Since this is a very extensive table, the format and content has not been edited by ActaDV.

Table SI. Summary of cases reported in the literature of *Cladophialophora bantiana (C. bantiana)* with cutaneous infection[a]

Source	Year	Country of origin of patient	Infection acquired in country of origin?	Age, years	Sex	Immune status	Description of cutaneous lesion(s)	Extracutaneous involvement	Management	Outcome
(S1), as referred to in (S2) and (S3)	1966	India	Y	U	U	U	(Unknown site) Cutaneous lesions.	Central nervous system involvement.	U	U
(S4)	1970	USA	Y	U	U	U	Abdominal wall ulcer affecting cutaneous and subcutaneous tissues.	Nil	U	U
(S5)	1974	Uganda	Y	23	M	Immunocompetent.	Left shin small cut from a tree 9 years earlier. A nodule developed over the scar months after the injury. More nodules developed in the following years, which then flattened and formed scars. By the time of review, the patient had 10×20 cm scarred area over his left leg, including erythematous nodular areas with superficial scale.	Nil	Medical: 5-fluorocytosine 200 mg/kg daily administered for 36 weeks.	Flattening of the nodules by 2 weeks and healing by 11 weeks with remaining scar tissue and negative fungal culture.
(S6)	1976	Germany	U	41	M	Immunocompetent.	Right fifth finger developed a tumour-like cutaneous lesion.	Nil	U	U
(S8)	1977	Nigeria	Y	32	M	Immunocompromised: background of hypoproteinaemia, ascites and tuberculosis.	Left forearm 1×1.5 cm discharging ulcer present for 1 year. Patient had previously been cut by a knife.	Nil	U	U
(S7)	1979	India	Y	33	M	Immunocompetent.	Right foot had been injured by a thorn 7.5 years prior to presentation. Though the thorn had been surgically removed, a pruritic papular lesion appeared after some months and continued to grow at the site and had discharging sinuses for 5 years prior to presentation. There was a blackish discolouration of the skin.	Nil	U	U

(S8), as referred to in (2)	1980	Japan	Y	27	M	Immunocompetent.	Chest and leg were affected. Lesion was the size of a chicken egg.	Patient had suspected CNS involvement after presenting with neurological signs and symptoms. However, there was no confirmatory autopsy.	Nil	Deceased: patient died.
(S9)	1984	USA	Y	U	M	U	Leg lesion.	U	U	U
(S9)	1984	U	U	U	U	U	Abdominal wall chronic abscess.	U	U	U
(S9)	1984	Japan	Y	U	U	U	(Unknown site) cutaneous abscess.	U	U	U
(S10), as referred to in (S11)	1987	Brazil	Y	53	F	U	(Unknown site) skin lesion.	U	U	U
(S12)	1988	USA	Y	83	F	Immunocompromised: background of rheumatoid arthritis on prednisolone, right tibia chronic osteomyelitis, and myocardial infarction.	Left arm had been injured by an X-ray table 5 years prior to presentation. A 1.0-cm wart-like lesion that was reddish-brown in colour appeared at the injury site in the weeks after the scrape injury. The lesion developed into a 1.5×3.0 cm intradermal purpuric nodule.	Nil	Surgical and medical: surgical excision of nodule followed by oral flucytosine 1000 mg 4 times daily.	Patient self-ceased treatment after 4 weeks. Following this, the surgical site again became a purplish colour.
(S13)	1997	South Africa	Y	63	M	Immunocompromised: background of renal transplant on cyclosporine and prednisolone.	Right thigh papular lesion grew to a 15×20 cm tumorous mass in 3 months, without antibiotic response. Patient then underwent excision of the mass with a graft, but erythematous papulonodular lesions appeared circumferentially around the border of the graft. The border of the graft was undermined with pus draining.	Nil	Medical: oral itraconazole 200 mg daily for 3 months.	Lesion completely healed with no evidence of recurrence after 1 year.
(S14)	1999	USA	Y	73	M	Immunocompetent.	Dorsal left hand 3-cm nodule with pustules appeared over 2–3 months. No preceding injury.	Nil	Surgical and medical: oral itraconazole for over 1 month, followed by surgical	No recurrence of lesion.

