

Table SI. Cardiological examination findings

Age, years	Electrocardiogram 24-h Holter ECG monitoring	Cardiopulmonary test	Echocardiogram	Cardiac magnetic resonance imaging/late gadolinium enhancement	N-terminal-pro-brain natriuretic peptide/high-sensitivity troponin-I	Electrophysiological study/ electroanatomic RV mapping	NYHA functional classification
5	No abnormality	NP	No abnormality	NP	NP	NP	NP
10	Low voltage signals, repolarization abnormalities, flat and inverted T-waves (V2-V6).	No abnormality	Mild left atrial and ventricular (LV) dilatation, and moderate LV reduced systolic ejection fraction (EF: 47%).	CMR: biventricular involvement with moderately reduced left and right ventricular functions (EF: 43% and 42%, respectively). Diffuse fibrotic changes and biventricular scarring with left patchy regions of transmural involvement and circumferential subepicardial mid-basal LV changes. Right ventricular (RV) LGE changes mainly localized at the septal region and trabeculae of RV apex.	NT-proBNP: normal limits. hsTnI: high levels (up to 204.7 pg/ml; normal values 0-11.7), reflecting potentially active cardiomyocyte damage.	Pathological areas of reduced voltages in the inferior part of the septum and anterior wall of the infundibulum; ventricular tachycardia not induced after programmed ventricular stimulation in basal conditions or under isoproterenol infusion; ventricular fibrillation induced after a single ventricular extrastimulus applied near the decreased voltage area of the inferior basal septum during isoproterenol infusion.	*NYHA I (age 10 years): absence of fatigue, palpitation or dyspnoea *NYHA II (age 12 years): slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation and dyspnoea.

LV: left ventricular; RV: right ventricular; EF: ejection fraction; CMR: cardiac magnetic resonance; LGE: late gadolinium enhancement; NT-proBNP: N-terminal-pro-brain natriuretic peptide; hsTnI: high sensitivity troponin-I; NP: not performed; NYHA: New York Heart Association. (Zhang R, Ma, Shanahan L, Munroe J, Horn S, Speedie S. Discovering and identifying New York Heart Association classification from electronic health records. BMC Med Inform Decis Mak 2018; 18 (Suppl 2): 48). *Some difficulties in assessment were related to sedentary lifestyle and macrosomia/overweight (weight 61 kg, height 150 cm, body mass index (BMI) 27.1 kg/m²).