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