Table S1: Summary of previously reported cases of Endobronchial Dieulafoy’s disease

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reference | Country | Age | Gender | Presentation | Smoking | Prior hemoptysis | Associated conditions | Localization of bleed | Treatment\* | Outcome | Follow-up duration |
| Sweerts et al. 1995 [1] | United Kingdom | 35 | F | Massive hemoptysis | No | Yes | - | RLL | Surgery | Alive | 4 months |
| 59 | M | Massive hemoptysis | Yes | No | - | RLL | Surgery | Alive | NA |
| Van der Warf et al. 1999 [2] | Netherlands | 70 | F | Massive hemoptysis | Yes | Yes | Recent admission for RUL pneumonia and respiratory failure.Pulmonary tuberculosis 45 years back | LUL | - | Death due to massive hemoptysis | NA |
| Stoopen et al. 2001 [3] | Mexico | 51 | M | Massive hemoptysis | NA | NA | Epistaxis. Paravertebral neurilemmoma | RML bronchus | Surgery | Alive | NA |
| Hope-Gill et al. 2002 [4] | United Kingdom | 49 | M | Recurrent hemoptysis | Yes | Yes (three admissions in previous ten years) | Pulmonary tuberculosis 14 years back | RUL posterior segment medial wall | Embolization | Alive | 12 months |
| Bhatia et al. 2003 [5] | United Kingdom | 52 | M | Recurrent hemoptysis | NA | Yes (several times embolized in previous ten years) | - | Right side | Embolization | Alive | NA |
| Kuzucu et al. 2005[6] | Turkey | 28 | M | Massive hemoptysis | No | Yes | Empirical ATT for hemoptysis | LLL | Surgery | Alive | 12 months |
| 45 | M | Massive hemoptysis | Yes | Yes | - | RML | Surgery | Alive | 5 months |
| Pomplun et al. 2005 [7] | United Kingdom | 32 | M | Massive hemoptysis | NA | - | - | RUL | Surgery | Alive | NA |
| Loschhorn et al. 2006 [8] | Switzerland | 47 | F | Hemoptysis | NA | No | - | RML | Surgery | Alive | 72 months |
| 52 | F | Hemoptysis | NA | No | - | RLL anterior basal opening | Embolization | Alive | NA |
| Fields et al. 2008 [9] | United States | 47 | M | Massive hemoptysis | Yes | Yes | Ischemic cardiomyopathy, iron deficiency anemia with no identifiable cause | LMB (medial aspect) | Cryotherapy and silicone stenting | Alive | 8 months |
| Gharagozloo et al. 2008 [10] | United States | 51 | M | Hemoptysis | Yes | No | Two episodes of left-sided pneumonia in the previous year treated with antibiotics | LLB | Surgery | Alive | NA |
| Parrot et al. 2008 [11] | France | 54.3 (11.5)\*\* | 5M2F | Massive hemoptysis | Yes | Yes (5)No (2) | COPD (n=2)PTB (n=1)Hypertension (n=2)TIA and unexplained intestinal bleed (n=1) |  | Surgery (n=7) | Alive |  |
| Kang et al. 2009 [12] | Korea | 74 | M | Massive hemoptysis | NA | Yes | Hypertension | RUL | Surgery | Alive | NA |
| D’Souza et al. 2010 [13] | Australia | 63 | F | Hemoptysis | - | - | Bronchiectasis and chronic bronchitis | RMB 3 cm distal to carina | - | Died |  |
| Guiroli et al. 2010 [14] | Italy | 65 | M | Exertional dyspnea | Yes | - | Asthma, kidney and prostate cancer | RIB just above the opening of RML bronchus | None | Alive | NA |
| Barisione et al. 2012 [15] | Italy | 57 | F | Hemoptysis | No | Yes | - | Opening of RML bronchus | Embolization | Alive | NA |
| Kolb et al. 2012 [16] | United States | 44 | F | Recurrent hemoptysis | - | - | - | Opening of RLL bronchus | Embolization | Alive | NA |
| Smith et al. 2014 [17] | Australia | 30 | M | Massive hemoptysis | No | - | - | Blood seen at basal segment of RLL | Surgery | Alive | 22 months |
| Dalar et al. 2015 [18] | Turkey | 28 | M | Massive hemoptysis | Yes | Yes | - | Opening of LUL bronchus | APC (rigid bronchoscopy) | Alive | 24 months |
