

Impact of additional resection on new ischemic lesions and their clinical relevance after intraoperative 3 Tesla MRI in neuro-oncological surgery

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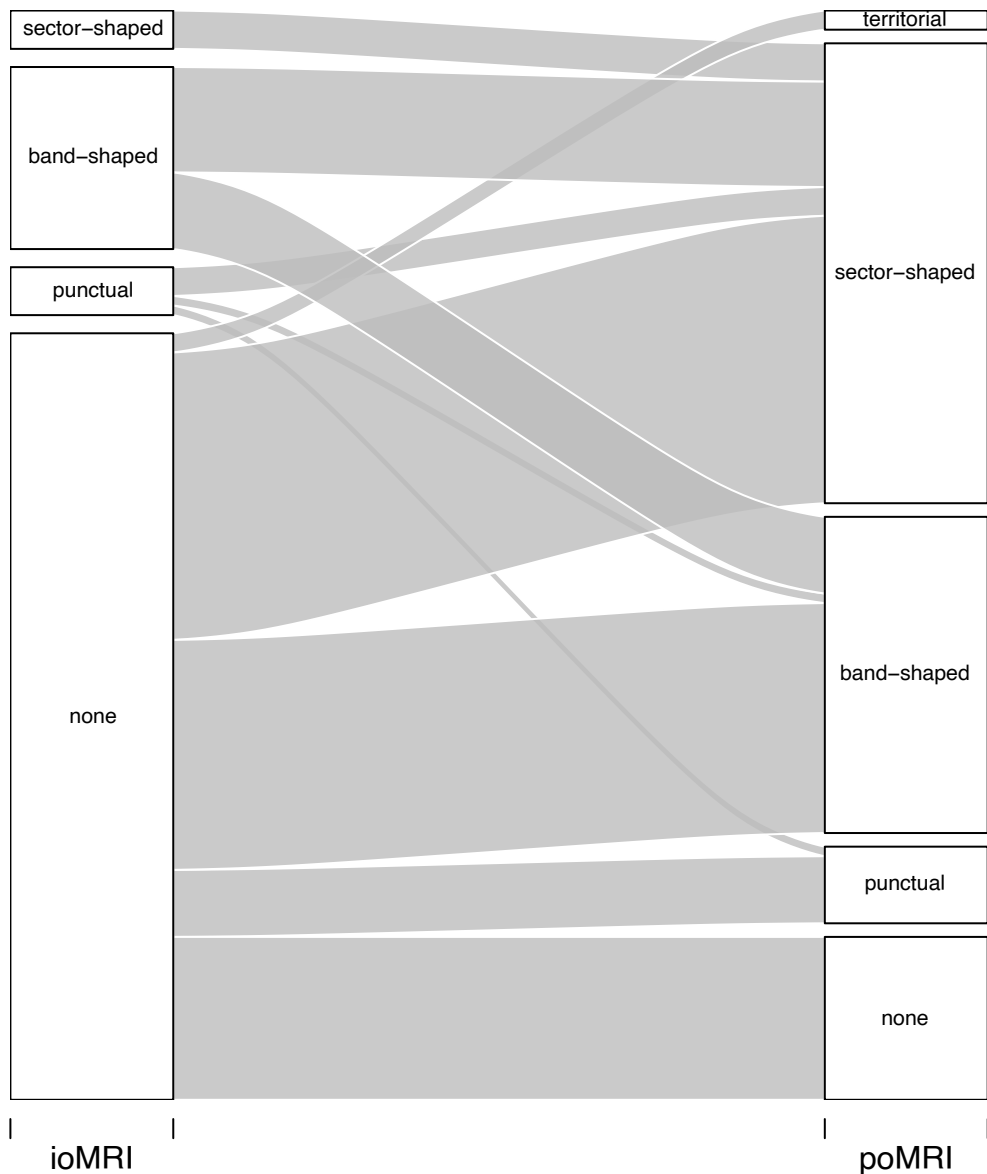
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Supplementary Figure 1

