



Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words "case report" . . . . .	<input checked="" type="checkbox"/>
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" . . .	<input checked="" type="checkbox"/>
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature? . . . . .	<input checked="" type="checkbox"/>
	3b	Main symptoms and/or important clinical findings . . . . .	<input checked="" type="checkbox"/>
	3c	The main diagnoses, therapeutic interventions, and outcomes . . . . .	<input checked="" type="checkbox"/>
	3d	Conclusion—What is the main "take-away" lesson(s) from this case? . . . . .	<input checked="" type="checkbox"/>
Introduction	4	One or two paragraphs summarizing why this case is unique ( <b>may include references</b> ) . . . . .	<input checked="" type="checkbox"/>
Patient Information	5a	De-identified patient specific information. . . . .	<input checked="" type="checkbox"/>
	5b	Primary concerns and symptoms of the patient. . . . .	<input checked="" type="checkbox"/>
	5c	Medical, family, and psycho-social history including relevant genetic information . . . . .	<input checked="" type="checkbox"/>
	5d	Relevant past interventions with outcomes . . . . .	<input checked="" type="checkbox"/>
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings. . . . .	<input checked="" type="checkbox"/>
Timeline	7	Historical and current information from this episode of care organized as a timeline . . . . .	<input checked="" type="checkbox"/>
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys). . . . .	<input checked="" type="checkbox"/>
	8b	Diagnostic challenges (such as access to testing, financial, or cultural) . . . . .	NA
	8c	Diagnosis (including other diagnoses considered) . . . . .	<input checked="" type="checkbox"/>
	8d	Prognosis (such as staging in oncology) where applicable . . . . .	NA
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) . . . . .	<input checked="" type="checkbox"/>
	9b	Administration of therapeutic intervention (such as dosage, strength, duration) . . . . .	NA
	9c	Changes in therapeutic intervention (with rationale) . . . . .	NA
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available) . . . . .	NA
	10b	Important follow-up diagnostic and other test results . . . . .	NA
	10c	Intervention adherence and tolerability (How was this assessed?) . . . . .	NA
	10d	Adverse and unanticipated events . . . . .	<input checked="" type="checkbox"/>
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report . . . . .	<input checked="" type="checkbox"/>
	11b	Discussion of the relevant medical literature <b>with references</b> . . . . .	<input checked="" type="checkbox"/>
	11c	The scientific rationale for any conclusions (including assessment of possible causes) . . . . .	<input checked="" type="checkbox"/>
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion . . . . .	<input checked="" type="checkbox"/>
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received . . . . .	NA
Informed Consent	13	Did the patient give informed consent? Please provide if requested . . . . .	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>