**Supplemental Table 1. Demographics, clinical course and outcomes of our cohort of eight patients who presented with acute onset or worsening of pseudotumor cerebri syndrome in the setting of SARS-CoV2 infection.**

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| **Pt #** | **Age (Y)** | **Sex** | **BMI (weight fluctuation) around time of presentation** | **Pre-existing IIH/PCS (year of Dx)** | **Symptoms leading to SARS-CoV2 testing** | **Presenting Symptoms of IIH or PCS** | **Time interval between positive SARS-CoV2 testing & presenting symptoms**  | **Pertinent presenting Signs of IIH/PCS** | **Brain MRI/MRV** | **Lumbar puncture (opening pressure)** | **Treatment** | **Follow-up** |
| 1 | 22 | F | 35.2 kg/m2 (40-lb weight loss secondary to pancreatic mass resection) | N/A | Progressive HAs, BV, diplopia, PST, TVO’s & facial sensory changes  | Same symptoms leading to SARS-CoV2 testing | 0 D | VA 20/25 OD, 20/30 OS, bilateral CN VI palsy, enlarged blind spot & generalized constriction of VFs OU, Frisén Grade-5 papilledema with macular exudates OU | Empty sella, no CVST | Normal constituents (OP 50 cmH2O) | High dose PO acetazolamide (2 g BID) & a temporary lumbar drain | Only mild residual BV. VA 20/20-2 OD, 20/30 +1 OS; improved/stable VF deficits; significant improvement in papilledema |
| 2 | 30 | F | 27.5 kg/m2 (25-lb weight loss) | N/A, history of episodic migraine | Respiratory symptoms, & 25-lb weight loss | Daily, non-migrainous HAs, PST, and BV OU | 2 D | Frisén Grade-2 papilledema OU | Empty sella, no CVST | Declined | Improved without PO medications | Improved symptoms. No follow-up ophthalmic exam yet |
| 3 | 34 | F | 28.3 kg/m2(no weight change) | N/A | Subacute, pressure-like frontal HAs | BV OU, “dim shadow” OS, TVOs  | 2 W | VA 20/30 OS (PHNI), Frisén Grade-4 papilledema with peripapillary hemorrhages OS > OD | Flattening of the pituitary & posterior globes, BL TS stenosis, no CVST | Normal constituents (OP 53 cmH2O) | PO acetazolamide 750 mg BID | HAs resolved; BV improved. No follow-up ophthalmic exam yet |
| 4 | 36 | F | 28.2 kg/m2 (no weight change) |  N/A | Upper respiratory tract symptoms  | Intermittent HAs, progressive BV | 2 M | Frisén Grade-2 papilledema, nasal VF field (although poor reliability) | Flattening of the pituitary & posterior globes, prominent peri-optic CSF spaces, BL TS sinus stenosis, no CVST | Normal constituents (OP 28 cmH2O) | PO acetazolamide 500 mg BID | Improved HAs; BV resolved; improved nonspecific VF deficits; stable papilledema |
| 5 | 25 | F | 40.7 kg/m2 (no weight change) | Yes (2016) | Fevers, chills, cough | HA, “darkening of vision” OU, PST | 1 W | VA 20/60 OD, light perception OS, dyschromatopsia OS > OD, rAPD OS, generalized depression on Humphrey visual field, constricted visual fields on Goldmann perimetry, Frisén Grade-5 with retinal hemorrhages and venous stasis retinopathy | Flattening of the pituitary gland & posterior globes, dilated ON sheaths, BL disc edema, BL (left > right) TS stenosis, no CVST | Normal constituents (OP 60 cmH2O 🡪 40 cmH2O after large volume tap) | High dose PO acetazolamide (2 g BID), high volume tap, VPS. This was shortly followed by ONSF due to lack of initial improvement and continued worsening symptoms | HAs and PST resolved after ONSF, with subjective mild improvement in vision. Neuro-ophthalmic examination was stabilized aside from noted improvement in VA 20/300 OS |
| 6 | 51 | F | 31.9 kg/m2 (3-lb weight gain over 4 M) | Yes (2019), with an OP of 35 cmH2O | Increased HA frequency & severity, BV, cognitive changes, walking difficulty | Same symptoms leading to SARS-CoV2 testing | 0 D | VA 20/40 OU (PH 20/25); Constricted VF OU; increased Frisén Grade-3 papilledema with flame hemorrhages OU | Possible small CVST with patent large venous sinuses | Normal constituents (OP 26 cmH2O) | PO acetazolamide then replaced by topiramate and VPS (given worsening renal function with SARS-CoV2 infection). AC was started | AC was stopped; topiramate was weaned off; symptoms, papilledema, disc hemorrhage improved with continued VPS |
| 7 | 13 | F | 38.5 kg/m2 (20-lb weight gain over 6 M) | N/A | “Flu-like symptoms” | “Dimness” and BV OD only, non-migrainous HAs (worse in a recumbent position) | 5 D for visual symptoms, 2 W for HAs | VA 20/25 OU, nonspecific VF deficits, Frisén Grade-1 papilledema | Normal, no CVST | Normal constituents (OP 38 cmH2O) | PO acetazolamide 500 mg BID | HAs resolved; BV OD improved |
| 8 | 33 | F | 33.8 kg/m2 BMI (20-lb weight gain over 1 Y, but recently stable) | Yes (2014) with an OP of 30 cmH2O | Fevers, pharyngitis, increased HA frequency & severity | Same symptoms leading to SARS-CoV2 testing | 0 D  | Mild nasal VF deficits OS > OD, bilateral Frisén grade-1 papilledema | Empty sella, no CVST | Normal constituents (OP 30 cmH2O) | Increased PO acetazolamide from 500 🡪 750 mg BID & topiramate from 50 🡪 75 mg BID | HAs resolved. No follow-up ophthalmic exam yet |

Abbreviations: AC = Anticoagulation; BID = twice a day; BL = bilateral; BMI = Body Mass Index; BV = blurred vision; CN = Cranial nerve; CVST = Cerebral Venous Sinus Thrombosis; D = Days; Dx = diagnosis; F = Female; g = gram; HA = Headache; IIH = Idiopathic Intracranial Hypertension; LP = Lumbar Puncture; M = Months; mg = milligram; MRI = Magnetic Resonance Imaging; MRV = Magnetic Resonance Venography; N/A = Not Applicable; OD = right eye; OS = left eye; OU = both eyes; ON = Optic Nerve; ONSF = Optic Nerve Sheath Fenestration; OP = Opening Pressure; PCS = Pseudotumor Cerebri Syndrome; PH = Pinhole; PHNI= Pinhole No Improvement; PO = oral; PST = Pulse-Synchronous Tinnitus; Pt = patient; SARS-CoV2 = Coronavirus SARS-CoV2; rAPD = relative afferent pupillary defect; TS = transverse sinus; TVO’s = Transient Visual Obscurations; VA = Visual Acuity; VF = Visual Fields; VPS = Ventriculoperitoneal Shunt; W = Weeks; Y = Years.