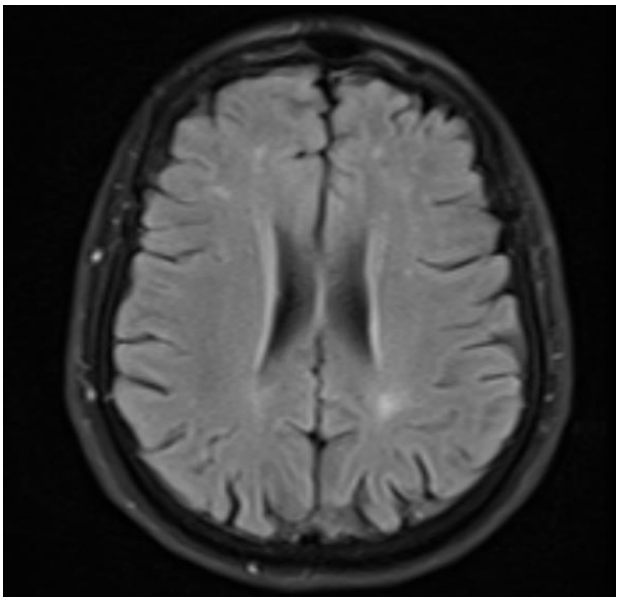
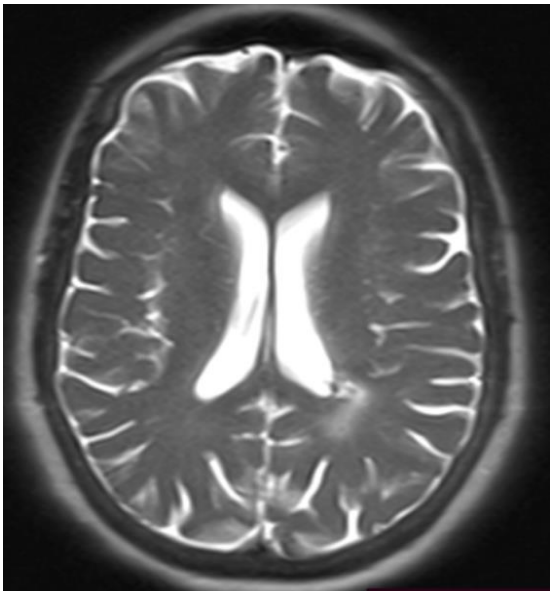


(A)



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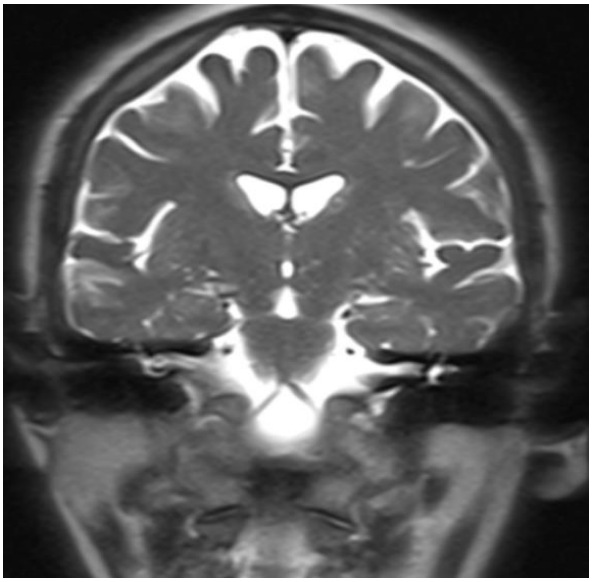
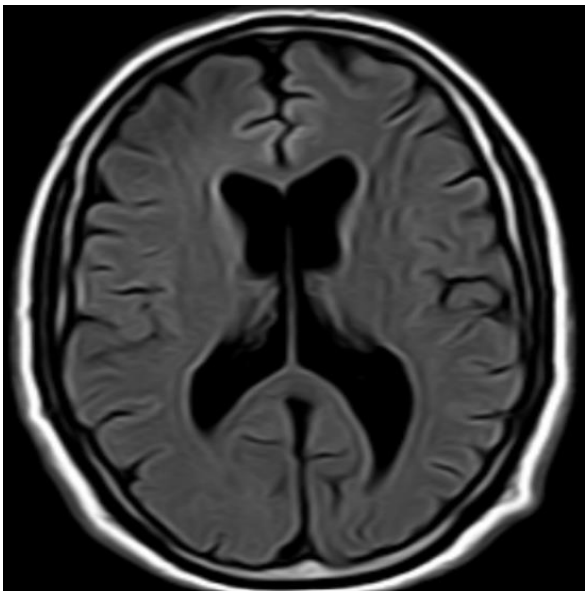


