No, Author	Disease severity	Patient specific characteristic	Hospitalization (%)	ICU Admission (%) and length of ICU stay	Length of hospital stay (days)	Complications during stay	Treatments during hospital stay
1.Alfano [48]	Severe	Renal chronic failure on dialysis	100%	-	27	Lung edema	IV furosemide for CKD, and short exchange with hypertonic dialysate solution
2.Brancatella [47]	Mild	Subacute Thyroiditis after COVID 19 confirmed PCR infection	100%	-	-	Neck pain, unexplained Fever	Prednisone (corticosteroid)
3.He [51]	-	SLE	100%	-	First stay 12, Second stay 4	-	Mycophenolate mofetil, Prednisone, Hydroxychloroquine, Moxifloxacin, Lopinavir plus ritonavir
4. Cavalagli [52]	Severe	Oropharyngeal dysphagia. clinical cranial nerves impairment of lingual, IX, X and XII	100%	100%, 11 days	33	Neurologic complications, Acute pulmonary distress, Sepsis, Mechanical trauma	Oxygen support, Non-invasive/Mechanical ventilation, Antibiotics, Anticoagulation, Tocilizumab, Multivitamins, Minerals
5.Chen [59]	Moderate	Thrombocytopenia	100%	-	26	Severe thrombocytopenia	Interferon alpha, Umifenovir
6.May [60]	Mild	Rash	-	-	-	-	-
7.Insausti-García [64]	Mild	Papillophlebitis	-	-	-	-	Acetylsalicylic acid, Bromfenac; Sustained- release dexamethasone implant
8.Lu [17]	Mild 78.3%, Severe 20%, Critical 1.7%	Micro-structural and functional brain changes	-	-	-	-	Oxygen therapy, Anti-viral therapy, Interferon, Antibiotics, Hormonotherapy
9. Xia [61]**	Severe	Mechanical ventilated	100%	100%	C1: 40, C2: 38	C2: Bilateral Pneumothorax	Antiviral therapy, Antibiotic therapy,

		patients					Prone position ventilation, LMWH. C2: Tracheal Intubation, Venous-venous (ECMO).
10. Gervasio [65]	Severe	Patients with tracheostomy	100%	At first admission 100%	-	Tracheal stenosis, respiratory distress.	Both cases had intubation and open surgical tracheostomy

**C1= First Case, C2= Second Case

Supplementary Table 1. Complications and clinical course of COVID-19 patients with specific characteristics.

No, Author	Status	Complication onset after recovery (days)	Signs	Symptoms	Laboratory findings	Radiological findings	Diagnosis	Outcomes
1.Alfano [48]	Recurrence of PCR positivity, on maintenance dialysis for end renal stage disease that presents with pulmonary edema.	28 days	Fever, RR 30 bpm	At D28: Dyspnea, Low grade fever; At D48: Dyspnea, Hemoptysis	D28: Increased procalcitonin, Blood culture negative, negative nasopharyngeal RT-PCR; D48: Nasopharyngeal PCR (+)	D28: CXR acute pulmonary edema; D48: Multiaple bilateral opacities	Reinfection of SARS-CoV-2	Recovery one week after third admission(D48) with negative RT-PCR
2.Brancatella [47]	SAT presentation after one month of PCR RT confirmed COVID	4 days	Thyroid gland tenderness and enlargement, Fever.	Fatigue, Palpitations, and Anterior neck pain radiating to the jaw	FT4 and FT3 mildly elevated, Tg detectable at low level with positive TgAb, and elevated inflammatory	Thyroid ultrasound: multiple, diffuse hypoechoic areas	Subacute thyroiditis	Recovery within 2 weeks of prednisone administration

	(February 28)				markers.			
3.He [51]	Case of a SLE patient with PCR confirmed	8 days	Blood gas Analysis Oxygen 59%, oxygen partial pressure 34 mmHg, ph 7.3	D1: Dry Cough, Fatigue; D7: Fever; D9: SOB, Sore throat, Expectoration; D12: Nausea	Oxygen saturation 59%, PO2 34 mmHg, PCO2 36.4 mmHg, pH value 7.348, WBC 3.11 × 109/L, CD45+ lymphocytes (1144 cells/μL), T helper lymphocytes (CD3+ CD4+) (387 cells/μL)	CT GGO and stripe shadows in the lower lobe of both lungs	Recurrence of SARS COV2 RNA in a Systemic lupus erythematous patient	Full recovery, with 3 consecutive negative SARS-CoV-2 RNA tests
4.Cavalagli [52]	Cranial involvement after COVID 19 infection.	33 days	Weakness, Dysphagia, Clinical cranial nerves impairment	Moderate limbs and trunk weakness, Fever, Dyspnea, Weight loss	Low serum levels of albumin, iron, vitamin D, transferrin and creatinine; High D-dimer; Electrophysiological study: lower limb chronic axonal sensorimotor polyneuropathy	Lung CT scan: bilateral and severe interstitial involvement	COVID-19 pneumonia with PTE; Patent foramen ovale with post COVID-19 cranial nerve dysfunction	Discharged 12 weeks from disease onset. Regained physical independency and regular foods and drink swallowing with residual right XII CN impairment, slightly limbs weakness and residual popliteal sciatic bilateral deficit
5.Chen [59]	Acute hematologic disease after COVID 19	Day 29 of infection, 9 days after hospital admission	-	Fever, Muscle aches, Dyspnea, Cough	Elevated fibrinogen (5.37g/L at admission and 4.4g/L on day 29), Platelet	Chest CT-multiple ground glass densities (absorbed	Severe thrombocytopenia	Recovery on day 46 after treatment with IV Ig 400mg/kg

