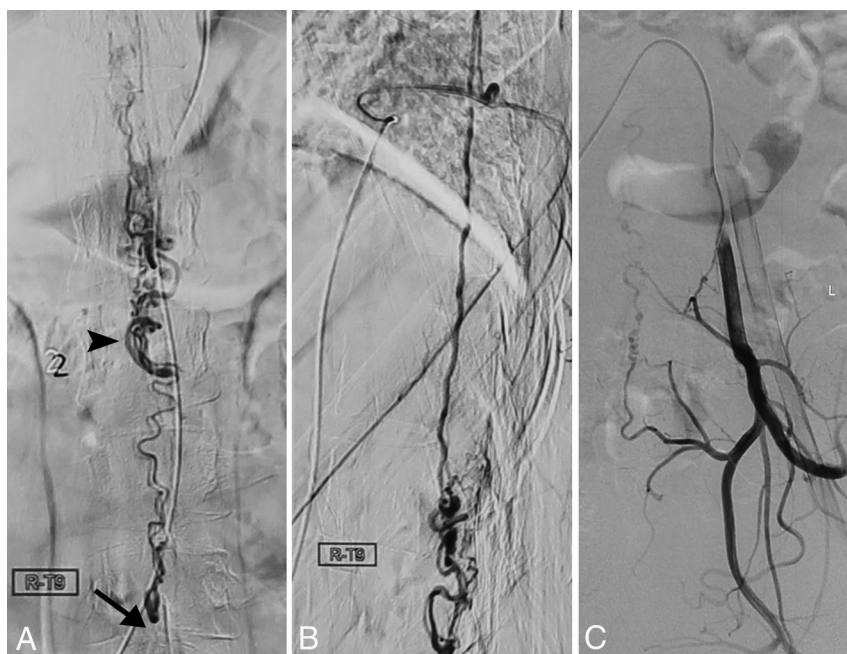
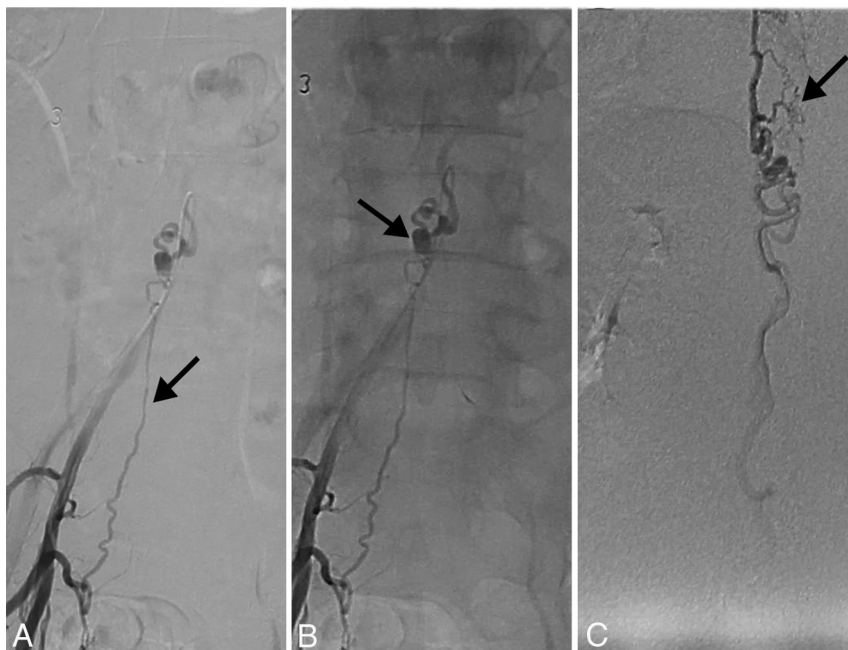


**On-line Table: Evaluation of gait, micturition, and defecation disabilities according to ALS**

Grade	Definition
Gait	
0	Normal
1	Leg weakness, abnormal gait or stance but no restriction of activity
2	Restricted activity but not requiring support
3	Requiring 1 stick for walking
4	Requires crutches or 2 sticks for walking
5	Unable to stand, confined to bed or wheelchair
Micturition	
0	Normal
1	Hesitancy, urgency, frequency
2	Occasional urinary incontinence or retention
3	Total incontinence or persistent retention
Defecation	
0	Normal
1	Constipation
2	Occasional fecal incontinence or severe intractable constipation
3	Fecal incontinence



**ON-LINE FIG 1.** The angiographic presentation of a 25-year-old woman with concomitant FTAVF and conus AVM. A, Anteroposterior view of the right T9 intercostal artery (R-T9) angiogram shows the conus AVM at the level of L1 (*arrowhead*) and the FTAVF at L4 (*arrow*). B, Lateral view of the R-T9 angiogram shows the nidus-type conus AVM at the level of L1. C, Internal iliac artery angiogram shows a concomitant conus AVM and FTAVF with extra supply from the internal iliac artery.



**ON-LINE FIG 2.** The angiographic presentation of a 45-year-old man with an rAVS. A, Early arterial phase of the right internal iliac artery angiogram shows the course of the radicular artery (*arrow*). B, Capillary phase of the right internal iliac artery angiogram shows the rAVS at the L4 level. Note that the feeding artery is following the route of a nerve root and the venous outpouchings (*arrow*). C, Lateral view of the venous phase of angiogram demonstrates an upward draining vein of the shunt and secondary venous ectasia (*arrow*).



**ON-LINE FIG 3.** A patient with an SDAVF with bilateral internal iliac artery feeders. A and B, Microcatheter angiographies of the bilateral lateral sacral artery from the internal iliac arteries show the common fistulous point (*white arrow, A*, and *black arrow, B*) and the draining vein. C, Following liquid embolic embolization, the embolic agent is seen within the proximal venous portion, indicating the obliteration of the shunt.