(C)

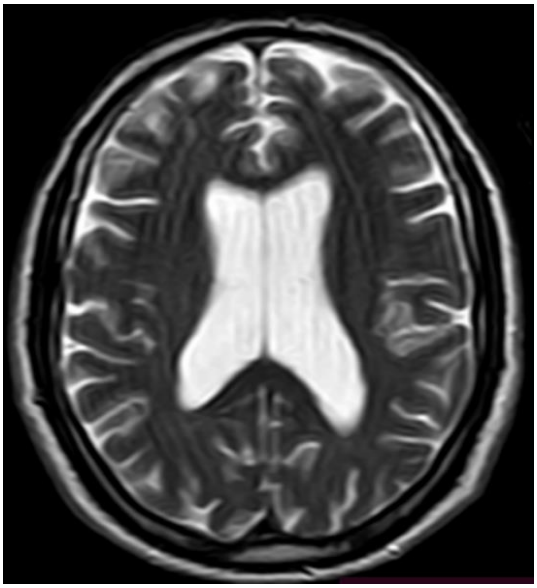
(D)

Supplementary figure (1): Abnormal MRI signals in 21 years female patient with SLE presented with headache: (A) Axial FLAIR, (B) & (C) Axial and Coronal T2WI images showing show -Multiple white matter hyperintensity seen at bilateral periventricular location & frontal subcortical white matter high signal intensity lesions seen on T2WI & FLAIR. -Mild atrophic changes in the form of Mild dilated ventricles with prominent cortical sulci and Sylvian fissures.

(D) MRA (Magnetic Resonance Angiography) shows normal flow-related enhancement of examined anterior and posterior parts of the circle of Willis with no detected thrombus or occlusion.



(A)



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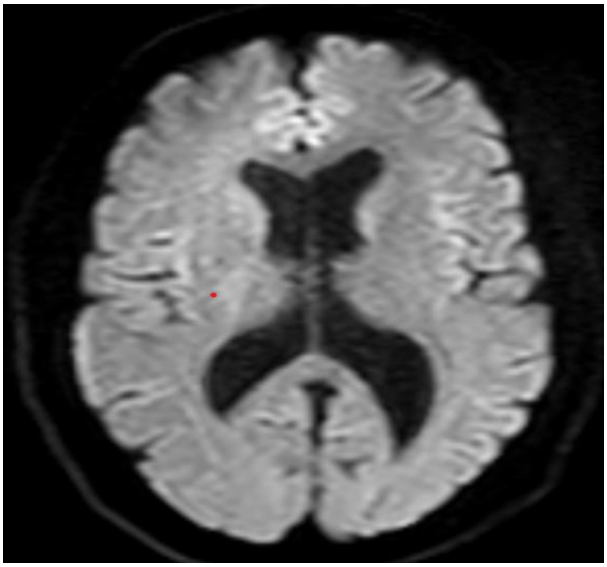
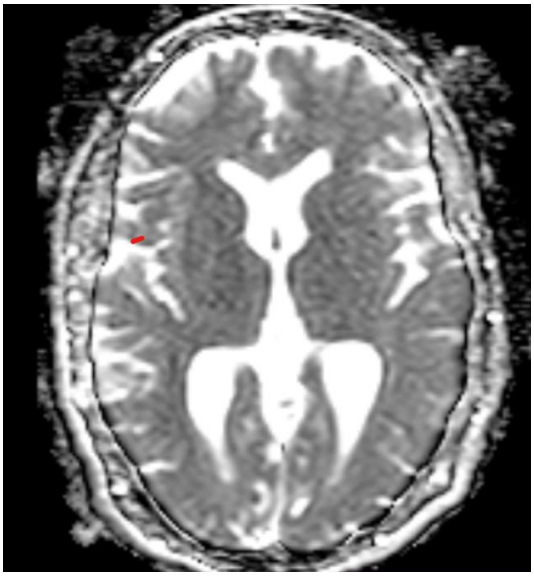


