| Topic | Item No | Checklist item description | Reported on Page Number/Line Number | Reported on Section/Paragraph |
|-------|---------|----------------------------|------------------------------------|-------------------------------|
| Title | 1       | The diagnosis or intervention of primary focus followed by the words "case report" | Page1/Line3-4 | Title |
| Key Words | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page2/Line41-42 | Key Words |
| Abstract (Structured summary) | 3a | Background: state what is known and unknown; why the case report is unique and what it adds to existing literature. | Page1/Line39 | Abstract/Paragraph1 |
| | 3b | Case Description: describe the patient’s demographic details, main symptoms, history, important clinical findings, the main diagnosis, interventions, outcomes and follow-ups. | Page1/Line20-Page2/Line39 | Abstract/Paragraph1 |
| | 3c | Conclusions: summarize the main take-away lesson, clinical impact and potential implications. | Page1/Line39 | Abstract/Paragraph1 |
| Introduction | 4 | One or two paragraphs summarizing why this case is unique (may include references) | Page2/Line47-66 | Introduction 1 |
| Patient Information | 5a | De-identified patient specific information | e112 | Patient Information |
| | 5b | Primary concerns and symptoms of the patient | e112 | Patient Information |
| | 5c | Medical, family, and psycho-social history including relevant genetic information | NA | Patient Information |
| | 5d | Relevant past interventions with outcomes | e112 | Patient Information |
| Clinical Findings | 6 | Describe significant physical examination (PE) and important clinical findings | e112 | Case presentation/Para |
| Timeline | 7 | Historical and current information from this episode of care organized as a timeline | NA | Timeline |
| Diagnostic Assessment | 8a | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). | e112 | Diagnostic assessment |
| | 8b | Diagnostic challenges (such as access to testing, financial, or cultural) | e112 | Diagnostic assessment |
| | 8c | Diagnosis (including other diagnoses considered) | e112 | Diagnostic assessment |
| | 8d | Prognosis (such as staging in oncology) where applicable | e112 | Diagnostic assessment |
| Therapeutic Intervention | 9a | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | e112 | Therapeutic intervention |
| | 9b | Administration of therapeutic intervention (such as dosage, strength, duration) | e112 | Therapeutic intervention |
| | 9c | Changes in therapeutic intervention (with rationale) | e112 | Therapeutic intervention |
| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available) |
|------------------------|-----|------------------------------------------------------|
|                        | 10b | Important follow-up diagnostic and other test results |
|                        | 10c | Intervention adherence and tolerability (How was this assessed?) |
|                        | 10d | Adverse and unanticipated events |

| Discussion | 11a | A scientific discussion of the strengths AND limitations associated with this case report |
|------------|-----|-----------------------------------------------------------------------------------------|
|            | 11b | Discussion of the relevant medical literature with references |
|            | 11c | The scientific rationale for any conclusions (including assessment of possible causes) |
|            | 11d | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion |

| Patient Perspective | 12  | The patient should share their perspective in one to two paragraphs on the treatment(s) they received |
|---------------------|-----|-------------------------------------------------------------------------------------------------------|
| Infomed Consent     | 13  | Did the patient give informed consent? Please provide if requested |

|               |     | Yes ✓ |
|---------------|-----|-------|
| Informed Consent | Yes ✓ | No    |

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.