

SUPPLEMENTARY MATERIAL

Peripheral Neuropathy Symptoms and Ocular Surface Lesions in Patients with Type 2 Diabetes Mellitus and Dry Eye: A Clinical Correlational Study

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Table S1. Comparison of corneal microneuromas between control subjects and T2DM patients

	Quadrants	Control group (102 eyes)	Non-DPN group (123 eyes)	MNSIQ-DPN group (73 eyes)	<i>p value</i>
Number of microneuromas (n/mm ²)	Nasal	0.0098 ± 0.09	0.47 ± 0.87*	0.90 ± 1.12*#	<0.001
	Temporal	0.04 ± 0.24	0.19 ± 0.47*	1.77 ± 1.51*#	<0.001
	Superior	0.02 ± 0.14	0.21 ± 0.53*	1.92 ± 1.49*#	<0.001
	Inferior	0.0098 ± 0.09	0.14 ± 0.41*	2.03 ± 1.57*#	<0.001
Area of microneuromas (mm ² /mm ²)	Nasal	2.49 ± 25.15	51.28 ± 102.60*	70.75 ± 89.29*	<0.001
	Temporal	4.83 ± 30.87	35.61 ± 113.00*	183.80 ± 185.50*#	<0.001
	Superior	4.17 ± 30.21	28.93 ± 90.85*	188.80 ± 201.40*#	<0.001
	Inferior	5.65 ± 57.03	29.59 ± 115.80	196.90 ± 171.50*#	<0.001

*Significant difference compared with no diabetes subjects. #Significant difference compared with non-DPN.

T2DM, type 2 diabetes mellitus; DPN, diabetic peripheral neuropathy; MNSIQ, Michigan Neuropathy Screening Instrument Questionnaire.

