

February 10, 2019

Fang-Fang Ji

Science Editor, Editorial Office

Baishideng Publishing Group Inc.

RE: Manuscript Number: 45525

Thank you very much for reviewing our manuscript. We greatly appreciate the feedback provided by the individual reviewers and the manuscript has been revised accordingly.

Please find attached a point by point response to the reviewers' concerns. We hope that the responses provided are satisfactory and that the manuscript is now acceptable for publication.

Best regards,

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REVIEWER 1

SPECIFIC COMMENTS TO AUTHORS

The authors present an illustrative case of cardiac amyloidosis and provide a nice review of the literature on the matter. There are some minor typographical mistakes that need correction.

RESPONSE

The reviewer's comments are appreciated. Typographic errors identified have been corrected.

REVIEWER 2

SPECIFIC COMMENTS TO AUTHORS

The paper is to provide a reader with an interesting clinical case and an up-to-date situation with the management of the cardiac amyloidosis. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are:

1) Please clarify why you did not proceed with CMR/ MRI immediately in your patient even to clarify the diagnosis. It could be even a myocarditis, any signs of the scar in myocardium or whatever.

2) Do you have a picture of histology (from endomyocardial biopsy) to demonstrate amyloidosis?

3) There must be information how she was treated initially (I mean medicaments) prior to admission and then after the verification of the diagnosis.

4) What does it mean 99mTc-PYP scanning? Please, mention that this is a scintigraphy in the case. It looks like obvious, but this is not. People might be disoriented in the age of PET/CT. Would you please kindly elaborate a role of PET/CT in your brief review either.

5) Please remind to the reader what "While the serum free kappa light chain level was slightly elevated at 24.9mg/dl (3.3 -19.4mg/dl), the serum free lambda light chain and the free kappa to lambda ratios were within normal limits. Urine protein electrophoresis also demonstrated absence of Bence Jones protein." is about! What did you try to exclude? This is not a routine clinical practice, and it must be

elaborated with some explanations of your clinical strategy - why it was for, or what did you try to distinguish.

6) Would you mention also the prognosis for such patients.

RESPONSE

The reviewer's feedback is appreciated. A point by point response to the concerns follows

1. A cardiac MRI was considered. However, the subject's cardiac device was not MRI compatible, hence, the decision to proceed with scintigraphy. This information has been included in the case discussion
2. Unfortunately, the endomyocardial biopsy was carried out at another center. A report of the histologic findings was received without pictures.
3. We agree with the reviewer and details about her medication regimen prior to admission and after confirmation of diagnosis have been included in the case discussion.
4. ^{99m}Tc-PYP refers to planar scintigraphy. We agree with the reviewer's comments on this and have made the corrections in the manuscript. The role of PET/CT in the imaging of cardiac amyloidosis has also been included in the clinical evaluation aspect of the write up.
5. Measuring the serum kappa and lambda light chain levels as well as the urine protein electrophoresis was done to evaluate for a gammopathy which is present with light chain amyloidosis. The wording of this statement has been corrected in the manuscript to reflect the indication for these tests.
6. We agree with the reviewer on need to mention the prognosis of these patients and a discussion of the prognosis has been included in the manuscript.

REVIEWER 3

SPECIFIC COMMENTS TO AUTHORS

This is an excellent case report with systematic mini-review about cardiac amyloidosis. This manuscript is nicely structured and well written. I have no question about this manuscript.

RESPONSE

The reviewer's comments are appreciated.

REVIEWER 4**SPECIFIC COMMENTS TO AUTHORS**

Very nice case report and review. Did you planned to perform a cardiac resonance study? If not, why?

RESPONSE

The reviewer's feedback is appreciated. A cardiac resonance study was considered; however, the subject's cardiac device was not MRI compatible, hence, the decision to proceed with a scintigraphy. This information has been included in the case discussion.

REVIEWER 5**SPECIFIC COMMENTS TO AUTHORS**

Dear the authors thank you for writing this rare case with doing good literature review i personally donnot have concerns about this manuscript

RESPONSE

The reviewer's comments are appreciated.