



Figure e-2. Detection of fascicular lesions of median nerve trunk with high-resolution nerve ultrasound. On the left, one additional patient (#21) with AINS was examined with high-resolution nerve ultrasound (5-17MHz linear resonator, Philips, Bothell, Washington/USA). On this transverse section (5cm proximal to humeroradial joint) both arrows point on the dorsal contour of the median nerve. The solid white arrow points on normal-appearing median nerve fascicles at the medial/ulnar aspect. The dashed white arrow points on an hypoechoic fascicular nerve lesion predominantly involving motor fascicles at the lateral/radial aspect. In the middle, nerve ultrasound with the same technical parameters was performed for patient #18 of the study cohort. Lesion conspicuity is far less with only mild hypoechoogenicity on the dorsal/radial aspect of the median nerve (at 10cm proximal to humeroradial joint). On the right, T2-w signal of MR-Neurography is shown for the same patient at the same upper-arm level with strong and unambiguous lesion contrast. This image array demonstrates that fascicular lesion detection in AINS is possible by ultrasound in some patients but lesion contrast may be superior with MR-Neurography.