



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