**CARE Checklist – 2016 Gelfoam embolization for distal, medium vessel injury during mechanical thrombectomy in acute stroke : A case report and review of the literature**

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| **Topic** | **Item** | **Checklist item description** | **Reported on page** |
| **Title** | **1** | The words “case report” should be in the title along with the area of focus | 1 |
| **Key Words** | **2** | Four to seven key words—including “case report” as a key word | 3 |
| **Abstract** | **3a** | Background: What does this case report add to the medical literature | 3 |
|  | **3b** | Case summary (1 paragraph): chief complaint, diagnoses, interventions, and outcomes | 3 |
|  | **3c** | Conclusion: What are the main “take-away” lessons from this case? |  3 |
| **Introduction** | **4** | The current standard of care and contributions of this case-with references (1-2 paragraphs) | 6 |
| **Timeline** | **5** | Information from this case report organized into a timeline (table or figure) | 5-7 |
| **Patient Information** | **6a** | De-identified demographic and other patient specific information | 5 |
|  | **6b** | Chief complaint (what prompted this patient visit) | 5 |
|  | **6c** | Relevant history including past interventions and outcomes | 5 |
| **Physical exam** | **7** | Relevant physical examination findings | 5 |
| **Diagnostic Assessment** | **8a** | Evaluations such as surveys, laboratory testing, imaging, etc. | 5-6 |
|  | **8b** | Diagnostic reasoning including other diagnoses considered and challenges | 5 |
|  | **8c** | Consider tables or figures linking assessment, diagnoses and interventions | 5-7 |
|  | **8d** | Prognostic characteristics (such as staging in oncology) where applicable | 5 |
| **Interventions** | **9a** | Types of intervention (such as pharmacologic, surgical, preventive, self-care) | 5-6 |
|  | **9b** | Administration of intervention (such as dosage, strength, duration) | 6 |
|  | **9c** | Changes in intervention (with rationale)  | 6 |
|  | **9d** | Other concurrent interventions | 6 |
| **Follow-up and Outcomes** | **10a** | Clinician assessment (and patient or client assessed outcomes when appropriate) | 6-7 |
|  | **10b** | Important follow-up diagnostic evaluations | 6-7 |
|  | **10c** | Assessment of intervention adherence and tolerability, including adverse events | 6-7 |
| **Discussion** | **11a** | Discussion of the strengths and limitations in the management of this case | 7-9 |
|  | **11b** | Specify how this case report informs practice or Clinical Practice Guidelines (CPG) | 7-9 |
|  | **11c** | How does this case report suggest a testable hypothesis? | 7-9 |
|  | **11d** | Conclusions and rationale | 9 |
| **Patient Perspective** | **12** | Did the patient share his or her perspective or experience? (Include when appropriate) | N/A |
| **Informed Consent** | **13** | Did the patient give informed consent? Please provide if requested | **Yes**  |
| **Additional Information** | **14** | Acknowledgement section; Competing Interests; IRB approval when required | 12 |