

Supplementary material

Imiela AM, Mikołajczyk TP, Siedliński M, et al. Th17/Treg imbalance in patients with primary hyperaldosteronism and resistant hypertension. *Pol Arch Intern Med.* 2022; 132: 16171. doi:10.20452/pamw.16171

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Figure S1

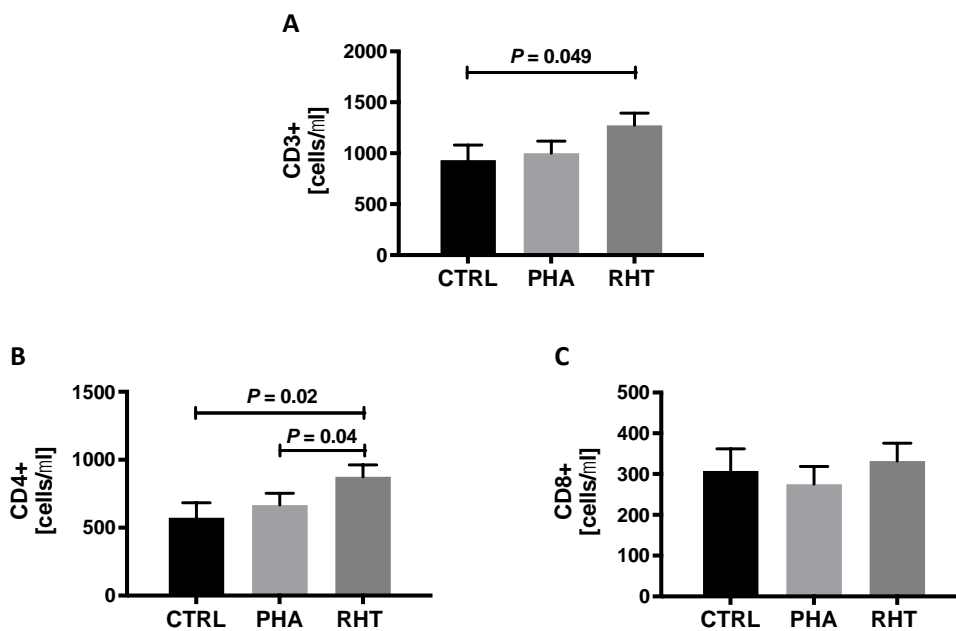
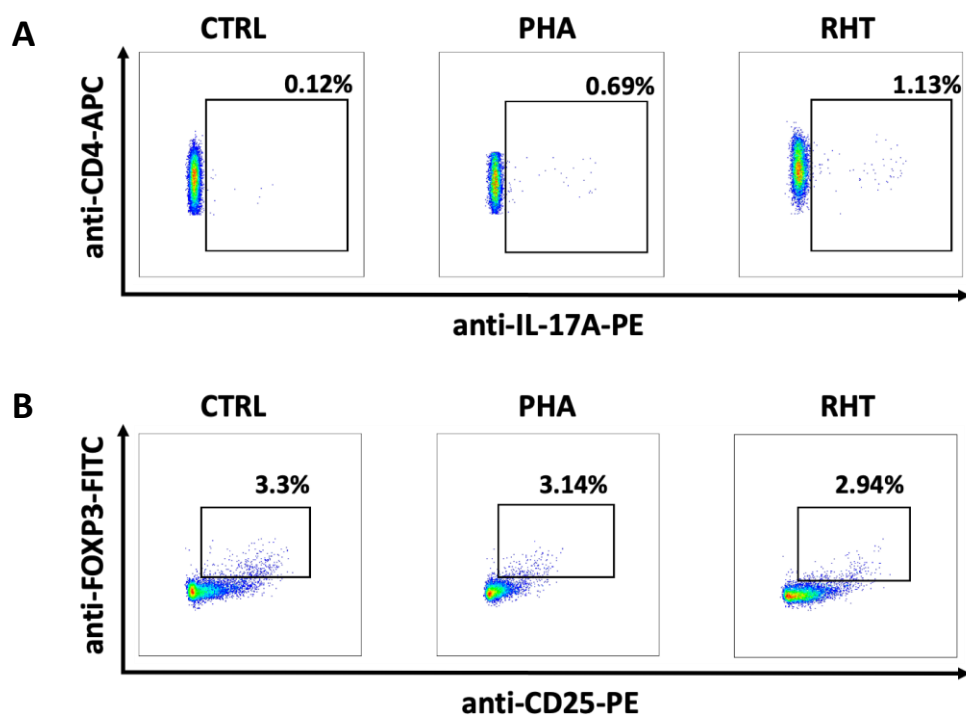


Figure S1. T cells and their subsets in patients with primary hyperaldosteronism (PHA), resistant hypertension (RHT) and normotensive controls (CTRL).

Cells number per μl of CD3+ (Panel A), CD4+ (Panel B) and CD8+ (Panel C) are shown.

