| 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/Line 1-4                     | Title/Paragraph 1            |
| Key Words                            | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report” | Page2/Line 51-52                   | Keywords/Paragraph 1         |
| Abstract (no references)             | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature? | Page1/Line 22-24                   | Abstract/Paragraph 1         |
|                                     | 3b      | Main symptoms and/or important clinical findings                                            | Page1/Line 30-33                   | Abstract/Paragraph 1         |
|                                     | 3c      | The main diagnoses, therapeutic interventions, and outcomes                                 | Page2/Line 33-44                   | Abstract/Paragraph 1         |
|                                     | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                          | Page2/Line 48-49                   | Abstract/Paragraph 1         |
| Introduction                         | 4       | One or two paragraphs summarizing why this case is unique *(may include references)*        | Page2/Line 60-64                   | Introduction/Paragraph 1     |
| Patient Information                  | 5a      | De-identified patient specific information                                                   | Page3/Line 73-78                   | Subject/Paragraph 1          |
|                                     | 5b      | Primary concerns and symptoms of the patient                                                 | Page3/Line 73-81                   | Subject/Paragraph 1          |
|                                     | 5c      | Medical, family, and psycho-social history including relevant genetic information           | Page3/Line 78-81                   | Subject/Paragraph 1          |
|                                     | 5d      | Relevant past interventions with outcomes                                                    | Page3/Line 80-81                   | Subject/Paragraph 1          |
| Clinical Findings                   | 6       | Describe significant physical examination (PE) and important clinical findings             | Page3/Line 81-86                   | Subject/Paragraph 1          |
| Timeline                             | 7       | Historical and current information from this episode of care organized as a timeline        | Page3/Line 74-81                   | Subject/Paragraph 1          |
| Diagnostic Assessment                | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                     | Page3-4/Line 94-117                | Methods/Paragraph 1\&2       |
|                                     | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                  | Page3/Line 96-100                  | Methods/Paragraph 1          |
|                                     | 8c      | Diagnosis (including other diagnoses considered)                                            | Page3-4/Line 107-117               | Methods/Paragraph 3          |
|                                     | 8d      | Prognosis (such as staging in oncology) where applicable                                   | Page6/Line 201-203                 | Treatment/Paragraph 1        |
| Therapeutic Intervention             | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page6/Line 189-194                 | Treatment/Paragraph 1        |
|                                     | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)             | Page6/Line 191-199                 | Treatment/Paragraph 1        |
|                                     | 9c      | Changes in therapeutic intervention (with rationale)                                       | Page6/Line 197-201                 | Treatment/Paragraph 1        |
| Follow-up and Outcomes | 10a  | Clinician and patient-assessed outcomes (if available) | Page3/Line 71-73 | Discussion/Paragraph 7 |
|------------------------|------|-------------------------------------------------------|------------------|------------------------|
|                        | 10b  | Important follow-up diagnostic and other test results | Page5/Line 156-166 | Results/Paragraph 4    |
|                        | 10c  | Intervention adherence and tolerability (How was this assessed?) | Page7/Line 222-238 | Discussion/Paragraph 2 |
|                        | 10d  | Adverse and unanticipated events                      | NA               | No adverse and         |
| Discussion             | 11a  | A scientific discussion of the strengths AND limitations associated with this case report | Page9/Line 297-302 | Discussion/Paragraph 5 |
|                        | 11b  | Discussion of the relevant medical literature with references | Page9/Line 292-297 | Discussion/Paragraph 5 |
|                        | 11c  | The scientific rationale for any conclusions (including assessment of possible causes) | Page7/Line 231-238 | Discussion/Paragraph 2 |
|                        | 11d  | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | Page9/Line 313-319 | Discussion/Paragraph 7 |
| Patient Perspective    | 12   | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | N/A              | N/A                    |
| Informed Consent       | 13   | Did the patient give informed consent? Please provide if requested | 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.