**Supplementary Material**

**A**



**B**



**C**

****

**D**

****

**Supplementary figure 1. A, B** Lytic lesion which involves lunate, hamate, and distal pole of the scaphoid bone bilaterally. Lytic lesion in distal radius. Generalized demineralization with thickening of trabecular pattern. Moth-eaten pattern (subperiosteal resorption) in metacarpal and phalanxes. Furthermore, cortical is irregular with small lytic images in the distal portion of the visible phalanxes. **C, D** Skull with salt and pepper lesions, a fine speckled pattern, and loss of the internal/external cortical definition.

|  |  |
| --- | --- |
| **Case reports from 2009-2020 (n =24)** | **Findings** |
| Gender | ♀70% |
| Age | Mean 52 years (24-78) |
| Side | Left 45% Right 35% Middle 20% |
| Clinical presentation | Palpable nodule 45%  Bone pain 33%  Brown tumor 12.5%  Nephrolitiasis 12.5%  Constipation 25%  Asymptomatic 12.5%. |
| Metabolic profile | Mean Ca 13.8 mg/dl Mean PTH 1109 ng/L |
| Tumor weight (g) | Mean 47.24 g |

|  |  |
| --- | --- |
| Post-operative complications | Symptomatic hypocalcemia (32%)  Hungry bone syndrome (25%): especially with weight ≥15g |

**Supplementary Table 1.** Characteristics of case reports with giant parathyroid adenomas.