## THE LANCET Rheumatology

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Maramattom B V, Philips G, Thomas J, et al. Inflammatory myositis after ChAdOx1 vaccination. *Lancet Rheumatol* 2021; published online Sept 23. http://dx.doi.org/10.1016/S2665-9913(21)00312-X.

Table. 1. Clinical and laboratory features of our patients with post vaccinial inflammatory myositis.

Age (yrs),	Time to onset after ChAdOx1-	Clinical signs and symptoms,	Laboratory parameters (peak)	Imaging	Treatment	
Sex	vaccination	Final Dx				Outcome and length of stay
1) 74/Male	2 days after first dose	Fever, tachycardia, arthralgia, myalgia,	SARS-CoV-2 RT PCR negative	CT chest; normal	Oral Prednisolone 1 mg/ kg	Discharged in 10 days, in
			Hb-7.6 gm ((12 – 15 gm/dl)			remission with steroids.
			TC- 26 (4-11 K/uL)	18 FDG-PET CT; - Day 26- Mildly FDG avid multiple		
			ALC 1 (1-3 K/uL)	small vessels in intermuscular plane in bilateral thigh		
			Platelets- 643 (150-450 K/uL)	region and superficial femoral and deep popliteal		
			ESR-123 mm/hr (< 15mm/ hr)	vessels - 'tree root pattern'		
			CRP-269 (< 5mg/L)			
			D-dimer-2010 (< 500 ng/ml)	MRI; Day 30- Significant diffuse myositis of both		
			Ferritin-1026 (20 - 250 ng/ml)	lower limbs, gluteus and pelvic girdle and to a lesser		
			LDH-167 (135 – 214 U/L)	extent in left upper limb.		
			AST-180 (< 34 U/L)			
			ALT-170 (< 31 U/L)			
			CPK-24 (25 – 170 U/L)			
			ANCA- negative			
			ANA- negative			
			Myositis profile- negative			
			Blood/ Urine cultures –negative			
			ECHO- normal			
			Skin and muscle biopsy showed features of small-medium			
			vessel vasculitis			
2) 75/Female	2 days after first dose	Fever, arthralgia, myalgia, tachycardia.	SARS-CoV-2 RT PCR negative	CT chest; normal	Oral Prednisolone 1 mg/ kg +	Discharged in 8 days, in
			Hb- 10.4 (12 - 15) gm/dl)		Mycophenolate mofetil	remission with medications.
			TC- 14.8 ((4 – 11 K/uL)	18 FDG-PET CT- Day 25; Diffuse patchy minimally		
			ALC- 700 (1 – 3 K/uL)	increased FDG avidity in skeletal muscles more		
			ESR-120 (< 15mm/ hr)	evident in lower limb. Arteries show 'tree root'		
			CRP-271 (< 5mg/L)	patterns.		
			D-dimer-2500 (< 500 ng/ml)			
			Ferritin-1236 (10 -120 ng/ml)	MRI – Day 27-Multiple patchy areas of STIR		
			LDH-216 (135 – 214 U/L)	hyperintensity involving the muscles of both thighs		
			AST-250 (< 34 U/L)	including all compartments, posterior compartment of		
			ALT-194 (< 31 U/L)	both legs and pelvic girdle		
			CPK-30 ((25 – 170 U/L)			
			ANCA- negative			
			ANA- negative			
			Myositis profile- negative			
						1

			Blood/ Urine cultures –negative			
			ECHO- normal			
3) 80/ Female	2 days after 2nd dose	Fever, fatigue, tachycardia	SARS-CoV-2 RT PCR negative	MRI- Hyperintense signal in STIR MRI in most	Oral prednisolone	Discharged in 6 days, in
			CPK-40 ((25 – 170 U/L)	muscles of both upper and lower limbs.		remission with steroids.
			Platelets-580 (150-450 K/uL)			
			D-dimer- 3160 (< 500 ng/ml)			
			ESR-59 (< 15mm/ hr)			
			CRP-102 (< 5mg/L)			
			Ferritin-411 (10 -120 ng/ml)			
			LDH-228 (135 – 214 U/L)			
			Albumin-3.3 (3.5-5.5 mg/dL)			
			Globulin –4.4 (A/G reversal)			
			Myositis profile/ ANCA- negative			

Abbreviations; TC- total WBC count, ALC- absolute lymphocyte count.