

Response TO Reviewers Comments

Reviewer 1

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

1. Some revision of the english language is needed. There are some parts of the paper where it is quite difficult to make sense of some sentences English edit will help to improve the quality of the manuscript.

Response: Thank you for your suggestion. We have polish the language with the help of a native English speaker. And we hope the revised paper would be acceptable for you.

2. Figure 3 (pathology) needs better quality and description

Response: Thank you for your kind comment. We feel really sorry for our poor quality of imaging. We have changed the pictures in Figure 3 and revised the description. In this figure, we want to show that the injure caused by RFCA damaged the papillary muscle, while the chordae tendineae was not damaged.

3. Figure S1 (The Holter monitor and echocardiography) needs better quality, please do not use poor quality imaging from phone camera

Response: Thank you again for your kind comment and we really appreciate it. We have changed the pictures in this figure.

4. Table summarizing patient's labs is needed.

Response: Thank you for your professional comments. We have added a table summarizing patient's labs in the revised manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is a very interesting case report "Delayed papillary muscle rupture after radiofrequency ablation: A case report and review of literature" by a group of cardiologists - electrophysiologists. The presented case is very instructive and potentially interesting to a wider professional audience. Before accepting the paper, I suggest additional clarifications as follows;

1. It is necessary to describe in more detail previous diseases and comorbidity (arterial hypertension?, diabetes?, dyslipidemia?, CHF?, renal function etc.)

Response: Thank you for your professional suggestion. We feel sorry that we did not provide enough information about previous diseases and comorbidity. The patient had no other illness in the past, such as arterial hypertension, diabetes, dyslipidemia, chronic heart failure and renal

function. According to your suggestion, we have added necessary words in the section of “History of past illness”.

2. What therapy did the patient take until hospitalization due to syncope (beta blockers ?, dose ?, ACE inh? amiodaron etc.)

Response: Thank you for your reminding. It is of great importance to our article. The patient received amiodarone at the dose of 200 mg for three times per day until hospitalization. We have added this information in the section of “history of present illness”.

3. Please list the relevant lab. parameters; INR, potassium, magnesium, creatinine, eGFR etc.

Response: Thank you for your professional suggestion. It would contribute a lot to improve the quality of our article. We have listed the detailed results of the lab examinations in Table 1.

4. Did the authors rule out the existence of thyroid dysfunction?

Response: Thank you for your professional review work on our article. The thyroid function is normal in the patient. We have added the level of T3, T4 and TSH in Table 1.

5. Why the patient was referred to EPS immediately, without trying OMT, increasing the dose of beta-blockers, introducing amiodarone, etc.

Response: Thank you for your nice comment. The Holter of the patient showed it was the sustained monomorphic ventricular tachycardia. According to the guidelines for the management of ventricular tachycardia in China (1), level I of EPS and catheter ablation was recommended to these patients.

6. Whether it was a nsVPT or sustained VPT in Holter ECG recording?

Response: Thank you for your kind reminding. As what Holter ECG recorded, it was the sustained VT in the patient. And the longest episode of VT in the patient lasted for 5 minutes.

7. It is necessary to specify the basic ECHO parameters before ablation; LVEF, aortic mechanical prosthesis function etc.

Response: Thank you for your professional comments. According to your comments, we have added necessary data in the section of Imaging examinations to supplement our results. The LVEF was 65%. The patient received the aortic bioprosthetic valve implantation 4 years ago and the function of the aortic valve was normal.

8. How do the authors explain that a bioprosthetic valve, not a mechanical one, was implanted in a 58-year-old patient? According to ESC and American guidelines, a mechanical artificial valve is practically exclusively used in this age!

Response: We sincerely appreciate your valuable comments. For this 58-year-old patient, an aortic bioprosthetic valve was implanted in the past. Besides, he didn't want to receive the lifelong anticoagulation therapy.

Science editor:

1 Scientific quality: The manuscript describes a Case Report of the delayed papillary muscle rupture after radiofrequency ablation. The topic is within the scope of the WJCC.

(1) Classification: Grade C and Grade C;

Response: Thanks.

(2) Summary of the Peer-Review Report: The presented case is very instructive and potentially interesting to a wider professional audience. Some revision of the English language is needed. The questions raised by the reviewers should be answered;

Response: Sincerest thanks for your positive comments. We really appreciate your time and patience. We also think highly of the comments of the reviewers on our manuscript. We have revised the language again with the help of a native English speaker. And the questions raised by the reviewers were answered as well. We hope that the revision will meet with approval.

(3) Format: There are 8 figures;

Response: Yes.

(4) References: A total of 2 references are cited;

Response: Yes.

(5) Self-cited references: There is no self-cited reference;

Response: Yes.

(6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

Response: Thank you for your kind reminding. There are no improper references recommended by the peer reviewers in this manuscript.

2 Language evaluation: Classification: Grade B and Grade B. A language editing certificate issued by CureEdit was provided.

Response: Yes.

3 Academic norms and rules: The authors provided the Written informed consent. No academic misconduct was found in the Bing search.

Response: Yes.

4 Supplementary comments: The study was supported by National Natural Science Foundation of China and Natural Science Foundation of Zhejiang Province. The topic has not previously been published in the WJCC.

Response: Yes.

5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thank you for your reminding. We feel sorry for our carelessness. In our resubmitted manuscript, we have uploaded the approved grant application forms.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thank you very much. We have prepared the original figures using PowerPoint and uploaded them in the submission system. If there are any other modifications we could make, we would like very much to modify them and we really appreciate your help.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Thank your again for your kind reminding. Based on your suggestions, we have added necessary information on the references in the revised manuscript.

(4) The authors need to fill out the CARE Checklist (2016) with page numbers.

Response: Thank you for your suggestion. We have filled out the CARE Checklist (2016) with page numbers in the revised manuscript.

6 Recommendation: Conditional acceptance.

Response: Thanks.

Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Response: Thanks.

References:

1. 曹克将, 陈柯萍, 陈明龙, 洪葵, 华伟, 黄从新, 黄德嘉, 江洪, 李学斌, 李毅刚, 汤宝鹏, 王祖禄, 吴立群, 吴书林, 薛玉梅, 杨新春, 杨艳敏, 姚焰, 张凤祥, 张澍. 2020 室性心律失常中国专家共识(2016 共识升级版). *中国心脏起搏与心电生理杂志*. 2020; 34 (03): 189-253.