## Methods

This retrospective study was conducted between January 2013 and July 2014 and was carried out in compliance with good clinical practices and the Declaration of Helsinki. Formal approval by an ethic committee was not required in 2014 for this type of study.

We retrospectively included patients who had undergone a deep skin biopsy on the lower limb, regardless of the indication, in the absence of any leg ulcer history, and controls who had typical HLU and had undergone a skin biopsy. Patients were identified through the medical and histological database of our hospital and their medical records were reviewed. Biopsy sections were stained with HE-saffron for morphologic study and with Von Kossa for the detection of calcifications. The sections underwent a blind review by a pathologist (P.M.). Hemodialyzed patients or patients without subcutis on the skin biopsies were excluded. Cutaneous arteriolosclerosis was considered as present if either fibrous endarteritis with luminal stenosis of arterioles, associated or not with Mönckeberg medial calcinosis, or hyalinosis and hyperplastic proliferative arteriolosclerosis was observed on at least 1 biopsy in 1 patient [9].

Univariate and multivariate analyses were performed to assess the clinical and histological factors associated with the presence or the absence of cutaneous arteriosclerosis. Univariate analyses used the Mann-Whitney test for continuous variables, or χ2 or Fisher exact test for qualitative variables; the variables with a *p* value <0.20 in univariate analysis were entered into the nominal logistic regression multivariate models, with significance set at 0.05.