

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Fish bone-induced myocardial injury leading to a misdiagnosis of acute myocardial infarction: a case report" (World Journal of Clinical Cases NO:49486). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. The main responds to the reviewer's comments are as flowing:

1. Response to comment: Why was the patient loaded with Plavix? - I understand the role of anti-platelet agents in STEMI, but this did not appear to be a STEMI ?

Response: It is really true as Reviewer suggested that this case did not appear to be a STEMI. While in local hospital, Combined with the patient's symptoms, signs, Cardiac Troponin-I positive and elevated ST in ECG, resulting in the misdiagnosis of STEMI initially. Based on the diagnosis of STEMI, the patient loaded with Plavix.

2. Response to comment: You mention the surgery was a "thoracotomy" - why was this chosen over "sternotomy" given the circumstances?

Response: Since the patient had pericardial tamponade at that time and the circulation was extremely unstable. More critically, the reasons for pericardial tamponade were unknown before surgery. The factors such as dissecting aneurysm and heart rupture were not excluded, so the

surgeon preferred thoracotomy.

3. Response to comment: Can the authors explain maybe how the bone, which eroded posterior ended up injuring the left ventricle which is more of an anterior lateral structure (vs the left atrium?) - where on the LV? Where there any intra-operative pictures? - how did the surgeon fix this?

Response: We have disappointed that as the patient was in severe obstructive shock at the time of the emergency, we did not take intra-operative pictures. The surgeon described the intraoperative findings that the fishbone was driven through the stomachus cardiacus from the diaphragmatic surface of the pericardium into the left ventricle myocardium. Although the left ventricle is more of an anterior lateral structure (vs the left atrium), the tip of one side of the fishbone penetrates obliquely upward into the left ventricle myocardium. Bleeding stopped after hemostasis by compression on the surface of the surgical center, and there was no active bleeding. Due to the small puncture inlet, the hemostatic gauze was stuffed.

4. Response to comment: How did they manage the hole in the esophagus? technically, with the erosion - there was a hole?

Response: The fishbone was inserted through the stomachus cardiacus. Considering the small puncture inlet by the fishbone and the contractile effect of smooth muscle, the surgeon did not treat the hole.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions. We are looking forward to hearing you soon.

Yours sincerely

Qian-qian Wang

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