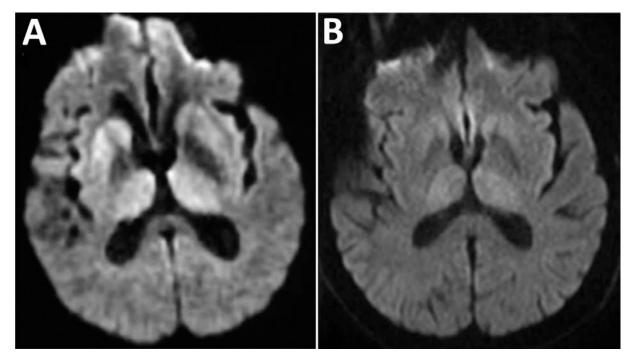
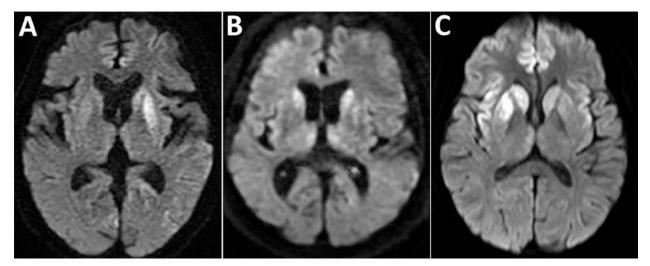
## Characterization of Sporadic Creutzfeldt-Jakob Disease and History of Neurosurgery to Identify Potential Iatrogenic Cases

Appendix



**Appendix Figure 1.** Diffusion-weighted magnetic resonance imaging (DW-MRI) of the brain in patients with history of neurosurgery who had no periodic sharp-wave complexes during duration of Creutzfeldt-Jakob disease (CJD). A) DW-MRI of patient 3 (Table 2) at 8 months after the onset of CJD (*27*); an autopsy examination determined that the patient had acquired CJD-MMiK. Scan shows hyperintensity lesions in bilateral thalamus in addition to basal ganglia lesions. B) DW-MRI of patient 4 (Table 2) at 9 months after the onset of CJD showing hyperintensity lesions in bilateral thalamus and bilateral basal ganglia.



**Appendix Figure 2.** Diffusion-weighted magnetic resonance images (DW-MRI) of the brain in patients without history of neurosurgery who had no periodic sharp-wave complexes during duration of Creutzfeldt-Jakob disease (CJD), methionine homozygote at codon 129 of prion protein gene, and increasing signals in thalamus. A) DW-MRI of patient 1 (Table 3), who was determined to have MM2 and MM1 type sporadic Creutzfeldt-Jakob disease (sCJD), showing slightly increased signals in bilateral mediodorsal nuclei of thalamus, bilateral cerebral cortices, and left basal ganglia. B) DW-MRI of patient 2 (Table 3), who was determined to have MM2-cortical and MM1 type sCJD, showing slightly increased signals in bilateral mediodorsal nuclei of thalamus, cerebral cortices, and bilateral basal ganglia. C) DW-MRI of patient 3 (Table 3) showing slightly increased signals in bilateral mediodorsal nuclei of thalamus, cerebral cortices, and bilateral basal ganglia. C) DW-MRI of patient 3 (Table 3) showing slightly increased signals in bilateral mediodorsal nuclei of thalamus, cerebral cortices, and bilateral basal ganglia.