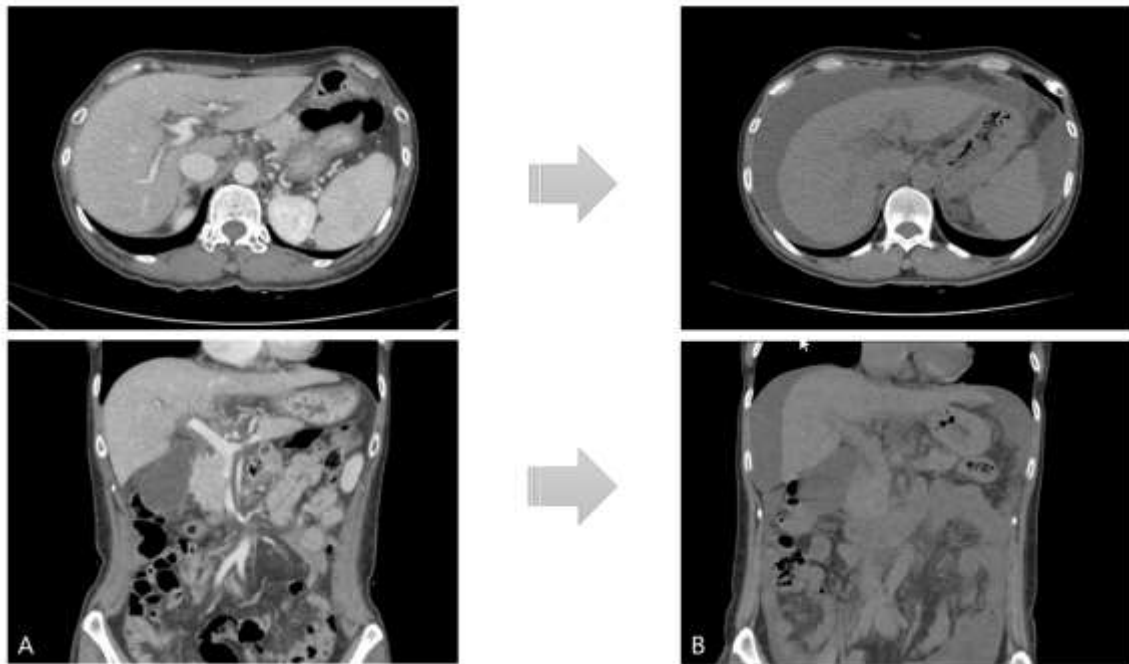


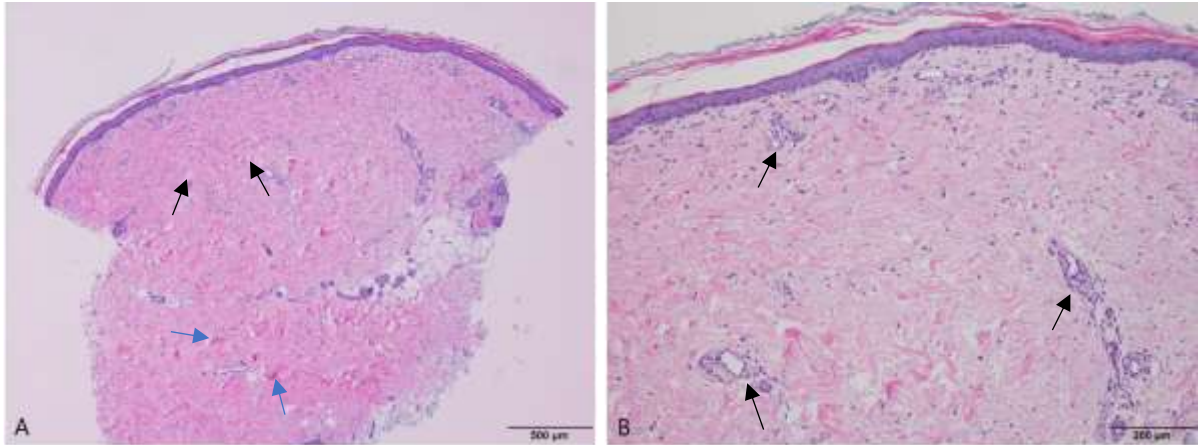
Supplementary Table 1 Key laboratory findings of the patient

	HD -41	HD -16	HD 1	HD 29
Laboratory findings	Before antiviral treatment	Before steroid treatment		After steroid treatment
White blood cell count (/mm ²)	4500	3900	9600	5500
Hemoglobin (g/dL)	12	11.5	10.8	8.4
Platelet count (/mm ³)	121,000	94,000	73,000	91,000
Albumin (g/dL)	3.6	31.	2.9	2.5
AST (IU/L)	1190	153	83	44
ALT (IU/L)	908	83	59	41
ALP (IU/L)	131	113	52	71
GGT (IU/L)	158	31	19	16
Total bilirubin (mg/dL)	12.8	13.93	7.99	3.77
Direct bilirubin (mg/dL)	10.78	7.13	4.3	1.7
PT (INR)	1.64	1.52	2.02	1.44
Creatinine (mg/dL)	0.6	0.98	1.29	1.32
HBsAg	6569		4765	
HBeAg	752.5			
HBV DNA quantification (IU/mL)	773 x 10 ⁷		4.25 x 10 ³	
Anti-neutrophil cytoplasmic antibody			Negative	
Anti-nuclear antibody	Negative		Negative	
Rheumatoid factor titration (IU/mL)			24.4	
C3 (mg/dL)			29.2	
C4 (mg/dL)				

HD, hospital day; AST, aspartate aminotransferase; ALT, alanine aminotransferase; ALP, alkaline phosphatase; GGT, γ -glutamyl transferase; PT, prothrombin time; INR, international ratio;



Supplementary Figure 1 (A) Contrast-enhanced abdominal and pelvic computed tomography performed on hospitalization day 3, showing portal vein dilatation, splenomegaly, and edematous changes in the gallbladder. (B) Non-contrast abdominal and pelvic computed tomography performed on hospitalization day 12, shows atrophic changes in the liver and a significant increase in ascites.



Supplementary Figure 2 Histopathological findings of the biopsied skin lesion.

A. Under low-power microscopy, histopathology demonstrated hyperkeratosis with mild dermal edema and extravasation of red blood cells (hematoxylin-and-eosin stain, x40).

B: At a higher magnification, pathologic evaluation revealed scattered chronic inflammatory cell infiltration in the dermis. There were no signs of endothelial damage or vasculitis (hematoxylin-and-eosin stain, x100).