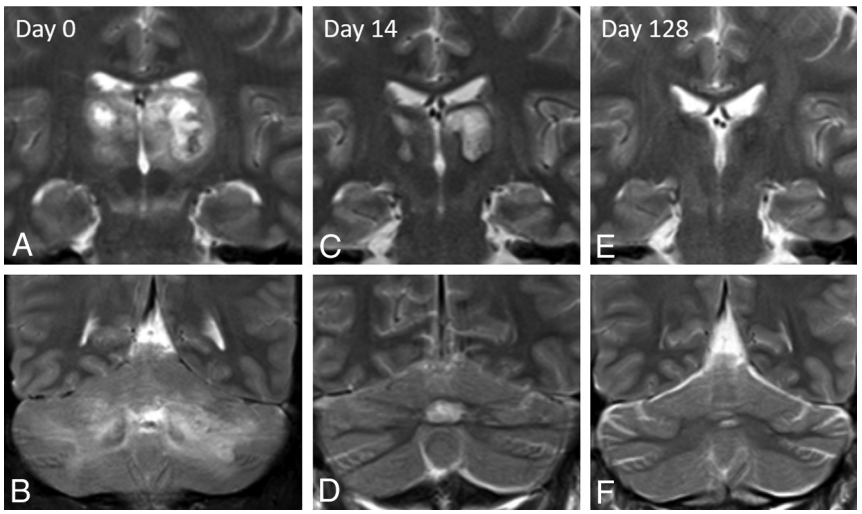
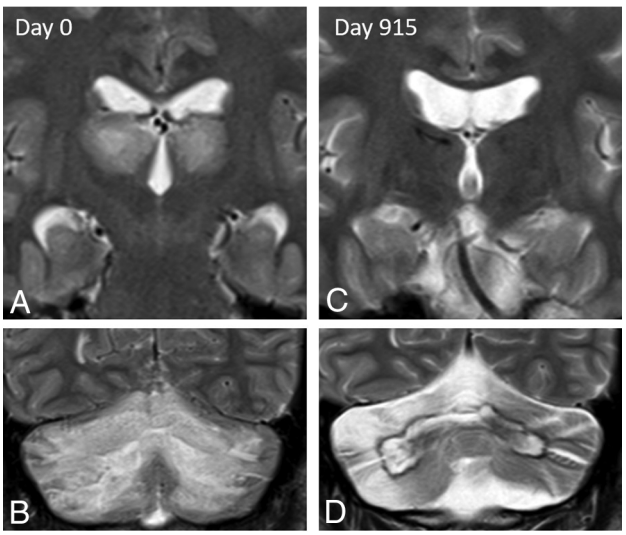


ON-LINE FIG 1. An 18-year-old man with ANE, MR imaging brain with T2-weighted coronal sections. *A* and *B*, Bilateral thalamic and cerebellar involvement. Cavitation is seen involving bilateral thalami. *C* and *D*, Images 14 days later show a reduction in bilateral thalamic and cerebellar swelling. *E* and *F*, Images 128 days after initial imaging show residual gliotic changes in the involved areas.



ON-LINE FIG 2. A 21-year-old man with ANE, MR imaging of the brain with T2-weighted coronal sections. *A* and *B*, Bilateral thalamic and cerebellar involvement. *C* and *D*, Images 915 days later show residual gliotic changes in the involved region with hemosiderin staining. Cerebellar volume loss is seen on follow-up.

On-line Table 1: Clinical and laboratory parameters

	Cases (*n*)	Good Outcome (*n*)	Poor Outcome (*n*)	Total Cases (*n*)
	10	**6**	**4**	**10**
Age (years), median (range)		23.5 (17–30)	24 (17–32)	
Symptoms				
Fever	10	6	4	10
Seizures	10	3	2	5
Vomiting	10	4	3	7
Loose stools	10	2	0	2
Altered sensorium	10	5	4	9
Respiratory symptoms	10	0	1	1
Sepsis	10	1	1	2
Elevated CSF protein	5	5 of 5	0	5
Hyperbilirubinemia	10	1	0	1
Transaminitis	10	2	2	4
Abnormal prothrombin time	8	1 of 4	0	1
Abnormal activated thromboplastin time	8	1 of 4	0	1
Renal failure	10	2	0	2
Urinary tract infection	9	2 of 6	0	2
Pneumonia	10	2	2	4

On-line Table 2: Viral infection and medical management

	Cases (*n*)	Good Outcome (*n*)	Poor Outcome (*n*)	Total Cases (*n*)
Viral etiology identified				
Influenza (H1N1)		1	0	1
Dengue		1	2	3
Medical management				
Intubation	10	3	3	6
Immunoglobulin therapy	10	1	0	1
Antibiotics	10	2	4	6
Antivirals	10	3	4	7
Steroids	4	2 of 3	1	3

On-line Table 3: Imaging findings

	Cases (*n*)	Good Outcome (*n*)	Poor Outcome (*n*)	Total Cases (*n*)
Cases	10	6	4	
Cerebral white matter involvement	9 (MR imaging)	5	3	8
Periventricular white matter involvement	9 (MR imaging)	1	2	3
Deep white matter involvement	9 (MR imaging)	2	2	4
Subcortical white matter involvement	9 (MR imaging)	3	3	6
Involvement of the posterior limb of the internal capsule	9 (MR imaging)	4	3	7
Cortical gray matter involvement	10	4	2	6
Basal ganglia involvement	10	0	0	0
Thalamic involvement	10	6	4	10
Symmetric		4	2	
Asymmetric		2	2	
<50% thalamic involvement		0	0	
>50% but not near-complete thalamic involvement		3	0	3
Near-complete thalamic involvement		3	4	7
Brain stem involvement	10	4	4	8
Substantia nigra involvement	10	0	0	0
Cerebellar involvement	10	6	4	10
Central		0	0	0
Peripheral		2	1	3
Both central and peripheral		4	3	7
Symmetric		3	2	5
Asymmetric		3	2	5
Cerebellar peduncle involvement	10	2	0	2
Presence of diffusion restriction	9	6 of 6	3	9
Diffusion restriction involving white matter	9	2 of 6	2	4
Diffusion restriction involving gray matter	9	2 of 6	3	5
Diffusion restriction involving brain stem	9	4 of 6	3	7
Diffusion restriction involving cerebellum	9	6 of 6	3	9
Trilaminar pattern on ADC	9	6 of 6	3	9
Parenchymal cavitation	10	1	0	1
Microhemorrhage (seen as foci of blooming on susceptibility-weighted sequence on MR imaging and small hyperattenuated foci on CT)	10	6	3	9

On-line Table 4: Underlying viral trigger and clinical status at follow-up

Patient No.	Age (years)	Sex	Underlying Viral Trigger	Clinical Status at Follow-Up	Follow-Up Period (months)
1	17	Male	H1N1	Required minimal support while walking	1
2	17	Male		Death	0
3	18	Male	Dengue	Independent in ADLs, mild residual dysarthria, bithalamic hand, and ocular palsy	6
4	19	Male	Dengue	Death	0
5	22	Male		Developed aggression with emotional lability, no motor deficits	76
6	25	Male		Tracheostomy removed, independent in ADL, mild residual motor deficits	6
7	29	Female		Aggressive behavior, otherwise normal	34
8	29	Male		Death	0
9	30	Male		Independent in ADLs, mild residual motor deficits	3
10	32	Female	Dengue	Death	0

Note:—ADL indicates activity of daily living.