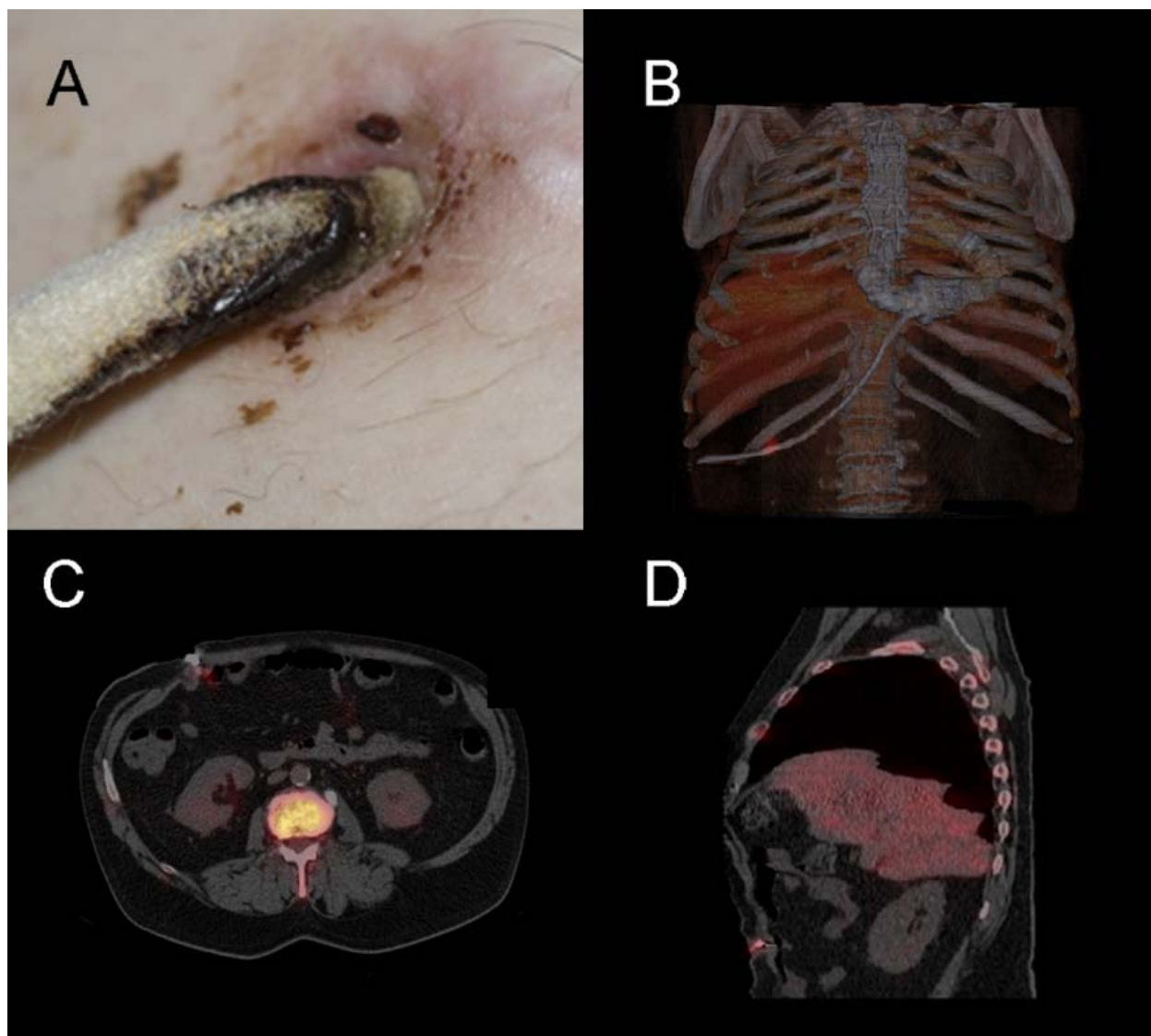
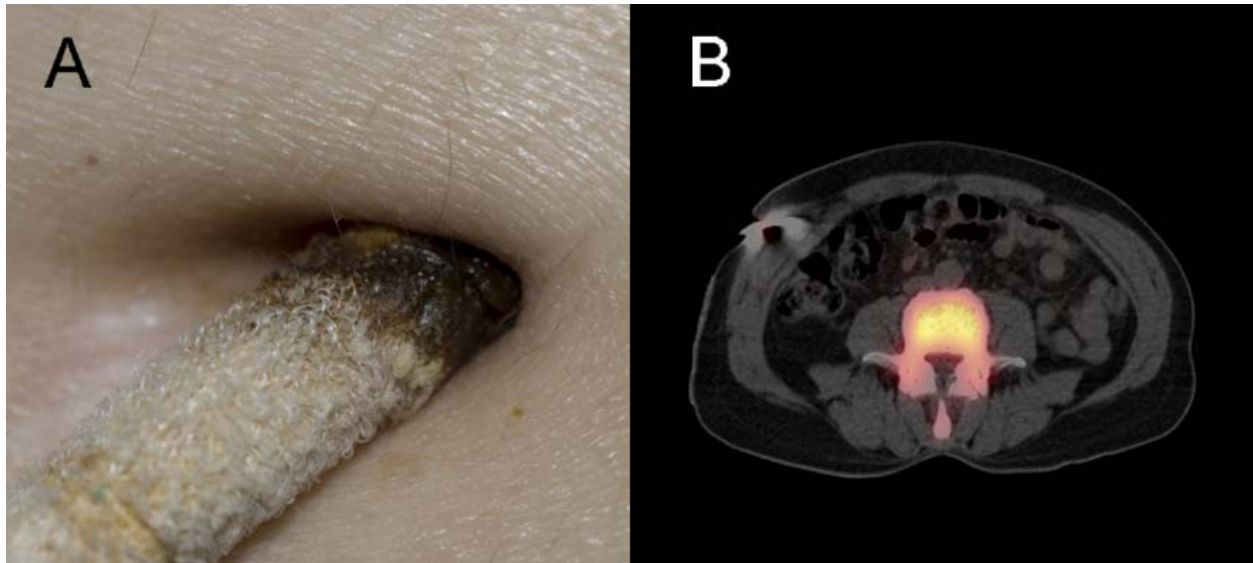


