Supplemental Table 1 – STROBE Checklist

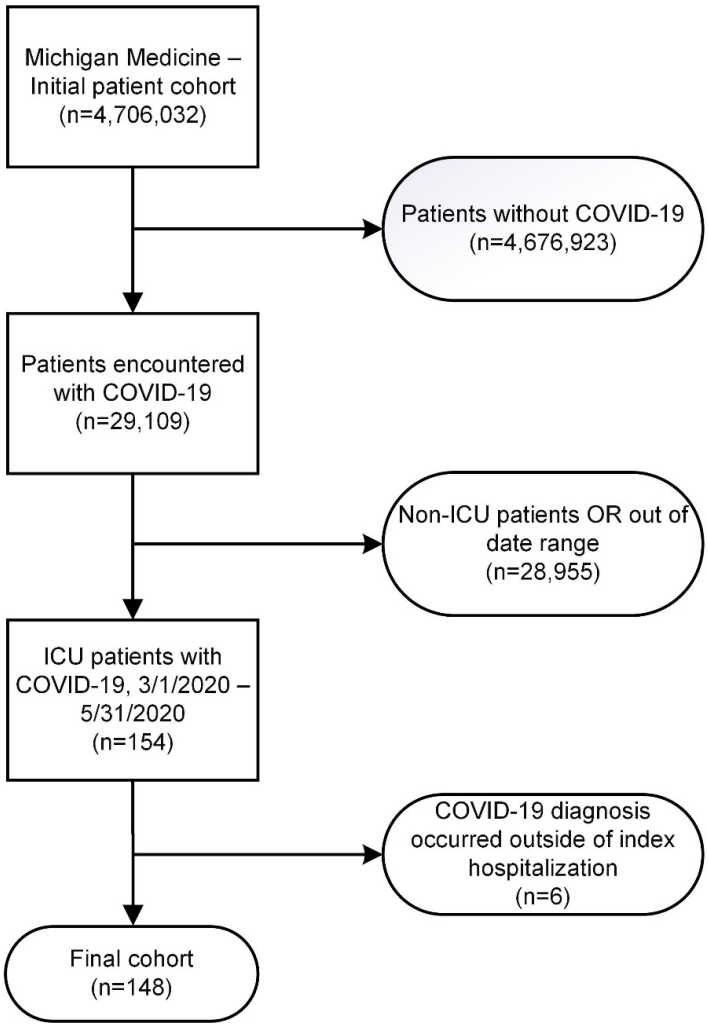
	Item No	Recommendation	Page #
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1; Title page
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	6
Objectives	3	State specific objectives, including any prespecified hypotheses	6,7
Methods			
Study design	4	Present key elements of study design early in the paper	8
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	8
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	8-11
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	9-12
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	10-12
Bias	9	Describe any efforts to address potential sources of bias	N/A; descriptive study
Study size	10	Explain how the study size was arrived at	8; Supplemental Figure 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9-12
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	12
		(*b*) Describe any methods used to examine subgroups and interactions	N/A
		(*c*) Explain how missing data were addressed	12 (N/A)
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed	12

Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	
(*e*) Describe any sensitivity analyses	N/A

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Supplemental Figure 1
		(b) Give reasons for non-participation at each stage	Supplemental Figure 1
		(c) Consider use of a flow diagram	Supplemental Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	13, Table 1
		(b) Indicate number of participants with missing data for each variable of interest	N/A
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	10 (for post-discharge timeline)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	13 – 15 (Tables 1-4)
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	N/A
		Cross-sectional study—Report numbers of outcome events or summary measures	N/A
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	13 – 15 (Tables 1-4; summary statistics and descriptive analyses).
		(*b*) Report category boundaries when continuous variables were categorized	10 and Table 4 (post-discharge outcomes)
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	16
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	20-21
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	21
Generalisability	21	Discuss the generalisability (external validity) of the study results	20-21
Other information			

