

**Supplementary table.** Results of Critical Appraisal Using CARE Case-Report Studies Checklist

| Topic                       | Item | Checklist item description                                                                             | Reported on Line |
|-----------------------------|------|--------------------------------------------------------------------------------------------------------|------------------|
| Title                       | 1    | The diagnosis or intervention of primary focus followed by the words “case report”                     | Yes              |
| Key Words                   | 2    | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Yes              |
| Abstract<br>(No references) | 3a   | Introduction: What is unique about this case and what does it add to the scientific literature?        | Yes              |
|                             | 3b   | Main symptoms and/or important clinical findings                                                       | Yes              |
|                             | 3c   | The main diagnoses, therapeutic interventions, and outcomes                                            | Yes              |
|                             | 3d   | Conclusion—What is the main “take-away” lesson(s) from this case?                                      | Yes              |
| Introduction                | 4    | One or two paragraphs summarizing why this case is unique (may include references)                     | Yes              |
| Patient Information         | 5a   | De-identified patient specific information                                                             | Yes              |
|                             | 5b   | Primary concerns and symptoms of the patient                                                           | Yes              |
|                             | 5c   | Medical, family, and psycho-social history including relevant genetic information                      | Yes              |
|                             | 5d   | Relevant past interventions with outcomes                                                              | Yes              |
| Clinical Findings           | 6    | Describe significant physical examination (PE) and important clinical findings                         | Yes              |
| Timeline                    | 7    | Historical and current information from this episode of care organized as a timeline                   | Yes              |
| Diagnostic<br>Assessment    | 8a   | Diagnostic testing (such as PE, laboratory testing, imaging, surveys)                                  | Yes              |
|                             | 8b   | Diagnostic challenges (such as access to testing, financial, or cultural)                              | No               |
|                             | 8c   | Diagnosis (including other diagnoses considered)                                                       | Yes              |
|                             | 8d   | Prognosis (such as staging in oncology) where applicable                                               | Yes              |
| Therapeutic<br>Intervention | 9a   | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)             | Yes              |
|                             | 9b   | Administration of therapeutic intervention (such as dosage, strength, duration)                        | Yes              |
|                             | 9c   | Changes in therapeutic intervention (with rationale)                                                   | Yes              |
| Follow-up and<br>Outcomes   | 10a  | Clinician and patient-assessed outcomes (if available)                                                 | Yes              |
|                             | 10b  | Important follow-up diagnostic and other test results                                                  | Yes              |
|                             | 10c  | Intervention adherence and tolerability (How was this assessed?)                                       | Yes              |
|                             | 10d  | Adverse and unanticipated events                                                                       | Yes              |
| Discussion                  | 11a  | A scientific discussion of the strengths AND limitations associated with this case report              | Yes              |
|                             | 11b  | Discussion of the relevant medical literature with references                                          | Yes              |
|                             | 11c  | The scientific rationale for any conclusions (including assessment of possible causes)                 | Yes              |
|                             | 11d  | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | Yes              |
| Patient Perspective         | 12   | The patient should share their perspective in one to two paragraphs on the treatment(s) they received  | Yes              |
| Informed Consent            | 13   | Did the patient give informed consent? Please provide if requested                                     | Yes              |