

On-line Table 1: Clinical characteristics and endocrinologic findings in 20 patients with LYH

Case No.	Age (yr)/ Sex	No. of MRI Studies	Duration of Follow-Up	Clinical Presentation	Complications of Disease	Endocrinologic Study		Replacement Therapy
						AL	PL	
1 ^a	38/F	1	11 Months	Headache, vomiting, polyuria, polydipsia		Partial-hypo ^b (LH, FSH)	DI	Dp, Gc
2 ^a	53/M	2	8 Months	Decreased libido		Partial-hypo ^b (LH)	No study	Ts
3	70/M	3	8 Years	General fatigue		Pan-hypo	Normal	Gc, Lt
4	36/M	3	18 Months	Decreased libido, polyuria, polydipsia		Partial-hypo ^b (GH, LH, FSH, PRL)	DI	Dp, Gc
5	71/M	3	2 Years	Anorexia, weight loss, polyuria	IgG4-related disorders (interstitial nephritis, autoimmune pancreatitis, retroperitoneal fibrosis)	Partial-hypo ^b (LH, FSH)	DI	Dp, Gc, TSH
6	48/M	4	9 Months	Diplopia, headache, vomiting, polyuria, polydipsia		Pan-hypo	DI	Dp, Gc, TSH
7	49/M	2	5 Years	Headache, polyuria, polydipsia		Partial-hypo ^b (GH)	Normal	None
8 ^a	23/F	1	1 Month	Headache, bitemporal hemianopia	Pregnant	Partial-hypo ^b (ACTH)	No study	None
9 ^a	31/M	2	16 Months	Headache, decreased libido, polyuria, polydipsia		Pan-hypo	DI	Dp, Gc, Ts, TSH
10	70/M	4	8 Months	General fatigue, polyuria, polydipsia	IgG4-related disorders (autoimmune hepatitis, lymphocytic interstitial pneumonia, Mikulicz synd)	Pan-hypo	DI	Gc, Lt
11	58/M	5	4 Years	Slight fever, headache, polyuria, polydipsia	IgG4-related disorders (chronic thyroiditis, autoimmune pancreatitis)	Normal	DI	Dp, TSH
12	72/F	1	10 Months	Anorexia, weight loss, polyuria	Rheumatoid arthritis	Partial-hypo ^b (ACTH, PRL)	DI	Dp
13	6/F	2	4 Months	General fatigue, loss of consciousness	Bullous pemphigoid	Partial-hypo ^b (LH, FSH)	No study	Gc
14	23/F	6	4 Years	Polyuria, polydipsia		Normal	DI	Dp, Gc
15	35/F	5	3 Years	Amenorrhea, polyuria, polydipsia		Partial-hypo ^b (LH, FSH)	DI	Dp, Gc
16	56/F	4	9 Years	Nausea, polyuria, polydipsia		Partial-hypo ^b (GH)	DI	Dp, Gc
17	60/F	6	19 Months	Bitemporal hemianopia, polyuria, polydipsia		Partial-hypo ^b (LH, FSH)	DI	Dp
18	14/M	4	4 Years	Short stature, polyuria, polydipsia		Partial-hypo ^b (GH, LH, FSH, TSH)	DI	Dp, GH, TSH
19	9/F	5	5 Years	Short stature, polyuria, polydipsia		Partial-hypo ^b (GH)	DI	Dp, GH
20	40/F	3	13 Months	Anhidrosis, polyuria, polydipsia		Normal	DI	Dp

^a Diagnosed histologically by transsphenoidal biopsy.

^b Insufficient hormones.

On-line Table 2: Clinical characteristics and endocrinologic findings in 22 patients with PA

Case No.	Age (yr)/ Sex	Clinical Presentation	Endocrinologic Study		Maximum Tumor Size (mm)	Histologic Findings
			AL	PL		
1	73/F	Disturbance of visual fields	Normal	No study	50	Non-f
2	51/F	Disturbance of visual fields	Normal	No study	45	Non-f
3	64/F	Parkinsonism	Partial-hyper ^a (FSH)	No study	43	Non-f
4	50/M	Disturbance of visual fields	Normal	No study	40	Non-f
5	54/F	Acromegaly	Partial-hyper ^a (GH, LH, FSH)	No study	40	GHs
6	66/M	Disturbance of vision	Normal	No study	35	Non-f
7	63/F	None (incidental)	Partial-hyper ^a (LH, FSH)	No study	32	Non-f
8	58/M	Disturbance of vision	Normal	No study	30	Non-f
9	72/M	Disturbance of vision/visual fields	Partial-hypo ^b (LH)	Normal	29	Non-f
10	45/F	Amenorrhea	Partial-hyper ^a (GH)/partial-hypo ^b (LH)	No study	29	GHs
11	44/M	Disturbance of vision/visual fields	Normal	Normal	28	Non-f
12	53/M	Exophthalmos	Normal	No study	28	Non-f
13	49/M	Disturbance of vision	Normal	No study	27	Non-f
14	59/M	Disturbance of vision	Normal	No study	27	Non-f
15	62/F	Headache	Partial-hyper ^a (LH, FSH)/partial-hypo ^b (TSH)	No study	25	PRLs
16	25/M	None (incidental)	Normal	No study	23	Non-f
17	44/F	Headache	Partial-hyper ^a (ACTH)	No study	19	Non-f
18	25/F	Amenorrhea, galactorrhea	Partial-hyper ^a (PRL)	No study	15	PRLs
19	68/M	None (incidental)	Normal	No study	15	Non-f
20	25/F	Amenorrhea	Partial-hyper ^a (PRL)/partial-hypo ^b (GH)	No study	14	Non-f
21	27/F	Amenorrhea	Partial-hyper ^a (PRL)	Normal	7	PRLs
22	29/F	Galactorrhea	Partial-hyper ^a (GH)	Normal	5	GHs

^a Excess hormones.

