SUPPLEMENTARY MATERIAL

SM-Figure 1: Female *Ixodes ricinus* waiting on the grass.
**SM-Figure 2:** Patient bitten by an adult female (A) and a nymph (B) of *Ixodes ricinus.* Note the concomitant presence of an erythema surrounding the tick produced by the local irritation of the tick saliva.
**SM-Figure 3**: Different sizes and stages of *Ixodes ricinus*. 

![Tick Stages](http://www.elsevier.es)
SM-Figure 4: A) Typical erythema migrans (EM) with annular appearance on leg. B) Large EM of more than 6 weeks of evolution. C) EM without the typical annular appearance. D) EM in the early disseminated phase with satellite lesions.
**SM-Figure 5:** Acrodermatitis chronica atrophicans (ACA) affecting left hand (A) and left elbow (B) with an underlying fibrous cord on the arm. ACA affecting low extremities (C) and an arm with a fibrotic nodule (D).
**SM-Figure 6:** Borrelial lymphocytoma.
**SM-Figure 7**: Recommended type of forceps (A) and tick extraction using forceps (B).
**SM-Figure 8:** Erythema migrans-like lesion after removing a tick. A day before, a spray of liquid nitrogen was used to freeze the tick.
**SM-Table 1**: Classification and main clinical manifestations of Lyme borreliosis

<table>
<thead>
<tr>
<th>Phase</th>
<th>Clinical manifestations</th>
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<tbody>
<tr>
<td>Early localized</td>
<td>EM, lymphocytoma with or without lymphadenopathy</td>
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<tr>
<td>Early disseminated</td>
<td>EM multiple, disseminated lymphocytoma and/or early neurologic, cardiac and musculoskeletal manifestations. Ophthalmic manifestations.</td>
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<tr>
<td>Late</td>
<td>ACA, lymphocytoma, late neuroborreliosis, persistent or relapsing arthritis of more than 6 months</td>
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EM: Erythema migrans ACA; Acrodermatitis chronica atrophicans.