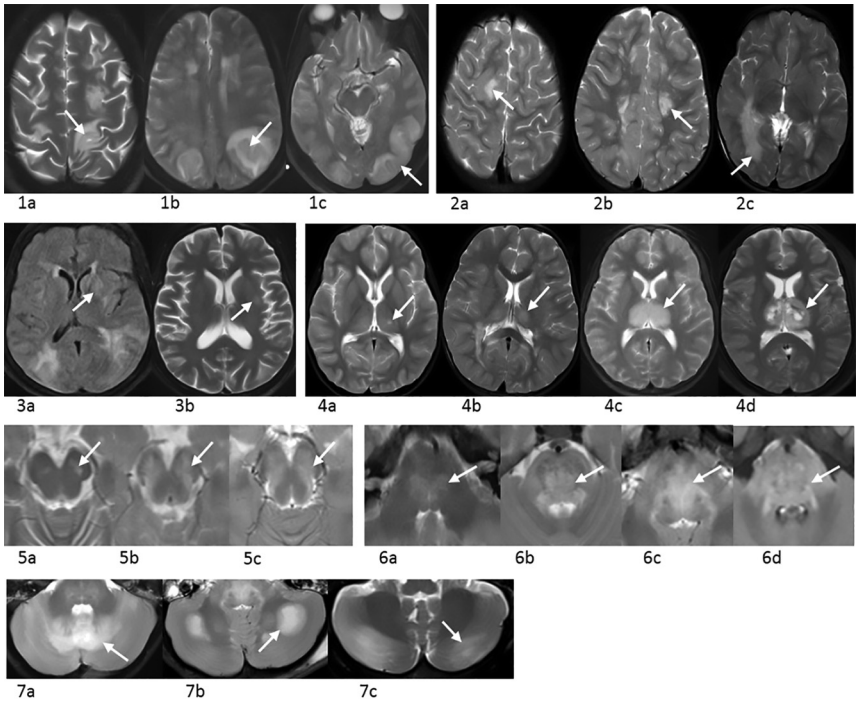
On-line Table: Correlation of clinical, laboratory, and imaging parameters to poor outcome

