

## Supplementary Material

### TTS vs ACS, patients with normal LVEDP

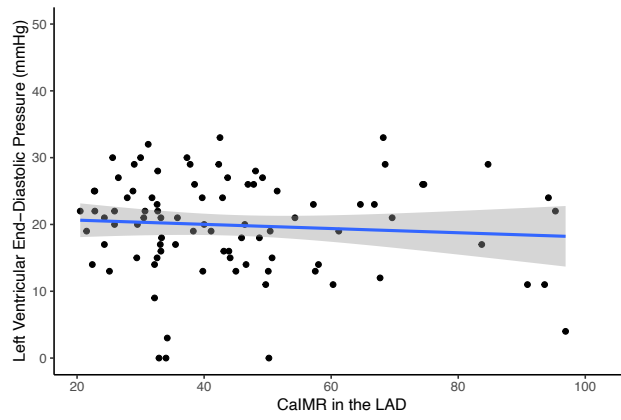
Considering only patients with an LVEDP  $\leq$  12mmHg (N=11 in the TTS and N=11 in the control group), calMR in each of the three coronary arteries of the TTS cohort was significantly higher compared to the respective control vessels of the control group (LAD: calMR in the TTS 50.2 [34.1 – 79.3] vs. 19.23 [18.2 – 19.4] in the control group,  $p < 0.001$ ; LCX: 61.4 [55.4 – 77.4] vs. 18.3 [12.3 – 26.9],  $p < 0.001$ ; RCA: 43.9 [38.0 – 52.2] vs. 26.1 [13.1 – 32.0],  $p < 0.001$ ).

### TTS vs ACS, all vessels

Considering all vessels (all three coronary arteries of TTS patients and culprit + non-culprit vessels of STEMI patients) of all included patients, calMR in each of the three coronary arteries of the TTS cohort was still significantly higher compared to the control group (LAD: calMR during TTS 39.9 [31.7 – 52.2] vs. 24.3 [18.6 – 40.3] in the control group,  $p < 0.001$ ; LCX: 46.7 [40.4 – 59.9] vs. 25.7 [19.0 – 35.5],  $p < 0.001$ ; RCA: 38.8 [31.0 – 49.5] vs. 23.5 [17.2 – 38.9],  $p < 0.001$ ).

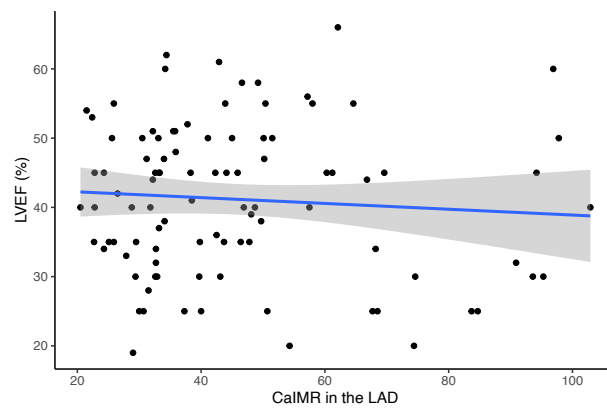
## Supplementary Figures

### Suppl. Fig 1.



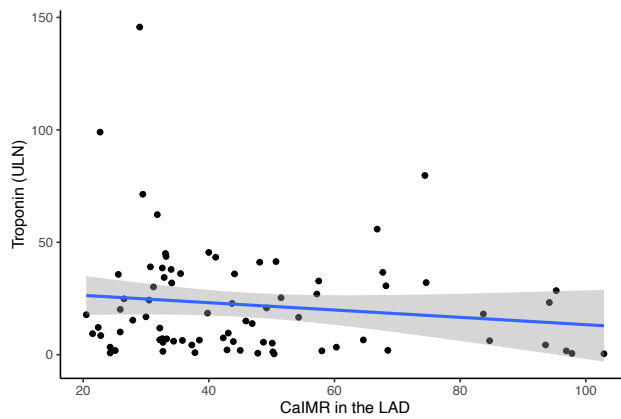
Suppl. figure 1: Correlation of calMR with LVEDP.

### Suppl. Fig 2.



Suppl. figure 2: Correlation of calMR with LVEF.

### Suppl. Fig 3.



Suppl. figure 3: Correlation of calMR with Troponin levels.