Thank you very much for your comments.

According to comments, we modified the manuscript as suggested.

In particular:

The authors present an interesting case report on a possible technology for pacemaker or implantable cardioverter defibrillator in patients with persistent left superior vena cava. I suggest to modify the (vector between right ventricular coil and can) in (vector between right ventricular coil and anterior -can) (page 6,line 15).

We modified the sentence as suggested.

Please specify total x-ray exposure time, values of atrial and ventricular sensing, ventricular pacing, impedance and shock impedance in parentheses.

We provided requested data.

"Electrical measurements showed acceptable values of atrial and ventricular sensing (4.3 and 5.7 mV, respectively), as well as ventricular pacing (0.6 V pacing threshold), impedance (377 Ohm) and shock impedance (65 Ohm). Total X-ray exposure time was 26 minutes and 24 seconds."

The paper by dr. Toselli et al. reports the implantation and follow-up data of a patient with persistent left superior vena cava who underwent ICD implantation with a single lead capable of atrial sensing . The paper is interesting and the following points are for manuscript improvement.

1.The authors should rephrase the initial paragraph of the discussion, so that it becomes more explicit why even in patients with a right superior vena cava it is in any case more appropriate to implant the device on the left side. This is an important information given by this case report.

Moreover, it seems that the defibrillation test at implant was done, opposite to what currently happens in the ICD implantation in "normal" patients. Therefore, the authors should report the data of the defibrillation test and discuss if this should be performed routinely in such cases.

We modified the initial paragraph of the discussion as follows:

"In our patient, given the posterior position of RV catheter, we expect normal or even better efficacy of ICD since defibrillation vector, directed from posterior (right ventricle) to anterior (can) could include huge critical ventricular mass. This consideration should discourage the implantation in the right side. Furthermore, in one third of cases of LSVC there is absence of right superior vena cava [1]. Therefore, in patients with LSVC it is in any case more appropriate to implant the device on the left side"

Defibrillation test at implant was not done. We explicitated this in the Case Report:

"*Defibrillation test was not performed*"

2.Do the author have any imaging during follow-up which may document that the lead did not displace? If not they should better discuss that stable values at remote monitoring are very much in favor of a stable position of the lead.

We have no imaging during follow-up to document lead position. As suggested, we modified the sentence in:

"*Remote monitoring showed acceptable values of atrial and ventricular sensing, stable over time, indicating stable position of the lead (Fig.3).*"

3.Since in the introduction the authors state that they will present a review of the literature, they should provide a table with the data of similar publications.

To our knowledge, there is only one publication about single lead ICD with floating atrial sensing dipole implanted via LSVC. However, in that case there are no information about follow-up and effectiveness of therapy. No other similar cases have been publicated, to our knowledge. We explicitated this in the introduction:

"*To our knowledge, only one case of successful ICD DX implantation in presence of LSVC has been previously reported, without any information at follow-up* [3]*. There are no data in literature about follow-up stability and effectiveness of therapy in these patients.*"

4.On page 6, "beyond the tricuspid valve" is probably better than "throughout the tricuspid valve"

We modified the sentence as suggested.

5.On page 6, the phrase "Diagnostics also revealed sensing/pacing time with AS/VS 90%" is not clear to the general readership.

We modified this sentence in:

"*Diagnostics also revealed sensing/pacing time with 90% AS-VS, which indicate spontaneous rhythm, and only few times of pacing.*"

Very nice case report,

Thank you very much for your comment.

Furthermore, we modified the order but not the number of the authors.

Best regards,

Matteo Bertini