**AJPMR RFS CARE Checklist**

1. *Title* – The area of focus and “clinical vignette” should appear in the title

Reported on line 1-2

1. *Keywords* – Two to five keywords that identify topics in this case report

Reported on line 22

1. *Patient Information*
   1. De-identified demographic and other patient information

Reported on line 23-24

* 1. Main concerns and symptoms of the patient’s presenting illness

Reported on lines 23-26

* 1. Pertinent medical, family, and psychosocial history

Reported on line 23

* 1. Relevant past interventions and their outcomes

Reported on lines 43-44

1. *Clinical Findings* – Relevant physical examination (PE) and other clinical findings

Reported on lines 50-55

1. *Timeline* (optional) – Relevant data from this episode of care organized as a timeline (figure or table). This will  not be counted towards the figure/table limit.

Not included

1. *Diagnostic Assessment*
2. Diagnostic Methods (PE, laboratory testing, imaging, surveys)

Reported on lines 92-96

1. Diagnostic Challenges

N/A

1. Diagnostic Reasoning including a Differential Diagnosis

Reported on lines 59-88, 100-112, 135-136

1. Prognostic Characteristics when applicable

N/A

1. *Therapeutic Intervention*
2. Types of intervention (pharmacologic, surgical, preventive)

Reported on lines 125-127, 134, 137-138

1. Administration of intervention (dosage, strength, duration)

Reported on lines 125-127, 134, 137-138

1. Changes in the interventions with explanations

Reported on lines 127-128

1. *Follow-up and Outcomes*
2. Clinician and patient-assessed outcomes when appropriate

N/A

1. Important follow-up diagnostic and other test results

N/A

1. Intervention adherence and tolerability (how was this assessed?)

N/A

1. Adverse and unanticipated events.

N/A

1. *Discussion*
2. Strengths and limitations in your approach to this case

Discussed on lines 100-101

1. Discussion of the relevant medical literature

Discussed on lines 67-75, 77-88, 101-104, 107-110, 118-123

1. The rationale for your conclusions

Reported on lines 110-112, 114-116, 135-138

1. The primary “take-away” lessons from this clinical vignette

Reported on line 142-153

1. *Patient Perspective* (optional) – The patient can share their perspective on their case

Not included

1. *Informed Consent* – The patient should give informed consent

The patient has given informed consent for this case report to be published. This can be provided, if necessary.

1. *Educational Interactivity*
   1. Transitional questions aimed to prime reader’s critical thinking (e.g. What is your leading differential with the following symptoms?; How would you design a focused exam?; What laboratory/diagnostic tests would you consider?)

Discussed on lines 47-48, 57, 90, 98-99

* 1. Describe pathognomonic signs/symptoms, physical exam findings, and/or radiographic findings.

Discussed on lines 95-96, 69-72

* 1. Discuss testable features (i.e., describe how this could appear on a board exam).

Discussed on lines 107-109