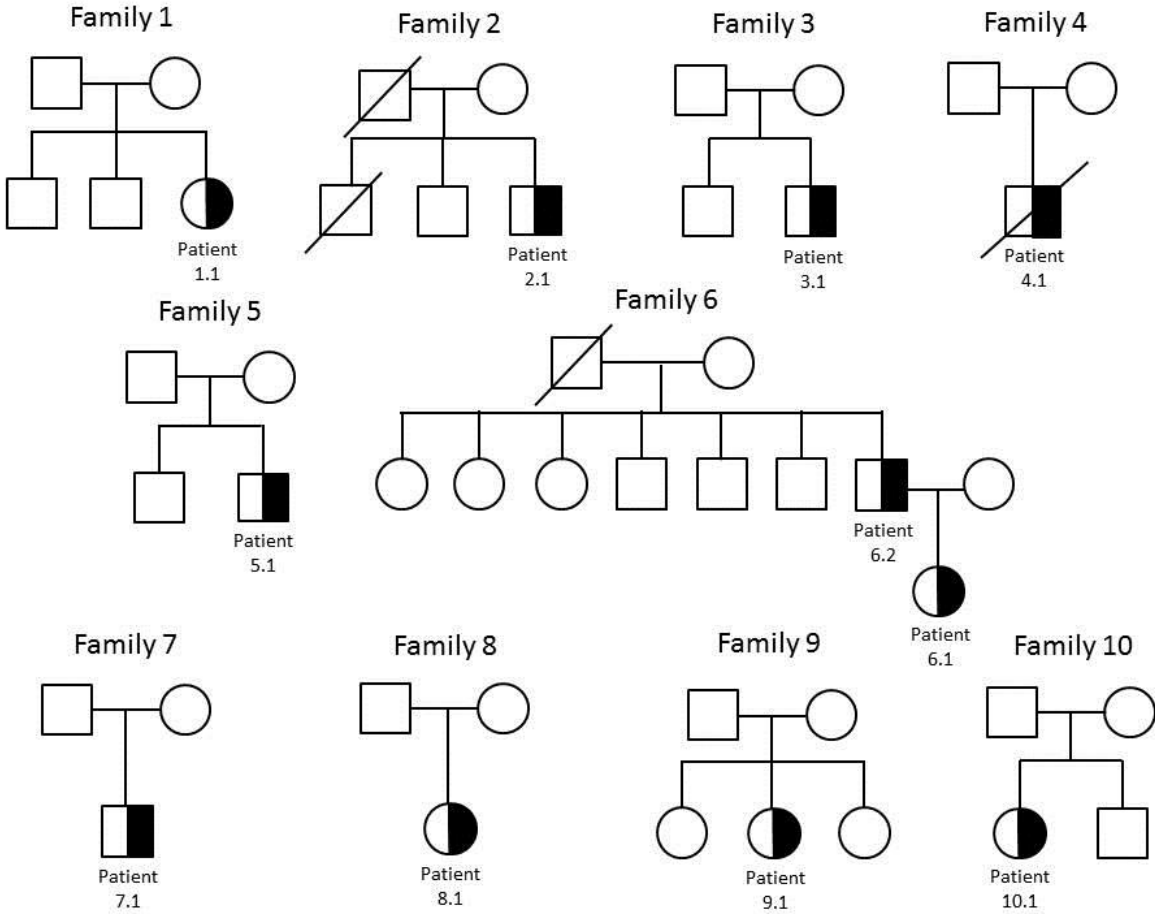
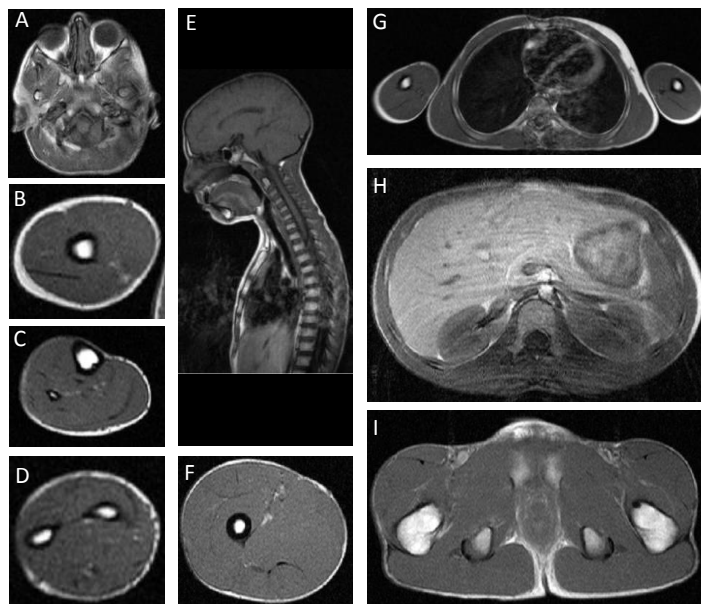


Supplementary Data (Hussain et al.)

Supplementary Figure 1. Pedigrees of patients with generalized lipodystrophy associated progeroid syndrome (GLPS). Circles denote women, and squares denote men. Symbols half-filled with black represent patients with confirmed diagnosis of GLPS; white symbols indicate subjects that are unaffected. Diagonal lines across the symbols indicate deceased subjects.



Supplementary Figure 2. Magnetic resonance images of Patient 2.1 for body fat distribution. MRI study were performed using a 1.5 Tesla imaging device (Philips Medical Systems, Best, the Netherlands) and 5.2-2 software. The patient was evaluated using 10-mm thick T1 imaging technique with TR (repetition time) of 580 milliseconds (ms) and a TE (echo time) of 8 ms and a 384 X 512 matrix combined with a 45-cm field of view. Axial MRIs through the head at the level of eyes (A), arm (B), calf (C), forearm (D), thigh (F), thorax (G), upper abdomen (H), and pelvis (I) and sagittal MRI of the head and thorax at midline (E). Marked loss of subcutaneous and intra-abdominal fat is seen with increased signal intensity in the liver, consistent with hepatic steatosis. Orbital and bone marrow fat depots are well preserved.



Supplementary Figure 3. Photomicrographs showing histopathology of the explanted heart of Patient 6.2. A. Hematoxylin and eosin staining showing expanding subendocardial fibrosis. B. Trichrome staining of the fibrotic changes of the cardiac myocytes in the left ventricle. C. Hematoxylin and eosin staining of the mild myocyte hypertrophy seen in the left ventricle. D. Hematoxylin and eosin staining highlighting the atherosclerotic changes in the lumen of the posterior descending coronary artery.