									excision.	
(S15)	2002	Germany	Y	57	M	Immunocompromised: background of cardiac transplant on azathioprine, FK 506 and prednisolone, and diabetes on insulin.	Left shoulder atheroma appeared 1 year following cardiac transplant, which was excised and cultured *Bacteroides fragilis* so patient commenced on metronidazole. Over the next 2 months, the lips of the wound became pigmented and wound healing was poor. The pigmented lips of the left shoulder wound were resected and cultured *C. bantiana*. Neurological symptoms appeared and an MRI showed a right cerebellar abscess.	Right cerebellar abscess and *C. bantiana* from endotracheal samples. At autopsy, left lung lower lobe also cultured *C. bantiana*.	Surgical and medical: resection of lips of left shoulder wound and surgical excision of right cerebellar abscess were carried out. Patient was intravenously administered 5-fluorocytosin and amphotericin B, however, was then switched to intravenous itraconazole 200mg twice daily. However, the cerebellar lesion recurred after 3 weeks and the patient cultured *C. bantiana* from endotracheal samples.	Deceased: after 1 month the patient died from sepsis.
(S16), as referred to in (S17)	2002	Brazil	Y	30	F	Immunocompromised: background of kidney transplant.	(Unknown site) Subcutaneous lesion that was ulcerogenic.	U	Surgical: lesion was excised.	1 year following surgery a cicatricial process remains.
(S18)	2003	India	Y	45	F	Immunocompetent.	Upper face small, pyogranulomatous, stellate lesions with minimal inflammation, along with a cyst enclosed in a fibrous capsule, were present for 4 years at the time of presentation. Patient had been frequently using cosmetics containing silver on her face.	Nil	Medical: topical and systemic corticosteroids were administered together with amphotericin B for 3 months.	The lesions responded well to treatment.
(2)	2005	USA	Y	31	F	Immunocompromised: systemic lupus erythematosus on prednisolone and	Back and shoulders were injured by debris from a tornado, including wood splinters which were removed at the hospital. The site healed.	Nil	Surgical and medical: fluconazole 150 mg alone twice daily for the first 3 weeks, then	2 months following the patient's second surgery she is

						hydroxychloroquine.	After 16 years, the posterior shoulder became swollen, the site was biopsied, and the patient was treated with itraconazole and fluconazole. However, she developed indurated, painful nodules and plaques over a 40×30 cm area of area of her back. Pus drained from the lesions.		addition of itraconazole 200 mg twice daily. Patient then underwent debridement and skin grafting with itraconazole 200 mg twice daily continued. Eight months later, further nodules developed at the edge of the debrided site, requiring excision.	well healed with no recurrence of the lesions.
(S19)	2005	USA	Y	32	F	Immunocompromised: systemic lupus erythematosus on prednisolone	Upper back was injured by splinters during a tornado. 17 years later, patient complained of a knot at the injury site. 4 years later, multiple small, verrucous, ulcerated, painful lesions developed on the upper back.	Nil	Surgical and medical: initially did not respond to treatment with itraconazole and fluconazole. Mass was then excised with skin grafting. Following this, patient was commenced on itraconazole 200 mg daily. However, patient ceased medication after 8 months for financial reasons. The upper back mass recurred 7 months later and the patient underwent her second surgery.	U
S20)	2005	USA	Y	32	F	Immunocompromised: systemic lupus erythematosus on steroids and rheumatoid arthritis.	Back injured by tornado debris 20 years prior to presentation. Nodules initially developed on the patient's back while she was pregnant.	Nil	Surgical and medical: fluconazole and itraconazole were commenced after the nodules ulcerated and worsened over 2 years. Burn surgeons	The graft had taken well on patient discharge.

									performed first surgery by excising 11% TBSA with margins to unaffected skin and temporarily applying a human cadaveric allograft. During the second surgery, a meshed split-thickness autograft was permanently applied. Antifungals were administered for 6 months. A third surgery took place 1 year following the first surgery because tender nodules reappeared on the back. Following further excision and grafting, a vacuum-assisted closure was temporarily utilised before a fourth surgery for split-thickness autografting. Itraconazole lifelong was recommended.	
(S21)	2006	Sweden	Case 1: N, Thailand. Case 2: N, Thailand.	Case 1: 61 Case 2: 59	Case 1: M Case 2: F	Case 1 and 2: Immunocompetent.	Case 1 and 2: Legs experienced trauma during tsunami in Thailand. Sites of injuries were debrided in Thailand before partial thickness skin grafting was applied in Sweden. Blue-red, indolent lesions secreting small amounts of pus appeared in normal skin near the graft sites 4–6 weeks following the injuries. Cultures from both patients	Case 1 and 2: Nil	Medical: case 1 and 2: oral voriconazole 200 mg twice daily was administered for 1 month to treat *C. bantiana.* Amikacin and clarithromycin were administered for *Mycobacterium abscessus*.	Case 1 and 2: skin was clear of fungus after 1 month of treatment.

