

## **Response letter**

Dear Editors of WJCC,

Thank you very much for sending us the decision letter and the comments from the reviewers. Two reviewers gave us very valuable suggestions. We highly appreciate their great efforts and insights. Here is our response to their comments.

### Referee 1:

Title may be changed to systemic sclerosis complicated by ventricular tachycardia that was successfully treated with a cardiac resynchronization therapy-defibrillator. Provide echo images of pre and post CRT-D.

We are grateful to the reviewer's comments and suggestions. The title has changed to "Systemic sclerosis complicated by ventricular tachycardia that was successfully treated with a cardiac resynchronization therapy-defibrillator: A case report."

We provide the echo image of pre-operation of CRT-D on page 12 as figure 4. Since the patient refused to complete the postoperative echocardiogram due to financial reasons, we are so sorry that we cannot provide the postoperative echocardiogram.

### Referee: 2

Cardiac resynchronization therapy is indicated for patients suffering from heart failure with LBBB morphology in the ECG and doesn't replace the catheter ablation of VT. Especially in patients with CRT-D devices who have received appropriate ICD therapies, catheter ablation is recommended. When the VT is not inducible a substrate modification of the low voltage areas of left ventricle is performed.

We are grateful to the reviewer's comment. We agree with the reviewer's opinion that Cardiac resynchronization therapy is indicated for patients suffering from heart failure with LBBB morphology in the ECG and doesn't replace the catheter ablation of VT. As we have explained on the Discussion section (Page 8 line 1 to line 5), the results of the ECG indicated

that ventricular tachycardia originated from the right ventricular apex, and hemodynamic instability and very high heart rate during the attack, it's hard to complete the catheter ablation successfully. And in light of the progressive nature of systemic sclerosis, the presence of LBBB, and the decreased ejection fraction, the patient was treated with CRT-D instead of catheter ablation.

A number of recent studies showed substrate modification of catheter ablation has been used successfully to ventricular tachycardia in patients with ischemic cardiomyopathy, there is much less evidence to support its use in non-ischemic cardiomyopathy. There were no evidence that the patient in this case have myocardial ischemia or myocardial scar, so we didn't perform substrate modification of the low voltage areas of left ventricle.