

Reviewer's queries and authors responses: MS. No. 47809, "Pericardial Decompression Syndrome: A Comprehensive Review"

Well-written case report and literature review. Very nice figures.

We thank the reviewer for their encouraging comments.

Comments:

1. The swinging sign is mentioned but not defined. Please define. Can the authors comment on other signs of tamponade including TV inflow respiratory variation? RA collapse? MV inflow variation with respiration?

'Swinging sign' is used to describe pendular swinging of the heart inside the pericardial space and is associated with a large pericardial effusion. We have described it in the figure (Page 19, Paragraph 1). Given the hemodynamic instability of the patient, the transthoracic echocardiogram was obtained urgently and hence the TV or MV respiratory inflow variation was not obtained. RA inversion or collapse was noted as described in figure 4B (Page 19, Paragraph 1).

2. What was the initial LVEF? What was the LVEF after the patient's decompensation post-pericardiocentesis? Since the author's mention LV dysfunction as a potential risk factor for PDS, I think it is important to include this information.

We agree with the important comments made by the reviewer. The initial LVEF was normal (60-65%). The LVEF after the patient's decompensation post-pericardiocentesis was low normal (50%). These have now been added in the text — Page 7, Paragraph 3, and Page 8, Paragraph 1, for before and after pericardiocentesis EF respectively.

3. Was an estimate of the RVSP from the TR jet possible after decompensation?

Since the patient was hemodynamically unstable only a limited echocardiogram was obtained which demonstrated interval resolution of pericardial effusion and mild to moderately dilated right ventricle with mild RV hypokinesis and septal shift towards the left ventricle. The RVSP from the TR jet was not obtained.

4. Were any biomarkers (troponin or BNP) measured?

No biomarkers, either the troponin or the BNP, were obtained.

5. Explain what the arrows are indicating in Figure 4.

The red arrow in figure 4A indicates pericardial effusion. The red arrows in figure 4B indicate RA and RV end-diastolic collapse. Both of these have now been added (Page 18, Paragraph 4).