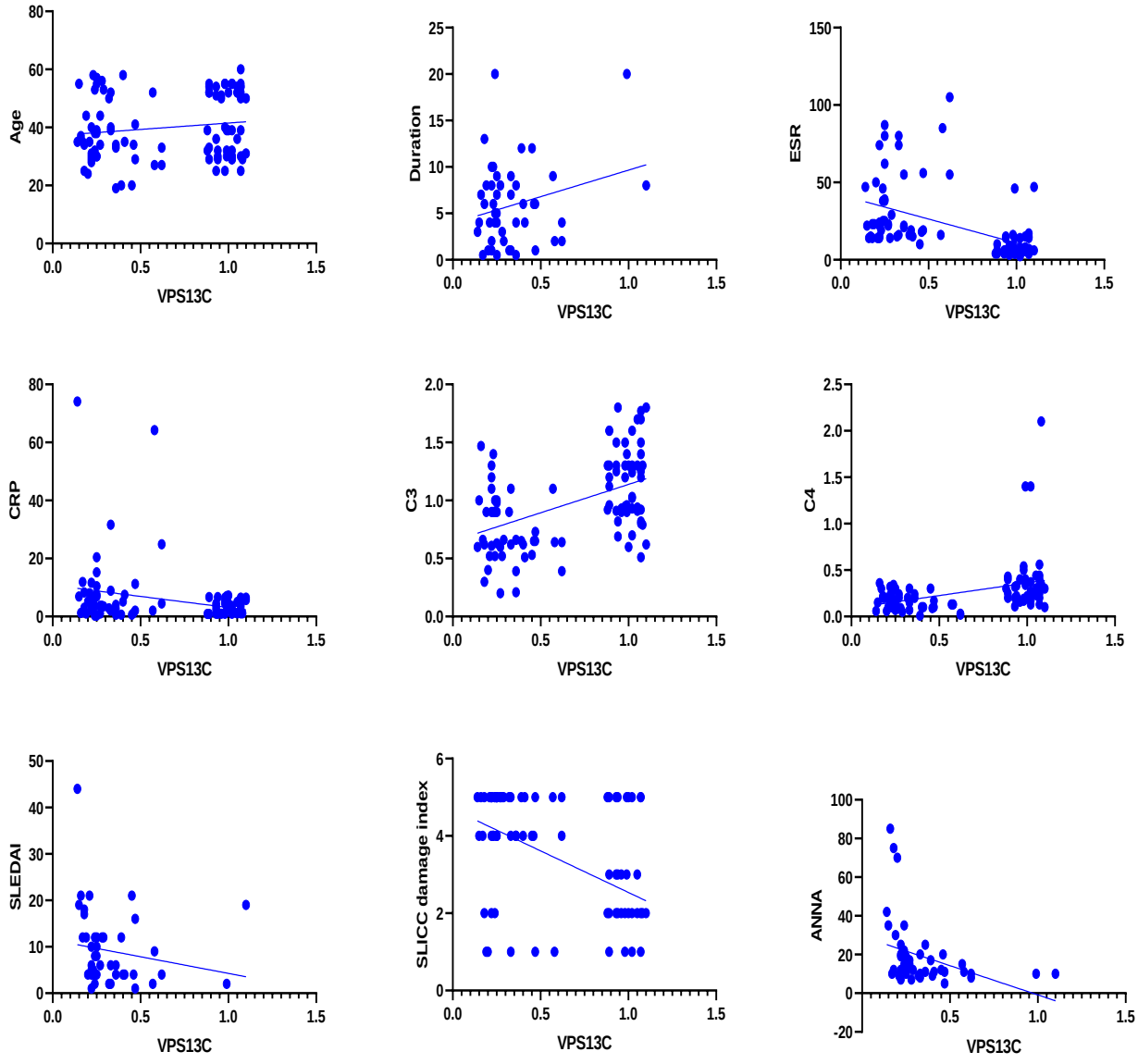
(C)



