

| Topic                       | Item No | Checklist item description   | Reported on Page Number/Line Number | Reported on Section/Paragraph |
|-----------------------------|---------|--|-------------------------------------|-------------------------------|
| Title                       | 1       | The diagnosis or intervention of primary focus followed by the words “case report”                     | Page 1/Line 1~2                     | section 1                     |
| Key Words                   | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 1/Line 14                      | section 3                     |
| Abstract<br>(no references) | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature?        | Page 1/Line 15                      | section 2                     |
|                             | 3b      | Main symptoms and/or important clinical findings   | Page 2/Line 41~42                   | section 2                     |
|                             | 3c      | The main diagnoses, therapeutic interventions, and outcomes  | Page 2~4/Line 40~90                 | section 2                     |
|                             | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                                      | Page 5/Line 131~136                 | section 2                     |
| Introduction                | 4       | One or two paragraphs summarizing why this case is unique ( <b>may include references</b> )            | Page 1~2/Line 16~38                 | section 4                     |
| Patient Information         | 5a      | De-identified patient specific information   | Page 2/Line 40~41                   | section 5                     |
|                             | 5b      | Primary concerns and symptoms of the patient   | Page 2/Line 41~42                   | section 5                     |
|                             | 5c      | Medical, family, and psycho-social history including relevant genetic information                      | Page 2/Line 40~41                   | section 5                     |
|                             | 5d      | Relevant past interventions with outcomes  | Page 2~3/Line 54~71                 | section 5~6                   |
| Clinical Findings           | 6       | Describe significant physical examination (PE) and important clinical findings                         | Page 2/Line 40~52                   | section 5                     |
| Timeline                    | 7       | Historical and current information from this episode of care organized as a timeline                   | Page 9                              | section 5~7                   |
| Diagnostic Assessment       | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                                 | Page 2,Page 8                       | section 5                     |
|                             | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                              | Page 2/Line 40~52                   | section 5                     |
|                             | 8c      | Diagnosis (including other diagnoses considered)   | Page 2/Line 50~52                   | section 5                     |
|                             | 8d      | Prognosis (such as staging in oncology) where applicable   | Page 2/Line 43-44                   | section 5                     |
| Therapeutic Intervention    | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)             | Page 2~3/Line 53~84                 | section 5~6                   |
|                             | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)                        | Line 54,69,83~84                    | section 6                     |
|                             | 9c      | Changes in therapeutic intervention (with rationale)   | Line 67~69,72~84                    |                               |

|                        |     |  |   |                             |
|------------------------|-----|--|---|-----------------------------|
| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available)   | Page 4/Line 86~89                       | Section 7                   |
|                        | 10b | Important follow-up diagnostic and other test results  | Page 4/Line 85~90                       | Section 7                   |
|                        | 10c | Intervention adherence and tolerability (How was this assessed?)                                       | Page 4/Line 89~90                       | Section 7                   |
|                        | 10d | Adverse and unanticipated events   | Page 4/Line 89~90                       | Section 7                   |
| Discussion             | 11a | A scientific discussion of the strengths AND limitations associated with this case report              | Page 4~5/Line                           | Section 8                   |
|                        | 11b | Discussion of the relevant medical literature <b>with references</b>                                   | Page 4~5/Line                           | Section 8                   |
|                        | 11c | The scientific rationale for any conclusions (including assessment of possible causes)                 | Page 5/Line 113~123                     | Section 8                   |
|                        | 11d | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | Page 5/Line 131~136                     | Section 9                   |
| Patient Perspective    | 12  | The patient should share their perspective in one to two paragraphs on the treatment(s) they received  | Page 3/Line 75~76                       |                             |
| Informed Consent       | 13  | Did the patient give informed consent? Please provide if requested                                     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

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\*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.