Values indicate adjusted mean (SEM, standard error of the mean) estimated for the mean values of all covariates.

n=20 for CTRL, n=21 for PHA, n=20 for RHT

**Figure S2**

Representative flow cytometric examples of the percentage of CD4+IL-17+ cells (Panel A) and CD4+CD25+FOXP3+ cells (Panel B) in patients with primary hyperaldosteronism (PHA), resistant hypertension (RHT), and normotensive controls (CTRL) are shown.

Figure S3

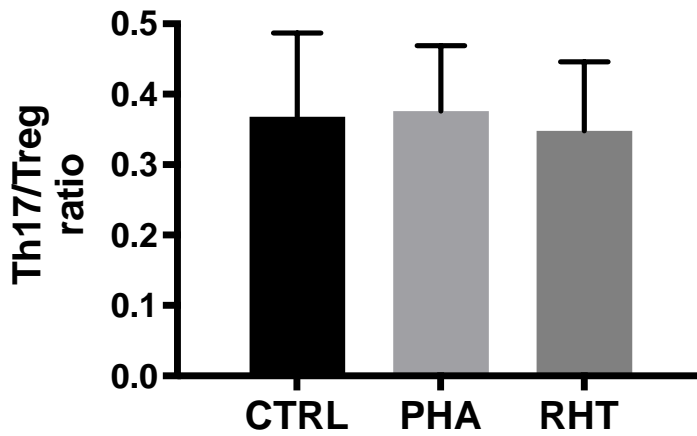


Figure S3

Th17/Treg ratio in patients with primary hyperaldosteronism (PHA), resistant hypertension (RHT), and normotensive controls (CTRL).

The ratio between Th17 and Treg is shown. Values indicate adjusted mean (SEM, standard error of the mean) estimated for the mean values of all covariates.

n=18 for CTRL, n=19 for PHA, n=18 for RHT

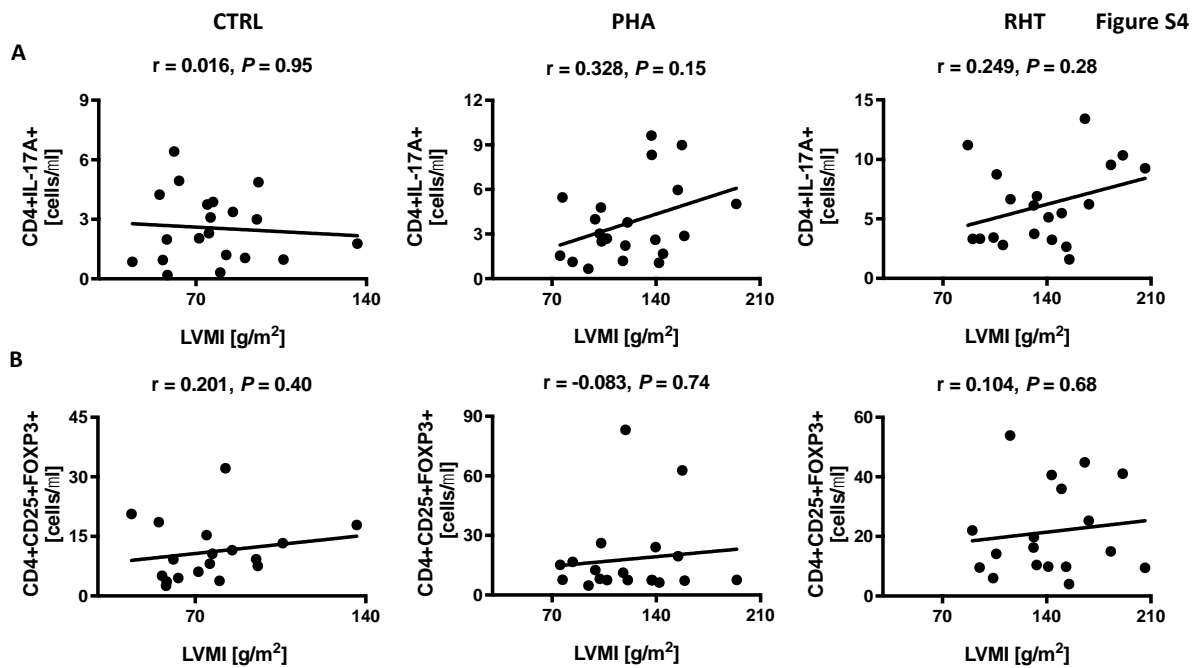


Figure S4

Correlations between Th17 or Treg content and left ventricular mass index (LVMI) in patients with primary hyperaldosteronism (PHA), resistant hypertension (RHT) and normotensive control (CTRL).

The Spearman's correlations between the CD4+IL-17A+ T cell content (Panel A) or CD4+CD25+FOXP3+ content (Panel B) and left ventricular mass index (LVMI) are shown.

Panel A: n=20 for CTRL, n=21 for PHA, n=20 for RHT.

Panel B: n=18 for CTRL, n=19 for PHA, n=18 for RHT