Supplementary material

Tyczyński P, Borowiec K, Woźniak O, et al. The bicuspid aortic valve and arrhythmogenic right ventricle cardiomyopathy. Unreported coexistence. Kardiol Pol. 2023.

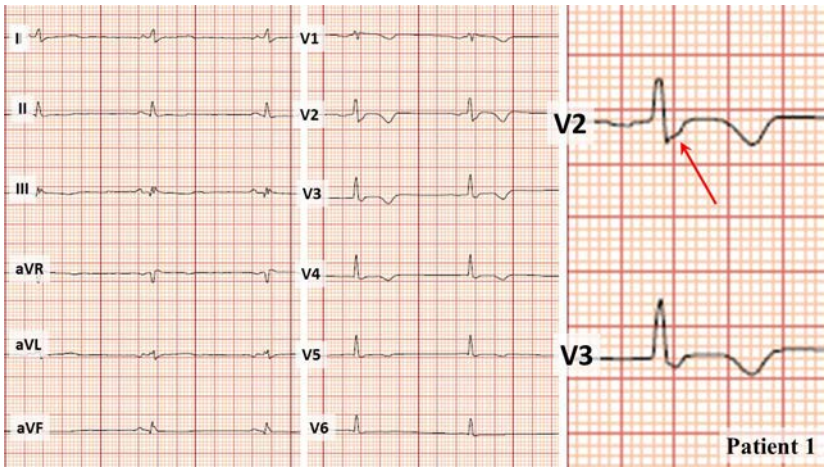

Figure S1. Patient 1. ECG. Repolarization abnormalities: T wave inversion in V1–V4 leads in the absence of a complete right bundle branch block (major criterion).
Depolarization abnormalities: terminal activation duration of QRS > 55 msec in V1–V3 leads (minor criterion) — the red arrow

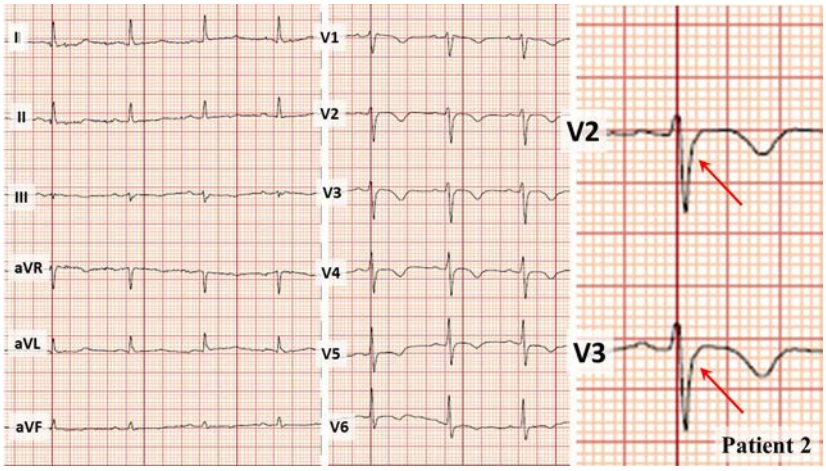

Figure S2. Patient 2. ECG. Repolarization abnormalities: T wave inversion in V1–V6 leads in the absence of complete right bundle branch block (major criterion).

Depolarization abnormalities: terminal activation duration of QRS > 55 msec in V1–V3 leads (minor criterion) — the red arrows

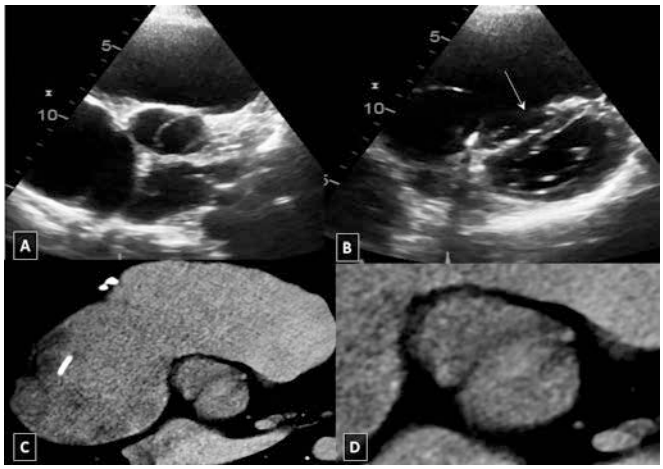

Figure S3. Patient 1. Transthoracic echocardiography, short axis. **A**. Bicuspid aortic valve. **B**. Enlarged right ventricle with paradoxical interventricular septal motion.

Cardiac computed tomography. **C**. Bicuspid aortic valve. **D**. Magnification of the image “C” with focus on the bicuspid aortic valve