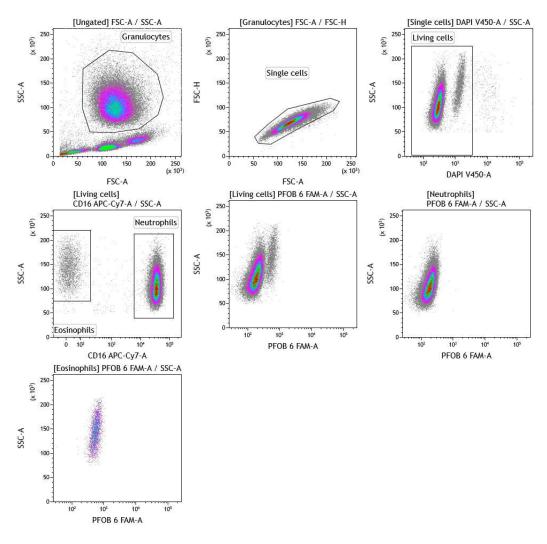
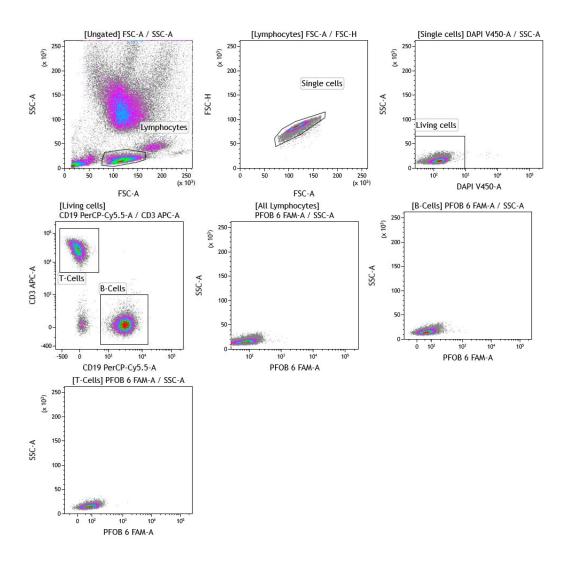


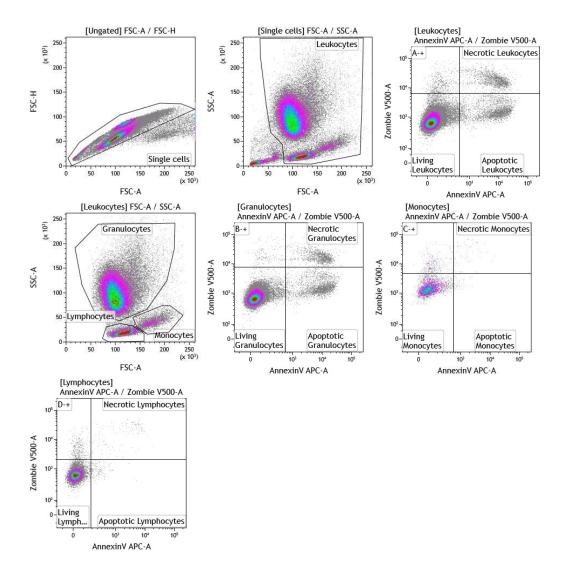
Supplementary Figure S1. Monocyte gating strategy. Monocytes were identified by size and granularity (FSC and SSC). After exclusion of dead cells (DAPI) and cell duplicates (FSC-H, FSC-A) monocyte subsets were identified by CD14 and CD16 staining. 6-FAM fluorescence intensity was measured over the time for all monocyte subsets.



Supplementary Figure S2. Neutrophils gating strategy. Granulocytes were identified by size and granularity (FSC and SSC). After exclusion of dead cells (DAPI) and cell duplicates (FSC-H, FSC-A) neutrophils were identified by CD16 staining. 6-FAM fluorescence intensity was measured over the time.



Supplementary Figure S3. Lymphocyte gating strategy. Lymphocytes were identified by size and granularity (FSC and SSC). After exclusion of dead cells (DAPI) and cell duplicates (FSC-H, FSC-A) B cells and T cells were identified by CD19 and CD3 staining. 6-FAM fluorescence intensity was measured over the time.



