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Reviewer's code: 03722832

Your patient had scar related ventricular tachycardia .But your conclusion is that it is a case of cardiac sarcoidosis .I did not find much evidence in the case .Why it is not case of myocardial infarction leading to scar ?The author has well managed the case but what prevented to have an endomyocardial biopsy to make this case unique forever ?There is no sign of active inflammation in the diseased myocardium. Why did author use methotextrate and prednisolone ?

Dear Dr., thank you for your valuable review. Our patient's MRI delayed enhancement showed patchy transmural fibrosis of the septum and hyperenhancement of the papillary muscles, and the malignant arrhythmia found, are all in favor of extensive cardiac involvement of sarcoidosis on cardiac MRI (we stressed on page 6 line 11 and line 18 these findings, leading to our diagnosis confirmed by one of the authors, Dr. Tanaka with an extensive experience in cardiac MRI) and her cardiac angiography showed a 40-50% mid-LAD plaque. An endomyocardial biopsy would have definitely been interesting but unfortunately endomyocardial biopsy in CS has low sensitivity and could have missed the diagnosis also. Kindly refer to reference 38,39 in the manuscript. We opted to start treatment by Prednisolone and Methotrexate based on active disease (arrhythmias).

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Reviewer's code: 03846820

Dear author, this paper represents the clinical case which is focused on exercise-induced torsades de pointes in patient with cardiac sarcoidosis. 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 correct all your little typos and grammar errors throughout the manuscript. 2) Please summarize briefly how exactly your draw your diagnosis (maybe better prior to Discussion), I mean which criteria exactly were used to make it clear for a reader. This is truly excellent clinical case.

Dear Dr., thank you for your positive review. Our article underwent an English proofing/editing review from a language editing service and was locked as per WJC recommendation. However, we revised the manuscript as per your recommendations for any typos and grammar errors. Upon your recommendations, we made a summary of the criteria used to make the diagnosis, it was added on page 8 line 16 "Based on cardiac magnetic resonance imaging and malignant arrhythmia, a cardiac sarcoidosis with pulmonary sarcoidosis in remission diagnosis was made".

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Reviewer's code: 00227375

This is an interesting case report about the exercise-induced torsades de pointes in a patient with pulmonary sarcoidosis and mini-review. Delayed enhancement cardiac magnetic resonance imaging showed patchy transmural fibrosis of the septum and hyperenhancement of the papillary muscles. The authors diagnosed her illness cardiac sarcoidosis. This manuscript is nicely structured and well written. I have no question about this manuscript.

Dear Dr., thank you for your encouraging review.

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Reviewer's code: 03702209

This is a very interesting case report of a patient with sarcoidosis who experienced a rare complication (torsade des pointes) during submaximal exercise. The authors also present a thorough report of cardiac sarcoidosis in a detailed way, which covers all aspects of this rare disease entity

Dear Dr., thank you for your positive review.

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Reviewer's code: 01204088

Ghafari C et al. reported the diagnosis and treatment of an unusual presentation of cardiac sarcoidosis (CS) via an exercise-induced torsades de pointes (TdP) in a patient with known pulmonary sarcoidosis. Although this report is interesting, I have several concerns for the manuscript. Page 4, line 31 – page 5, line 1. The explanation for the reason why submaximal exercise test was done before doing 24-hour Holter ECG will be appreciated. Page 5, line 17. The diagnosis might be "Cardiac sarcoidosis, with pulmonary sarcoidosis in remission. Page 4, 21-22. and Table 1. The Table 1 could be more compact or omitted, because most of the test were within reference range except HbA1c. Page 4, line 26-28. Showing the left ventricular ejection fraction by the modified Simpson method will be appreciated.

Dear Professor, thank you for your constructive comments. To answer to the first:
the exercise stress test was done before the 24h Holter ECG was done as outpatient since the patient was presenting with dyspnea and had no arrhythmias on ECG.
We followed your second recommendation and changed the diagnosis to CS with pulmonary sarcoidosis in remission on page 8 line 17.
Thank you for your helpful notes about table 1, changes were made accordingly.
And finally, as you suggested, the LVEF calculation method was added on page 7 line 18.

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Reviewer's code: 02565578

The Authors present a case report of a patient with cardiac sarcoidosis, followed by a review of current knowledge and guidelines on this condition. The specific case is very well-described and documented and the clinical knowledge on cardiac sarcoidosis in general are comprehensively and exhaustively reviewed, however the link between the two parts of the manuscript seems to be missing. Since the Abstract is focused entirely on the case report included in the manuscript, I would except at least a mention of its relevance in the Discussion, which, in its present form, reports the currently available guidelines, without any reference to the case report presented in the manuscript. It puts the reader slightly off-balance. Was the scope of this paper to present and discuss the case report in the light of literature or to extensively review the current knowledge and guidelines for cardiac sarcoidosis? If it was both, they should be connected and related throughout the paper. The Authors mention that "In 2014, the first international guidelines for the diagnosis of CS were published by experts chosen by the HRS. In 2017, Terasaki et al. published revised guidelines for the diagnosis of CS." However, in the Introduction and Abstract they seem to be highly critical of and skeptical about these guidelines. I would expect that the Authors explained in the Discussion why those guidelines are insufficient in the Authors' opinion and why there is need for the new guidelines. Based on the Authors' experience and the present case report, can they suggest any changes or additions to the current guidelines? The term "whites" should not be used to indicate race. The recommended term is Caucasians. In the ref. 40, the names of the authors are missing.

Dear Dr., thank you for your review. As per your request, we have made the recommended changes to our manuscript.

We have linked the different aspects of the case to the literature review throughout the

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discussion. Indeed, we wanted to submit a comprehensive review of the literature on CS and take one illustrating case we were fortunate to treat recently with an unusual clinical presentation.

We have stated that current guidelines are limited to experts' opinion in the conclusion.

The term whites was changed as per your recommendation.

Finally, the ref. 40 was fixed.

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Reviewer's code: 03414056

The case report entitled "Exercise-induced torsades de pointes as an unusual presentation of cardiac sarcoidosis: Case report and literature review" is an excellent one, that stresses the importance of early detection of cardiac involvement of sarcoidosis, in order to avoid potential complications and increase survival. One important point is the need of ICD, the patient had VT but low EF was not present (LVEF was 45%) please provide more discussion on the topic of pacemaker versus ICD. Typos on Torsades de pointes (check) In my opinion, this study brings additional important knowledge in the field. As a peer reviewer, I do not have any further concerns

Dear Dr., thank you for your constructive review. We have added this point on page 8 line 21 and extensively detailed the indication of ICD and PM on page 11 line 26 and page 14 line 8.

Moreover, the typos have been corrected, thank you for your noticing.

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Reviewer's code: 00039411

I think it is a very interesting case with an excellent review of the disease.

Dear Dr., thank you for your encouraging feedback.