

Palermo, August 26th 2019

We would like to thank the Editor for giving us the opportunity to submit a revised version of our manuscript. We appreciated your comments and performed a revision of the text following reviewers' observations. We believe that in attempt to answer your questions the manuscript has improved. We now hope that Editorial Board will consider it suitable for publication in World Journal of Cardiology.

We look forward to know your opinion.

Sincerely yours

Dr Sergio Conti - Deputy 

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Response to the Reviewer #1

Re: Manuscript n. 48873 “Phrenic Nerve Displacement by Intrapericardial Balloon Inflation during Epicardial Ablation of Ventricular Tachycardia: Case Series and Review of Literature”

Dear Sir,

We thank you for your thorough review of our manuscript and for the interesting comments. We have revised our manuscript according to your helpful suggestions. The Reviewer’s comments are reproduced below in bold and underlined. Our responses follow each comment.

Dear author,

The paper represents the clinical case with a phrenic nerve displacement by intrapericardial balloon inflation during epicardial ablation of ventricular tachycardia. 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) Would you please kindly optimize your style of the English-speaking expression removing all the typos and small grammar errors.

A native-English speaker reviewed the paper.

2) This is quite well-written description of the cases with the personal accomplishments and vision of the technology. I would generally suggest providing the reader with more imaging incl. key ECG, any X-ray and mapping figures with some details maybe for all three patients to compare how that is different or totally resemble.

As suggested, we have added more images in the paper.

3) Introduction: please provide some brief explanations for a reader what the phenomenon of phrenic nerve injury might clinically mean for a patient. I mean why this is critical to prevent this injury. How is that critical in case of the emergency when you are trying promptly cure ventricular tachycardia?

We have implemented the introduction as suggested.

Iatrogenic injury to the phrenic nerve is the most common cause for diaphragmatic palsy. The symptoms of diaphragmatic palsies can vary from asymptomatic to cough, dyspnea, recurrent pneumonia and severe respiratory complications mechanical ventilation. The severity of presentation primarily depends upon the degree of PNI and underlying lung capacity.