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**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 27886

**Manuscript Type:** Case Report

**Answering Reviewers**

We thank the reviewers for their positive comments and constructive criticism. Appropriate changes have been made as detailed below.

**Reviewer 1:**

**-Comments on Ms by Yandrapalli et al.-**

This report well describes 2 interesting cases of cardiac papillary fibroelastomas (CPFs) and gives valuable up-to-date information on this clinical entity to the readers by citing appropriate articles on this problem.

Abstract:

Line 3: Please use change “fibroelastomas (CPFs)” to “CPFs”.

Text:

Page 6, Line 2: It is appropriate to change word “presents” to “presented”.

Page 7, line 3: How is the incidence of CPFs in each valve?

Figures:

Fig 1. Readers might be confused to identify CPF mass in this figure. Please highlight cardiac

CPF mass in this figure by using mark such as arrow, etc.

### **Response to Reviewer 1:**

Line 3: Fibroelastoma has been changed to CPFs (Page 3, Line 5)

Page 6 , Line 2: the term presented has been used instead of present.

Page 7, Line 3: The incidence of CPF in each valve has been explained in the manuscript in the “DISCUSSION” section Page 7 lines 14-17.

Figure 1: The CPF has been highlighted in a blue circle.

### **Reviewer 2:**

This is a well-written couple of clinical cases on papillary fibroelastoma Case 1: please explain and discuss why echocardiography did not reveal the cardiac mass at admission

### **Response to reviewer 2:**

As mentioned in the discussion section, Transthoracic echo can miss about 33% of the CPFs which were evident on a TEE ( Reference 4). This might be the plausible explanation for not being able to visualize the CPF on the TTE images in Case 1. The acoustic windows might play a contributory role.

### **Reviewer 3:**

1. In the case reports, the authors mentioned two cases of cardiac papillary fibroelastomas, in

which one presented with acute coronary syndrome and the other with TIA. There were several minor points needed to be clarified. 2. In case 1, the authors stated that ECG did not reveal ischemic changes. However, the cause of death was acute myocardial infarction. What interval was between ECG and death? Were there coronary emboli during autopsy? 3. In Page 8. “Increased cerebrovascular accidents and mortality were observed in patients with echocardiographically suspected PFE who did not undergo surgical removal.” Please spell out the full name of PFE. pedunculated fibroelastoma?

#### Response to reviewer 3:

- 1) The ECG was done at admission which did not demonstrate any ischemic changes. Death was approximately 4-5 hours after admission. This information is now added to the manuscript (Page 5, Line 21).
- 2) There were no coronary emboli during the autopsy. Non obstructive CAD was evident.
- 3) The Abbreviation PFE was changed to CPF.

#### Reviewer 4:

In this report the authors describe two cases of patients suffering from cardiac papillary fibroelastoma localized on the aortic valve with two different outcomes. Although already described in the literature a fatal event is rare in these patients, while the data of patients with complications related to this benign tumor are more and more frequent. The true prevalence of CPF is unknown, although advances in echocardiographic technology during the last few decades have resulted in its detection in an increasing number of patients. When the incidental

finding of tumors is the only indication for cardiac surgery, the choice of appropriate treatment—surgical or medical—is a matter of debate.

1. please suggest you be more precise and synthetic on prevalence data
2. The discussion is too long and there are too many repetitions. I suggest a more condensed version.

**Response to reviewer 4:**

- 1) The prevalence data was reported based on the available studies. Since there is limited literature of Cardiac tumors and CPFs , the best available prevalence data was presented.
- 2) Repetitions in the discussion section were edited make it more concise and specific.

**CHANGES in Final Manuscript:**

All the changes and text additions have been colored **RED**.

- 1) In the title , the word Fibrolelastoma has been changed to Fibroelastoma.
- 2) Fibroelastoma has been changed to CPFs (Page 3, Line 5)
- 3) “Approximately 4 hours” has been added Page 5 , Line 9
- 4) “Coronary emboli were not noted.” Was added in Page 6 , Line 2.
- 5) The incidence of CPF in each valve has been explained in the manuscript in the “DISCUSSION” section Page 7 lines 14-17.