Answering Reviewers

Reviewer 1 questions:

(1) However, please proofread your whole manuscript. There are still typographical and spelling mistakes. For instance, in DISCUSSION section, second last paragraph: Based on this patient's history, physical exanimation, laboratory data and radiology findings… "examination" "radiological".

Answer: We have checked the whole manuscript. And we have corrected all the typographical and spelling mistakes.

(2) Please replace the signed informed consent with another one specifying the patient's will to publish his relative information in a medical journal.

Answer: We have replaced a new informed consent.

(3) Please incorporate and explain the difference between paraganglioma and pheochromocytoma. Both originate from chromaffin cells.

Answer: In the discussion section of the first paragraph, we have already explained the difference between paraganglioma and pheochromocytoma. Both pheochromocytoma and paraganglioma can secret catecholamines, and cannot be differentiated based on histology, but can be differentiated on anatomical location. Pheochromocytoma is an adrenal tumor and paraganglioma is an extra-adrenal tumor.

(4) Please clarify the "benign", "malignant", and "metastatic" confusion. The concept is so confused to the readers.

Answer: Paraganglioma is generally considered a benign tumor and in most

instances cured by complete excision. The only sure and undeniable sign of malignant behavior is demonstration of metastases. And the updated WHO classification of endocrine tumors has replaced the term “malignant paraganglioma” with “metastatic paraganglioma.” Metastases are located where chromaffin tissue is normally not found (e.g., lymph nodes, lung, liver, and bones), and frequently, metastases are not confirmed histologically but are instead documented on nuclear imaging.

We have added this section into the discussion and added new one reference.

(5) Finally, did you do a whole body survey to exclude distant metastasis and why?

Answer: We have already done a whole body survey to exclude the distant metastasis by the Positron emission tomography/CT. When the patient was admitted to our hospital, echocardiography was done to find that a 4.26 × 2.98 cm intracardiac mass in the right atrioventricular groove, which was wrapped around the proximal segment of the right coronary artery. Furthermore, we did the coronary artery computed tomography and Coronary angiography (CAG) and found that there were abundant blood vessels from the proximal segment of the right coronary artery which were wrapped around and supplied the intracardiac mass. So we have to think whether this intracardiac mass was a malignant tumor or not. Then we did a whole body survey to check whether this intracardiac mass was the malignant

tumor or not, and to exclude distant metastasis by the Positron emission tomography/CT at the same time. The Positron emission tomography/CT demonstrated that this intracardiac was a malignant tumor and exclude distant metastasis.

Science editor questions:

(1) Reviewer suggest incorporate and explain the difference between paraganglioma and pheochromocytoma, both originate from chromaffin cells.

Answer: We have answered this question. Please see the review 1, question 3 answer as above.

(2) Please clarify the “benign”, “malignant”, and “metastatic” confusion, the concept is so confused to the readers;

Answer: We have answered this question. Please see the review 1, question 4 answer as above.

(3) I found no “Author contribution” section. Please provide the author contributions.

Answer: We have added the author contribution section into the manuscript.

(4) Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Answer: We have prepared the PowerPoint.

(5) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Answer: We have provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.