

## Supplementary Materials Index

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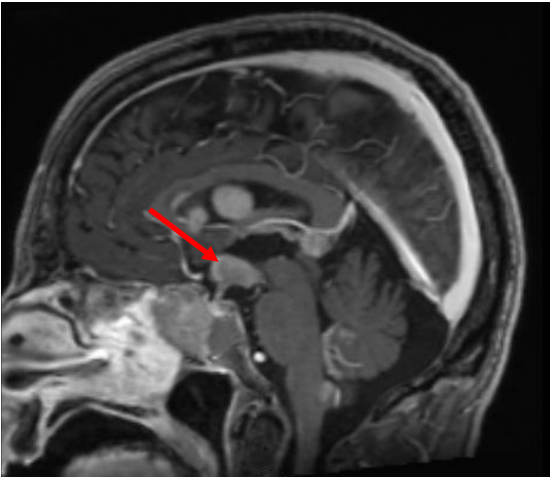
**Supplementary Table S1.** Serum and urine lab results preceding and following diagnosis of central diabetes insipidus.

Labs	Values	Normal Ranges
Serum sodium on presentation	136 mmol/dL	135-145 mmol/dL
24H urine output on presentation	2.7 L	---
Serum sodium post glucocorticoid	143 mmol/dL	135-145 mmol/dL
24H urine output post glucocorticoid	5.8-10.1 L	---
<b>Desmopressin Test</b>		
UOsm at 0 minutes	126 mOsm/kg	50 to 1200 mOsm/kg
UOsm at 30 minutes	168 mOsm/kg	50 to 1200 mOsm/kg
UOsm at 60 minutes	406 mOsm/kg	50 to 1200 mOsm/kg
UOsm at 120 minutes	253 mOsm/kg	50 to 1200 mOsm/kg
Copeptin	< 2.8 pmol/L	2.8 – 11.3 pmol/L
Serum sodium on desmopressin	137 mmol/dL	135-145 mmol/dL
24H urine output on desmopressin	2.0 L	---
Serum sodium on desmopressin and high dose MTX	129 mmol/dL	135-145 mmol/dL
24H urine output on desmopressin and high dose MTX	2.3 L	---

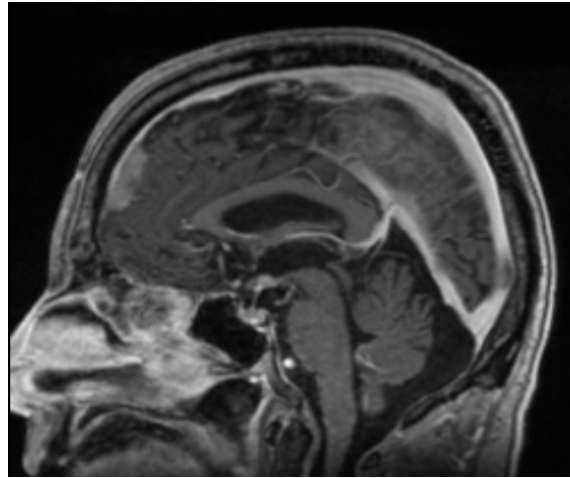
Abbreviations: UOsm: urine osmolality, MTX: methotrexate