^b Insufficient hormones.

On-line Table 3: MRI findings in patients with LYH and PA

Case No.	PPHI		Thickened Stalk ^a		Pituitary Symmetry ^b		Homogeneous Enhancement ^c		T2WI Parasellar Intensity ^d		T1WI Parasellar Intensity ^e		Dural Tail ^f	
	LYH	PA	LYH	PA	LYH	PA	LYH	PA	LYH	PA	LYH	PA	LYH	PA
1	-	+	+	-	+	-	+	-	Dark	Iso	Iso	Iso	+	-
2	-	+	-	Unclear	+	-	-	-	Dark	Iso	Iso	Iso	+	+
3	+*	+	+	Unclear	+	-	-	-	Dark	Iso	Low	Iso	+	+
4	-	-	+	Unclear	-	-	+	-	Dark	Iso	Iso	Iso	-	-
5	-	+	+	-	+	-	+	-	Dark	Low	Iso	Iso	-	-
6	-	-	+	Unclear	+	-	+	-	Dark	Iso	Iso	Iso	-	+
7	-	+	+	-	+	-	-	-	Dark	Iso	Low	Iso	+	+
8	+	+*	Unclear	-	+	-	No study	-	Iso	Iso	Iso	Iso	No study	+
9	-	+*	Unclear	-	-	-	-	-	Iso	Iso	Iso	Iso	+	+
10	-	+*	+	-	+	-	+	-	Iso	Iso	Iso	Iso	-	+
11	-	+	+	-	+	+	+	-	Iso	Iso	Iso	Iso	+	+
12	-	+	+	-	+	-	+	-	Iso	Iso	Iso	Iso	+	+
13	+	-	+	-	+	-	+	-	Iso	Iso	Iso	Iso	+	-
14	-	+	+	-	+	-	-	-	Iso	Iso	Iso	Iso	+	+
15	-	+	+	-	+	-	+	-	Iso	Iso	Iso	Iso	+	+
16	-	+	+	-	+	-	+	-	Iso	Iso	Iso	Iso	-	+
17	-	+	+	-	-	+	-	-	Iso	Iso	Iso	Iso	-	+
18	-	+*	+	-	+	-	+	-	Iso	Low	Iso	Iso	+	+
19	-	+	+	-	+	-	+	-	Iso	Iso	Iso	Iso	+	-
20	-	+	+	-	+	-	+	-	Iso	Iso	Iso	Iso	+	+
21	-	+	-	-	-	-	-	+	Iso	Iso	Iso	Iso	+	+
22	-	+	-	-	-	-	-	+	Iso	Iso	Iso	Iso	+	+

Note: — indicates not identified, +, identified; +*, ectopic PPHI identified.

^a Thickened stalk is classified as follows: - indicates that the diameter of pituitary stalk was <3.5 mm; +, the diameter of pituitary stalk exceeded 3.5 mm; Unclear, the stalk was unclear due to pituitary tumoral compression.

^b Pituitary symmetry is classified as follows: - indicates asymmetry; +, symmetry.

^c Enhancement pattern was classified as follows: - indicates heterogeneous; +, homogeneous.

^d Parasellar signal intensity on T2WI is classified as follows: Dark indicates isointense with bone cortex; Low, isointense with white matter; Iso, isointense with gray matter; High, hyperintense with gray matter.

^e Parasellar signal intensity on T1WI is classified as follows: Dark indicates isointense with bone cortex; Low, isointense with CSF; Iso, isointense with gray matter; High, hyperintense with gray matter.

^f Dural tail is classified as follows: - indicates not identified; +, identified.

On-line Table 4: The details of MRI Findings in 7 Patients with LYH Who Showed Parasellar Dark Signal Intensity on T2WI

Case No.	Age (yr)/ Sex	MRI Study	Interval between Studies	Enlargement of AL ^a	Thickened Stalk ^a	Dark-Signal-Intensity Areas on T2WI		ICA Abnormality
						Around Pituitary Gland	Cavernous Sinus	
1 ^b	38/F	1st		++	+	-	Both sides swollen, T2 dark, poor enhancement	Narrowed L ICA
2 ^b	53/M	1st	8 Months	++	-	-	L side swollen, T2 dark	Narrowed L ICA
		2nd		++	-	-	No change	No change
3	70/M	1st		+	+	T2 dark around AL and PL, poor enhancement	Both sides T2 low, poor enhancement	-
		2nd	35 Months	+	+	No change	No change	-
		3rd	6 Months	+	+	No change	No change	No change
4	36/M	1st		-	+	Thin T2 dark on the upper edge of PL	-	-
		2nd	2 Months	+	++	T2 dark around PL thickened	-	-
		3rd	6 Months	++	+	T2 dark around PL more thickened	R side swollen, T2 dark	Narrowed R ICA
5	71/M	1st		-	+	-	-	-
		2nd	3 Months	+	++	-	-	-
		3rd	17 Months	-	+	T2 dark on the upper edge of AL and PL	Both sides T2 low	-
6	48/M	1st		++	+	-	-	-
		2nd	2 Months	+	-	-	Both sides swollen, T2 dark, poor enhancement	-
		3rd	4 Months	-	-	-	No change	-
		4th	3 Months	-	-	-	No change	-
7	49/M	1st		+	+	T2 dark around AL and PL, poor enhancement	-	-
		2nd	3 Months	+	+	No change	-	-

^a Diagnosed histologically by transsphenoidal biopsy.

^b Enlargement of AL and thickened stalk was classified as follows: - indicates the size of AL was normal; +, size of AL was moderately enlarged; ++, size of AL was prominently enlarged.