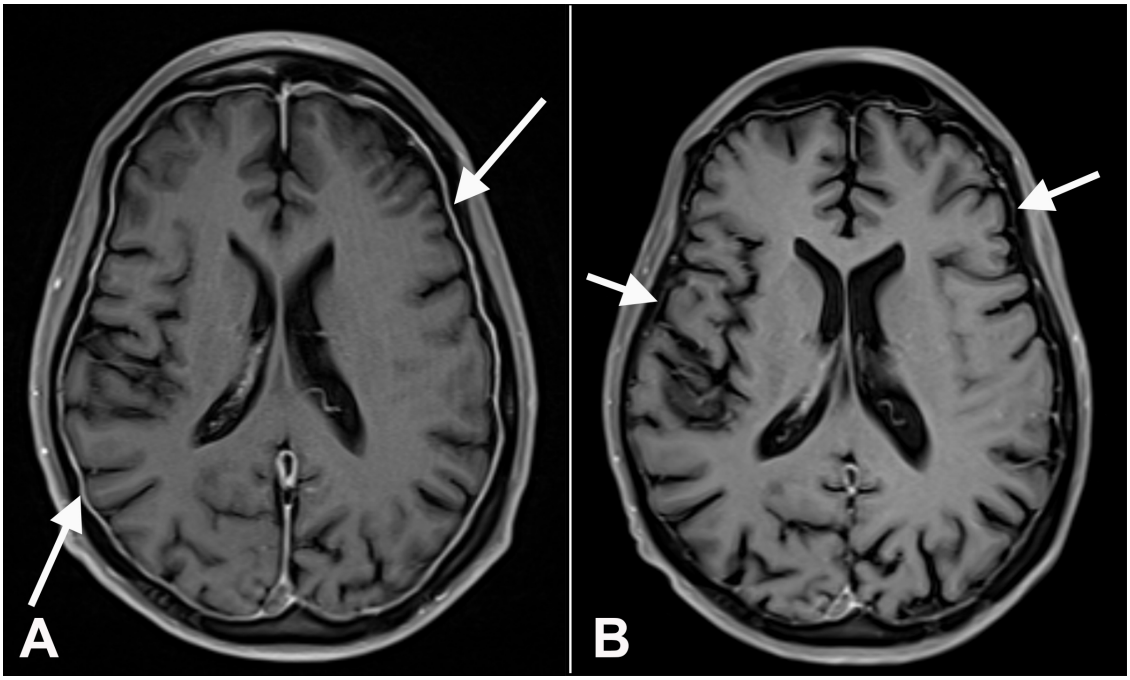
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	1

Supplemental Figure 1



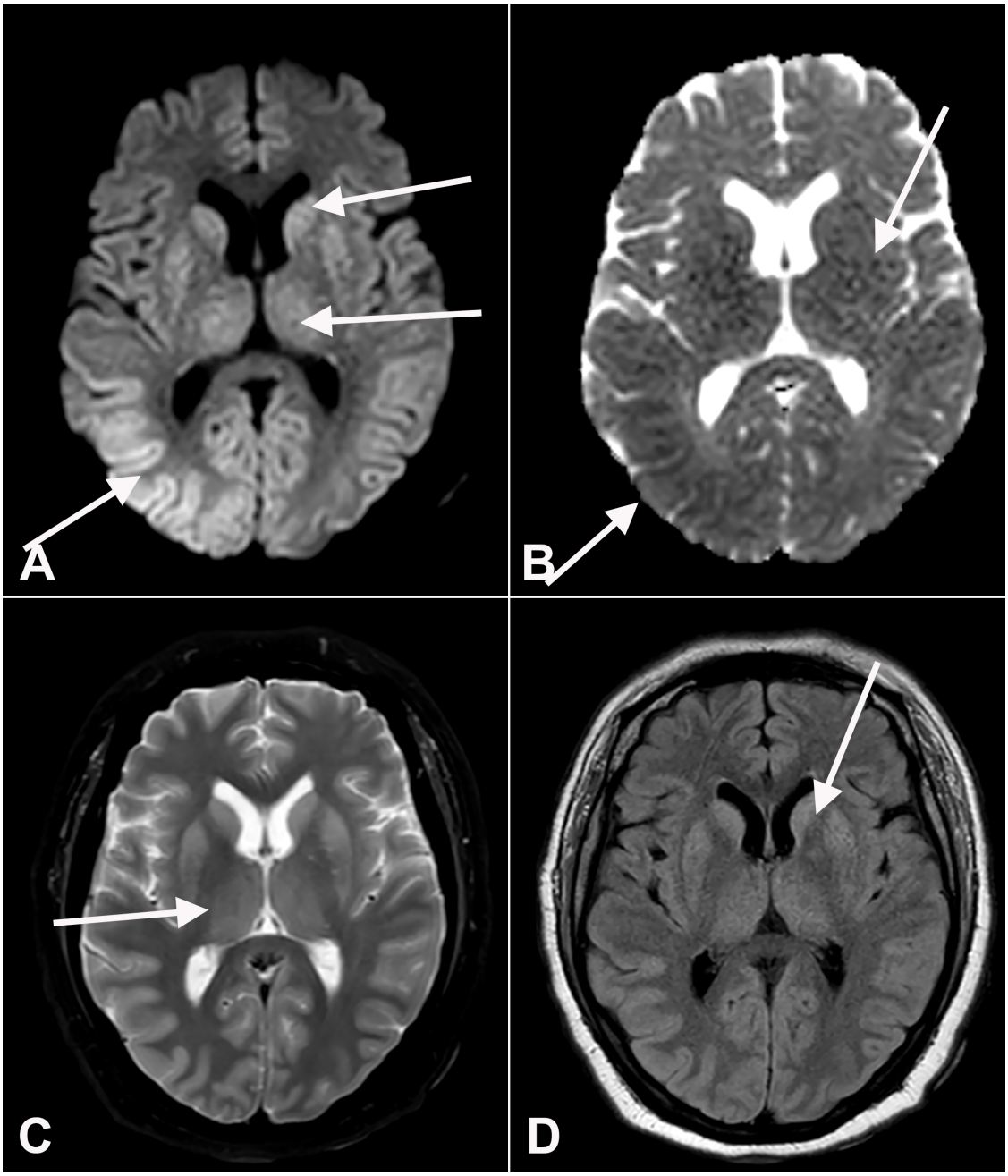
Study flow illustrated. In total, 148 patients were included for the final analysis.

