January 23, 2013

Dear Editor,

We would like to thank all the reviewers for the comments and their valuable suggestions.

Please find enclosed the edited manuscript in Word format (file name: 1738-revised.doc).

**Title:** Heart stopping tick. A case report and review of the literature

**Author:** Paras Karmacharya, MD; Madan Aryal, MD

**Name of Journal:** *World Journal of Cardiology*

**ESPS Manuscript NO: 1738**

The manuscript has been improved according to the suggestions of reviewers:

**Reviewer 00211908**

1) Format has been updated

2) Revision has been made according to the suggestions of the reviewer

(1) Language changes as per suggestions have been made throughout the text.

They are highlighted in red in the article itself. These were the changes requested: “Minor language change should be done throughout the manuscript- (pages 4 line 10, 5 line 4 and 8 line 9). Typographical corrections should also be undertaken.”

With these corrections, this is the text:

His physical examination was unremarkable with normal vital signs. EKG revealed sinus arrhythmia and first degree AV block with a ventricular rate of 97 beats per minute. Echocardiogram showed no evidence of structural heart disease. His complete blood count, basic metabolic panel and urine analysis were all within normal limits. Streptococcal throat swab done 2 weeks ago was normal. He was placed in observation unit and monitored on telemetry. In the subsequent 24 hours he had first degree heart block initially followed by intermittent episodes of complete heart block with AV dissociation. However he was hemodynamically stable during the whole time. EKG showed sinus tachycardia with an atrial rate in the range of 100 beats per minute with complete heart block with narrow escape beat. Empirical treatment with IV Ceftriaxone 2 gram once a day was started and patient was monitored on telemetry. Further tests done including peripheral smear, serological titers for ehrilichiosis, Rocky Mountain spotted fever, streptococcal throat culture blood and urine culture were all negative. Lyme ELISA was positive. Lyme IgM through Western Blot was consistent with early infection. After 2 days he had regression of his complete heart block to first degree heart block. He was discharged on doxycycline to be taken for total of 3 weeks. He remains asymptomatic with normal EKG after 3 weeks.

(2)Authorship has been included according to their contributions.

**Author contributions:**

Paras Karmacharya contributed to the conception; design, data collection and drafting the article. Madan Aryal was involved in data collection, revision and editing the article for the final manuscript.

(3)Key words and summary has been added to the text.

**Keywords:**

Lyme carditis; heart block; antibiotic; Pacemaker; disseminated lyme; Borrelia burgdorferi; tick bite.

**Summary:**

17-year man presented with acute chest discomfort following a tick bite 5 weeks back. His hospital course was complicated with the development of first degree AV block which rapidly deteriortaed to total AV block. Due to high grade of suspicion of lyme disease and positive lyme ELISA and Lyme IgM (Western Blot), treatment with Ceftriaxone and doxycycline was started with complete remission. It is important to consider the reversible causes of complete AV block since appropriate therapy can avoid the need for permanent pacemaker insertion.

3) References and typesetting were corrected as per the requested format.

Thank you again for considering our manuscript for publication in your esteemed journal*.*

Sincerely yours,

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