

## ROUND 1

March 28, 2021

Manuscript No 63820

Thank you for considering our manuscript revision.

Sincerely,

Hongbin Zhang

We would like to thank the reviewers and editors for their time in reviewing our manuscript and for their thorough review, including very useful comments/suggestions. We incorporated all of the suggestions.

### **Reviewer #1:(Major revision)**

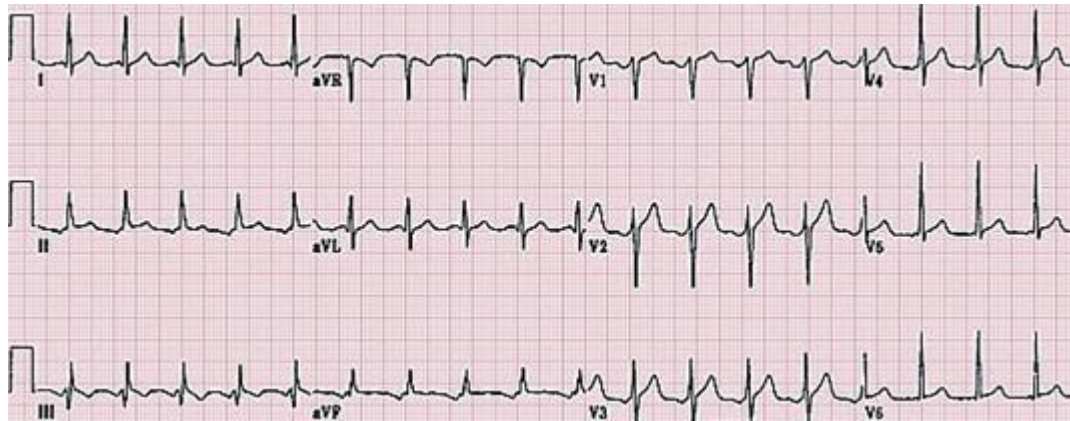
1. There are no data on giving patients treatment for heart disease. Do you use B-blockers and ACEI/sartan drugs? Please specify.

a. We have given her basic heart treatment. We started her on some oral medicines to improve heart function. These medicines were digoxin(0.125mg/day), sacubitril valsartan sodium tablets(50mg/day) and furosemide(60mg/day). Because she had a very low cardiac ejection fraction, we didn't use B-blockers.

2. There are no figures about echo, ECG or CMR. There is no data on ultrasound, ECG or CMR. Is it confirmed that there is moderate left ventricular systolic dysfunction? How about LGE? How about T1/T2?

a. We have added some imaging findings about heart, including some pictures. The 12-lead electrocardiogram showed that she had sinus tachycardia(Fig.1). Echocardiography showed that left ventricular dilation with systolic dysfunction, and the left ventricular ejection fraction was only 38%(Fig.2). Cardiac MRI showed interstitial edema of the myocardium, myocardial native T1 values globally increased and LGE could represent a definite myocardial necrosis(Fig.3). The mapping of the native T1 values of the left ventricle showing diffuse enhanced T1 value of around 1,380 msec.

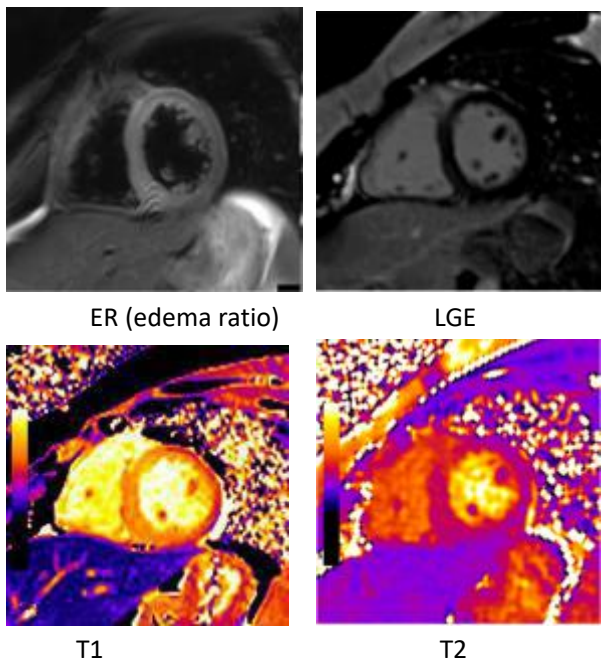
**Fig.1**



**Fig.2**



**Fig.3**



3. Please elaborate on the expansion of PBSCT in the introduction.

a. We have elaborated the expansion of PBSCT, which was peripheral blood stem cell transplantation.

4. The English verbs used to describe the case should be modified, especially the use of the past

tense (for example, I suggest: the patient was diagnosed with type I diabetes 9 years before "..."). Similarly, in the paragraph about the medical examination, the author changed the past tense to the present tense...Please modify it carefully.

a. We have carefully revised the verbs tense describing the case, and selected the editing company recommended by the chief editor to repolish it.

We thank reviewer #1 for his/her overall very favourable review.

**Reviewer #2: (Accept)**

This is a case report for a 23-year-old Chinese woman with POEMS syndrome and heart failure. This case provides information about treatment of POEMS syndrome with complications and highlights the challenges of developing a standardized treatment. This case reports unique findings and is theoretically based on the current literature. The subject is very important to clinical medical practice. The paper is well written and provides useful information for the readers.

We would firstly like to thank Reviewer #2 for your approval. We have made considerable efforts to incorporate the suggestions and feel that the manuscript is much improved as a result.

**ROUND 2**

July 9, 2021

Manuscript No 63820

Thank you for considering our manuscript revision.

Sincerely,

Hongbin Zhang

We would like to thank the reviewers and editors for their time in reviewing our manuscript and for their thorough review, including very useful comments/suggestions. We incorporated all of the suggestions.

**Reviewer #1:**

1. The Authors addressed most points and improved the manuscript. Still some points should be clarified: In the manuscript, the Authors report that "LGE could represent definite myocardial necrosis (Fig. 3)", but actually I can't see it (I only spot midwall septal LGE, which is otherwise consistent with their hypothesis of extracellular oedema). In Fig 3, they reported a T2 map, but they did not indicate whether and where T2 values were increased. Did they mirror native T1

changes? Did they calculate also ECV map? Was the hypothesized extracellular remodelling confirmed by ECV calculation? In table 1, "Hb = 85 g/dL". Please revise.

A. The course of T2WI, LGE, T1 and T2 mapping in a 32-year-old female patient with fulminant myocarditis. The ER, LGE mass, global native T1 and T2 values were significantly reduced at follow up (second row) compared with the acute phase (first row). ER, edema ratio; LGE, late gadolinium enhancement. T2 is about 45ms. There is no evidence for the relationship between T2 and T1 in POEMS syndrome. We can only calculate the value and further analyze it through more clinical reports. ECV map has not been calculated yet. We have revised the hemoglobin problem.

**Reviewer #2: (Accept)**

No further comments

We would firstly like to thank Reviewer #2 for your approval. We have made considerable efforts to incorporate the suggestions and feel that the manuscript is much improved as a result.