Supplementary material

Kosko F, Dębska-Ślizień A, Skonieczny P, et al. Co-occurrence of granulomatosis with polyangiitis and a lung carcinoid tumor. Pol Arch Intern Med. 2023; 133: 16582. doi:10.20452/pamw.16582

Table S1 The summary of all described cases of coexisting vasculitides and carcinoid tumors

Paper	Description of the case	Treatment and outcome
Atypical Endobronchial Carcinoid with Postobstructive Pneumonia Obscuring the Diagnosis of Granulomatosis with Polyangiitis (GPA) [3]	In that case the diagnosis of GPA was delayed as the patient had a concomitant atypical endobronchial carcinoid which was predisposed to post obstructive pneumonia.	Combination of steroid, cyclophosphamide, and plasma exchange. Unfortunately, because of the respiratory failure secondary to diffuse alveolar hemorrhage, the patient passed away.
Giant cell arteritis (GCA) and polymyalgia rheumatica as first manifestation of typical pulmonary carcinoid tumor [4]	A 75-year-old female developed prednisone-responsive GCA/polymyalgia rheumatica (PMR) shortly followed by the syndrome of inappropriate antidiuretic hormone secretion. An 8 mm carcinoid lung tumor with positron emission tomography normal uptake was found.	After a thoracoscopic tumor resection, the patient experienced complete clinical and laboratory remission.

Multiple atypical thymic carcinoids with paraneoplastic giant cell arteritis (GCA) [5]	The co-occurrence of these two diseases is therefore extremely rare. They reported a patient with multiple atypical thymic carcinoids and asymptomatic paraneoplastic GCA. All the thymic carcinoids were diagnosed histopathologically as atypical thymic carcinoids with intrathymic metastasis.	Treatment consisted of a complete tumor resection followed by observation of the GCA without any adjuvant therapy