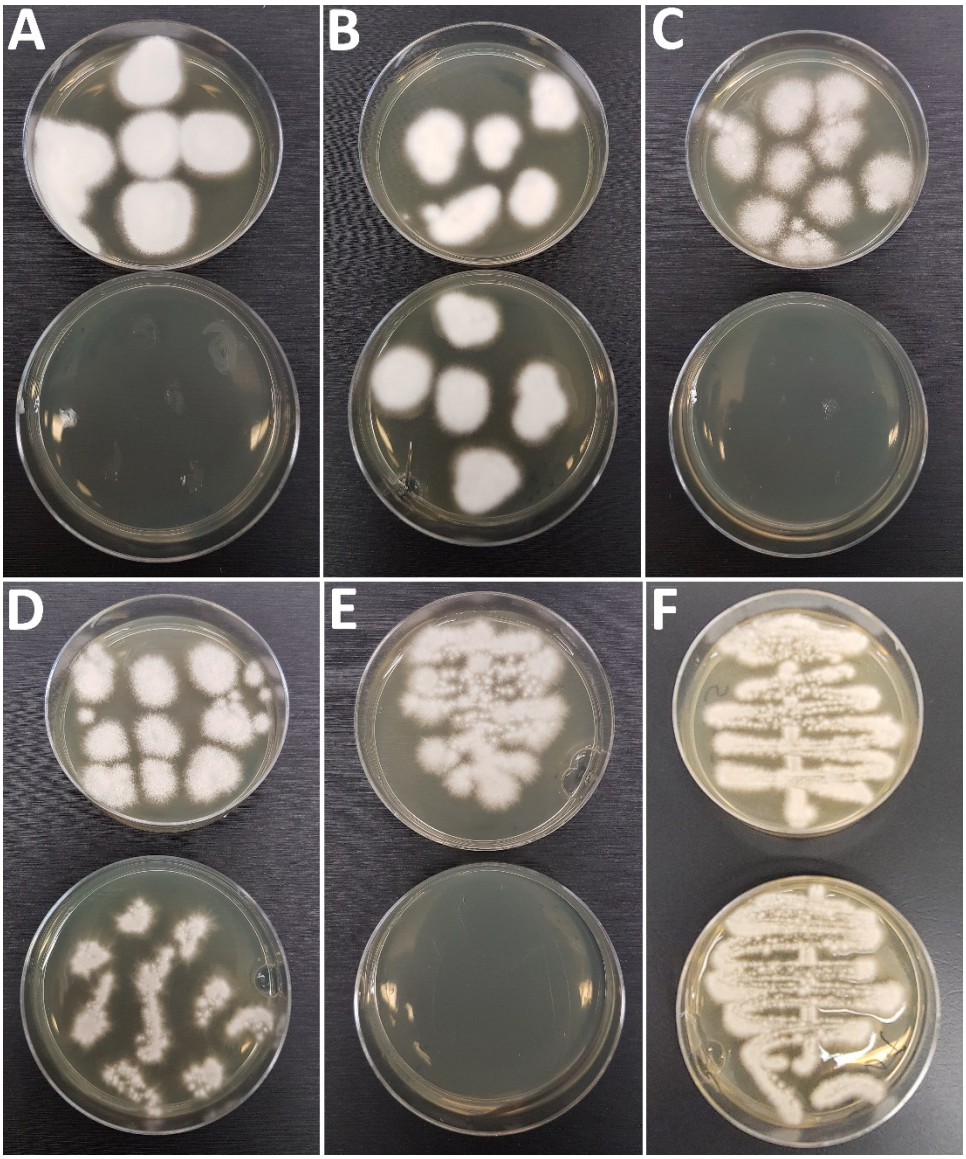
Appendix Table. PCR primers used in this study and annealing temperatures*

DNA portion	Primer	Sequence	Annealing temperature
ITS	ITS1	TCCGTAGGTGAACCTGCGG	55°C
	ITS3	GCATCGATGAAGAACGCAGC	
	ITS4c	TCCTCCGCTTATTGATATGC	
Squalene epoxidase	Erg1_2-F	CCAGACTGATGGCAAGCAAGA	60°C (used only for sequencing)
	Erg1–2_R	ATAAGCTCCAGGCCCCAGAA	
	TrSQLE-F1	ATGGTTGTAGAGGCTCCTCCC	
	TrSQLE-R1	CTAGCTTTGAAGTTCGGCAAA	

* Primers were previously described by Yamada et al. (*1*). ITS, internal transcribed spacer.



Appendix Figure 1. Clinical presentation of extensive dermatophytosis diagnosed in France. A–B) The various lesions consisted in multiple and large erythematous or brown, round to oval macular lesions on the abdomen, legs, arms and inguinal folds, slightly scaly, with a raised inflammatory edge. Patients reported peripheral spreading but no central clearing. C) An atypical clinical presentation was observed in one patient (patient 9) with large and brown annular macular lesions and no inflammatory edge.



Appendix Figure 2. Terbinafine susceptibility screening using the solid plate method. Photos show antifungal susceptibility to terbinafine determined using the growth method involving Sabouraud-chloramphenicol-cycloheximide medium (SCC) with or without terbinafine at 0.2 µg/mL (lower and uppers photos respectively). A–F) Patients 3, 5, 6, 7, 9, 10, respectively. Terbinafine susceptibility using this method could be determined for 6 isolates (loss of viability for isolate 4). Isolates from patients 5, 7,10 were able to grow in terbinafine-containing solid medium.

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