Supplementary table, patients fulfilling Bohan´s diagnostic criteria

patient	Symmetrical weakness[1]	Muscle biopsy[2]	Serum enzymes[3]	Electromyographic changes[4]	Skin features[5]
1	+	+	+	+	+
2	+	+	+	+	+
3	+	+	+	+	+
4	-	-	NL	NL	+
5	+	+	+	+	+
6	+	+	+	+	+
7	+	+	+	+	+
8	+	+	+	+	+
9	+	+	+	+	+
10	+	+	+	+	+
11	-	-	NL	NL	+
12	+	+	+	+	+
13	+	+	+	+	+
14	+	+	+	+	+
15	+	+	+	+	+
16	-	-	NL	NL	+
17	+	+	+	+	+
18	+	+	+	+	+
19	-	-	NL	NL	+
20	+	+	+	+	+
21	+	+	+	+	+
22	+	+	+	+	+
23	+	+	+	+	+
24	+	+	+	+	+
25	+	+	+	+	+
26	+	+	+	+	+
27	+	+	+	+	+
28	+	+	+	+	+
29	+	+	+	+	+
30	+	+	+	+	+
31	+	+	+	+	+

+ : positive, - : Negative, NL: normal

1: Symmetrical weakness of the limb girdle muscles and anterior neck flexors, progressing over weeks to months, with or without dysphagia o respiratory muscle involvement.

2: Muscle Biopsy evidence of necrosis of myofibers, phagocytosis, regeneration with basophils, large vesicular sarcolemmal nuclei, and prominent nucleoli, atrophy in a perifascicular distribution, variation in fiber size and am inflammatory exudate, often perivascular.

3: Elevation in serum of skeletal-muscle enzymes, particularly the CK and often aldolase.

4: Electromyographic triad of short, small, polyphasic motor units fibrillations, positive sharp waves and insertional irritability and bizarre, high frequency repetitive discharges

5: Any of the characteristic dermatologic fratures of the rash of DM

Clasical dermatomyositis: Patients having the hallmark cutaneous manifestation of DM, proximal muscle weakness, and objective evidence of muscle inflammation.

Clinically amyopathic dermatomyositis: Patients with biopsy confirmed hallmark cutaneous manifestations of classic DM occurring for 6 months or longer with no clinical evidence of proximal muscle weakness, muscle biopsy, electromyographic changes and no serum muscle enzyme abnormalities. This designation has been coined to emphasize the fact that the clinical problem is skin disease.