**Supplementary Figure S1**

**A**

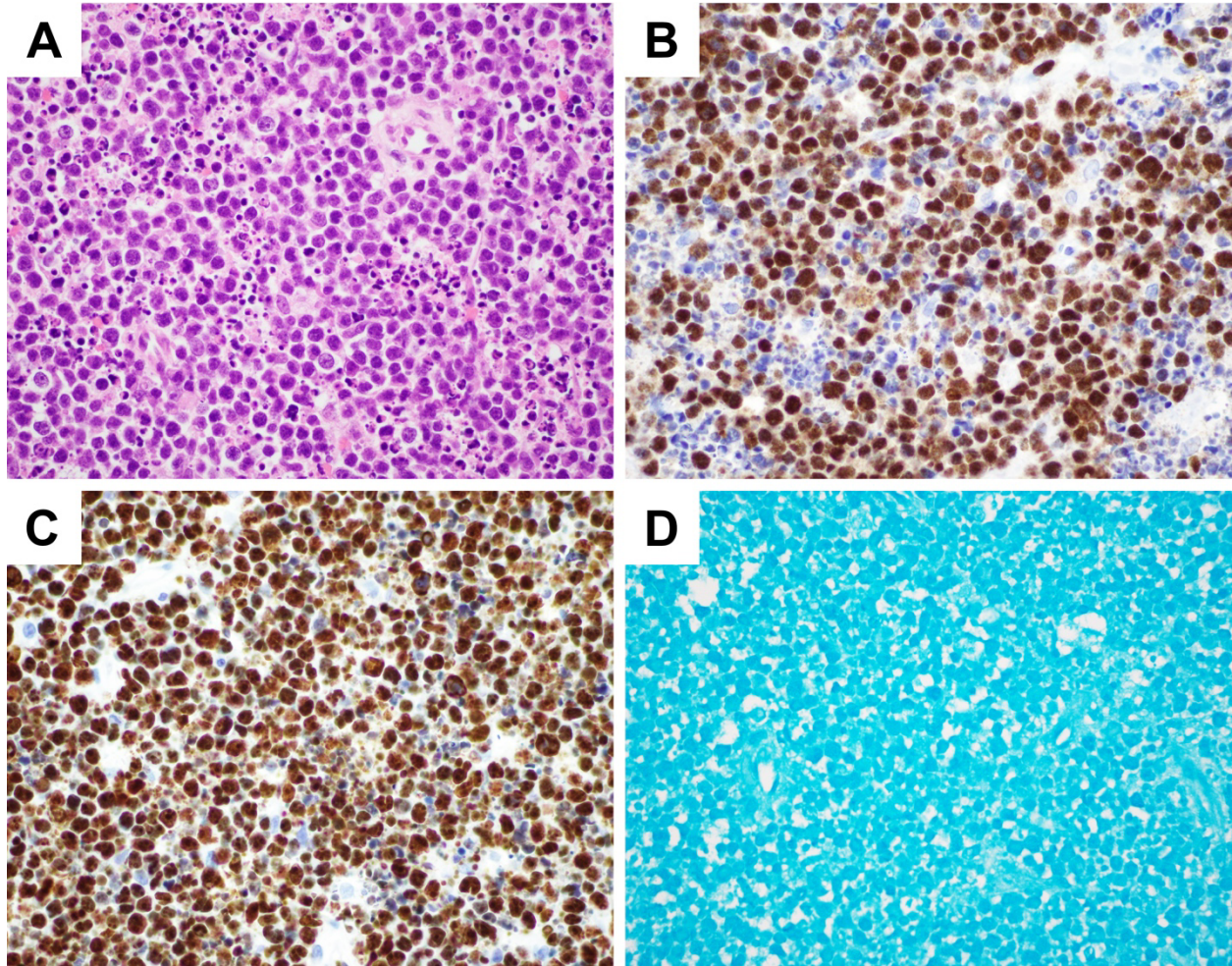


**B**



**Supplementary Figure S1:** MRI brain images before and after therapy. A, MRI brain sagittal with gadolinium contrast before treatment, demonstrated enlargement and enhancement of the hypophysis (arrow). B, MRI brain with gadolinium contrast after treatment demonstrated decreased size of enhancing foci in the left peri ventricular region.

**Supplementary Figure S2**



**Supplementary Figure S2: Histopathology of tumor biopsy.** A, H&E stained photomicrograph of the left sphenoid mass shows a diffuse infiltrate of atypical intermediate-sized cells with abundant apoptotic debris. B, the tumor cells are positive for B cell transcription factor PAX5 by immunohistochemistry. C, the tumor shows very high proliferation rate by Ki67 immunostaining. D, in situ hybridization for EBV encoded RNA shows absence of EBV infection.