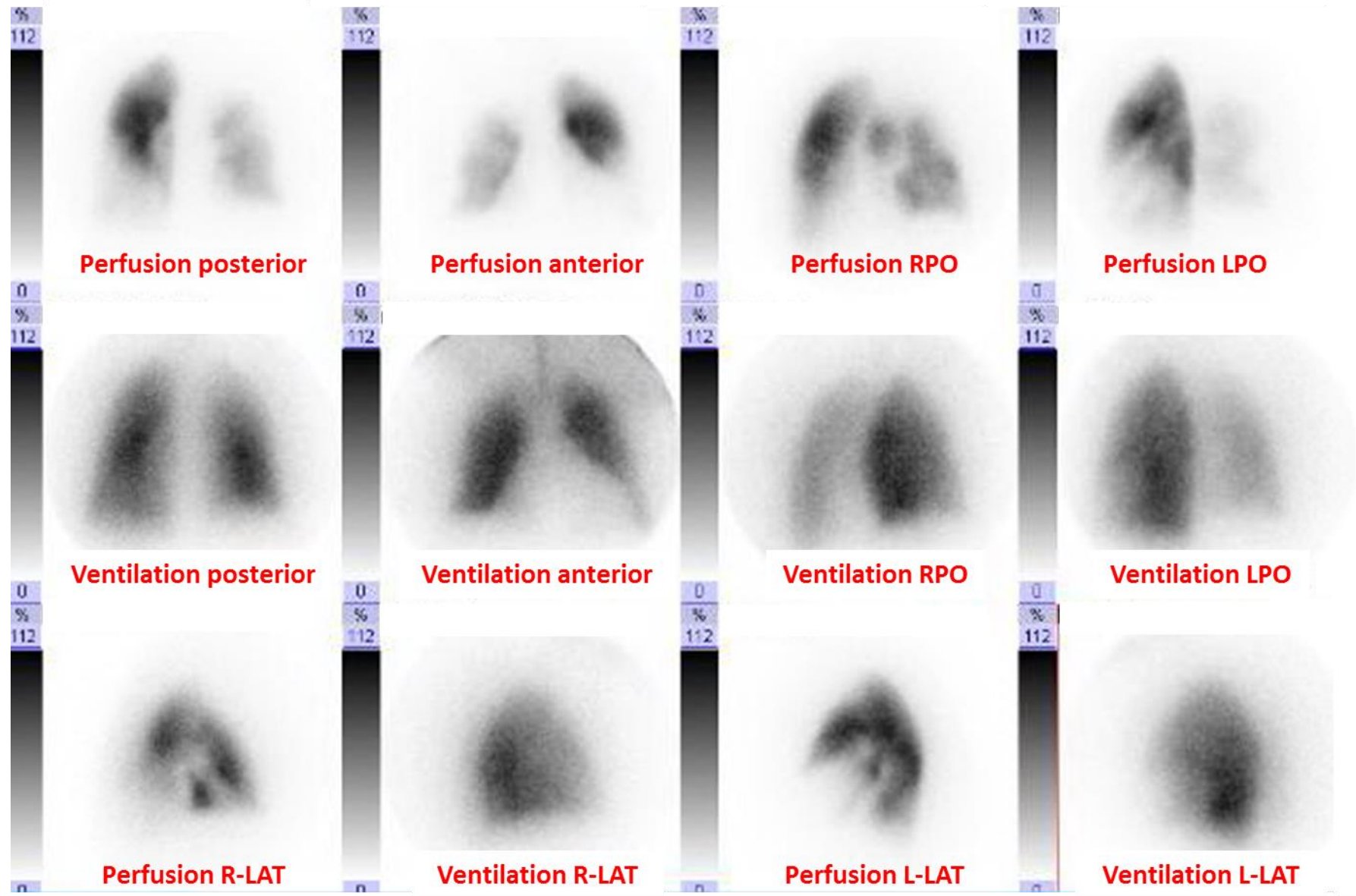


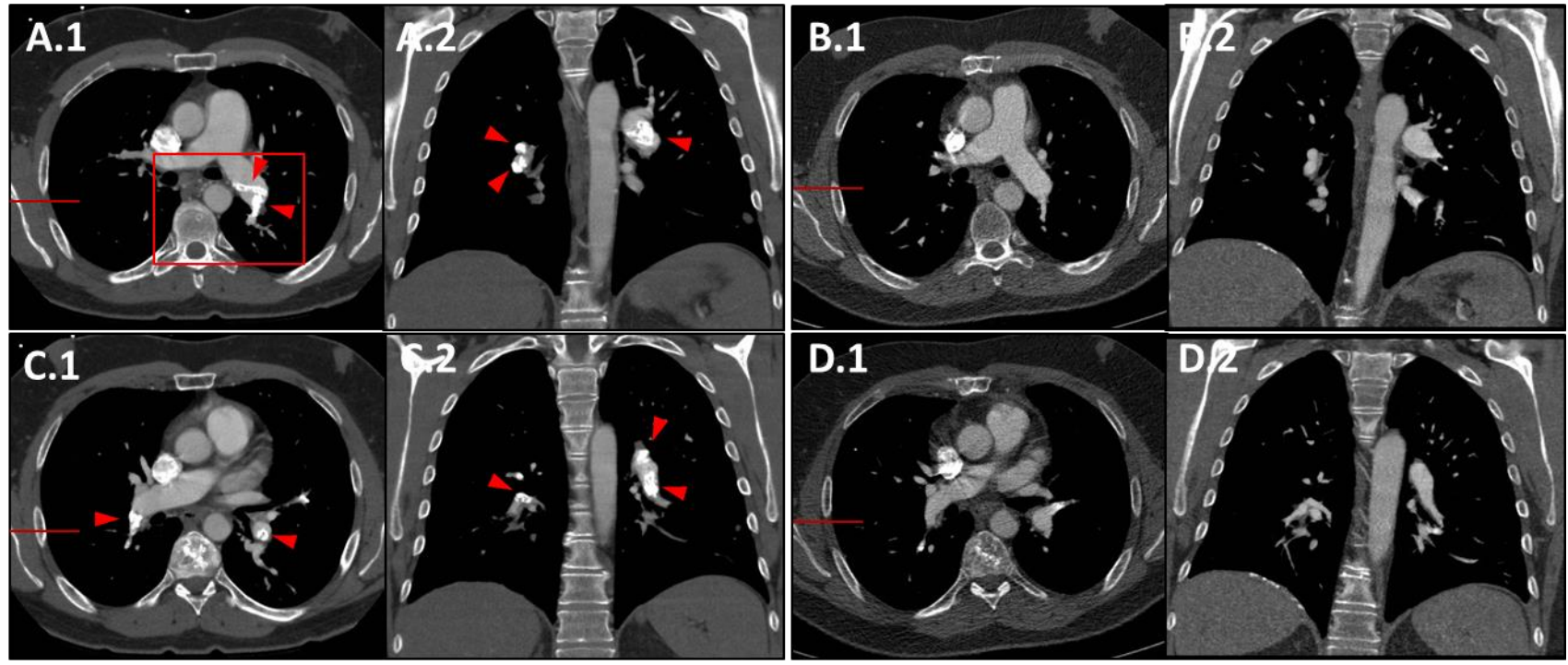
Supplementary Figure 1



Supplementary Figure 2

pre-PEA

post-PEA



axial sections

coronal sections

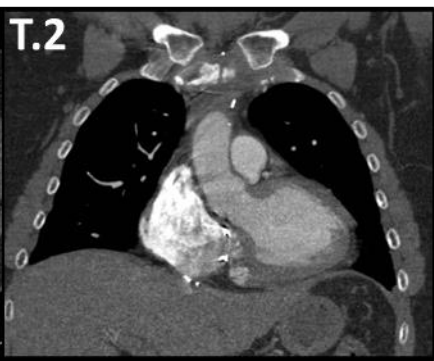
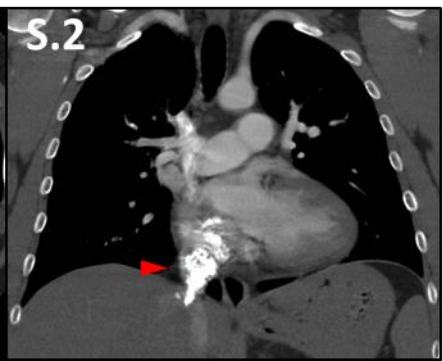
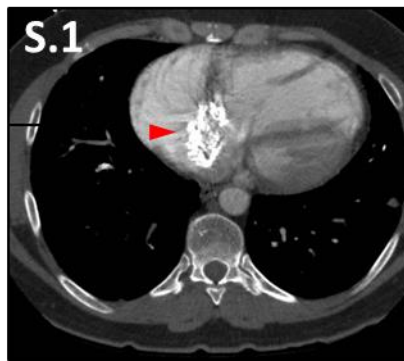
axial sections

coronal sections

Supplementary Figure 3

pre-PEA

post-PEA



Supplementary Figures

Supplementary Figure 1

Ventilation / perfusion (V/Q) scan pre-PEA. Multiple, bilateral, (sub)segmental perfusion defects were detected in presence of normal ventilation in all views. RPO: right posterior oblique view; LPO: left posterior oblique view; R-LAT: right lateral view; L-LAT: left lateral view.

Supplementary Figure 2

CT-angiograms pre- and post-PEA (Supplementary Figure 2). Pre-PEA large amounts of calcified material (arrow heads) are present in the left main pulmonary artery (A1,2) and right segmental and left lower lobe pulmonary arteries (C1,2). After PEA, there is almost complete removal at these sites (B1,2 and D1,2, respectively), shown here in axial CT-sections (A1-D1) and coronal CT-reconstructions (A2-D2) (red line marks coronal reconstruction level). Remarkable is the absence of characteristics of chronic thromboembolic pulmonary hypertension (CTEPH), such as webs, stenosis and pouches.

Supplementary Figure 3

Before PEA on CT-angiogram calcification at the right atrial level and severe tricuspid valve insufficiency were present (S1-2, arrow head). During surgery, the valve leaflets were found to be thickened and retracted and in addition to PEA a tricuspid valve replacement was performed (T1-2). A clear reduction in both right ventricular and right atrial size is seen (S1 and T1 respectively), which is in line with the resolution of PH after surgery.