| 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”          |                                    |                              |
| Key Words                     | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report” |                                    |                              |
| Abstract (no references)      | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature? |                                    |                              |
|                               | 3b      | Main symptoms and/or important clinical findings                                           |                                    |                              |
|                               | 3c      | The main diagnoses, therapeutic interventions, and outcomes                                |                                    |                              |
|                               | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                         |                                    |                              |
| Introduction                  | 4       | One or two paragraphs summarizing why this case is unique (may include references)         |                                    |                              |
| Patient Information           | 5a      | De-identified patient specific information                                                  |                                    |                              |
|                               | 5b      | Primary concerns and symptoms of the patient                                               |                                    |                              |
|                               | 5c      | Medical, family, and psycho-social history including relevant genetic information           |                                    |                              |
|                               | 5d      | Relevant past interventions with outcomes                                                  |                                    |                              |
| Clinical Findings             | 6       | Describe significant physical examination (PE) and important clinical findings             |                                    |                              |
| Timeline                      | 7       | Historical and current information from this episode of care organized as a timeline       |                                    |                              |
| Diagnostic Assessment         | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                     |                                    |                              |
|                               | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                  |                                    |                              |
|                               | 8c      | Diagnosis (including other diagnoses considered)                                           |                                    |                              |
|                               | 8d      | Prognosis (such as staging in oncology) where applicable                                  |                                    |                              |
| Therapeutic Intervention      | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) |                                    |                              |
|                               | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)            |                                    |                              |
|                               | 9c      | Changes in therapeutic intervention (with rationale)                                      |                                    |                              |
### Follow-up and Outcomes

|   | Details                                                                 |
|---|------------------------------------------------------------------------|
| 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

|   | Details                                                                 |
|---|------------------------------------------------------------------------|
| 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

|   | Details                                                                 |
|---|------------------------------------------------------------------------|
| 12 | The patient should share their perspective in one to two paragraphs on the treatment(s) they received |

### Informed Consent

|   | Details                                                                 |
|---|------------------------------------------------------------------------|
| 13 | Did the patient give informed consent? Please provide if requested      |
|   | Yes                                                                     |
|   | No                                                                     |