Dear Editor,

Thank you for carefully reviewing our manuscript previously titled “Early Surgical Intervention in Culture-Negative Endocarditis of Aortic Valve Complicated by Abscess in an Infant: A Case Report” for possible publication in the World Journal of Clinical Cases Manuscript. We are grateful to you and your reviewers for their constructive critique. We have revised the manuscript, highlighting our revisions in red. and have attached point-by-point responses detailing how we have revised the manuscript in response to the reviewers' comments below.

Thank you for your consideration and further review of our manuscript. Please do not hesitate to contact us with any further questions or recommendations.

Responds to the reviewer’s comments:

Reviewer 1

1. Response to comment:（The presumed diagnosis in the emergency room was Kawasaki disease, and it was described that the child was treated with antibiotics after hospitalization. For Kawasaki disease, IV immunoglobulin and aspirin are the treatments, so it would be good to describe why the treatment has changed. ）

Response：The child was admitted to hospital with a presumptive clinical diagnosis of Kawasaki disease. However, the patient did not meet the diagnostic criteria of typical Kawasaki disease and incomplete Kawasaki disease after re-evaluation on admission according to the AHA guideline in 2017, and infectious disease was considered.

2. Response to comment:（ Did you not perform culture tests and antibiotic susceptibility tests for tissues and vegetation obtained during surgery? It would be better if you could describe the diagnosis part. ）

Response：Culture test of vegetation obtained during surgery was negative.

Reviewer 2:

1.Response to comment:（There are other imaging techniques that can help the diagnosis of IE and that are not mentioned in the text. ）

Response：For the imaging diagnosis of infective endocarditis, especially in children with IE of aortic valve, transesophageal echocardiography (TEE) is better than transthoracic echocardiography (TTE) in the examination of aortic root abscess. Therefore, TEE may be required if TTE examination indicates that the lesion extends to the surrounding valve annulus (e.g. changes in the size of aortic root). However, TTE is still the most commonly used and clinically valuable imaging method for infective endocarditis in children. Cardiac CT, cardiac MRI and other impact examinations are rarely used in clinical practice, and are not conducive to follow-up, and are not the first choice of imaging diagnostic measures.

2.Response to comment:（In the text it´s mentioned low fever below 39º and after it´s mentioned high fever with 38º ?? ）

Response：Thank you for reminding us that the temperature of the child before admission was a high fever. We made a small mistake, which has been corrected.

3.Response to comment:（ What is an apothegmatic cystic spaces? aortic pseudoaneurysm, wall abscess? this term is confusing ）

Response：Apothegmatic cystic spaces on the left coronary cusp of the aortic valve is associated with the formation of aortic root abscess and valve excrescence adhesion perforation.

4. Response to comment:（Regarding the figures, that are a fundamental part of the case, I think: 1) The figures are not good. 2) The clinical deterioration occurs on day 9

of admission and referring to the figure 1, but in the figure legend says day 20?. 3) Arrows should be placed pointing to the pathological images indicated in the text 4) It would be ideal to attach videos）

Response： The pictures have been rearranged according to the PPT format requirements,and The date of figure 1 has been corrected. Sorry for our little mistake.we didn't save the video.

Yours Sincerely,

Yanfeng Yang