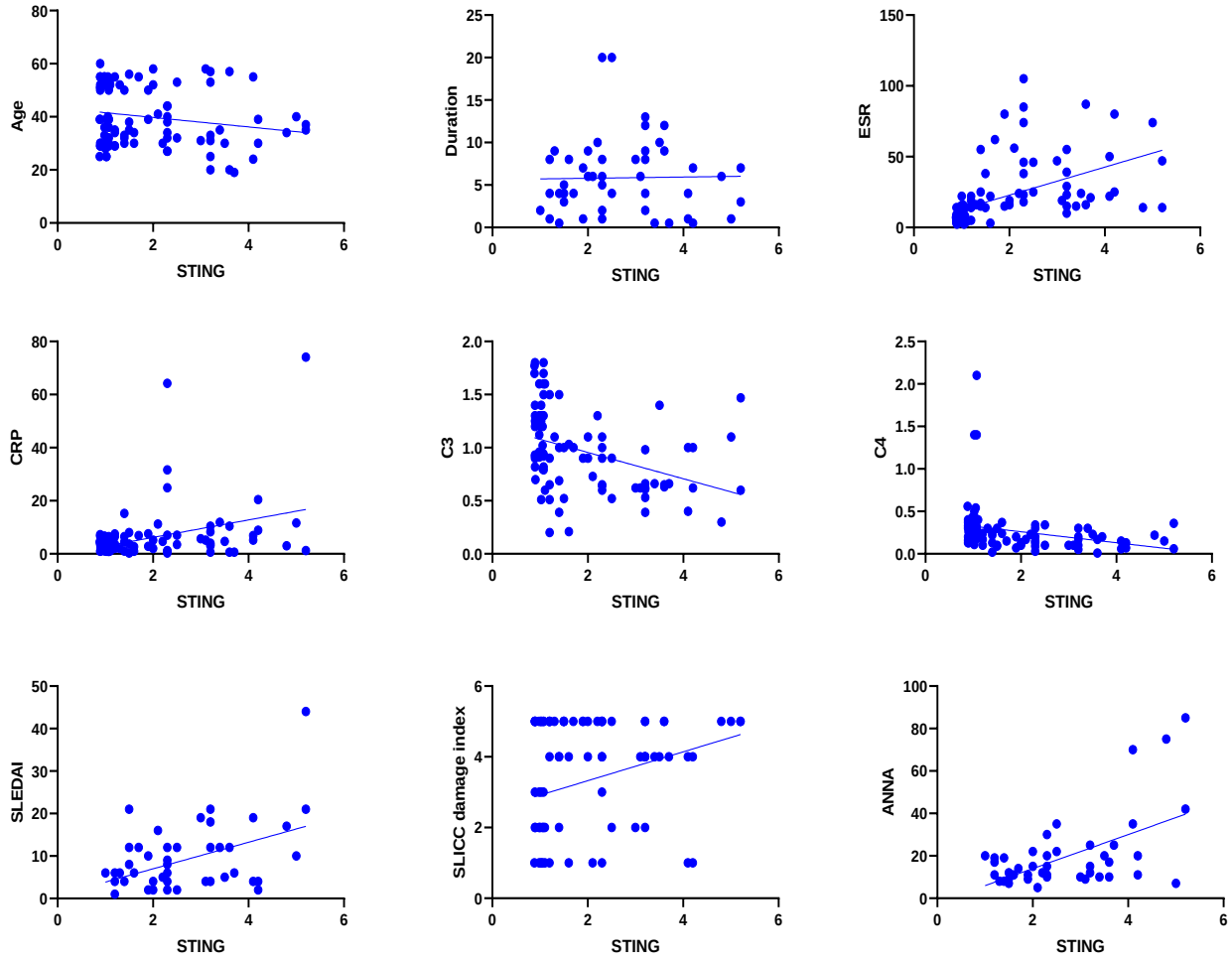
(D)

Supplementary figure (2): 35-year-old SLE patient presented with seizures and psychosis. (**A) Axial FLAIR, (B) Axial T2WI images**; show significant brain atrophic changes in the form of Moderate dilated ventricles with prominent cortical sulci and Sylvian fissures.

(C) and (D) DWI (Diffusion-weighted imaging) **and ADC (**Apparent diffusion coefficient) **maps** show no areas of diffusion restriction denoting no evidence of acute ischemic insult.



Supplementary figure (3): Correlation of VPS13C expression levels with patients' characteristics



Supplementary figure (4): Correlation of STING expression levels with patients' characteristics