| Ganganah et al. 2015 [19] | China | 13 | M | Massive hemoptysis | No | No | - | Posterior basal segment of RLL | Surgery | Alive | 5 months |
| Lin et al. 2015 [20] | United States | 55 | M | Intermittent hemoptysis | No | Yes | - | Anterior aspect of RMB | Embolization | Alive | NA |
| Padilla-serrano et al. 2015 [21] | Spain | 49 | F | Massive hemoptysis | Yes | - | - | R\* side (no lesion visualized, only clot seen. On angiography, suspicious vessels seen bilaterally, which were embolized successfully) | Embolization | Alive | NA |
| Xia et al. 2015 [22] | China | 31 | M | Massive hemoptysis | Yes | - | - | RML | Surgery | Alive | 84 months |
| 21 | M | Massive hemoptysis | Yes | - | - | RML | Surgery | Alive | 73 months |
| 85 | M | Massive hemoptysis | Yes | - | - | LUL | Surgery | Alive  | 20 months |
| 63 | M | Massive hemoptysis | Yes | - | - | Lingula | Surgery | Alive  | 20 months |
| Jin et al. 2016 [23] | China | 44 | M | Recurrent hemoptysis | NA | - | - | LLB | Embolization | Alive  | NA |
| Raksasagulwong et al. 2016 [24] | Thailand | 17 | M | Massive hemoptysis |  | Yes | - | Posterior wall of RLL bronchus opening | Nd:YAP laser | Alive | 36 months |
| Viola et al. 2016 [25] | United Kingdom | 83 | F | Hemoptysis | No | - | Hypertension, cholecystectomy | RUL bronchus opening | Surgery (Presumptive diagnosis carcinoid) | Alive | NA |
| Hadjiphilippou et al. 2016 [26] | United Kingdom | 47 | M | Recurrent hemoptysis | Yes | Yes | - | Between superior and posterior segment of RLL | Embolization | Alive | NA |
| Madan et at. 2017 [27] | India | 26 | M | Massive hemoptysis | No | Yes | - | RLL bronchus | APC | Alive  | 6 months |
| Makkar et al. 2017 [28] | United States | 51 | F | Recurrent hemoptysis | No | Yes | - | Blood seen from proximal LUL bronchus opening | Embolization | Alive | NA |
| Wadji et al. 2017 [29] | Iran | 16 | F | Massive hemoptysis | No | - | - | Opening of RLL basal segment | Surgery | Alive | NA |
| Yang et al. 2017 [30] | China | 60 | F | Massive hemoptysis | No | Yes | URTI | Tortuous blood vessel seen beneath the mucosa in the membranous trachea 2 cm to the carina | Embolization | Alive | 5 months |
| Foo et al. 2018 [31] | Singapore | 42 | M | Massive hemoptysis | No | - | Acute myeloid leukemia.Mediastinal arteriovenous malformation | RUL anterior segment | Embolization | Alive | 12 months |
| Sheth et al. 2018 [32] | United States | 51 | M | Massive hemoptysis | No | Yes | Alagille syndrome | LLB near secondary carina | Nd:YAP laser | Alive | 4 months |
| 76 | M | Hemoptysis (200 to 300 mL) | Yes | No | Treated for laryngeal carcinoma 5 years back. Now recurred (subcarinal and paratracheal lymph node enlargement) | Posterior wall of RMBRecurrence seen (2 weeks) proximal LMB | BAE during first episode on right side (Laser not attempted as it was in posterior tracheal wall), when recurred on left side after two weeks Nd:YAP laser attempted (but bleed stopped spontaneously) | Alive  | 6 months |
| Bonnefoy et al. 2018 [33] | France | 66 | M | Massive hemoptysis | Yes | No | COPD | RUL | BAE of ICBT and right bronchial artery. After two days, recurrence of hemoptysis with expulsion of green beads used for embolization. Improved after surgery. | Alive | 6 months |
| Minchole et al. 2018 [34] | Spain | 67 | M | Dry cough, dyspnea | Yes | No | Asbestos exposure | No bleed. Asymptomatic.Incidentally detected in RML opening  | Observation | Alive | NA |

