

Supplementary Table 1. RegiSCAR criteria for DRESS and validation scoring system

Items	Score			Comments	Our Case
	-1	0	1		
Fever 38.5 °C	N/U	Y			0
Enlarged lymph nodes		N/U	Y	>1 cm and 2 different areas	1
Eosinophilia $\geq 0.7-1.49 \times 10^9 L^{-1}$ or $\geq 10\%$ if WBC $< 4.0 \times 10^9 L^{-1}$		N/U	Y	Score 2, when $\geq 1.5 \times 10^9 L^{-1}$ or $\geq 20\%$ if WBC $< 4.0 \times 10^9 L^{-1}$	1
Atypical lymphocytosis		N/U	Y		1
Skin rash: Extent >50% of BSA Rash suggesting DRESS		N/U	Y	Rash suggesting DRESS: ≥ 2 symptoms: purpuric lesions (other than legs), infiltration, facial edema, psoriasiform desquamation	1
	N	U	Y		1
Skin biopsy suggesting DRESS	N	U/Y			0
Organ involvement		N	Y	Score 1 for each organ involvement, maximal score: 2; liver, kidney, lung, muscle/heart, pancreas, others,	1
Rash resolution ≥ 15 days	N/U	Y			0
Excluding other causes		N/U	Y	Score 1 if 3 tests of the following tests were performed and all were negative: HAV, HBV, HCV, mycoplasma, Chlamydia, ANA, blood culture	1

ANA: anti-nuclear antibody; BSA: body surface area; HAV: hepatitis A virus; HBV: hepatitis B virus; HCV: hepatitis C virus; N: no; U: unknown; WBC: white blood cell; Y: yes. Validation scoring system can be applied to identify if diagnosis is not the case (score: < 2), possible (score: 2–3), probable (score: 4–5), or definite (score: > 5)

Supplementary Table 2. SCAR-J diagnostic criteria for DRESS/DIHS

1	Maculopapular rash developing > 3 weeks after starting therapy with a limited number of drugs	+
2	Persistent clinical findings after drug withdrawal	+
3	Fever (>38°C)	+
4	Hepatic abnormalities (TGP > 100 U/L)	+
5	Leukocyte abnormalities (at least one present) <ul style="list-style-type: none"> a. Leukocytosis (>11.000/mm³) b. Atypical lymphocytosis (>5%) c. Eosinophilia (>1.500/mm³) 	+
6	HHV-6 reactivation	+
<p>The diagnosis is confirmed by the presence of the seven criteria (typical DIHS) or of the first five criteria (atypical DIHS). * This can be replaced by other organ involvement such as renal involvement. + Reactivation is detected from second to third week after symptoms onset, through IgG anti-HHV-6 titers elevation.</p>		<p>Dx: Typical DIHS</p>