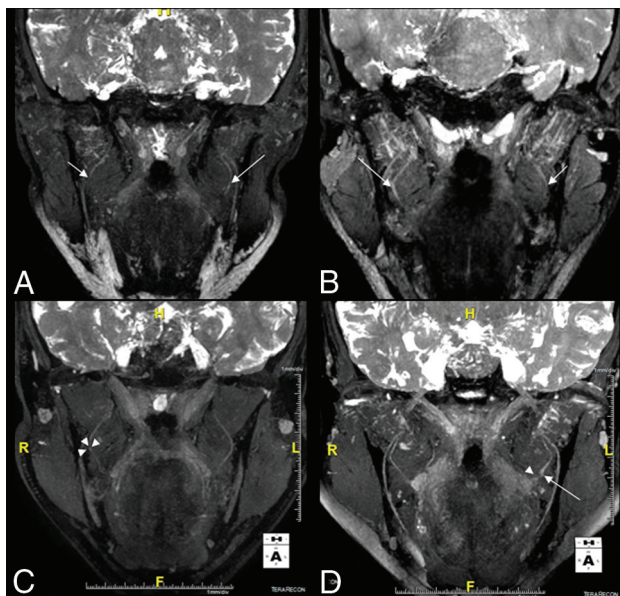




ON-LINE FIGURE. MIP coronal 3D PSIF images. A, Class II injury; increased signal intensity with <50% increased thickness of the left LN (long arrow) compared with the right (short arrow). B, Class III injury; increased signal intensity with >50% increased thickness of the right LN (long arrow) compared with the left (short arrow). C, Class IV injury (2.5 mm neuroma in continuity) of the right LN (arrowheads). D, Class V injury; showing a 3.5 mm end-bulb neuroma (long arrow) with gap (arrowhead) of the left LN.

On-line Table 1:
1.5T MR Neurography Protocol

Sequence	TR, ms	TE, ms	Section, mm	Matrix	FOV/Resolution/Other	Acquisition Time, min
Axial T2 SPAIR	5320	69	3.5	320 × 342	FOV = 320 × 0.6875; corpus callosum to chin	16
Axial T1WI	710	8.7	3.5	320 × 342	FOV = 320 × 0.6875; corpus callosum to chin	16
Axial CISS 3D	5.32	2.66	0.8	256 × 256	FOV = 256 × 0.7813; suprasellar area to C2 vertebral level	17
Axial DTI	7100	83	4.0	74 × 74	FOV = 92 × 2.174; skull base to chin; B values: 0, 800, and 1000; 12 directions	17
Coronal 3D STIR SPACE	2000	78	1.5 isotropic	320 × 259	FOV = 320 × 0.875; corpus callosum to chin	16
Coronal 3D PSIF	12	3.25	0.9 isotropic	256 × 208	FOV = 256 × 0.8516; corpus callosum to chin	16

3T MR Neurography Protocol

Sequence	TR, ms	TE, ms	Section, mm	Matrix	FOV/Other	Acquisition Time, min
Axial T2 SPAIR	2000	60	3.0	268 × 248	FOV = 16 cm; corpus callosum to chin	8.5
Axial T1WI	580	9	3.0	320 × 310	FOV = 16 cm; corpus callosum to chin	8.5
Axial 3D BFFE	5.32	2.66	1.0	270 × 270	FOV = 16 cm; corpus callosum to chin	8.5
Axial DTI	14,000	70	5.0	196 × 192	FOV = 18 cm; skull base to chin; B values: 0, 600, and 1000; 12 directions	9
Coronal SHINKEI	2500	180	1.5 isotropic	168 × 168	FOV = 25 cm; corpus callosum to chin	8
Coronal 3D PSIF	9	4	0.9 isotropic	224 × 222	FOV = 20 cm; corpus callosum to chin	10.5

Note:—BFFE indicates balanced fast-field echo sequence; SHINKEI, nerve-SHeath signal increased with INKed rest-tissue Rare Imaging; SPAIR, spectral attenuated inversion recovery; SPACE, single-slab 3D sampling perfection with application-optimized contrasts by using different flip angle evolutions.

On-line Table 2: Nerve injury findings on NST and MRN in the case group

Injured Nerve	Sunderland Class on NST	Sunderland Class on MRN
Right lingual ^a	Class IV/V	Class IV
Right inferior alveolar ^a	Class III	Class II
Right lingual	Unclassified	Class IV
Left inferior alveolar	Class III	Class III
Left lingual	Class V	Class V
Left lingual	Class IV	Class IV
Left inferior alveolar	Class II/III	Class III
Left lingual	Class IV/V	Class IV/V
Right inferior alveolar	Class II	Class III/IV
Right lingual	Class II/III	Class II
Right lingual	Class IV	Class IV
Right lingual	Class IV or V	Class IV
Right lingual	Class II, III, or IV	Class II
Right lingual	Class II, III, or IV	Class IV
Right inferior alveolar	Class II	Class II
Left inferior alveolar	Class III/IV	Class II
Left inferior alveolar	Class II or III	Class II
Left lingual	Class IV/V	Class V
Left lingual	Class IV	Class V
Left lingual	Class II, III, or IV	Class III/IV
Left lingual	Class III or IV	Class IV
Left lingual	Class IV	Class V
Left lingual	Unclassified	Class IV
Left lingual	Class IV/V	Class IV
Left lingual	Class IV or V	Class V

^a Nerve injuries were found in the same patient.

On-line Table 3: Interobserver agreement for case and control groups

Nerve	Parameter	ICC	95% CI	
IAN	Thickness	0.70	0.41	0.86
	T2SIR	0.79	0.57	0.91
	CNR	0.71	0.43	0.87
LN	Thickness	0.84	0.69	0.92
	T2SIR	0.85	0.71	0.93
	CNR	0.75	0.54	0.87