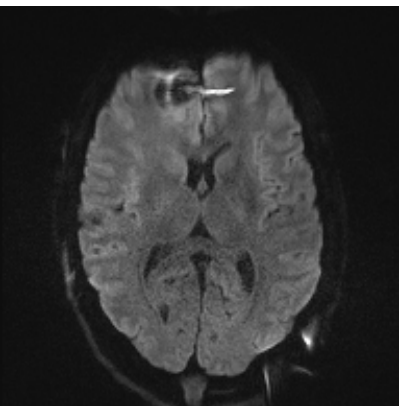


Supplementary Figure 1:

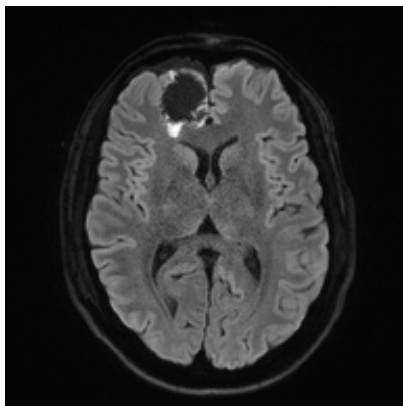
Evolution of highest infarct classes in postoperative (poMRI) vs. intraoperativeMRI (ioMRI) for matched cases with additional resection after ioMRI. (none = no infarct present)

