Supplementary Fig. 1. A typical example case showing fluctuating levels of embolic signals and D-dimer that were directly related to the anticoagulation. A 59-year-old woman was diagnosed with bile-duct adenocarcinoma with metastasis (liver and lymph node) and received chemotherapy. She had started anticoagulation for deep vein thrombosis, but stopped due to hemorrhoid bleeding. After that, she developed right hemiplegia. Diffusion-weighted imaging revealed multiple infarcts involving the right middle cerebral artery, and left occipital and bilateral cerebellar infarcts, suggesting emboli. Transcranial Doppler ultrasound revealed embolic signals. During hospitalization, recurrent infarcts with clinical deterioration occurred twice while her D-dimer levels were ≥15 μg/dL. D-dimer levels (red line) were inversely correlated with prothrombin time (aPTT; green line). Figure modified from Seok et al.14
Supplementary Fig. 2. A typical example case of rapidly progressive dementia with occult malignancy (Trouseau’s syndrome). A 64-year-old man presented with rapidly progressive cognitive dysfunction. Three weeks before admission he began to lose his way: driving long distances began to confuse him. Two weeks before admission he was having difficulty walking outside the house because of spatial disorientation, and he experienced memory impairment. One week before admission his family found that he asked the same questions repeatedly, and day-to-day activity was becoming increasingly difficult. On examination, the patient had severe memory impairment, acalculia, and disorientation to time/place/person; he was able to obey only one or two instructions. His initial score for the Korean version of the Mini-Mental Status Examination (K-MMSE) was 12 points. Diffusion-weighted imaging (DWI) revealed multiple infarcts of various sizes involving the bilateral middle cerebral artery territory and the cerebellum, suggesting emboli. The infarcts were different ages, from acute (both DWI and apparent-diffusion-coefficient positive) to chronic (DWI negative and fluid-attenuated-inversion-recovery positive). Magnetic resonance angiography and transesophageal echocardiography results were normal. Transcranial Doppler ultrasound revealed embolic signals, and his D-dimer level was 18.4 μg/dL. After starting standard and low-molecular-weight heparin medication, the D-dimer level was normalized and embolic signals were no longer detected. His K-MMSE score recovered rapidly to 23 points. An abdominopelvic computed tomography scan and liver biopsy revealed metastatic adenocarcinoma secondary to a concealed pancreatic cancer. ADC: apparent diffusion coefficient, FLAIR: fluid attenuated inversion recovery, MRA: magnetic resonance angiography, PWI: perfusion-weighted image.