

Dear Reviewers and Editor,

Thank you for your valuable comments to improve the quality of our manuscripts (NO. 60596, Case Report). I am pleased to respond your request, and the revised portions are marked in red in the revised manuscript.

In addition, the point-to-point responses are as follows:

Sincerely yours,

Xiaoping Li

May 9th, 2021

Responds to the reviewer's comments

Reviewer #1:

This case report is of great significance for that this case report is about left ventricular multiple myxoma which is rarely seen in clinical practice. And the reported patient also suffers from rheumatic heart valve disease, as is much more rarely seen. The effect of the operation on the patient is very well, therefore the report will provide a good method for treatment with such disease.

Response: Thank you very much for your kind comments.

Reviewer #2:

Original case report on multiple myxomas combined with valves involvement. Diagnosis and management are reported A more detailed description of diagnostic pathway and differential diagnosis would have been advisable.

Response: Thanks for the reviewer's friendly suggestion.

a. Diagnosis--

According to clinical manifestations, transesophageal echocardiography (TEE) and pathological biopsy, the final diagnosis was as multiple left ventricular myxomas combined with severe rheumatic valve lesions. Cardiac myxomas are presented with non specific clinical signs. In this case, his symptom presented with fatigue, shortness of breath, palpitation after activities and atrial fibrillation. TEE is used most commonly for basic diagnosis of the myxoma. In our case, TEE demonstrated multiple abnormal echo masses were found in the left ventricle. Mitral, aortic and tricuspid valves were thickened and adhered, similar to rheumatic valve lesions. The accurate diagnosis of myxoma requires biopsy. In the presented case myxoma has a jelly-like macroscopic appearance obviously by naked eyes. Postoperative histopathological examination showed that the tumor cells were irregular, surrounded by empty halos, scattered, with sparse stroma, which confirmed the cardiac myxoma. The main manifestations of the microscopic examination of the valve specimens were comprehensive, manifested fibrous tissue hyperplasia, hyaline degeneration and

muroid degeneration.

b. Differential diagnosis--

Myxomas needs to be differentiated from left ventricular thrombus and cardiac valve excrescences. The left ventricular function of this patient was acceptable, and no signs of infection were found in laboratory examination, so left ventricular thrombus and cardiac valve excrescences were excluded. we have added the citations in the revised manuscript (pp5, L9-L13).