

**Table S2. Individuals excluded from comparison**

Individual	<b>15</b>	<b>16</b>	<b>17</b>
Reference	Del Rizzo et al., 2013	Garret et al., 1998	Barbot et al., 1995
<b>General information</b>			
Ethnicity	Italian	Dutch	Portuguese
<b>SUOX variant (NM_000456.3)</b>	c.[427C>A];[427C>A]	c.[479G>A];[479G>A]	NA
<b>Effect on protein (NP_000447.2)</b>	p.[(His143Asn)];[(His143Asn)]	p.[(Arg160Gln)];[(Arg160Gln)]	NA
<b>Genetic testing method</b>	NA	NA	NA
<b>Sulfite oxidase activity in fibroblasts</b>	NA	absent	absent
Sulfitest	positive	NA	1) negative, 2) positive (6 y)
<b>Plasma homocysteine</b>	< 1 μmol/L	NA	NA
Gender	F	F	F
<b>Age at onset</b>	1 m	5 m	3 m
<b>Age at diagnosis</b>	12 m	NA	6 y
<b>Age at last evaluation</b>	2 y 6 m	5 y	7 y
Death	NA	NA	NA
<b>Family history</b>	none	none	none
<b>Consanguinity</b>	no	yes	yes (first cousins)
<b>Birth</b>			
Gestational week	NA	NA	term
<b>Neonatal period</b>	unremarkable	NA	unremarkable
<b>Central Nervous System</b>			
<b>Symptoms that led to specialist evaluation (age)</b>	nystagmus (since 1 m), acute left hemiparesis (12 m)	two seizures (5 m)	loss of head control, irritability, sleep disorder during otitis media (3 m, but first evaluation at 9 m)
<b>Global DD / ID after acute onset</b>	yes (since first month of life)	yes (regression starting at 21 m)	DD / ID
<b>Abnormal muscle tone</b>	left hemiparesis	hypertonia	hypotonia
<b>Movement disorder (Hyperkinesia or dystonia)</b>	no	choreo-athetoid movements, dystonia	dystonia, hyperkinetic movements
<b>Nystagmus</b>	yes (since first month of life)	NA	no
<b>Ataxia</b>	no	yes	yes
<b>Seizures</b>	no	yes	no
<b>EEG anomalies (at age)</b>	normal (NA)	NA	normal (NA)
<b>Neuroradiological abnormalities (at age)</b>	MRI: mild cerebral atrophy and asymmetric stroke-like lesions of the globus pallidus (12 m); later, no significant brain atrophy, globus pallidus lesions well delineated and reduced in size (2 y)	globus pallidus changes, basal ganglia calcification, vermian hypoplasia, cerebellar atrophy (NA)	symmetrical hyperintensity of the globus pallidus, enlarged cerebello-medullary cistern with inferior vermis hypoplasia (6 y)
<b>Behavioral anomalies</b>	no	irritability at night	no
<b>Organs and Systems</b>			
<b>Visual anomalies</b>	no	ectopia lentis (2 y)	no
<b>THERAPY</b>	clinical and biochemical improvement under dietary treatment	NA	diet treatment with low levels of organic and inorganic sulphur for 2 months