Supplemental Figure 1: Clinical and SPECT/CT aspect of a limited subcutaneous infectious focus in Patient 4 - Clinical aspect of the electrical cable exit site demonstrating a purulent discharge (A) 330 days after implantation. SPECT/CT (Volume rendering technique fusion (B), transaxial SPECT/CT (C) and sagittal SPECT/CT (D)) acquired at the same period (P4-S1) demonstrating a unique abnormal focus of leukocytes accumulation at the electrical cable exit site without deeper extension.



Supplemental Figure 2: Clinical and SPECT/CT aspect of inflammation of the electrical cable exit site in Patient 4 - Imaging (P4-S2) was performed 701 days after implantation for suspicion of device-related infection, in a context of a sore throat, inflammatory aspect of the percutaneous site (A), hyperleukocytosis and a high level of C-reactive protein. Planar scan (not shown) revealed a small and moderate uptake focus on the right flank appearing at H1, without contrast increase at H4 or H24 without other abnormality along the device. An additional cervical scan (not shown) depicted tonsillitis, considered as the only responsible of clinical status. SPECT/CT (Volume rendering technique fusion (B), transaxial SPECT/CT (C) and sagittal SPECT/CT (D) demonstrated isolated inflammation without infection at the electrical cable exit site and the absence of deeper infection along the electrical cable.



Supplemental Figure 3: Normal clinical and SPECT/CT aspect of the electrical cable exit site in Patient 5 - Prior to placing this patient with history of treated device-related infection on the transplant waiting list, a control scintigraphy (P5-S2) was performed after 412 days of support. Normal aspect at the electrical cable exit site (**A**). SPECT/CT did not demonstrate any abnormal uptake (**B**).