APC – argon plasma coagulation; ATT – antitubercular therapy; BAE – bronchial artery embolization; COPD – chronic obstructive pulmonary disease; ICBT – intercostobronchial trunk; LLB – left lower lobe; LMB – left main bronchus; LUL – left upper lobe; NA – not available; nd:YAP laser - Neodymium: Yttrium-Aluminum-Perovskite laser; PTB – pulmonary tuberculosis; RIB – right intermediate bronchus; RLL – right lower lobe; RMB - right main bronchus; RML – right middle lobe; RUL – right upper lobe; TIA – transient ischemic attack; URTI – upper respiratory tract infection

\*The treatment which resulted in cure is mentioned here, even though more than one form of treatment was tried in several of these patients

\*\*Mean (Standard deviation) of the 7 included cases

We have excluded an article by Savale et al[35] which appears to be overlapping with a subsequent article published in 2008 (Parrot et al).[11] The article by Parrot et al., was from the same institute and had a longer study duration reporting more number of patients (with Diulafoy,s disease) than the case series by Savale et al. We thought that these two are overlapping publications, hence we chose the larger one of the two.

**REFERENCES**

1 Sweerts M, Nicholson AG, Goldstraw P, Corrin B: Dieulafoy's disease of the bronchus. Thorax 1995;50:697-698.

2 Van Der Werf TS, Timmer A, Zijlstra JG: Fatal haemorrhage from Dieulafoy's disease of the bronchus. Thorax 1999;54:184-185.

3 Stoopen E, Baquera-Heredia J, Cortes D, Green L: Dieulafoy's disease of the bronchus in association with a paravertebral neurilemoma. Chest 2001;119:292-294.

4 Hope-Gill B, Prathibha BV: Bronchoscopic and angiographic findings in Dieulafoy's disease of the bronchus. Hosp Med 2002;63:178-179.

5 Bhatia P, Hendy MS, Li-Kam-Wa E, Bowyer PK: Recurrent embolotherapy in Dieulafoy's disease of the bronchus. Can Respir J 2003;10:331-333.

6 Kuzucu A, Gurses I, Soysal O, Kutlu R, Ozgel M: Dieulafoy's disease: a cause of massive hemoptysis that is probably underdiagnosed. Ann Thorac Surg 2005;80:1126-1128.

7 Pomplun S, Sheaff MT: Dieulafoy's disease of the bronchus: An uncommon entity [7]. Histopathology 2005;46:598-599.

8 Löschhorn C, Nierhoff N, Mayer R, Zaunbauer W, Neuweiler J, Knoblauch A: Dieulafoy's disease of the lung: A potential disaster for the bronchoscopist. Respiration 2006;73:562-565.

9 Fields EL, De Keratry DR: Dieulafoy disease of the bronchus: Case report and presentation of a novel therapeutic modality. Journal of Bronchology 2008;15:107-109.

10 Gharagozloo F, Rennert D, Margolis M, Tempesta B, Schwartz A, Cole V, Wang KP: Dieulafoy lesion of the bronchus: Review of the literature and report of the 13th case. Journal of Bronchology 2008;15:38-40.

11 Parrot A, Antoine M, Khalil A, Theodore J, Mangiapan G, Bazelly B, Fartoukh M: Approach to diagnosis and pathological examination in bronchial Dieulafoy disease: a case series. Respir Res 2008;9:58.

12 Kang YR, Lee JW, Jeon HJ, Lee SY, Cha SI, Park TI, Park JY, Jung TH, Kim CH: A Case of Massive Hemoptysis due to Dieulafoy's Disease of the Bronchus. Tuberculosis and Respiratory Diseases 2009;66:58-61.

13 D'Souza F, Sharma R: Dieulafoy's disease of the bronchus. Pathology 2010;42:683-684.

14 Gurioli C, Casoni GL, Gurioli C, Tomassetti S, Romagnoli M, Ravaglia C, Poletti V: Endobronchial ultrasound in Dieulafoy's disease of the bronchus: an additional application of EBUS. Monaldi Arch Chest Dis 2010;73:166-168.

15 Barisione EE, Ferretti GG, Ravera SS, Salio MM: Dieulafoy's disease of the bronchus: a possible mistake. Multidiscip Respir Med 2012;7:40.

