CARE Checklist of Information to Include When Writing a Case Report

Manuscript: Occult Congenital Tuberculosis: Clinical Lessons from Divergent Outcomes in Two Pairs of IVF Twin Pregnancies — A Case Report

Completed according to the current uploaded manuscript text and the CARE 2013 checklist. "Not applicable" is used where a CARE item is not relevant or not separately reported.

Topic	Item	Checklist item description	Check	Reported on Line Number(s)
Title	1	The diagnosis or intervention of primary focus followed by the words "case report".	☒	Lines 1–2
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report".	☒	Keywords section, lines 32–34
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	☒	Abstract—Background, lines 13–16
Abstract (no references)	3b	The patient's main concerns and important clinical findings.	☒	Abstract—Case presentation, lines 18–25
Abstract (no references)	3c	The main diagnoses, therapeutic interventions, and outcomes.	☒	Abstract—Case presentation, lines 20–27
Abstract (no references)	3d	Conclusion: What are the main "take-away" lessons from this case report?	☒	Abstract—Conclusions, lines 29–31
Introduction	4	One or two paragraphs summarizing why this case is unique, including relevant references.	☒	Introduction, lines 36–52
Patient Information	5a	De-identified patient-specific information.	☒	Case presentations and Table 1, lines 56–86 and table lines 88–129
Patient Information	5b	Primary concerns and symptoms of the patient.	☒	Case 1–4 descriptions and Table 1, lines 59–83 and table lines 111–119
Patient Information	5c	Medical, family, and psychosocial history including relevant genetic information.	☒	Maternal history/IVF-ET history in Case presentations and Table 1, lines 56–58, 75–78, and table lines 92–105; genetic information: not applicable/not reported
Patient Information	5d	Relevant past interventions and their outcomes.	☒	IVF-ET history, neonatal hospitalization history, treatment, and outcomes, lines 56–72, 75–86, and table lines 123–128
Clinical Findings	6	Describe significant physical examination and important clinical findings.	☒	Case presentations and Table 1, lines 59–86 and table lines 111–119

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Timeline	7	Historical and current information from this episode of care organized as a timeline.	☒	Narrative chronology and Table 1, lines 56–86 and table lines 88–129
Diagnostic Assessment	8a	Diagnostic methods, such as physical examination, laboratory testing, imaging, surveys.	☒	Diagnostic evidence in Case 1–4 and Table 1, lines 63–86 and table lines 105–122
Diagnostic Assessment	8b	Diagnostic challenges.	☒	Delayed diagnosis/asymptomatic maternal infection and missed placental evaluation, lines 43–52, 56–58, 132–170, and Limitations lines 184–190
Diagnostic Assessment	8c	Diagnostic reasoning including other diagnoses considered.	☒	Neonatal sepsis/pneumonia-like presentations and CTB confirmation, lines 59–72, 80–86, 171–183
Diagnostic Assessment	8d	Prognostic characteristics, when applicable.	☒	Outcome spectrum, gestational age, suspected route of infection, and placental involvement discussed, lines 132–169 and table lines 88–128
Therapeutic Intervention	9a	Types of therapeutic intervention, such as pharmacologic, surgical, preventive, self-care.	☒	Anti-tuberculosis treatment described for affected neonates, lines 71–72, 84–86, and table lines 123–125
Therapeutic Intervention	9b	Administration of therapeutic intervention, including dosage, strength, and duration.	☒	Drug regimen and duration reported; exact dosage/strength not reported, lines 71–72 and table lines 123–125
Therapeutic Intervention	9c	Changes in therapeutic interventions with explanations.	☒	Pregnancy A regimen changed from four-drug induction to two-drug continuation; withdrawal of treatment in Case 4 reported, lines 71–72, 84–86, and table lines 123–128
Follow-up and Outcomes	10a	Clinician- and patient-assessed outcomes, if available.	☒	Clinical response, 3-year follow-up, fetal death, neonatal death, and table outcomes, lines 71–72, 84–86, and table lines 126–128
Follow-up and Outcomes	10b	Important follow-up diagnostic and other test results.	☒	Follow-up growth and development reported for Pregnancy A; additional follow-up testing not separately reported, lines 71–72 and table lines 126–128
Follow-up and Outcomes	10c	Intervention adherence and tolerability, and how this was assessed.	☒	Treatment response reported; formal adherence/tolerability assessment not reported/not applicable to available retrospective neonatal data, lines 71–72 and 84–86

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Follow-up and Outcomes	10d	Adverse and unanticipated events.	☒	Intrauterine fetal death, extreme prematurity, severe neonatal infection, treatment withdrawal, and death reported, lines 75–86 and table lines 126–128
Discussion	11a	Strengths and limitations in your approach to this case.	☒	Limitations section, lines 184–190
Discussion	11b	Discussion of the relevant medical literature.	☒	Discussion with cited literature, lines 132–183
Discussion	11c	The rationale for your conclusions.	☒	Discussion and screening/management implications, lines 132–183
Discussion	11d	The primary "take-away" lessons from this case report in a one-paragraph conclusion.	☒	Conclusion, lines 192–198
Patient Perspective	12	The patient should share their perspective on the treatment(s) received.	☒	Parent/legal guardian perspective included; no additional parent-reported narrative available, lines 208–211
Informed Consent	13	The patient should give informed consent. Provide if requested.	☒	Consent for publication and parent/legal guardian perspective, lines 203–211

Accuracy note: The line numbers above were mapped to the current uploaded manuscript text containing the structured case-report abstract (Background/Case presentation/Conclusions), title with "A Case Report", keywords including "case report", and a Parent/legal guardian perspective section. If the main manuscript text is edited or re-paginated, the line numbers in this checklist should be rechecked before final submission.