

**Dear Editors and Reviewers:**

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Thoracoscopic diagnosis of traumatic pericardial rupture with cardiac hernia: A case report" (Manuscript NO.: 62295, Case Report). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #2:

1. Response to comment: (What was the reason you needed to perform thoracoscopy? For what reason did you think pericardium rupture?)

Response: The patient repeatedly experienced pericardial tamponade symptoms such as rapid arrhythmia accompanied by a blood pressure drop during the process of turning over in the lying position. Just because of this, it was considered that there may be pericardial rupture with cardiac hernia, and a thoracoscopic exploration was performed to confirm the preoperative suspicion and prevent disastrous complications.

2. Response to comment: (what was the reason for patch placement?)

Response: In this case, the tissue edge appeared friable because of the acute inflammation and edema, and the phrenic nerve was running along the right edge. Taking these findings into consideration, we thought that a heart Dacron patch would provide a safer protection than direct suturing.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.