

Response Letter

Dear Editor, Dear reviewers:

Thanks for your letter. We would like to express our gratitude for providing us with an opportunity to resubmit a revised copy of the manuscript. We sincerely thank the reviewers for their time and effort to review our manuscript. Their suggestions from the second reviewer have enabled us to improve our work. Based on the instructions provided in your letter, we uploaded the files of the revised manuscript. In addition, the revised manuscript has been completed with further language polishing by AJE.

Appended to this letter is our point-by-point response to the comments raised by the second reviewer. The comments are reproduced and our responses are given directly afterward. We hope the revised manuscript is acceptable for publication by World Journal of Clinical Cases.

Reviewer #1:

No concerns need to be addressed.

Reviewer #2:

- <General impressions>As the authors mentioned in this article, hematomas are one of the major complications after pacemaker implantation. Most are caused by venous hemorrhage, but arterial hemorrhage is not uncommon. In the discussion, the authors suggested that injury of branches from the subclavian artery after pacemaker implantation is relatively rare, but literature citations are needed to prove this. If this complication is not rare, this report is not novel, and its publication value is questionable.

Response: We sincerely appreciate the insightful suggestions provided by the reviewer. Hematoma is one of the main complications of permanent pacemaker implantation, but it mainly refers to pocket-related hematoma. Few cases related to

pseudoaneurysm have been reported. In addition, in previous studies on pacemaker complications, hematoma was mostly defined as pocket hematoma, meanwhile other forms of hematoma are rare (We have updated the relevant references in the revised manuscript). In this case, the patient presented with tenderness and pain postoperatively, and routine blood tests showed decreased hemoglobin. But the symptoms were atypical about pocket hematoma on routine physical examination. Conventional treatment of compression haemostasis and haemostatic drugs was not effective. After a series of examinations, the diagnosis was confirmed as pseudoaneurysm of the right subclavian artery branch and effective treatment was given timely to avoid more serious complications. The purpose of our case report is to remind clinicians that when there is suspected internal bleeding after pacemaker implantation, they should also consider the rare conditions such as pseudoaneurysm, and examine it as closely as possible to confirm the diagnosis.

- <Title> The authors detected hematoma. Therefore, using undetectable is incorrect. The title should be " Successful transcatheter arterial embolization for chest wall hematoma following permanent pacemaker implantation: a case report."

Response: Thanks for your considerate suggestion. We choose the term undetectable to mean that the hematoma was not easy to be detected, which is the clinical significance of this case. After the operation, the patient presented with various manifestations of hemorrhage, but it turned out not to be a common pocket hematoma, but a pseudoaneurysm hematoma caused by intraoperative puncture. We have seriously considered and accepted your suggestion to make the title more exact. We have therefore revised the title of the manuscript . Thank you again for your thoughtful advice.

- <Abstract> Paragraph 1, sentence 2; As I mentioned above, the authors have to prove that pseudoaneurysm after pacemaker implantation is relatively rare.

Response: Thanks for this pertinent reminder. In view of this issue, we have made an

explanation, and made appropriate description and updated relevant references in the revised manuscript.

- <Introduction> Paragraph 1, sentence 2; Reference is necessary. Paragraph 2, sentence 1; As I mentioned above, using indetectable is incorrect.

Response: Thank you for your professional advice. We have added reference(Hu Ye. Research on marketing strategy of Medtronic medical in Chinese pacemaker market. Shanghai: Fudan University, 2010) on the current status of pacemaker implantation in China. In addition, the misnomer error was also corrected. Please see the revised manuscript for details.

- <Imaging and laboratory examination> Paragraph 1, sentence 2; CT angiography is a technique to visualize blood vessels transvenously, and it is inappropriate to name specific arteries. " Axillary artery CT angiography" should be replaced with "Computed tomography angiography (CTA)". This modification is needed elsewhere as well.

Response: Thank you for your professional guidance. We have carefully examined the full manuscript and made modifications for similar problems. Please see revised manuscript for details.

- <Final diagnosis> Since pseudoaneurysms are caused by arterial injury, it is necessary to mention that the pseudoaneurysm was caused by an accidental intraoperative injury to a branch of the subclavian artery. "Intraoperative" and "during operation" mean the same thing; only one should be described.

Response: Thank you for these attentive remind. We have made modifications. Please refer to the revised manuscript for details.

- <Treatment> Possibly my lack of knowledge, but I've never heard of an embolic substance called Onys. Could it be an error for Onyx? Also, please add a brief description

of the embolic substance.

Response: We sincerely apologize for this mistake. We've fixed spelling errors and provided a brief description of Onyx with references. Please see revised manuscript for details.

- <Discussion> As mentioned above, literature citations are needed to prove this complication is relatively rare. Paragraph 2, sentence 3; Pseudoaneurysms are not precisely hematomas. It is a ruptured artery surrounded by an unstable connective tissue containing a hematoma. This sentence should be deleted or modified to a more accurate description.

Response: Thank you for this pertinent suggestion. For the first issue, we have made explanation and made description in the manuscript. Please see the revised manuscript for details. As for the second issue, we apologize for the inaccurate description. We have made the modification and hope the expression can be more accurate.

- <Figure> Figure 1B; The pseudoaneurysm cannot be identified on this CT image due to artifacts. Replacement is necessary. Figure 2C; No embolic material is seen in this image, nor is there any contrast effect. It is a pre-treatment image. Replacement is necessary.