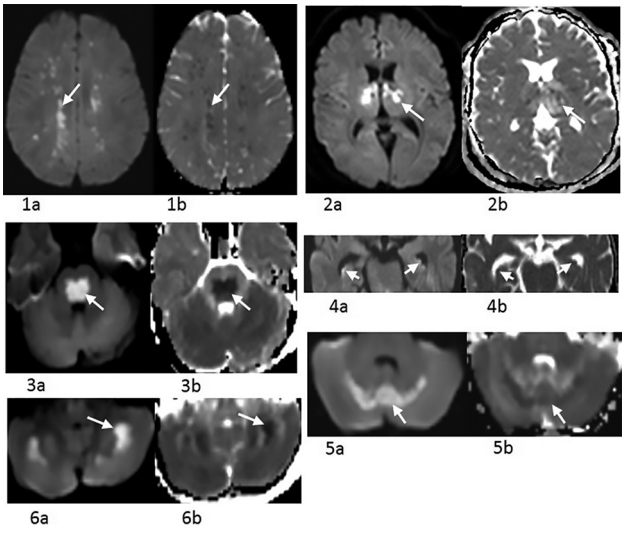
	No. of Cases with Available Data	Poor Outcome (*n* = 21)	Good Outcome (*n* = 14)	Total (*n* = 35)	*P* Value
Clinical parameters:					
Age, children (≤15 yr) vs adult (>15 years)	35	8 vs 13	6 vs 8	14 vs 21	.78
Sex (female vs male)	35	13 vs 8	5 vs 9	18 vs 17	.13
Primary vs secondary dengue infection	35	6 vs 15	2 vs 12	8 vs 27	.43
GCS at presentation (≤12 vs >12)	32	14 vs 5	5 vs 8	19 vs 13	.04[a]
Seizures	35	11 of 21	6 of 14	17	.58
Vomiting	35	9 of 21	7 of 14	16	.68
Bleeding manifestations	35	7 of 21	5 of 14	12	1
Requirement of intubation	35	16 of 21	7 of 14	23	.15
Requirement of inotropic support to maintain blood pressure	35	10 of 21	6 of 14	16	.78
Hospital-acquired pneumonia	35	8 of 21	4 of 14	12	.72
WHO classification, 2009 (dengue without and with warning signs vs severe dengue)	35	0 vs 21	4 vs 10	4 vs 31	.02[a]
Laboratory parameters:					
Thrombocytopenia (≤50,000/mm^3)	35	14 of 21	13 of 14	27	.11
Hyperbilirubinemia (normal range, 0.5–1 mg/dL)	31	8 of 19	6 of 12	14	.72
Transaminitis (normal range, AST, 8–40 U/L, and ALT, 5–35 U/L)	33	15 of 20	10 of 13	25	1
Prolonged prothrombin time (normal range, 10–12.5 sec)	33	12 of 21	8 of 12	20	.72
Prolonged activated partial thromboplastin time (normal range, 24.7–37.5 sec)	33	13 of 21	11 of 12	24	.11
Acute renal failure (normal range of creatinine, 0.5–1.4 mg %)	35	9 of 21	1 of 14	10	.03[a]
Sepsis (positive blood culture)	35	8 of 21	2 of 14	10	.25
Urinary tract infection	27	9 of 16	3 of 11	12	.24
CSF analysis	6	1 (normal)	2 (normal) of 5		
Imaging parameters-involvement of:					
Cerebral	35	10 of 21	4 of 14	14	.26
Basal ganglia	35	2 of 21	0 of 14	2	.23
Thalamic	35	9 of 21	0 of 14	9	.005[a]
Brain stem	35	8 of 21	2 of 14	10	.25
Cerebellar	35	8 of 21	3 of 14	11	.46
Cerebellar peduncle	35	8 of 21	0 of 14	8	.01[a]
Presence of diffusion restriction in:	16	10 of 11	1 of 5	11	.01[a]
White matter	16	6 of 11	1 of 5	7	.31
Deep gray	16	8 of 11	0 of 5	8	.03[a]
Brain stem	16	6 of 11	0 of 5	6	.09
Cerebellar	16	6 of 11	0 of 5	6	.09
Presence of hemorrhage (both micro- and macrohemorrhage)	35	12 of 21	1 of 14	13	.003[a]

Note:—WHO indicates World Health Organization; AST, aspartate aminotransferase; ALT, alanine aminotransferase.

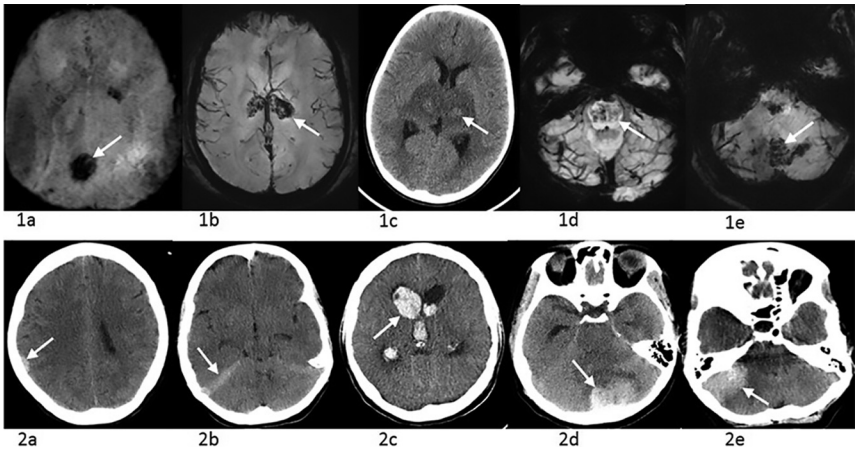
[a] Significant.



