**Checklist**

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

in the title

1. **Key Words**– Two to five key words that identify topics in this case report

Four key words in this case report

1. **Abstract** – (structure or unstructured)
	1. Introduction – What is unique and why is it important?

Background, Discussion and Conclusions paragraph 6

* 1. The patient’s main concerns and important clinical findings.

Abstract- Conclusions

* 1. The main diagnoses, interventions, and outcomes.

Abstract- Case presentation, Conclusions

* 1. Conclusion—What are one or more “take-away” lessons?

Discussion and Conclusions, paragraph 6, paragraph 9, paragraph 10

1. **Introduction**– Briefly summarize why this case is unique with medical literature references.

Background, Discussion and Conclusions, paragraph 6

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

not applicable

* 1. Main concerns and symptoms of the patient.

Case presentation, paragraph 1,2

* 1. Medical, family, and psychosocial history including genetic information.

not applicable

* 1. Relevant past interventions and their outcomes.

not applicable

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

Case presentation, paragraph1,2

**Timeline**– Relevant data from this episode of care organized as a timeline (figure or table).

table

|  |  |
| --- | --- |
| Dates | Relevant Past Medical History and Interventions |
|  | no |
| Date | Summaries from Initial and follow-up Visits | Diagostic testing(including dates) | Interventions |
| 2018-8-23 | fever and headache for 4 days and left limb weakness for 1 day. The highest body temperature was 39.1°C. Physical examination of nervous system: Sleepiness, vague speech, left central facial-lingual paralysis, left limb muscle strength IV, left babinski and pussep’ sign were positive (2018-8-23). The temperature was normal (2018-8-27).Physical examination of nervous system: alert fluent in speech, left central facial-lingual paralysis, bilateral limbs muscle strength V, bilateral babinski ’ signs and pussep’ signs were negitive (2018-9-4).  | Blood routine: the total number of white blood cells 12.06 x 109/L (normal: 3.5-9.5 x 109/L), Neutrophil percentage 84.2% (normal: 40-75%), HGB 112g/L (normal: 120-150 g/L), CRP 149mg/L. (2018-8-23).Blood routine: the total number of white blood cells 6.11 x 109/L (normal: 3.5-9.5 x 109/L), Neutrophil percentage 70.4% (normal: 40-75%), HGB 92g/L (normal:120-150 g/L), CRP 9mg/L. (2018-8-30).D-Dimer 27.4mg/L (normal: 0-1.5 mg/L), FDP 69.20mg/L (normal: 0-5mg/L), Fbg 4.79g/L (normal: 1.7-4 g/L). (2018-8-24).CA125 937.7U/ml (normal: 1.7-4 g/L). (2018-8-24)The MRI indicated acute cerebral infarction in subcortical of right frontotemporal lobe and basal ganglia. (2018-8-24)The CTA showed the M1 segment of the right middle cerebral artery was strictured and the distal branches were significantly less than those of the opposite side. (2018-8-27)No obvious abnormality was found in MRV. (2018-8-29)Transthoracic echocardiography was normal. (2018-9-4)Transabdominal gynecological ultrasound suggested adenomyosis. (2018-8-31). No tumors were found by whole body PET-CT. (2018-8-30). | anti-infective therapy: Meropenem 0.5mg q8h (2018-8-23 to 2018-8-30) .Cefdinir (2018-8-30 to 2018-9-6). Low molecular weight heparin 0.4ml q12h (2018-8-23 to 2018-9-2). |
| 2018-8-30 | Physical examination of nervous system: alert fluent in speech, left central facial-lingual paralysis, bilateral limbs muscle strength V, bilateral babinski ’ signs and pussep’ signs were negitive (2018-8-30).  | D-Dimer 1.3mg/L (normal: 0-1.5 mg/L), FDP 2.5mg/L (normal: 0-5mg/L), Fbg 3.5g/L (normal: 1.7-4 g/L). (2018-8-30). | Low molecular weight heparin was discontinued and replaced by antiplatelet therapy with poliovir 75 mg when D-Dimer of the patient was normal. |
| 2018-09-04 | Physical examination of nervous system: alert, fluent in speech, bilateral rhinoglyphic symmetry, bilateral limbs muscle strength V, bilateral babinski ’ signs and pussep’ signs were negitive (2018-8-30).  | D-Dimer 0.8mg/L (normal: 0-1.5 mg/L), FDP 1.9mg/L (normal: 0-5mg/L), Fbg 3.24g/L (normal: 1.7-4 g/L). (2018-9-4).Blood routine: the total number of white blood cells 5.85 x 109/L (normal: 3.5-9.5 x 109/L), Neutrophil percentage 71.4% (normal: 40-75%), HGB 90g/L (normal:120-150g/L) (2018-9-4) | Antiplatelet therapy with poliovir 75 mg. |
| 2018-11-5 | Normal physical examination of nervous system | Transvaginal Gynecological Ultrasound suggested adenomyosis . | Antiplatelet therapy with poliovir 75 mg. |
| 2019-1-10 | Normal physical examination of nervous system |  | Antiplatelet therapy with poliovir 75 mg. |

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

Case presentation, paragraph1,2

* 1. Diagnostic challenges.

Abstract-Conclusions

* 1. Diagnostic reasoning including differential diagnosis.

Case presentation, paragraph1-3

* 1. Prognostic characteristics when applicable.

Discussion and Conclusions, paragraph9

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

Case presentation, paragraph3

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

 Case presentation, paragraph3

* 1. Changes in the interventions with explanations.

not applicable

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

Case presentation, paragraph3

* 1. Important follow-up diagnostic and other test results.

Case presentation, paragraph3

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

Case presentation, paragraph3

* 1. Adverse and unanticipated events.

 Not applicable

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

Strengths : Background, Discussion and Conclusions:paragraph 6, paragraph 9

Limitations: Discussion and Conclusions, paragraph9

* 1. Discussion of the relevant medical literature.

Discussion and Conclusions, paragraph1-10

* 1. The rationale for your conclusions.

Discussion and Conclusions, paragraph 6,10

* 1. The primary “take-away” lessons from this case report.

Discussion and Conclusions, paragraph 6,9,10

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

The patient can not share their perspective on their case.

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

The patient had gave informed consent.