

Dear Editor,

We would like to thank the reviewers and editors for your valuable comments, and we revised our manuscript accordingly. We have summarized the questions and suggestions by the reviewers and editors into 4 points and listed them in red below, together with our point-to-point reply. We sincerely hope that the revised manuscript meets the standard of the *World Journal of Clinical Cases*.

Comment #1:

This comment was from Reviewer1 and Science Editor. There was no definitive histological diagnosis of cardiac lymphoid infiltration to support the diagnosis. Even though the clinical scenario aims to this definitive diagnosis, the lack of pathological sample should be added at least as a limitation in the discussion section.

Answer

We would like to thank the insightful comment. It is really regretful that we are unable to get a cardiac specimen (either pericardium or myocardium) from our patient who was especially frail and old, thus we admit that the lacking of pathological diagnose of heart involvement became a limitation of our case report. However, taking into account of the patient's age, poor clinical status and concomitant diseases, myocardial biopsy was considered to be too dangerous to perform. The diagnosis of secondary follicular cardiac lymphoma was made based on the results of the histologic examination of inguinal lymph nodes, PET-CT scan and transthoracic echocardiography. We have now revised our manuscript according to the comment in *paragraph three from line 16 to 21 in Discussion*.

Comment #2:

This comment was from Reviewer1 and Science Editor. Throughout the manuscript there are a lot of English spelling and grammar errors, please refine the manuscript with native English editing.

Answer

Thanks for the recommendation. There left some English spelling and grammar errors in our manuscript. We have asked an English language editing company recommended by the editorial office for the further language polishing, and got a new language certificate (Grade A) along with the revised manuscript.

Comment #3:

This comment was from Reviewer1. Another identified issue would be the case report subtitles, which I usually do not recommend, but rather a continuous flow of the case would be more appropriate. In the end this is a journal paper, not a patient hospital record.

Answer

As for the subtitles, we followed the format requirements of case report in *World Journal of Clinical Cases*. This format made the presentation of our case more clear and more intuitive.

Comment #4:

This comment was from Reviewer2 and Science Editor. Informed consent was obtained from the subject of this case report and attached as a file, but not stated in the article and CARE checklist.

Answer

Thank you for your comments and reminders. Written informed consent for this case report was obtained from the patient' next of kin. We have stated this in the part of *Informed consent statement* in *Footnotes* in the revised manuscript. The informed consent was also attached as a file, and CARE checklist was updated accordingly.