



CARE Checklist –: European Journal of Medical Case Reports

Topic	Item	Checklist item description	Line/page
Title	1	The words “case report” should be in the title along with the area of focus	2/1
Keywords	2	Four to seven key words—include “case report” as one of the key words	12/1
Abstract	3a	Background: What does this case report add to the medical literature?	4/1
	3b	Case Presentation: chief complaint, diagnoses, interventions, and outcomes	6/1
	3c	Conclusion: What is the main “take-away” message from this case?	8/1
Introduction/background	4	The current standard of care and contributions of this case—with references (1-2 paragraphs)	2/2
Timeline	5	Information from this case report organized into a timeline (table or figure)	
Patient Information	6a	De-identified demographic and other patient or client specific information	
	6b	Chief complaint—what prompted this visit?	
	6c	Relevant history including past interventions and outcomes	
Physical Exam	7	Relevant physical examination findings	
Diagnostic	8a	Evaluations such as surveys, laboratory testing, imaging, etc.	
Assessment	8b	Diagnostic reasoning including other diagnoses considered and challenges	
	8c	Consider tables or figures linking assessment, diagnoses and interventions	
	8d	Prognostic characteristics where applicable	
Interventions	9a	Types such as life-style recommendations, treatments, medications, surgery	
	9b	Intervention administration such as dosage, frequency and duration	
	9c	Note changes in intervention with explanation	

	9d	Other concurrent interventions	
Follow-up and	10a	Clinician assessment (and patient or client assessed outcomes when appropriate)	
Outcomes	10b	Important follow-up diagnostic evaluations	
	10c	Assessment of intervention adherence and tolerability, including adverse events	
Discussion	11a	Strengths and limitations in your approach to this case	
	11b	Specify how this case report informs practice or Clinical Practice Guidelines (CPG)	
	11c	How does this case report suggest a testable hypothesis?	
	11d	Conclusions and rationale	
Patient Perspective	12	When appropriate include the assessment of the patient or client on this episode of care	
Informed Consent	13	Informed consent from the person who is the subject of this case report	
Additional Information	14	Acknowledgement section; Competing Interests (Conflict of Interests statement); IRB approval when required	

Summary of the case

Patient (gender, age)	1	Female, 40
Final Diagnosis	2	Catastrophic Anti-Phospholipid Syndrome APLS
Symptoms	3	Severe upper right quadrant pain, nausea, vomiting
Medications	4	Methyleprednisolone, Heparin, IV immunoglobulin
Clinical Procedure	5	Methyleprednisolone 1.5mg/kg and plasmapheresis commenced immediately, IV immunoglobulin 1mg/kg given for 2days, heparin infusion started with target APTT 60-70 Sec with close monitoring of blood count.
Specialty	6	Immunology
Objective	7	Common disease
Background	8	CAPS is a severe complication of an autoimmune disease, Anti-phospholipid Syndrome. CAPS is characterized by extensive microthrombi in multiple vascular beds, culminating in fulminant multiple organ failure.
Case Report	9	Authors report a typical case of APLS associated with acute adrenal insufficiency due to bilateral adrenal hemorrhage.
Conclusions	10	APS may lead to a variety of clinical manifestations due to venous and/or arterial thrombosis, so Novel anticoagulants for patients with the APS is selective, successful treatment was found by corticosteroid, anticoagulant and immunoglobulin infusion.
MeSH Keywords	11	antiphospholipid syndrome, adrenal hemorrhage, case report, anticoagulant therapy, bilateral hemorrhage