Response: Thank you for your professional guidance. For Figure 1B, we replaced more appropriate images, but the images all had artifacts of different degrees. In response to this problem, we consulted the technician and considered that the inevitable artifact was related to the nearby pacemaker pulse generator. We made a marker that hopefully will provide a better indication of where the pseudoaneurysm is. For Figure 2C, we consulted professionals and explained that after Onyx aneurysm embolization, the location of the pseudoaneurysm was no longer developed by angiography, nor could the morphology of Onyx embolic material be shown. In order to make the comparison more precise, we made corresponding marks in Figure 2C. We have communicated in detail with vascular surgeons and neurosurgeons for the above images. The figures has been resubmitted, please refer to the revised manuscript and

PPT of figures for details. Please contact us if you have any questions. Thank you for your kind advice.

- <Grammatical error> The authors use ` instead of '. This is a grammatical error. The first letter of the sentence must be capitalized. At least three corrections are required. Abbreviations need to be formally named the first time they are used in writing: MRI, CT, CTA, and DSA.

Response: We sincerely apologize for this lack of rigor. We have made a detailed examination of the whole manuscript and completed the corresponding modification. Thank you for your elaborative reminder, which is very helpful for us to improve the manuscript. -----

We have tried our best to address the issues raised by the second reviewer and made the appropriate changes to enhance readability. Thanks again for all the thoughtful comments and we hope that you find this revised manuscript is suitable for publication in your journal.

Yours sincerely,

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Response Letter

Dear Editor, Dear reviewers:

Thanks for your letter. We are very delightful that Reviewer 1 and Reviewer2 was satisfied with our last round of response and re-reviewing the manuscripts. Also, we appreciate Reviewer 3 for the new comments to us. Appended to this letter is our point-by-point response to the comments raised by Reviewer 3. The comments are reproduced and our responses are given directly afterward.

We have tried our best to address the issues raised by the Reviewer3 and made the appropriate changes to enhance readability. We are grateful to the editors and reviewers for the time and effort they put into our manuscript. We hope the revised manuscript is acceptable for publication by World Journal of Clinical Cases.

Yours sincerely,

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Reviewer #3:

<p>- <Introduction> Reference 2 should be changed as it is considered inappropriate as a reference.</p>

Response: Thank you for your careful instruction. The data on the epidemiology of pacemakers in China in the manuscript are from Reference 2, which is a dissertation [D].We searched the literature again and didn`t find the relevant data on pacemaker epidemiology in recent years, so we decided to delete this part of

the manuscript.

- <Laboratory examinations> The second sentence is about treatment, so it should be moved to the first sentence of Treatment.

Response: Thanks for your considerate suggestion. We have revised the manuscript according to your suggestion

- <Physical examination> The contents after "which" should be deleted because it is about treatment and is redundant.

Response: Thanks for this reminder. Since this is not the subject of a physical examination, we removed the second half of this clause in the manuscript.

- <History of present illness> The last sentence should be deleted because it is redundant with Physical examination.

Response: Thanks for this reminder. Since this is not the subject of a physical examination, we removed the second half of this clause in the manuscript.

- <Chief complaints> The current sentence should be moved before the first sentence of History of present illness. Chief complaints should describe the patient's symptoms related to hematoma and should include tenderness and pain at the right armpit.

Response: Thank you for your professional advice. We have revised the chief complaints related to the hematoma and moved the symptoms prior to pacemaker implantation to the first sentence of History of Past Illness.

- <DISCUSSION> Literature references that pseudoaneurysms are a rare condition and

can cause a variety of problems if not treated should be needed.

Response: Thank you very much for your advice. Pacemaker implantation-related pseudoaneurysm is a rare condition. We have reviewed the literature and only found a few cases reported. The clinical situations and treatment methods are different from that in our case. We have added relevant literature to the manuscript. In addition, the references about the adverse consequences of pseudoaneurysms if not treated were also added.

- [Grammatical Corrections] <All sections> Hematoma and haematoma are mixed, so one or the other should be used. The newly added reference numbers are superscripted and need to be corrected. <Core Tips> sentence 1; pacemakers → pacemaker sentence 2; We reports → We report <INTRODUCTION> Paragraph 1, sentence 6; et al reported → et al. reported Paragraph 2, sentence 1; an pseudoaneurysm haematoma → a pseudoaneurysm and haematoma.

Response: We sincerely apologize for this lack of rigor. We have revised the uniform writing of "haematoma" throughout the main text of our manuscript. We have corrected the reference to the superscript. We've also corrected grammatical mistakes in Core Tips and INTRODUCTION.

- <Imaging examination> Sentence 2; Computed tomography angiography → Computed tomography angiography (CTA) that a small branch of the right subclavian artery was rupture haemorrhage → a pseudoanerysm of a small branch of the right subclavian artery.

- <DISCUSSION> Paragraph 1, sentence 4; as follows.. → as follows. Paragraph 1,

sentence 5; Remove unnecessary line breaks.

- <Figure legends> Fig.2 A; aneurysm image of → aneurysm of Fig.2 B; Transcatheter
→ transcatheter Fig.2 C; no aneurysm image of right subclavian artery → no
residual aneurysm.

Response: We appreciate your advice and have revised the manuscript.