Supplemental Figure 2



A, Axial T1 post-contrast with fat suppression images at the level of the mid lateral ventricles demonstrate smooth dural enhancement (arrows) along the bilateral cerebral convexities. B, This feature resolves one month later (arrows). The overall pattern of dura-arachnoid/pachymeningeal enhancement is non-specific, can be seen with intracranial hypotension, in the procedural setting (e.g., lumbar puncture), and other scenarios (e.g., infection, inflammation).

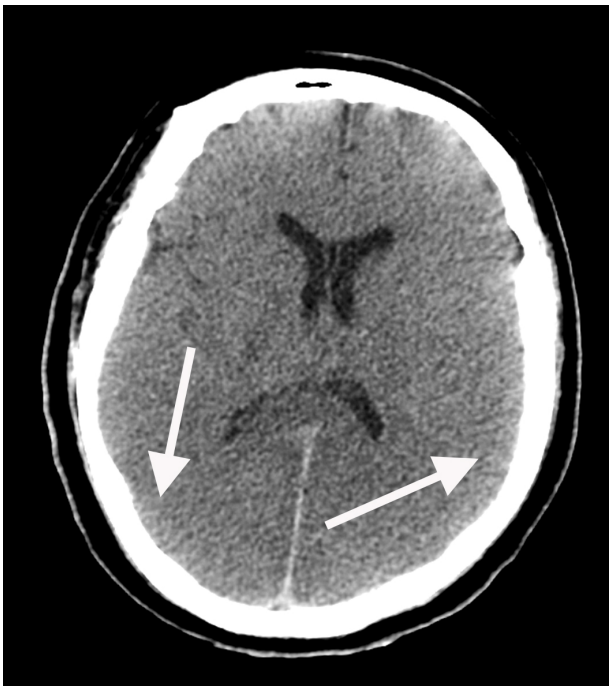
Supplemental Figure 3



After initial non-contrast head CT (which was unremarkable), the patient had diffuse parenchymal abnormalities on MRI examination. A, Axial diffusion-weighted imaging shows hyperintense signal (arrows) at the bilateral basal ganglia, thalami, and posterior cortices, regions are hypointense (arrows)

on corresponding apparent diffusion coefficient map (B). These same locations are hyperintense on T2 (C) and FLAIR (D), especially at the basal ganglia and thalami.

Supplemental Figure 4



Non-contrast head CT performed approximately two weeks after cardiopulmonary arrest shows poor sulcation (arrows) bilaterally, suggesting global insult, most likely hypoxic-ischemic in etiology