Dear Editor,

We are grateful to the Editorial Board of the World Journal of Clinical Cases for considering a revised version of our manuscript entitled "Acute myocardial infarction and extensive systemic thrombosis in thrombotic thrombocytopenic purpura - case report and review of the literature". We would like to thank the reviewers for their valuable time and useful contribution. We greatly appreciate their input which definitely helped improve our manuscript. Also, we look forward to hearing from you regarding our submission. We would be glad to respond to any further questions and comments that you may have. Please find below a detailed point-by-point reply to the comments.

Reviewer 1: Revision required

Response: We revised our manuscript following reviewers' comments.

Reviewer 2:

1. **In Introduction paragraph 2nd, line 2 and three omit the word 'can'**

   Response: We rephrased the Introduction paragraph and omitted the word 'can'.

2. **In paragraph 4th the bacteria name should be italic.**

   Response: We formatted the names of the pathogen mentioned in the paragraph ("pathogens such as *Influenza A, Helicobacter pylori, Legionella"*).

3. **Beside the biochemical and imaging examination, do you examine any viral (HIV, Hepatitis B and C) or any bacterial pathogen in association with TTP, especially I am referring *Arcanobacterium pyogenes*.**

   Response: The laboratory data included serological testing for markers of Hepatitis B infection, Human Immunodeficiency Virus status as well as Hepatitis C virus. The results have been negative, and thus we excluded a viral causative agent of TTP. We also performed specific tests for some of the most common bacteria cited in the literature such as *Brucella melitensis, Campylobacter jejuni, Chlamydia pneumoniae, Legionella pneumophila, Mycobacterium tuberculosis, Mycoplasma pneumoniae* and *Salmonella typhi*, all results being negative. Unfortunately, we could not test for *Arcanobacterium pyogenes* due to lack of specific kits in the laboratory.

4. **Did not mention the causative agent of TTP in case**

   Response: We ruled out infectious and rheumatological causes, and following laboratory and imaging examinations we concluded that, in this case, TTP was diagnosed following an AMI complicated by left ventricular thrombi further complicated with acute limb ischemia. Our patient complained about various digestive symptoms, which is why we decided to perform an abdominal computer tomography which discovered multiple thrombosis sites (subocclusion of the superior mesenteric artery, spleen and renal infarction, and ileon necrosis).

5. **The imaging examination like spleen infraction, renal infraction and widespread edema suggest the prolonged illness, while in the "CHIEF COMPLAINTS" section the author stated the typical angina with 3 days prior to presentation and no history of past illness, this scenario is a little confusing, is the patient had some hidden disease, if yes, whether you find that in your diagnosis or not?**

   Response: The evolution of this pathology was extremely fast considering the fact that the patient did not have additional symptoms than those mentioned. Our patient had no relevant medical history or any family history (medical or surgical). We constructed the clinical argument starting from the typical angina which lead to AMI, followed by acute limb ischemia. Later, we performed the abdominal computer tomography due to the digestive symptoms which discovered various thrombosis sites.

EDITORIAL OFFICE'S COMMENTS

All issues regarding title, picture and figure formatting, and also the reference list were addressed. We also confirm that all the pictures are original, taken with different non-professional cameras.

Sincerely,

Cristina Andreea Adam

Corresponding Author