16 Kolb T, Gilbert C, Fishman EK, Terry P, Pearse D, Feller-Kopman D, Yarmus L: Dieulafoy's disease of the bronchus. Am J Respir Crit Care Med 2012;186:1191.

17 Smith B, Hart D, Alam N: Dieulafoy's disease of the bronchus: a rare cause of massive hemoptysis. Respirol Case Rep 2014;2:55-56.

18 Dalar L, Sokucu SN, Ozdemir C, Buyukkale S, Altin S: Endobronchial argon plasma coagulation for treatment of Dieulafoy disease. Respir Care 2015;60:e11-13.

19 Ganganah O, Guo S, Chiniah M, Sah SK, Wu J: Endobronchial ultrasound and bronchial artery embolization for Dieulafoy's disease of the bronchus in a teenager: A case report. Respir Med Case Rep 2015;16:20-23.

20 Lin C, Ginsburg M, Kuo W, Sung AW: Dieulafoy's lesion of the bronchus: More than meets the eye. Am J Respir Crit Care Med 2015;191

21 Padilla-Serrano A, Estrella-Palomares V, Martinez-Palacios B, Gonzalez-Spinola J: A case of massive hemoptysis related to a smoking-history: an acquired form of the Dieulafoy's disease? Revista portuguesa de pneumologia 2015;21:276-279.

22 Xia XD, Ye LP, Zhang WX, Wu CY, Yan SS, Weng HX, Lin J, Xu H, Zhang YF, Dai YR, Dong L: Massive cryptogenic hemoptysis undergoing pulmonary resection: clinical and pathological characteristics and management. Int J Clin Exp Med 2015;8:18130-18136.

23 Jin W: The application of EBUS in the bronchi dieulafoy's disease. Respirology 2016;21:50.

24 Raksasagulwong P, Tscheikuna J, Bespinyowong P: Dieulafoy lesion of bronchus with successful laser coagulation : A case report. Respirology 2016;21:158.

25 Viola P, Amat Villegas I, Dusmet M, Nicholson AG, Montero Fernandez MA: Dieulafoy's disease of the airways: a comprehensive review of a rare entity. Histopathology 2016;69:886-890.

26 Hadjiphilippou S, Shah PL, Rice A, Padley S, Hind M: Bronchial Dieulafoy Lesion. A 20-Year History of Unexplained Hemoptysis. Am J Respir Crit Care Med 2017;195:397.

27 Madan K, Dhungana A, Hadda V, Mohan A, Guleria R: Flexible bronchoscopic argon plasma coagulation for management of massive hemoptysis in bronchial Dieulafoy's disease. Lung India 2017;34:99-101.

28 Makkar P, Potter LT, Smina M, Chiong B: Hemoptysis: A case of bronchial dieulafoy. Am J Respir Crit Care Med 2017;195

29 Wadji MB, Farahzadi A: Dieulafoy's disease of the bronchial tree: a case report. Sao Paulo Med J 2017;135:396-400.

30 Yang D, Rong C, Gu J, Xu L, Zhang J, Zhang G, Shen C: Dieulafoy disease of the trachea with recurrent episodes of massive hemoptysis: A case report. Medicine (Baltimore) 2017;96:e5855.

31 Foo AZX, Hsu AAL: Dieulafoy’s disease with mediastinal arteriovenous malformation. Thorax 2018

32 Sheth HS, Maldonado F, Lentz RJ: Two cases of Dieulafoy lesions of the bronchus with novel comorbid associations and endobronchial ablative management. Medicine (Baltimore) 2018;97:e9754.

33 Bonnefoy V, Garnier M, Tavolaro S, Antoine M, Assouad J, Fartoukh M, Gibelin A: Bronchial Dieulafoy's Disease: Visualization of Embolization Particles in Bronchial Aspirate. Am J Respir Crit Care Med 2018

34 Minchole E, Penin RM, Rosell A: The Utility of Linear Endobronchial Ultrasound for the Incidental Finding of Dieulafoy Disease of the Bronchus. Journal of bronchology & interventional pulmonology 2018;25:e48-e50.

35 Savale L, Parrot A, Khalil A, Antoine M, Theodore J, Carette MF, Mayaud C, Fartoukh M: Cryptogenic hemoptysis: from a benign to a life-threatening pathologic vascular condition. Am J Respir Crit Care Med 2007;175:1181-1185.