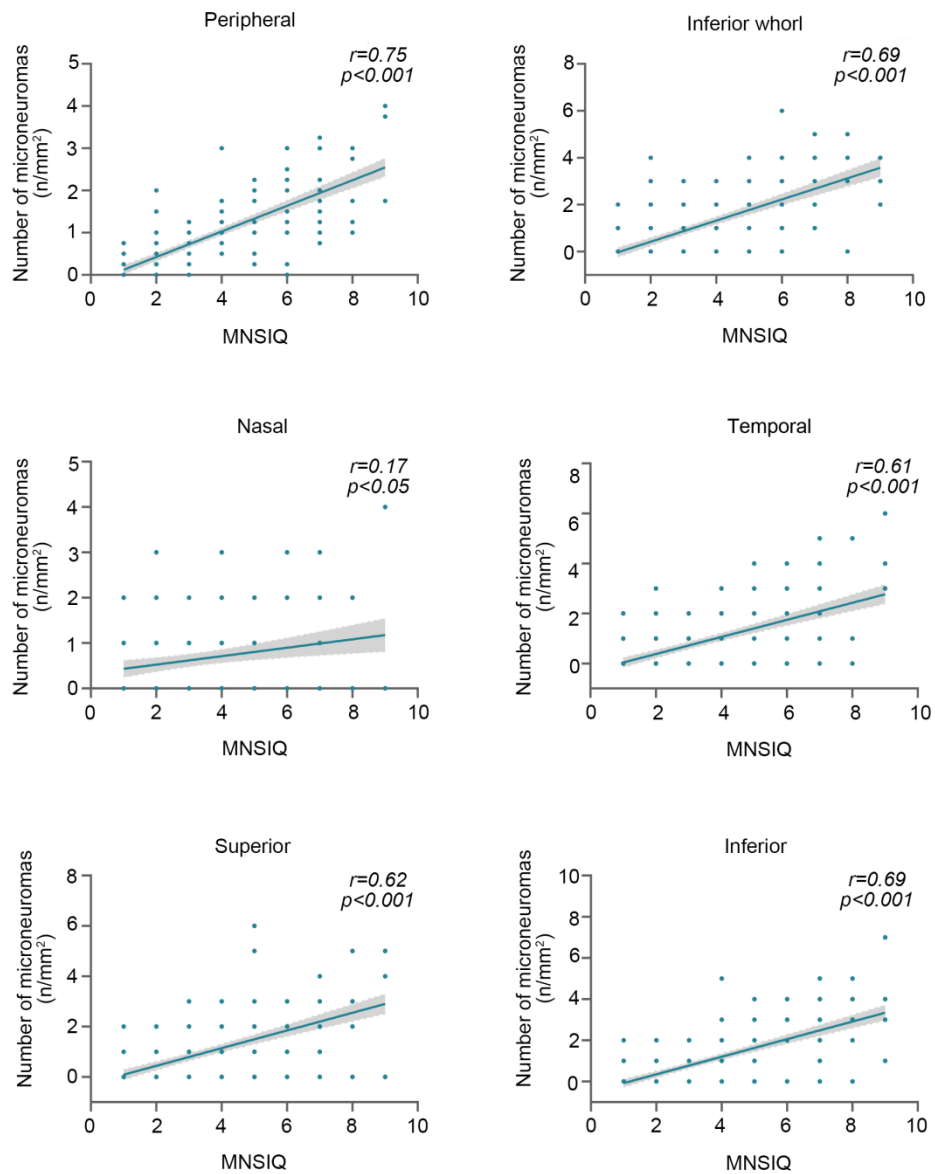


Figure S1. Correlation analysis of the Michigan Neuropathy Screening Instrument Questionnaire (MNSIQ) score and the number of corneal microneuromas in the paracentral and inferior-whorl areas of the cornea.

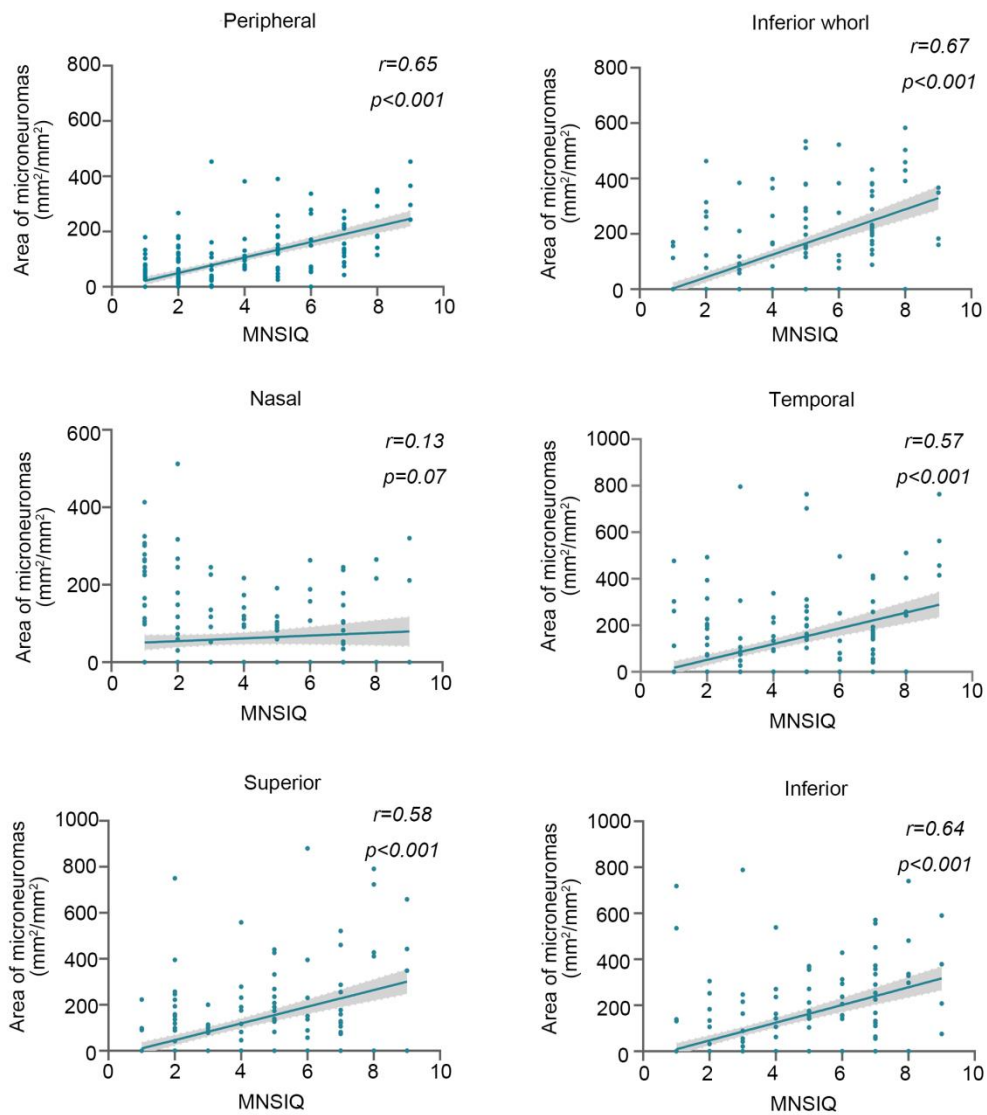


Figure S2. Correlation analysis of the Michigan Neuropathy Screening Instrument Questionnaire (MNSIQ) scores and the area of the corneal microneuromas in the paracentral and inferior-whorl areas of the cornea.