Peer-review

Dear reviewers,

I am very grateful for your comments on the manuscript. According to your advice, we amended the relevant part in the manuscript. Some of your questions were answered below.

1. The etiopathogenesis of HFM is multitude of causes and based on environmental and genetic factors, but there are still largely unknown. At present, no specific genes have been reported to associate with this syndrome, while chromosomal anomalies were observed, such as del(22q), dup(22q), trisomy 22[1]. Previous studies also found that the use of retinoic acid during pregnancy, gestational diabetes mellitus, and multiple gestations, etc. were associated with HFM. We have added the above description to the background section.
2. Prenatal diagnosis for HFM is possible, and quite accurate ultrasound can detect obvious defects, such as cardiovascular system anomalies.
3. Because the patients live in rural areas, their family economic conditions are poor, and lack of medical knowledge, they did not have a regular prenatal examination, such as ultrasound. Moreover, the child was only 2 years old, which was too young to underwent auricular reconstruction. We suggested the parents feed the child scientifically and go to the otolaryngology department to improve hearing, such as wearing hearing aids. When the child is six years old with 120cm in height, he can come to the hospital again for a comprehensive

evaluation to decide whether to perform the auricle reconstruction.

4. We have added a table including the three cases of HFM with dextrocardia and pulmonary hypoplasia, to describe more about the age at diagnosis, clinical features and management.
5. In order to protect the patient`s privacy, we have blurred the patient`s photos in the manuscript.

Thank you for the kind advice.

Yours sincerely,
Bingqing Wang

Re-review

Dear reviewers,

Thank you for your time reviewing our manuscript. We appreciate your positive comments and will try our best to further improve.