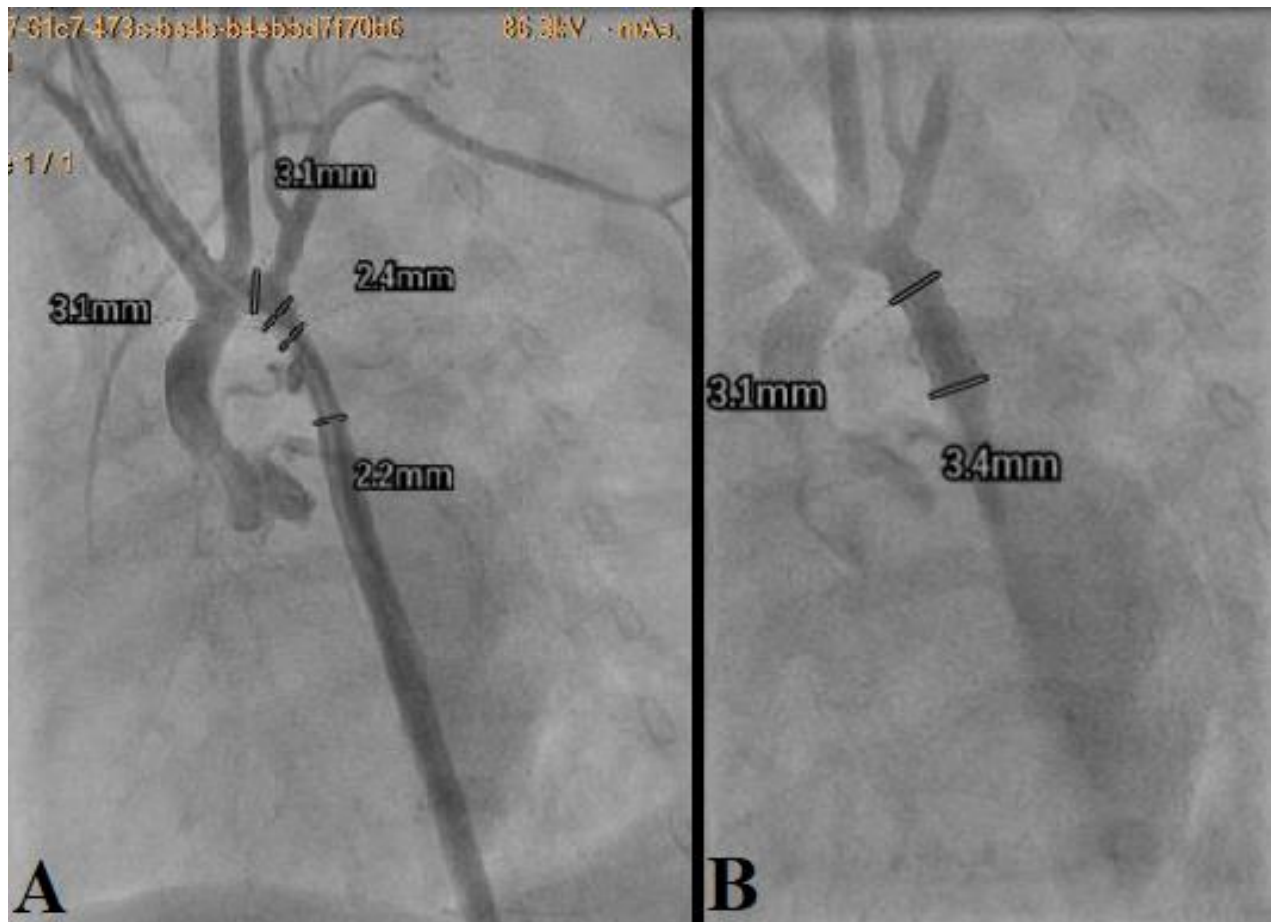


Supplementary material

Szmyd B, Karuga F, Gach A, et al. Complex cardiovascular defects in a male infant with Williams syndrome juxtaposed with the results of a preliminary survey illustrating other patients' outcomes. Kardiol Pol. 2021; 79: 188-191. doi:10.33963/KP.15740

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Supplementary Figure S1. The documentation of the fluoroscopy **A)** before and **B)** after transcatheter reintervention.



Supplementary Table S1. Clinical group characterization and cardiological condition of patients with Williams Syndrome from Poland - results of the Survey. The qualitative data are present as n (% of total). The quantitative data are reported as median with interquartile range.

Clinical group characterization	
Total [n (%)]	18 (100%)
Male [n (%)]	9 (50%)
Current age [years]	4.6 (2.5-7.5)
Median of parents age during childbirth [years]:	
• Mothers	28 (27-31.5)
• Fathers	31.5 (29-35.75)
Age of the diagnosis [months]	13 (8.25-17.75)
The main reasons of further genetic testing leading to WS diagnosis [n (%)]:	
• dysmorphias	14 (77.78%)
• cardiovascular problems	13 (72.22%)
• slow infant weight gain and/or short stature	6 (33.33%)
• psychomotor development retardation	5 (27.78%)
• hypothyroidism	3 (16.67%)
Cardiological condition of WS patients from Poland	
Age at the first cardiological consultation [months]	1 (0-3)
The most common cardiovascular problems [n (%)]:	
• pulmonary artery stenosis	11 (61.11%)
• supraaortic stenosis	7 (38.89%)
• ventricular septal defect	2 (11.11%)
• aortic valve defects	2 (11.11%)
Interventional cardiology/Cardiac surgery	
Interventional cardiology procedures [n (%)]:	3 (16.67%)
Patient 1: cardiac catheterization	
Patient 2: 2x stent graft and 3x balloon angioplasty	
Patient 3: ineffective balloon angioplasty of pulmonary artery with further cardiac surgery	
Cardiosurgical treatment [n (%)]:	2 (11.11%)
Patient 4: aortic surgery (first month)	
Patient 3: surgery after unsuccessful interventional approach	
Both interventional cardiology procedures and cardiosurgical treatment (Patient 3) [n (%)]	1 (5.56%)

The technical information about implantation of the Cook Formula stent

The Formula Cook 6x12mm stent was placed into the aortic isthmus after an ineffective stenosis angioplasty procedure. Very fast restenosis after balloon deflation and no significant decrease in the pressure gradient due to stenosis. This is predictable due to the nature of the narrowing in WS, which is mainly related to the long segment of the aortic wall muscle and not the hourglass stenosis as in typical recoarctation. The used Formula Cook 6x12mm stent is characterized by high strength with open cells and the possibility of further refilling even up to 12mm, which is important for the intervention of the aortic stenosis. In addition, it only requires 5 F approach to be established - important for cannulation of narrow vessels from the aorta. This procedure is recommended such stents in children with low weight, i.e. less than 10 kg (see: Balloon-expandable stents for recoarctation of the aorta in small children. Two centre experience by K Gendera *et al.*; DOI: 10.1016/j.ijcard.2018.02.054).