

Hello

Warm regards to the WJC team!

Thanks so much for providing your insights on the case report. We went through the reviewer's comments and made a few necessary changes. For the questions posed, answers are provided below. Please review at convenience and let us know of any more changes. We very much appreciate the reviewer's time and efforts. Thanks again!

Reviewer Number ID 03093768

Comment 1: Can a four-chamber view from MRI or TEE be given to clearly show the atrial septal lesion?

Reply 1: We made the suggested changes and uploaded the edited draft.

Comment 2: Although the mass could not be resected easily, a multidisciplinary approach to diagnosis and treatment should be adopted. Was there a cardiac surgeon involved in this treatment?

Reply 2: Unfortunately, no. The patient was not keen on getting any surgeries anymore. Despite providing a referral to Cardiothoracic surgeon, patient did not follow-up.

Reviewer Number ID 00723142

Comment 1: Biopsy would have been more specifically diagnostic. Is there any role for Nuclear isotope scanning?

Reply 1: We also agree that the biopsy would have been the best modality for accurate diagnosis. Given the patient's comorbidities, we were not able to do so. In regard to nuclear isotope scanning, few authors mention the diagnosis of certain cardiac tumors like LHM with nuclear isotope scanning but limited data is available in differentiating various cardiac tumors. Also, cardiac MR is known to have better spatial and temporal imaging of heart structures when compared to nuclear imaging.

Comment 2: Is any of the co-morbid conditions, and associated diseases or their treatment might be an etiological factor?

Reply 2: Yes. Her age and hypoxia from intermittent asthma exacerbations are significant risk factors for atrial fibrillation. Although hypothyroidism was suggested to be associated with atrial fibrillation, the data is unclear. On the contrary, Hyperthyroidism is a well-established association with atrial fibrillation. But, given that our patient's hypothyroidism was well controlled for many years and the lack of any other associated symptoms suggested that the thyroid disorders is less likely. So, the atrial fibrillation in our case is most likely in the setting of multiple factors including lipoma and LHM.