

CARE Checklist for the Case Report

Manuscript: Edematous dermatomyositis as a rare cause of isolated bilateral arm swelling in a patient with urothelial carcinoma: case report and literature review

Topic	Item	CARE requirement	Reported on line(s) / location
Title	1	Name the main diagnosis/intervention and identify the article as a case report.	Lines 1-3
Keywords	2	Provide 2-5 terms for the principal diagnosis/intervention, including 'case report'.	Lines 55-56
Abstract	3a	Explain what is unusual and its contribution to clinical knowledge.	Lines 29-33
Abstract	3b	Summarize the main symptoms and important clinical findings.	Lines 35-43
Abstract	3c	State the principal diagnosis, treatment, and outcome.	Lines 41-46
Abstract	3d	State the principal clinical lesson.	Lines 48-53
Introduction	4	Briefly justify why the case is distinctive and place it in the literature.	Lines 57-90
Patient info.	5a	Report relevant, de-identified patient characteristics.	Lines 92-99
Patient info.	5b	Report the patient's presenting concerns and symptoms.	Lines 92-95
Patient info.	5c	Report relevant medical, family, psychosocial, and genetic history.	Lines 95-104
Patient info.	5d	Describe relevant previous interventions and their outcomes.	Lines 96-104; Table 1, pp. 4-5
Clinical findings	6	Describe important examination findings and clinical signs.	Lines 107-115, 129-135
Timeline	7	Present historical and current events in chronological form.	Lines 92-105; Table 1, pp. 4-5
Dx assessment	8a	Describe diagnostic methods, including examination, laboratory tests, imaging, and pathology.	Lines 107-143; Figures 2 and 3, pp. 8-9
Dx assessment	8b	Describe relevant diagnostic difficulties, limitations, or uncertainty.	Lines 116-128, 162-165, 271-278
Dx assessment	8c	State the final diagnosis and the important alternatives considered.	Lines 116-149, 239-249
Dx assessment	8d	Report applicable prognostic features or oncologic staging.	Lines 96-100, 144-149, 250-258
Therapeutic int.	9a	Identify the types of therapeutic intervention used.	Lines 150-158; Table 1, pp. 4-5
Therapeutic int.	9b	Provide dose, route, schedule, and duration where relevant.	Lines 150-158; Table 1, pp. 4-5
Therapeutic int.	9c	Explain changes or escalation of treatment.	Lines 150-158; Table 1, pp. 4-5
F/U & outcomes	10a	Report clinician-assessed and patient-assessed outcomes when available.	Lines 150-167
F/U & outcomes	10b	Report important follow-up investigations and results.	Lines 159-165; Figure 4, p. 10
F/U & outcomes	10c	Describe adherence and tolerability and how these were assessed.	Lines 150-165
F/U & outcomes	10d	Report adverse or unexpected clinical events.	Lines 154-165
Discussion	11a	Discuss both strengths and limitations of the case report and clinical approach.	Lines 271-278
Discussion	11b	Discuss relevant medical literature with references.	Lines 169-270; Table 2, pp. 15-16
Discussion	11c	Explain the reasoning supporting the conclusions and possible causal interpretation.	Lines 193-269
Discussion	11d	End with a one-paragraph, citation-free statement of the main lessons.	Lines 280-290
Patient perspective	12	Include the patient's own perspective, preferably in one or two paragraphs.	Lines 166-167, Supplement
Informed consent	13	Confirm that informed consent was obtained and can be provided if requested.	Lines 296-298, 312-313

Note. SM = Supplementary Material; Dx = diagnostic; int. = intervention; F/U = follow-up.