**Additional Figure S1:** Anatomical relation between the parotid gland and facial nerve in a superficial parotidectomy. The parotid gland has a strict anatomical relationship with the facial nerve, which runs deep underneath the gland in its initial trait, then it becomes more superficial and branches into various divisions. Our experience suggests identifying a “safety zone” choosing a landmark localised 1 cm beneath the ear lobe. A) gland parenchyma is exposed (b) and the great auricular nerve is isolated (a). B) The gland is retracted (b) and the pointer cartilage (c) is identified. The main trunk of the facial nerve is found deep to the gland in its initial trait (\*).

**![Immagine che contiene cibo, fotografia, frutta, sedendo

Descrizione generata automaticamente]()**

**Additional Figure S2.** Post-biopsy complications questionnaire, English version.

**POST-BIOPSY COMPLICATIONS QUESTIONNAIRE**

1. Did you have any swelling at biopsy site? YES NO

If yes, how long? ……….

Physician control YES NO

2. Did you have any hematoma at biopsy site? YES NO

If yes, how long? ……….

Physician control YES NO

3. Did you have any bleeding at biopsy site? YES NO

If yes, how long? ……….

Physician control YES NO

4. Did you have pain at biopsy site? YES NO

If yes, choose a number from 0 to 10 to describe pain intensity ……….

If yes, how long? ……….

5. Did you have any local infection? YES NO

Physician control YES NO

6. Did you have any anesthesia / paresthesia in the biopsy area? YES NO

If yes, how long? ……….

Physician control YES NO

7. Did you have any sialocele or fistula in the biopsy area? YES NO

Physician control YES NO

**Additional Figure S3.** Post-biopsy complications questionnaire, Italian version.

**QUESTIONARIO DELLE COMPLICANZE POST-BIOPSIA**

1. Ha avuto gonfiore della area sottoposta a biopsia? SI NO

Se sì, quanto è durato? …………..

Controllo da parte del medico SI NO

2. Ha avuto un ematoma nell'area sottoposta a biopsia? SI NO

Se sì, quanto è durato? …………..

Controllo da parte del medico SI NO

3. Ha avuto sanguinamento nell'area sottoposta a biopsia? SI NO

Se sì, quanto è durato? …………..

Controllo da parte del medico SI NO

4. Ha avuto dolore nell'area sottoposta a biopsia? SI NO

Se sì, indichi con un valore numerico da 0 a 10 l'intensità del dolore ………….

Se sì, quanto è durato? …………..

5. Ha avuto un'infezione locale dopo la procedura SI NO

Controllo da parte del medico SI NO

6. Ha avuto perdita/riduzione della sensibilità dell'area sottoposta a biopsia? SI NO

Se sì, quanto è durato? …………..

Controllo da parte del medico SI NO

7. Ha avuto una sialocele o una fistola nell’area sottoposta a biopsia? SI NO

Controllo da parte del medico SI NO

**Additional Table S1:** Detailed patients clinical and laboratory features.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Anti-Ro/SSA and/or anti-La/SSB positive** | **Antinuclear antibodies positive** | **Rheumatoid factor positive** | **Previous minor salivary gland biopsy positive** | **Fulfilment of the ACR-EULAR classification criteria for pSS** |
| **Case #1** | no | yes | yes | yes | yes |
| **Case #2** | yes | yes | yes | not performed | yes |
| **Case #3** | yes | yes | no | not performed | yes |
| **Case #4** | no | no | no | no | no |
| **Case #5** | yes | yes | yes | not performed | yes |
| **Case #6** | yes | yes | yes | yes | yes |
| **Case #7** | yes | yes | yes | yes | yes |
| **Case #8** | yes | yes | no | not performed | yes |
| **Case #9** | yes | yes | no | yes | yes |
| **Case #10** | yes | yes | no | not performed | yes |
| **Case #11** | yes | no | no | not performed | no |
| **Case #12** | yes | yes | yes | yes | yes |
| **Case #13** | no | yes | yes | not performed | no |
|  | | | | | |
| **Control #1** | yes | yes | yes | not performed | yes |
| **Control #2** | no | yes | no | not performed | no |
| **Control #3** | yes | yes | yes | not performed | yes |
| **Control #4** | yes | yes | yes | not performed | yes |
| **Control #5** | yes | yes | yes | not performed | yes |
| **Control #6** | yes | yes | yes | not performed | yes |
| **Control #7** | yes | yes | yes | not performed | yes |
| **Control #8** | yes | yes | yes | not performed | yes |
| **Control #9** | yes | yes | yes | not performed | yes |
| **Control #10** | yes | yes | yes | not performed | yes |
| **Control #11** | no | yes | yes | yes | yes |
| **Control #12** | yes | yes | no | yes | yes |
| **Control #13** | yes | yes | yes | not performed | yes |

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