	nucleic acid test (+).				count 2x109/L (Day 29), lymphocyte subset and autoimmune antibody analysis at platelet nadir time showed increased percent of B cells from 18.62% on day 21 to 34.8% on day 29. Bone marrow biopsy- low megakaryocytes	after 1 week one week of treatment)		daily and dexamethasone 10mg daily
6.May [60]	Dermatosis developed after SARS-CoV-2 RNA positive test.	28 days after full recovery from COVID-19	Maculopapular exanthem on the trunk, arms and legs. D5- cervical lymphadenopathy, large raised scaly patch on the back of the torso	No fever or itchiness	Normal blood work, normal inflammatory markers.	Normal ECHO	Rash vs Pityriasis rosacea	Rash persisted for 2 weeks with gradual resolution
7.Insausti-García [64]	Persistent and painless decrease in the sensitivity of vision after clinic suspected COVID.	42 days	Decrease sensitivity of vision in left eye	Fundus examination: Dilated, tortuous retinal vessels, disc edema, and retinal hemorrhages.	Positive for serum IgM and IgG SARS-CoV-2 qualitative ELISA, D-dimers (672µg/L), fibrinogen (451 mg/dL). (CRP) 0.898 mg/dL	(OCT) showed papillary edema	Papillophlebitis	Improvement after dexamethasone intravitreal injected, gradual recovery of vision as of 20/40 2 weeks later
8.Lu [17]	Prospective study of MRI follows up of recovere	-	-	Neurological (68.3%), Mood change (41.7%), Fatigue	Median (IQR): WBC 4.7 (3.85-6.76), Lymphocyte 1.06 (0.77-	Higher bilateral (GMV) in olfactory cortices, hippocam	Cerebral micro structural changes on MRI	-

	d, confirmed COVID patients with PCR.			(26.7%), Headache (25%), Vision change (21.7%), Myalgia (15%), Impaired mobility (11.7%), Memory loss (13.3%), Taste loss (6.7%), Limb numbness (6.7%), Tremor (6.7%), Smell loss (3.3%), Hearing loss (1.7%), Fever (88.3%), Cough (56.7%), Gastrointestinal discomfort (13.3%)	1.49), LDH 223(189.5-279.5)	pi, insulas, left Rolandic operculum, left Heschl's gyrus and right cingulate gyrus and a general decline of MD, AD, RD accompanied with an increase of FA in white matter, especially AD in the right CR, EC and SFF, and MD		
9. Xia [61]	Findings among ventilated patients caused by confirmed severe COVID disease.	-	1C: RR 40 bpm, Oxygen saturation 45% & oxygen flow 12 L/min	C1: Severe dyspnea	ABG (2C): pH7.463, PaCO2 51 mmHg, PaO2 80.4 mmHg, HCO3 34.9 mmol/L, and PaO2/FiO2 268mmHg	CT: Patients with bilateral diffuse GGO, interstitial fibrosis and traction bronchiectasis.	ARDS	C1: Tracheotomy, was transferred to other hospital; C2: Transferred to another hospital for pulmonary rehabilitation on 38 days post-admission
10.	Tracheal	-	-	(CT) and	-	CT: tracheal	Tracheal	C1:

Gervasio [65]	stenosis after tracheostomy in mechanical ventilated COVID PCR (+) patients			bronchoscopy signs of tracheal stenosis		stenosis without lung findings.	stenosis and BMI >30 in both patients.	Improvement after intravenous steroids for 10 days C2: Did not improve after steroids, went to tracheal resection.

Supplementary Table 1 (Continued). Complications and clinical course of COVID-19 patients with specific characteristics.

C1= First Case, C2= Second Case; ABG Arterial blood gases; CT Computed Tomography; BMI Body Mass Index; ARDS Acute respiratory distress syndrome; RR Respiratory Rate; GGO Ground glass opacification; GMV: Bilateral Gray matter volumes; CXR Chest X Ray; OCT Optical coherence Tomography; SAT: Subacute Thyroiditis