Supplementary Figure 2

ioMRI



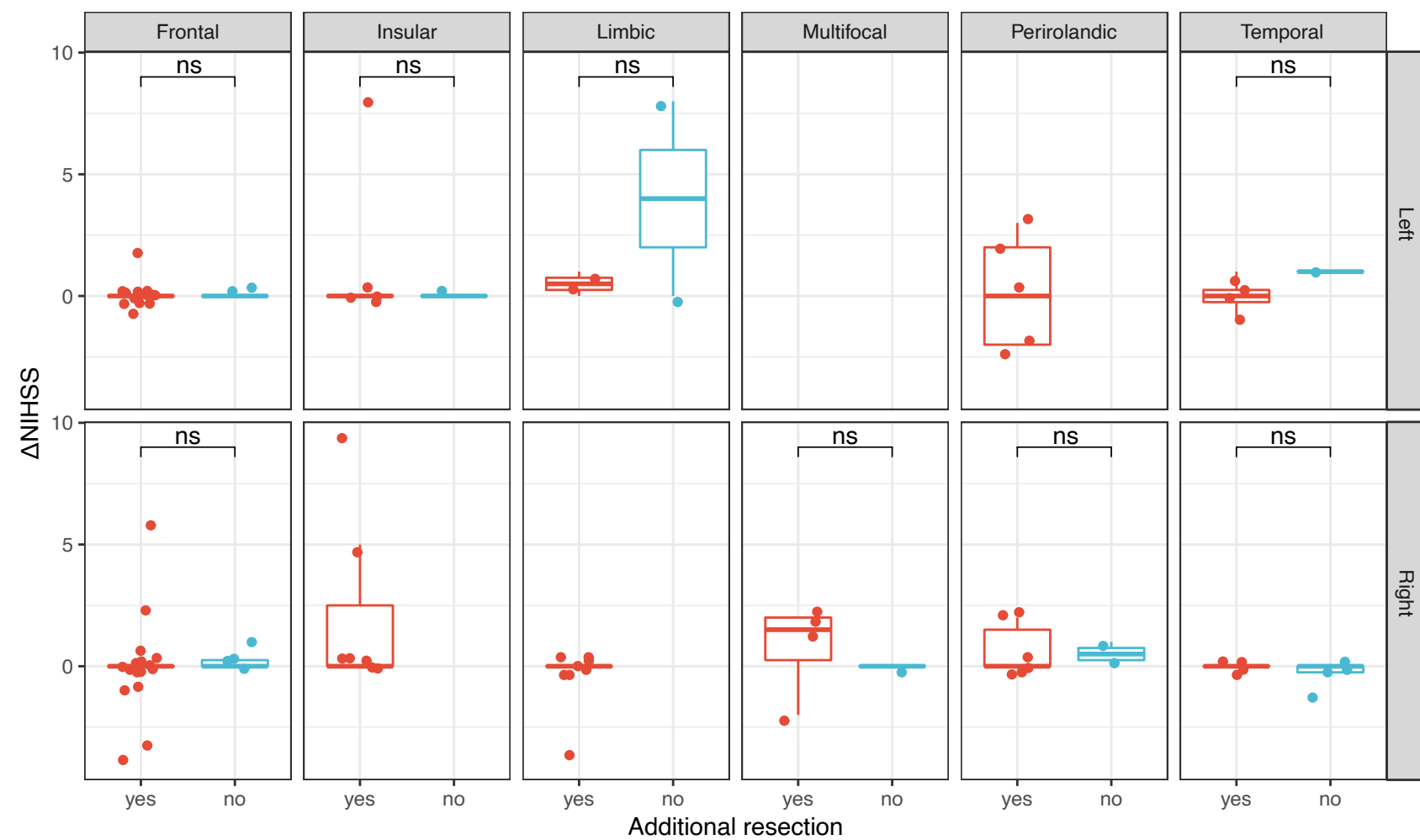
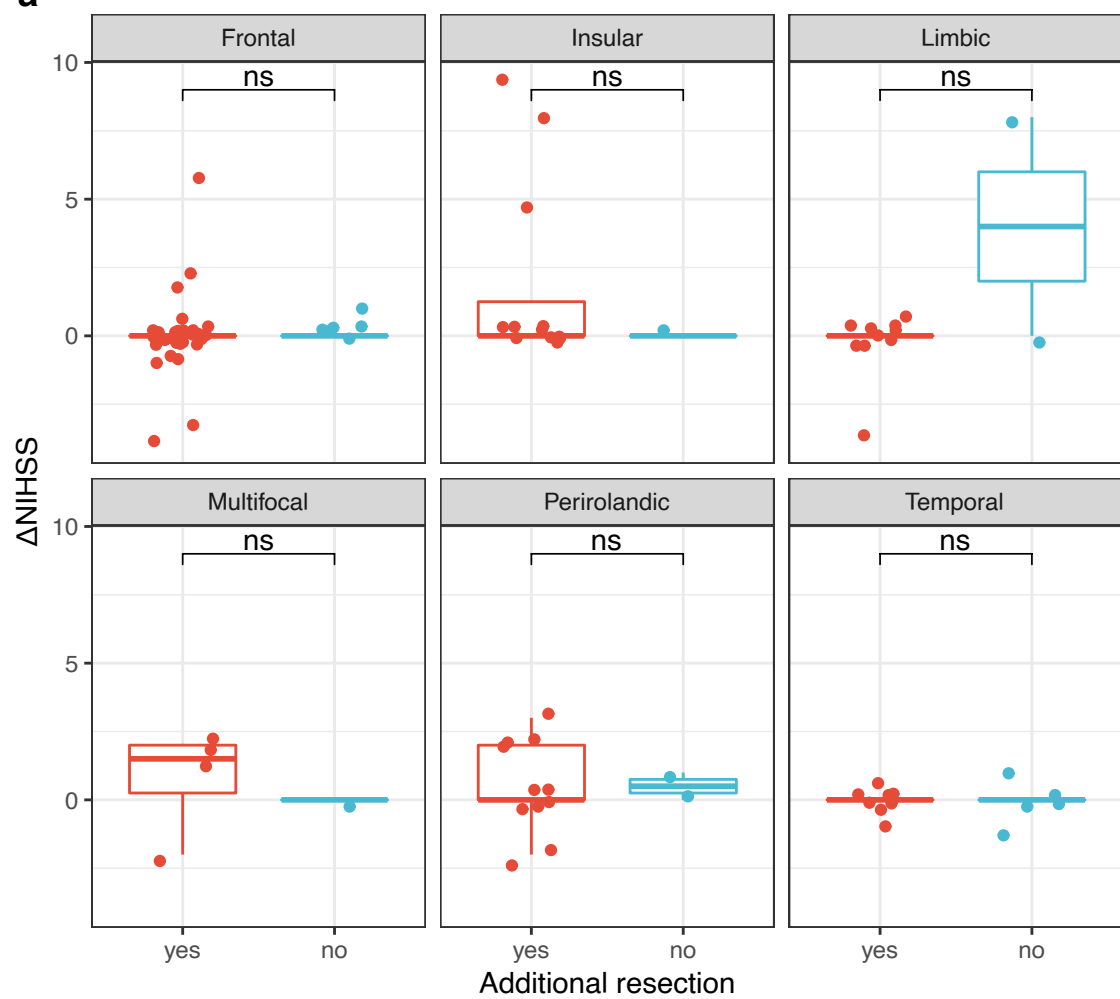
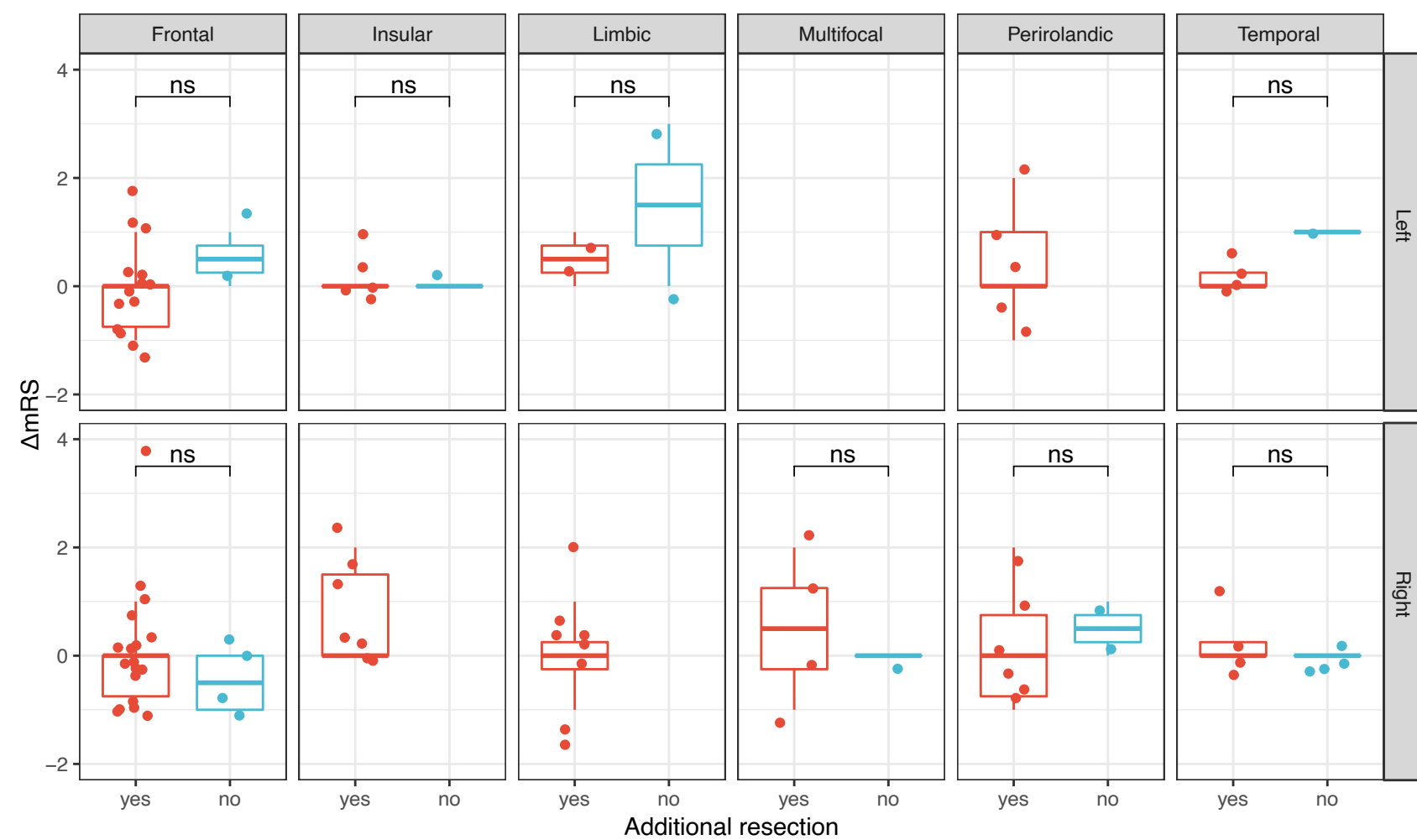
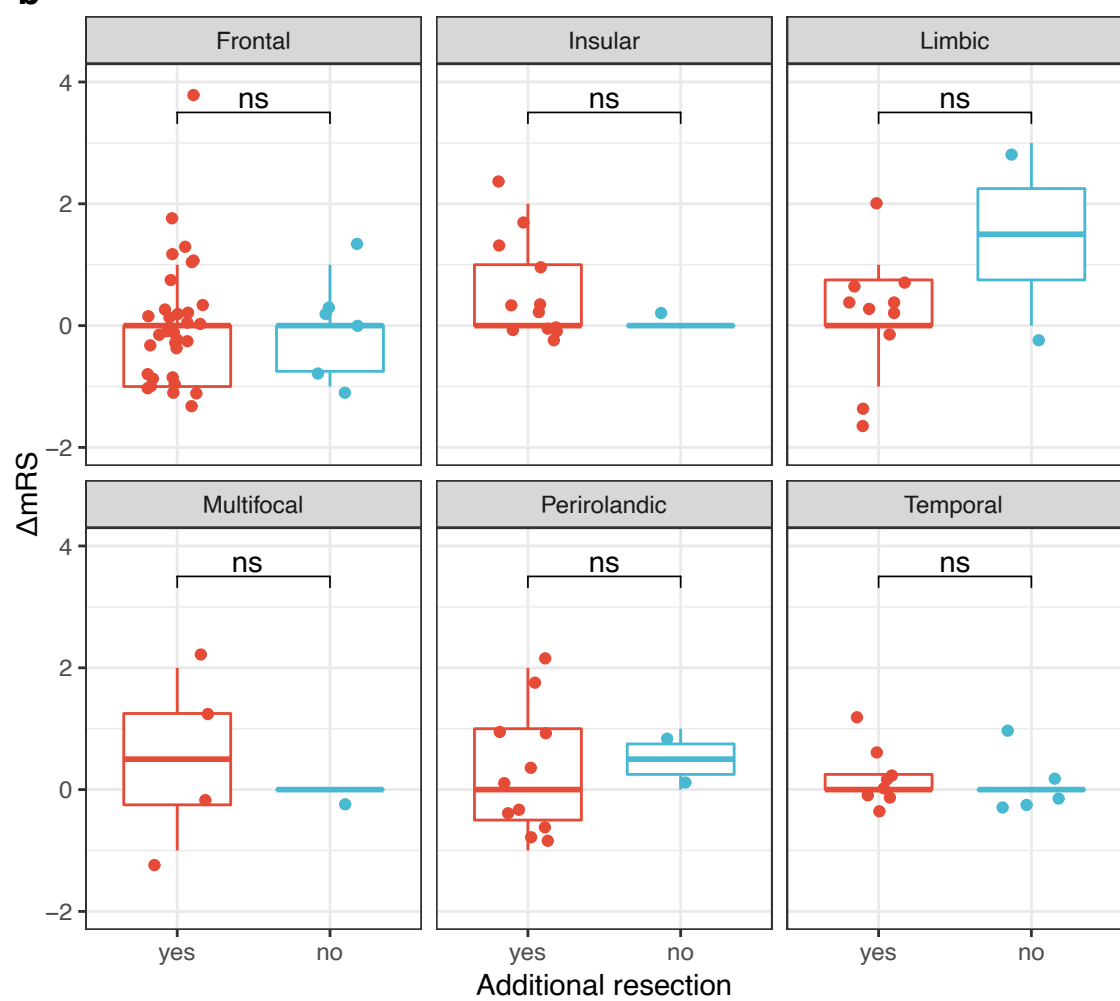
poMRI



Supplementary Figure 2:

Illustrative case example:

33 y/o male with resection of a WHO grade III oligodendroglioma in F1. Intraoperative MRI (left) showed no signs of DWI restriction. However, after continued resection poMRI (right) showed a sector-shaped infarct at the posterior resection cavity. Postoperatively the patient showed no new neurological deficits.

Supplementary Figure 3**a****b****Supplementary Figure 3:**

(a, b) Comparison of relative changes in NIHSS (a) and mRS (b) at discharge compared to admission for cases with (red) and without (blue) additional resection after intraoperative MRI. Left plots faceted by major anatomical localization, right plots by anatomical localization and lateralization; only cases with a new infarction on postoperative MRI are shown