

**On-line Table: Demographic and clinical features in 8 patients with atypical SIH**

Case No.	Sex	Age at Onset/ Symptom Duration	Follow-Up (mo)	Orthostatic Headache	Dysarthria	Dysphagia	Gait Disturbance	Movement Disorder	Cognitive Deficit	Behavior	Hypersomnia	Treatment
1	M	51yr/48 mos	No	No	No	No	No	No	Executive and verbal memory impairments, less impairment in spatial memory	Moderate disinhibition, impulsivity, attention deficit	Yes	No follow-up
2	M	48 yr/12 mos	25	Mild	No	No	No	Face and upper body tics	Deficits in speed of information processing, cognitive efficiency, and executive functions	Disinhibition and apathy	Yes	Died from MI; postmortem findings negative for FTD
3	M	57 yr/36 mos	46	Mild	Yes, severe	Yes, severe	Yes, gait ataxia, imbalance	Tics, facial grimacing	Nonfocal deficits in mental efficiency (processing speed, attention/concentration, and acquisition)	Disinhibition	Yes	Transient improvement with spinal patches and saline infusions, resolved with spinal operation
4	F	67 yr/24 mos	50	Yes	Yes, scanning speech	No	Yes, unsteady	Facial grimacing	Short-term memory symptoms	Disinhibition, inappropriate laughter	Yes	Transient improvement with thoracic cyst ligation, decreased stable
5	M	30 yr/18 mos	58	Yes	Yes	Yes	Wide-based staggering gait, falls	Resting tremor, right UE and head	No	Normal	No	Chiari decompression, stable
6	M	64 yr/24 mos	7	Yes	No	No	No	No	Severe impairment of anterograde verbal and visual memory	Normal	Yes	Improved with targeted blood patches
7	F	76 yr/1 mo	1	Yes, severe	No	Yes	Yes, falls	No	Anterograde memory deficit; confusion	Nonresponsiveness, fluctuating	Yes	Deceased
8	F	51yr/2 wk	III	Yes	No	No	Yes, falls	No	Severely impaired on phonemic fluency, confrontation naming, verbal memory, and perceptual discrimination	Normal	Yes	Improved after burr-hole with resolution of sagging

**Note:**—UE indicates upper extremity; FTD, frontotemporal dementia; MI, myocardial infarction.