							grew *Mycobacterium abscessus* and *C. bantiana*.			
(S22)	2007	Singapore	Y	56	F	Immunocompetent.	Left cheek lesion, thought to be a seborrheic keratosis, did not respond to cryotherapy like other surrounding lesions. 1 year prior to presentation, patient was injured by a twig at the site. Electrocautery was performed, but the lesion was still present after 3 months so it was biopsied.	Nil	Surgical and medical: patient responded to itraconazole 200mg per day for 2 months, but after 3 months, the lesion reappeared so the patient was given itraconazole for another 3 weeks. However, the lesion persisted so it was excised. An erythematous 6-mm lesion reappeared after 20 months and it was re-excised. Oral terbinafine 250 mg daily was administered for 4 weeks followed by 500mg daily for 16 weeks.	The lesion has not recurred.
(S3)	2009	USA	Y	26	M	Systematically immunocompetent but locally immunosuppressed.	Right arm scar became painful, erythematous and oedematous after 4 months of intralesional corticosteroid injections to try and flatten scar. Four months prior to first injection, patient had injured his arm against a tree in a car accident in Puerto Rico.	Nil	Surgical and medical: patient underwent incision and drainage of the lesion. Patient was then started on itraconazole, but this was changed to oral voriconazole 200 mg twice daily for 4 months as he did not tolerate itraconazole.	Four months following the completion of the voriconazole course, the patient has had no recurrence.
(S23)	2009	Mexico	Y	57	M	Immunocompetent.	Dorsal right foot became painful and swollen, and over three years, developed nodules with sinus tracts draining black granules, together with retractile scars, deformity and	Nil	Medical: patient was administered oral itraconazole 300 mg daily for 11 months before being tapered	The lesion has not recurred after 18 months.

							swelling. There was no prior injury.		down to 100 mg daily for a 20-month total course.	
(S24)	2011	France	N, Vietnam.	48	M	Systemically immunocompetent but locally immunosuppressed.	Right buttock 1-cm nodule appeared following patient's travel to Vietnam and had developed for 2 years. Patient had had triamcinolone acetonide injections administered every 6 months for his pollen rhinitis and steroid rosacea, including an injection into his right buttock prior to the lesion appearing.	Nil	Surgical: resection of lesion.	The lesion has not recurred after 1 year.
(S25)	2013	Australia	Y	64	M	Immunocompromised: background of pulmonary sarcoidosis with pan-lymphopaenia on prednisolone, type 2 diabetes mellitus on insulin, cryptococcal meningitis on maintenance fluconazole, and diverticular disease.	Right thigh cutaneous abscess developed together with left knee pain. Approximately 1 month previously patient had had culture-negative aspirates of left and right knees taken together intra-articular steroid injections. The right thigh abscess, left knee re-aspiration / synovial biopsy, and temporoparietal cerebral abscess biopsy, all demonstrated *C. bantiana*.	Left knee septic arthritis, cerebral abscess and right hip demonstrated *C. bantiana*.	Surgical and medical: intravenous voriconazole, amphotericin and oral posaconazole were administered. In addition, left knee was washed out 5 times and synovectomy was performed, along with drainage of the cerebral abscess and other supportive care. Multiple complications were experienced and *C. bantiana* was demonstrated in right hip.	Deceased: Two months following admission, patient deceased.
(S26)	2014	Slovakia	Y	63	M	Immunocompromised: background of cardiac transplant on mycophenolate,	Right back skin lesion demonstrated *C. bantiana*. Patient had been hospitalised with bronchopneumonia. Left	Brain and lung infection with *C. bantiana* was proven during	Medical: intravenous amphotericin B was given together with supportive care.	Deceased: Two months following admission,

