November 27, 2012

The Editor,
World J Cardiology.

Dear Editor,

Please find enclosed the edited manuscript for publication under case report section of World Journal of Cardiology.

Title: Transvenous defibrillator implantation in a patient with persistent left superior vena cava.

Author: Rajesh Vijayvergiya, Smit Shrivastava, Alok Kumar, Parminder S Otaal

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 1127

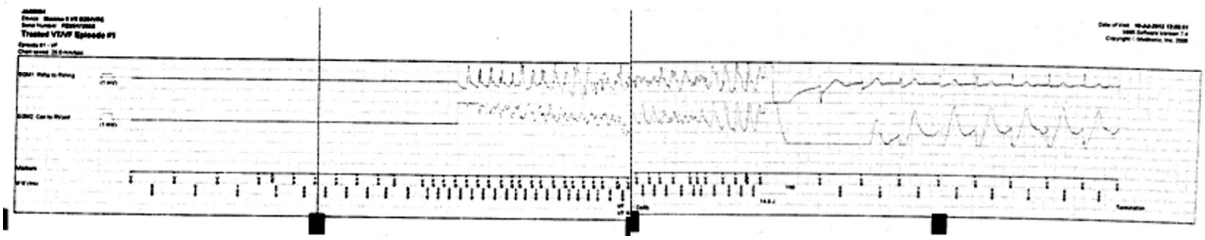
The manuscript has been improved according to the suggestions of reviewer. The point wise clarification about reviewer's comments are mentioned in blue font.

1) Language editing – english needs revision
… chronic smoker male had anterior wall infarction… had an anterior?
… in January 2012, he had inferior wall infarction… had an inferior?
…the guide wire took the unusual course by descending …
Or took an unusual course?
… loop of the lead was made in right atrium and…
In the right atrium?
Etc etc.

The grammatical mistakes have been corrected in the manuscript.

2) Adding images from:
- EGM during the DFT:-

I personally feel that EGM image is not worthwhile to publish, as none of the published article in the literature had published it. The image quality is also not good to be published in the journal. However, the reviewer can have a look on EGM for the confirmation of 15 J DFT of the index case. The EGM image is as follows:-



- The U-shaped curve used in the stylet:-

Reference no 3,4 and 6 had already described the U shaped curved stylet for directing the RV lead. A figure about U shaped stylet is not going to add much value to manuscript.

3) Briefly discussing difficulties for placing leads in the LV with this anatomy:-

An additional line in blue font has been added in case report section of the manuscript to describe the RV lead positioning with LSVC.

4) Commenting on the risk of lead failure in this anatomy and the possibility and way to perform lead extraction.

As there is risk of lead failure with passive fixation lead, an active fixation lead was taken for proper lead stability in the index case. This point is adequately elaborated in the discussion. The discussion about a lead extraction in a case of LSVC is of no relevance in reference to index case, which has a 6-months of follow-up.

Kindly inform for any further clarification to be made about the manuscript.

Sincerely yours,

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