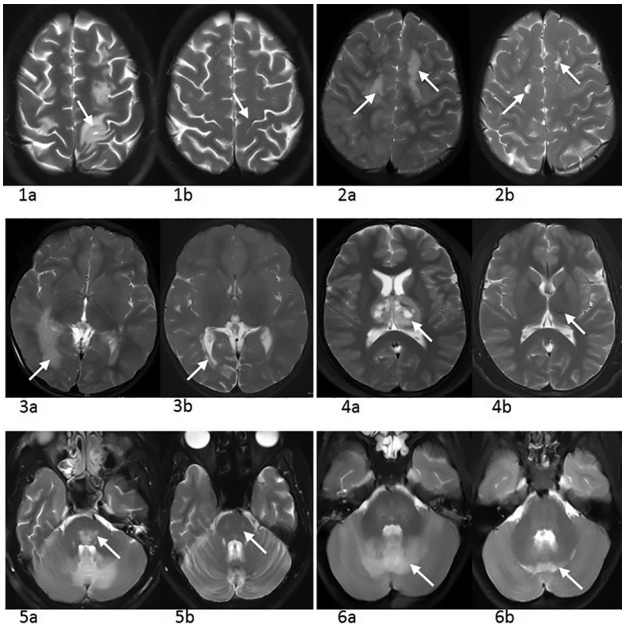
ON-LINE FIG 1. Signal abnormalities seen involving frontal (1a), parietal (1b), and occipitotemporal (1c) region in series 1, subcortical U-fiber (2a), deep white matter (2b), and periventricular white matter (2c) in series 2, focal involvement of the left lentiform nucleus (3a and 3b) in series 3 and varying thalamic involvement from mild to severe (4a to 4d) in series 4. Series 5 shows involvement of the substantia nigra, pure asymmetric (5a) and symmetric (5b and 5c) with associated involvement of adjacent white matter tracts. Series 6 shows varying degrees of signal abnormality in pons from mild (6a) to severe (6d), with extension into the adjacent middle cerebellar peduncles. Series 7 shows involvement of the cerebellum and more central white matter (7a) and more peripheral white matter (7b and 7c).



ON-LINE FIG 2. Patterns of diffusion restriction (diffusion-weighted images labeled as *a* and corresponding apparent diffusion coefficient images labeled as *b*). Diffusion restriction involving different brain regions along the white matter tracts (1), bilateral thalami (2), pons (3), bilateral head of hippocampi (4) during the peri-ictal period, and medial (5) and lateral (6) aspects of the cerebellar hemispheres.



ON-LINE FIG 3. Series 1 demonstrating a pattern of microhemorrhages on susceptibility-weighted images (1a, 1b, 1d, and 1e) and CT (1c) in the right medial parietal lobe (1a), bilateral thalami (1b and 1c), pons (1d), and cerebellum (1e). Series 2 demonstrates patterns of acute macrohemorrhages on CT, right parietal subdural hemorrhage (2a) along the right tentorium (2b) and intraventricular hemorrhage (2c), and left and right cerebellar hemispheres (2d and 2e, respectively).



ON-LINE FIG 4. Comparison between acute and follow-up imaging. Images labeled *a* were obtained during the acute phase, while images labeled *b* were obtained during the follow-up period. Image 1 demonstrates involvement of cortical gray matter; it is a follow-up image obtained at 8 months with no gross abnormality. Image 2 demonstrates involvement of subcortical and deep white matter; it is follow-up imaging at 6 months with cystic encephalomalacic changes in the region of deep white matter. Image 3 demonstrates involvement of the periventricular white matter; it is follow-up imaging at 6 months with cystic encephalomalacic changes in the involved region. Image 4 demonstrates involvement of the bilateral thalami with features of necrosis; it is follow-up imaging at 4 months with gliosis and hemosiderin staining related to previous hemorrhage. Image 5 demonstrates involvement of the pons; it is follow-up imaging at 8 months with residual signal abnormality. Image 6 demonstrates involvement of the bilateral medial cerebellar hemispheres; it is follow-up imaging at 1 month with cystic encephalomalacic changes in the involved region.