Supplementary Figure S4. Apoptosis/necrosis gating strategy. Leukocytes as well as leukocyte subsets (granulocytes, monocytes, lymphocytes) were identified by size and granularity (FSC and SSC). Cell duplicates were excluded (FSC-H, FSC-A). Apoptosis and necrosis was detected by Annexin V and Zombie staining.

Supplementary table S1. Inclusion and exclusion criteria

Patients with STEMI					
Inclusion criteria	Exclusion criteria				
Diagnosis of STEMI according to the ESC guidelines	Acute infectious disease (Leukocytosis and/or CRP > 10 mg/dl and proven infect focus)				
Day 3 after reperfusion	COPD GOLD ≥ III				
Age > 40 years	Renal insufficiency, CKD-Stadium ≥ 4				
Informed consent	Haematological and/or oncological diseases				
	Allergic asthma				
	Autoimmune diseases				
	Operation within the last 3 months				
Patients with SCAD					
Inclusion criteria	Exclusion criteria				
Angiographically proven coronary artery disease	Acute infectious disease (Leukocytosis and/or CRP > 10 mg/dl and proven infect focus)				
Age > 40 years	Evidence of acute Myocardial infarction up to <3 months ago				
Informed consent	Unstable angina pectoris				
	COPD GOLD ≥ III				
	Renal insufficiency, CKD-Stadium ≥ 4				
	Haematological and/or oncological				
	diseases				
	Allergic asthma				
	Autoimmune diseases				
	Operation within the last 3 months				

Supplementary table S2. Patient characteristics

Basic characteristics	STEMI	SCAD	
Number of patients	16	20	
Sex (m:f)	13:3	17:3	
Age (years)	60.3 ± 8.4	69.2 ± 10.6	
BMI (kg/cm2)	29.4 ± 5.2	27.6 ± 3.9	
Cardiovascular risk factors	STEMI	SCAD	
Arterial Hypertension	62.2 %	95 %	
Hyperlipoproteinaemia	31.25 %	60 %	
Diabetes mellitus	25 %	35 %	
Nicotine abuse	56.25 %	30 %	
Positive family history	25 %	10 %	
Laboratory parameters	STEMI	SCAD	
CK max. (U/l)	887.1 ± 709.8	101.1 ± 44.1	
Troponin max. (ng/l)	3259.7 ± 2120.6	22.7 ± 13.5	
Leukocytes/µl	9.05 ± 2.8	7.73 ± 1.41	
CRP (mg/dl)	4.1 ± 8.1	0.6 ± 0.9	
Creatinine (mg/dl)	1.1 ± 0.3	0.9 ± 0.2	
eGFR (ml/min)	74.0 ± 19.3	79.3 ± 13.3	
Percent Monocytes of all Leukocytes (%)	4.9 ± 1.4	4.9 ± 1.29	

BMI = body mass index, CK = creatine kinase, CRP = C reactive protein, eGFR = estimated glomerular filtration rate

Supplementary table S3. Univariate correlation analysis of several clinical parameters to 6-FAM
MFI after 160 min of PFOB-NE challenge.

	STEMI			SCAD		
Parameter	r	r ²	p-value	r	r ²	p-value
CMR infarct size	-0,02860	0,0008182	0,9515	n.a.	n.a.	n.a.
CK max	0,07617	0,005801	0,7792	n.a.	n.a.	n.a.
CRP	-0,2551	0,06505	0,3589	-0,1569	0,02461	0,5213
Age	-0,2726	0,07431	0,3070	0,1042	0,01086	0,6619
Hemoglobin	0,1615	0,02609	0,5501	0,1436	0,02062	0,5459
eGFR	-0,3639	0,1325	0,1658	-0,1208	0,01458	0,6120
Creatinin	0,4452	0,1982	0,0840	-0,03001	0,0009006	0,9001
Leukocyte count	-0,2675	0,07154	0,3166	0,2778	0,07720	0,1993
Monocyte count	0,1119	0,01251	0,6800	0,2969	0,08817	0,2036

CMR = cardiac magnetic resonance imaging, CK = creatine kinase, CRP = C reactive protein, eGFR = estimated glomerular filtration rate

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