



Topic **Checklist item description** Reported on Page

Item	Checklist item description	Reported on Page
Title	1 The words "case report" should be in the title along with the area of focus	<input checked="" type="checkbox"/>
Key Words	2 2 to 5 key words that identify areas covered in this case report	<input checked="" type="checkbox"/>
Abstract	3a Introduction—What is unique about this case? What does it add to the medical literature?	<input checked="" type="checkbox"/>
	3b The main symptoms of the patient and the important clinical findings	<input checked="" type="checkbox"/>
	3c The main diagnoses, therapeutics interventions, and outcomes	<input checked="" type="checkbox"/>
	3d Conclusion—What are the main "take-away" lessons from this case?	<input checked="" type="checkbox"/>
Introduction	4 One or two paragraphs summarizing why this case is unique with references	<input checked="" type="checkbox"/>
	5a De-identified demographic information and other patient specific information	<input checked="" type="checkbox"/>
Patient Information	5b Main concerns and symptoms of the patient	<input checked="" type="checkbox"/>
	5c Medical, family, and psychosocial history including relevant genetic information (also see timeline)	<input checked="" type="checkbox"/>
Clinical Findings	5d Relevant past interventions and their outcomes	<input checked="" type="checkbox"/>
	6 Describe the relevant physical examination (PE) and other significant clinical findings	<input checked="" type="checkbox"/>
Timeline	7 Important information from the patient's history organized as a timeline	<input checked="" type="checkbox"/>
Diagnostic Assessment	8a Diagnostic methods (such as PE, laboratory testing, imaging, surveys)	<input checked="" type="checkbox"/>
	8b Diagnostic challenges (such as access, financial, or cultural)	<input checked="" type="checkbox"/>
	8c Diagnostic reasoning including other diagnoses considered	<input checked="" type="checkbox"/>
	8d Prognostic characteristics (such as staging in oncology) where applicable	<input checked="" type="checkbox"/>
Therapeutic Intervention	9a Types of intervention (such as pharmacologic, surgical, preventive, self-care)	<input checked="" type="checkbox"/>
	9b Administration of intervention (such as dosage, strength, duration)	<input checked="" type="checkbox"/>
	9c Changes in intervention (with rationale)	<input checked="" type="checkbox"/>
	10a Clinician and patient-assessed outcomes (when appropriate)	<input checked="" type="checkbox"/>
Follow-up and Outcomes	10b Important follow-up diagnostic and other test results	<input checked="" type="checkbox"/>
	10c Intervention adherence and tolerability (How was this assessed?)	<input checked="" type="checkbox"/>
	10d Adverse and unanticipated events	<input checked="" type="checkbox"/>
Discussion	11a Discussion of the strengths and limitations in your approach to this case	<input checked="" type="checkbox"/>
	11b Discussion of the relevant medical literature	<input checked="" type="checkbox"/>
	11c The rationale for conclusions (including assessment of possible causes)	<input checked="" type="checkbox"/>
	11d The primary "take-away" lessons of this case report	<input checked="" type="checkbox"/>
Patient Perspective	12 When appropriate the patient should share their perspective on the treatments they received	<input checked="" type="checkbox"/>
Informed Consent	13 Did the patient give informed consent? Please provide if requested	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>