						tacrolimus and prednisolone, and alcoholism.	hemiparesis developed in hospital, MRI brain found multiple abscesses, and skin lesion pus was cultured in diagnostic workup of cerebral abscesses.	autopsy.		patient deceased.
(S27)	2015	India	Y	45	M	Immunocompromised: background of kidney transplant on prednisolone and cyclosporine.	Right little finger 4-cm brown, crusted, necrotic plaque had been present for 3 months. There was no prior injury.	Nil	Surgical and medical: oral terbinafine 250 mg daily was given and then bipolar radiofrequency ablation was carried out 1 month later, with terbinafine to continue following ablation.	One month following ablation the site showed a residual hypertrophic scar. Patient subsequently lost to follow-up.
(S28)	2015	India	Y	38	F	Immunocompromised: background of nephrotic syndrome and membranous glomerulonephritis on cyclosporine and oral corticosteroids.	Disseminated lesions had been present for 2 months, including (i) bilateral lower limb pyogenic-granuloma-like nodules up to 7×8 cm in size; (ii) left foot dermatophytosis-like plaque; (iii) left hand cystic lesions. There were no prior injuries.	Nil	Surgical and medical: surgical excision of 2 nodules was performed and oral itraconazole 100 mg twice daily was administered for 6 months.	All lesions had resolved 2 months into therapy. At follow up after 1 year, no lesions have recurred.
(S29)	2016	India	Y	50	F	Immunocompromised: background of diabetes mellitus uncontrolled and pyelonephritis.	Abdominal wound, 20 days post laparoscopic hernia repair with mesh insertion, was 15mm, non-healing and showed skin blackening. *Escherichia coli*, *Protease vulgaris* and *C. bantiana* were cultured.	Nil	Medical: oral voriconazole was administered for 6 weeks and terbinafine was administered for 14 days. A dressing with amphotericin-B was applied. Antibiotics pazufloxacin and tigecycline were administered.	Significant improvement was demonstrated at wound site following 6 weeks of therapy. 9 months following therapy fungal granuloma has not been demonstrated on ultrasound.
(S30)	2019	Australi	Y	72	M	Immunocompromised:	Bilateral finger abscesses that were	Nil	Medical: oral	Improvement in

		a				background of seronegative rheumatoid arthritis on tofacitinib, methotrexate and prednisolone.	discharging.		voriconazole was administered; however, a photosensitive rash developed and patient was changed to posaconazole.	lesions.
(S31)	2019	USA	Y	U	F	Immunocompetent: background of breast cancer in remission and post-chemotherapy, but not recently immunosuppressed.	Left knee 4–6 mm, painful, purple-red nodule with superficial white scale developed over 5–6 weeks. Left foot also showed a similar lesion which had appeared 1 year earlier. Patient often knelt in soil in the garden.	Nil	Surgical and medical: excision of lesions was performed together with a 3-month course of oral voriconazole.	Surgical wounds healed and lesions have not recurred.
(S17)	2019	Brazil	Y	60	M	Immunocompetent.	Left forearm erythematous, violaceous, friable, encrusted plaque draining pus appeared 2 months prior to presentation. Possibility of injury while employed as rural worker.	Nil	Surgical and medical: fluconazole was commenced but after 30 days the patient did not respond so was changed to itraconazole 200 mg twice daily for over 10 months. Patient has also undergone cryotherapy.	Lesion has regressed following 10 months of itraconazole, but healing is incomplete.
(S32)	2019	USA	Y	76	M	Immunocompetent.	Posterior scalp abscess gradually appeared and grew to 5 cm after an injury to the scalp from a tree branch 5 months prior.	Abscess extended to involve the epidural space.	Surgical and medical: excision of abscess followed initially by linezolid. Patient was readmitted and a second surgical debridement was carried out after which intravenous amphotericin B 5 mg/kg daily was administered along with oral voriconazole 200mg twice daily for	Following 6 months of treatment, there is only a defect on his skull the size of a quarter.

									6 months. Acute kidney injury was caused by amphotericin B so it was ceased.	
Current case	2020	Australia	Y	87	M	Immunocompromised: background of multiple myeloma with anaemia, atrial fibrillation and aortic stenosis with transcatheter aortic valve implantation.	Left proximal forearm solitary, irregular 3.6×3.8 cm plaque appeared and grew over 4 months. Patient had injured both arms when he had tripped over and fallen onto a concrete path while walking down near a local lake. Though the grazes on both arms healed, a "blood blister"-like lesion developed on his left proximal forearm. He attended his general practitioner, who initially lanced the lesion. When the lesion continued to grow, the patient presented to our dermatology clinic for review.	Nil	Surgical and medical: excision of lesion and 3 month course of oral itraconazole 100 mg daily.	One month following surgery, the left proximal forearm site had completely healed. Four months following surgery there were no signs of infection recurrence. However, the patient died of an unrelated cause.

[a]Cases were included if *C. bantiana* had been cultured or confirmed in a laboratory from a cutaneous site. Cases referring to the former names of C. bantiana, including *Cladosporium bantianum*, *Cladosporium trichoides*, *Cladosporium trichoides var clamydosporium*, *Xylophypha bantiana*, *Xylohypha emmonsii* and *Torula bantiana*, were included (1).
U: unknown; M: male; F: female; Y: yes; N: no; MRI: magnetic resonance imaging; CNS: central nervous system.

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