



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