

June 05, 2021

Dear Editors and Reviewers,

we are submitting the revised version of the Case Report n. 62152, entitled: “Importance of clinical suspicion and multidisciplinary management for early diagnosis of a cardiac laminopathy patient: a case report”.

We thank the Editors and Reviewers for the careful reading and insightful comments. We have made substantial efforts to address all the points raised in your e-mail. You can find the point-by-point answer to all Editors’ and Reviewers’ comments below.

We really hope that, with these changes, you will find this revised version acceptable for publication in World Journal of Clinical Cases.

Sincerely yours,

Dr. Vincenzo Ezio Santobuono.

As corresponding author.

*Dear Dr. Santobuono,*

*We are pleased to inform you that, after preview by the Editorial Office and peer review, as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 62152, Case Report) basically meet the publishing requirements of the World Journal of Clinical Cases. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based on the reviewers’ comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.*

#### **1 MANUSCRIPT REVISION DEADLINE**

*We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.*

#### **2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT**

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### **3 SCIENTIFIC QUALITY**

*Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to each of the issues raised in the peer-review report(s), which are listed below:*

#### **Reply to Reviewer #1**

We thank the Reviewer #1 for her/his insightful comments. We revised the paper accordingly addressing all the raised remarks.

#### ***Reviewers' comments:***

##### **Reviewer #1:**

*Scientific Quality: Grade C (Good)*

*Language Quality: Grade B (Minor language polishing)*

*Conclusion: Accept (General priority)*

*Specific Comments to Authors: Thank you for asking me to review this case report. This is an interesting case and of educational merit.*

*However, it is not clear to me how the remote monitoring played any role in the management nor what the significance of this case presenting during Covid-19 lockdown. It is a nice case of a LMNA mutation, and while not very rare is a good learning case. I would suggest that reference to covid and remote monitoring is removed from the title or the authors make it more clear why they are relevant.*

- **Authors absolutely agree about the necessity to better explain in the manuscript the role of the remote monitoring in the management of the patient during the Covid-19 lockdown. The manuscript has been modified to make this aspect clearer and its reference in the title has been removed as requested.**

*There is no mention which remote monitoring device is used.*

- **The authors apologize for the omission, the type of remote monitoring device has been made explicit within the text.**

*Was a treadmill test post PCI considered to assess if correcting the coronary lesion has resolved VT risk? If VT occurred post PCI should ICD not have been considered sooner?*

- **Authors absolutely agree about the need to better explain the management of ventricular tachyarrhythmias. The text has been accordingly revised. Ventricular tachycardias were recorded during the hospital stay in which the PCI was performed, before and after the procedure. For this reason, it was decided to include amiodarone**

**in the patient's pharmacological therapy, with clinical benefit. During the follow-up examinations, a physical stress test was performed under antiarrhythmic drugs, and it resulted negative for myocardial ischemia and VTs. Therefore, it was decided not to upgrade the PM to an ICD sooner. This choice was subsequently made only after the result of the genetic test.**

*There appear to be 12 authors – this is a lot for a case report – they need to justify inclusion of such a large number of individuals.*

- **Authors clearly understand that their number may seem excessive, however each of them contributed to the management of the patient and in the processing of the manuscript. As a matter of fact, the complexity of the case required a multidisciplinary team to be able to arrive to a correct diagnosis, which includes clinical and interventional cardiologists (both electrophysiologists and hemodynamics specialists), cardiac sonographers, radiologists, geneticists and cardiomyopathies experts. Moreover, they took part in the conceptualization and writing of the manuscript, as well as in obtaining patient's data and images. For this reason, they believe that including them all might be the better choice.**

*Minor points Lipothymia is not a common word – would be better to use 'syncope'. Bicameral also not commonly used – 'dual chamber bradycardia pacemaker' might be better.*

- **Authors agree. Consequently, the terms “lipothymia” and “bicameral” have been replaced, as requested.**

## **Reply to Reviewer #2**

We thank the Reviewer #2 for her/his insightful comments. We revised the paper accordingly addressing all the raised remarks.

