

March 10, 2021

Dear Editor,

World Journal of Clinical Cases

Thank you very much for reviewers' comments regarding our submission (Manuscript ID: 63716: Prenatal diagnosis of cor triatriatum sinister associated with early pericardial effusion: A case report). We therefore revised our paper related to reviewers' comments.

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Best regards.

Sincerely yours,

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Reviewer #1:

1. The writing, in general, seems to be one not written by a native speaker, which sometimes leads to an odd method of describing things. Please get it reviewed by a native English Speaker.

We thank the reviewer's comment. The Manuscript had been translated by Enago and reviewed by a native english speaker before send it to the journal. However it has been revised again. We hope the language quality had improved.

- I would also recommend you look at case reports published in this journal to understand the writing style. For e.g. authors first describe the clinical features and associations of the condition in para 1 but then describe what is the condition in para 2 of introduction (it should be reverse order).

We thank the reviewer's comment. It has been changed.

2. "A non-invasive prenatal test was performed due to the intermediate risk for trisomy 21 and the echographic findings suggestive of heart disease. It resulted in low risk for aneuploidy and male gender. " Give the test name, and exact findings.

We thank the reviewer's comment. The information required has been added.

3. "Her Rh was positive". Her blood group was Rh positive. We thank the reviewer's comment. It has been changed.

4. "We decided expectant management with ultrasound follow up every 4 weeks." Please write in proper English. We thank the reviewer's comment. It has been changed.

5. What does "APGAR score of 9/10/10" indicate! Write the time points. We thank the reviewer's comment. The information required has been added.

6. Duration of follow-up has not been described. Explicitly tell how long was the follow up. We thank the reviewer's comment. The information required has been added.

7. "In conclusion, based on our case and literature review, we can deduce that the presence of early pericardial effusion during the first trimester is an indicator of cardiac malformations during the early stages of embryonic development" - Using a

single case, this cannot be deduced. Writing such a statement is incorrect. Your case lends support to this argument, but your case alone definitely cannot be the pillar for this argument. We thank the reviewer's comment. We did not pretend to affirm that pericardial effusion is always associated to cor triatriatum, we just wanted to expose its relation with cardiac anomalies and that it is the first time that a case with both entities is reported. So we have changed this paragraph.

8. No dimensions have been provided in the figure captions. Please revise captions.

We thank the reviewer's comment. We have added some technical information in our captions.

Reviewer #2:

-Major point: It is not confident whether that cor triatriatum sinister had really contributed to early pericardial effusion of the fetus. The authors excluded other congenital heart defects, congenital infections, immune hydrops fetalis, and hypothyroidism of the mother. On the other hands, repeated fetal echocardiography did not reveal heart failure. There needs to be some discussion of the reason why cor triatriatum sinister associated with early pericardial effusion. I also suggest shortening the discussion concern about classification. We thank the reviewer's comment. The pathogenesis of pericardial effusion in our case is not clear, but the tests carried out to clarify the etiology of the pericardial effusion proved to be negative and cor triatriatum was the only abnormal finding, so we suggest that there could be some relation between them. If there is no inconvenient, we prefer not to shorten the explanation about classification.

-Minor comment: Discussion. Page 6, line 15: Reference 12 is a case report of a ventricular diverticulum associated with a large pericardial effusion. Just check that the correct papers are referenced within the report. We thank the reviewer's comment. It was a mistake. We have added the correct reference.

Science editor:

1. Scientific quality: The manuscript describes a case report of the prenatal diagnosis of cor triatriatum sinister associated with early pericardial effusion. The topic is within the scope of the WJCC. (1) Classification: Grade C and Grade C; (2) Summary of the Peer-Review Report: The authors reported an interesting case report describing a fetus with cor triatriatum sinister who exhibited pericardial effusion in the first trimester. However, some questions raised by the reviewers should be answered; and (3) Format: There are 3 figures. (4) References: A total of 15 references are cited, including no references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

We thank the Science revisor's comment . In order to answer some questions and requirements raised by the reviewers, we have actualized our references and our figures.

2 Language evaluation: Classification: Grade B and Grade A. A language editing certificate issued by enago was provided. We thank the Science revisor's comment .

3 Academic norms and rules: The authors provided the CARE Checklist–2016 and Written informed consent. No academic misconduct was found in the Bing search.

We thank the Science revisor's comment .

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Akdeniz University Research Foundation. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

We thank the Science revisor's comment. This study has not been supported by any foundation.

5 Issues raised: 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.

We thank the Science revisor's comment . Figures have been provided using Power Point.

6 Recommendation: Conditional acceptance. We thank the Science revisor's comment.

Company editor-in-chief

-I have reviewed the Peer-Review Report, the 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". We thank the Company editor-in-chief comment. We have uniformed figures 2 and 3 in one figure, named **Figure 2 (A and B)**, because of similar contents.