

Comment ID: 00227375

1. **Suggestion:** This is an interesting case report about the hypoxemia after radiofrequency ablation for atrial fibrillation complicated with tetralogy of Fallot. This manuscript is nicely structured and well written. I have one minor comment about this manuscript. Please consider the following comment. (Comment) 1. Page 15, Figure 5 Correct “occlader” to “occluder”.

**Reply:** We have revised the article as suggested.

Comment ID: 06116605

1. **Comment:** Title: Lacks clarity & comprehensiveness.

Hypoxemia is a known fact in Cyanotic heart disease, hence just mentioning hypoxemia is not meaningful.

**Suggestion:** ~~Severe hypoxemia complication after radiofrequency ablation for atrial fibrillation complicated with in palliatively repaired Tetralogy of Fallot: a case report~~

**Reply:** We have revised the article as suggested.

2. **Comment:** Abstract: “The development of major cardiac arrhythmias increases over time, and most commonly includes atrial flutter or fibrillation (present in  $\leq 20\%$  of patients) or sustained ventricular tachycardia (present in  $\leq 14\%$  of patients)”

**Suggestion:** Patients with tetralogy of Fallot often have arrhythmias, ~~common being one of which is~~ atrial fibrillation.

**Reply:** We have revised the article as suggested.

3. **Comment:** Conclusion: Well known: “The presence of arrhythmias usually reflects hemodynamic deterioration from the right and/or left heart, and should be treated accordingly”.

**Suggestion:** This case alerts us to the need for ~~proper complete further~~ evaluation of

patients, including hemodynamics, with tetralogy of Fallot before radiofrequency ablation. This procedure ~~that~~ may cause iatrogenic atrial septal injury, and one needs to be prepared to treat complications, to ensure success & patient safety.

**Reply:** Due to the word limit when submitting articles, we have condensed our conclusions.

4. **Comment:** Core Tip: Patients with clinically significant arrhythmias may benefit from catheter ablation.

**Suggestion:** This case has important reference significance for the ~~selection-of treatment-decision~~ proper preparation and perioperative management of atrial fibrillation under special circumstances.

**Reply:** We have revised the article as suggested.

**Question:** Is there any other option preferred over catheter ablation?

**Reply:** Multiple studies have shown that atrial fibrillation ablation is safe in congenital heart disease, and atrial fibrillation can be controlled in most patients regardless of complexity.(1-4) However, for more therapeutic measures, such as drugs and pulsed field ablation, relevant randomized controlled trials are still lacking and need to be further explored.

5. Case presentation: **Question:** What is mental flaccidity? Kindly elaborate.

**Reply:** What we want to express is that the patient is in a state of mental distress, mainly manifested by lethargy, lethargy and so on.

## Reference

1. Hu TY, Janga C, Amin M, Tan NY, Hodge DO, Mehta RA, et al. Catheter Ablation of Atrial Fibrillation in Adult Congenital Heart Disease: Procedural Characteristics and Outcomes. Circ

Arrhythm Electrophysiol. 2023;16(8):437-46. [PMID: 37485717 DOI: 10.1161/CIRCEP.122.011392]

2. Kottmaier M, Baur A, Lund S, Bourrier F, Reents T, Semmler V, et al. Atrial fibrillation ablation in adults with congenital heart disease on uninterrupted oral anticoagulation is safe and efficient. *Clin Res Cardiol.* 2020;109(7):904-10. [PMID: 31894385 DOI: 10.1007/s00392-019-01580-1]

3. Griffiths JR, Nussinovitch U, Liang JJ, Sims R, Yoneda ZT, Bernstein HM, et al. Catheter Ablation for Atrial Fibrillation in Adult Congenital Heart Disease: An International Multicenter Registry Study. *Circ Arrhythm Electrophysiol.* 2022;15(9):e010954. [PMID: 36074954 DOI: 10.1161/CIRCEP.122.010954]

4. Liang JJ, Frankel DS, Parikh V, Lakkireddy D, Mohanty S, Burkhardt JD, et al. Safety and outcomes of catheter ablation for atrial fibrillation in adults with congenital heart disease: A multicenter registry study. *Heart Rhythm.* 2019;16(6):846-52. [PMID: 30593868 DOI: 10.1016/j.hrthm.2018.12.024]