### **Reviewer #2:**

*Scientific Quality: Grade D (Fair)*

*Language Quality: Grade C (A great deal of language polishing)*

*Conclusion: Major revision*

*Specific Comments to Authors: In this manuscript, the heterozygous missense mutation (c.949G>A; p.Glu317Lys) in exon 6 of the lamin A/C (LMNA) gene was identified in patient. And a remote monitoring device was given to the patient. The findings of this study has some clinical significance. In this manuscript, there are few descriptions about the remote monitoring device, and one of the main findings of this study is the remote monitoring device. Therefore, the advantages of the remote monitoring device over other device should be emphasized.*

- **Authors apologize for the lack of details regarding the role of the remote monitoring in the management of the patient during the Covid-19 lockdown. The text has been consequently modified.**

## 4 LANGUAGE QUALITY

*Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.*

## 5 ABBREVIATIONS

*In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.*

*(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.*

*(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.*

*(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).*

*(4) Key words: Abbreviations must be defined upon first appearance in the Key words.*

*(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)*

*(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)*

*(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).*

*Example 2: Helicobacter pylori (H. pylori)*

*(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.*

*(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.*

## Reply to Editorial Office

Our point-by-point reply to the Editorial Office's requirements is the following:

## 6 EDITORIAL OFFICE'S COMMENTS

*Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:*

*(1) **Science editor:** 1 Scientific quality: The manuscript describes a case report of the importance of early diagnosis and remote monitoring in an LMNA-mutated patient during the COVID19 lockdown. The topic is within the scope of the WJCC. (1) Classification: Grade C and Grade D; (2) Summary of the Peer-Review Report: This is an interesting case and of educational merit. The questions raised by the reviewers should be answered; (3) Format: There are 2 figures; (4) References: A total of 11 references are cited, including 2 references published in the last 3 years;*

*(5) Self-cited references: There are 2 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated;*

- **The authors revised the self-cited references as requested by the Journal's policies: the reference number 3 has been removed from the reference list accordingly.**

*(6) References recommendations: 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](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B and Grade C. A language editing certificate issued by AJE was provided. 3 Academic norms and rules: The authors provided the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.*

*5 Issues raised: (1) 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;*

- **Figure 1 is the ECG of the ventricular tachycardia occurred during the stress test. Unfortunately, the original image has been archived and is difficultly recoverable in a short time. All we and the patient have promptly disposable is the copy we have attached to our paper. Conversely, Figure 2 is directly extrapolated from the original digital report of the magnetic resonance. The authors converted the figures into PowerPoint format, as required.**

*(2) 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;*

- **The reference list has been edited, as requested.**

*(3) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS",*

*“TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision. 6 Recommendation: Conditional acceptance.*

- **The “case presentation” section has been revisited following the “Guidelines for Manuscript Preparation”; the “final diagnosis”, “treatment” and “outcome and follow-up” sections have been added accordingly.**

*(2) **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.*

- **Authors sincerely thank the Science and Company editors for appreciating our work.**

## **7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT**

### *Step 1: Author Information*

*Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.*

### *Step 2: Manuscript Information*

*Please check if the manuscript information is correct.*

### *Step 3: Abstract, Main Text, and Acknowledgements*

*(1) Guidelines for revising the content: Please download the guidelines for Original articles; Review articles; and Case report articles for your specific manuscript type (Case Report) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise your manuscript according to the guidelines for revising the content.*

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### *Step 4: References*

*Please revise the references according to the [Format for references guidelines](#), and be sure to edit the reference using the reference auto-analyser.*

### *Step 5: Footnotes and Figure Legends*

*(1) Requirements for Figures: Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “62152-Figures.ppt” on the system. The figures should be uploaded to the file destination of “Image File”.*

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- (2) 62152-Audio Core Tip*
- (3) 62152-Conflict-of-Interest Disclosure Form*
- (4) 62152-Copyright License Agreement*
- (5) 62152-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)*
- (6) 62152-Signed Informed Consent Form(s) or Document(s)*
- (7) 62152-Non-Native Speakers of English Editing Certificate*
- (8) 62152-Video*
- (9) 62152-Image File*
- (10) 62152-Table File*
- (11) 62152-CARE Checklist–2016*
- (12) 62152-Supplementary Material*

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Best regards,

Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office