Online supplement to: Radiologic and Pathological Investigation of Pseudarthrosis in Ankylosing Spondylitis: Distinguishing Between Inflammatory and Traumatic Etiology. *The Journal of Rheumatology*. doi:10.3899/jrheum.171249

## ONLINE SUPPLEMENTARY DATA

**Supplementary Table 1.** Comparison of radiological features and surgery between included and excluded patients

	Patients included (n=17) Patients e	xcluded (n=58)	
X-Ray	Pseudarthrosis located at the apex; Pseudarth	rosis located above or	
	Severe anterior column defect below the	apex;	
	No obvio	us destruction of anterior	
	column		
CT	Narrow of the spinal canal caused by No involve	ement of spinal canal	
	extensive lesions		
MRI	1. Hypointense signal intensity in T1 No spinal	canal compression	
	and T2 images;		
	2. Decreased spinal canal secondary to		
	anterior extradural tissue or		
	posterior hypertrophic ligamentum		
	flavum;		
	3. Impingement of spinal cord		
Surgery	1. Anterior debridement; 1. PSO b	1. PSO below the pseudarthrosis;	
	2. PSO through pseudarthrosis and 2. No	decompression or	
	supplemental anterior fusion; debric	dement around the	
	3. Decompression around the lesion pseud	pseudarthrosis	

PSO: pedicle subtraction osteotomy

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**Supplementary Table 2.** The correlation between MRI and the relevant histological findings.

MRI manifestation	Histological findings	
Low signal intensity change in the disc	Proliferation of fibrous tissue replace the	
space in T2-weighted imaging	normal structure	
Low signal intensity band at the margin	Sclerotic subchondral bone revealed an	
of vertebral endplate in T1-weighted	unfused spinal segment	
imaging		
Widespread low signal intensity region	Cartilaginous degeneration, fibrocartilage	
within the vertebral body	formation or fibrinous necrosis caused by	
	due stress	
Isolated vertebral segment with normal	Necrotic bone fragments enclosed by	
signal intensity in T2-weighted imaging	fibroblastic tissue	
but present with low signal intensity in		
T1-weighted imaging		

**Supplementary Table 3.** Histological changes of biologic inflammation.

Description of inflammatory histological changes	Proportion of each	
	type of histologic	
	lesion (%)	
Dense fibrous tissue infiltrated by a small amount of plasma cells	1.8%	
and lymphocytes		
Widespread small lymphocytes accompanied by hemosiderin	3.6%	
Fibrillary fibrosis with scanty mononuclear inflammatory cells	5.4%	
Breaching and erosions of vertebral endplate by non-specific	1.8%	
granulation tissue growing from bone marrow	1.070	