ROUND 1

Dear editors and reviewers,

Thanks for editors and reviewers' comments concerning our manuscript entitle "Pediatric acute heart failure caused by endocardial fibroelastosis masquerading as dilated cardiomyopathy: a case report". Those comments are all valuable and helpful for revising and improving our manuscript, as well as the important guiding significant to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the manuscript. The responds to the comments are as following:

Reviewer#1

Q1: However, acute heart failure (AHF) without obvious triggers is rare in children over 1 year of age" have to be rewritten because i). Endocardial fibroelastosis (EFE) is primarily a disease of infants and children; ii). The usual age of presentation is the first year of life.

A1: Thank you very much for your insightful advice. We have made a revision to the Abstract section according to your suggestions~"However, acute heart failure (AHF) without obvious associated triggers is rare". Besides, in this paper, we are more concerned that the child developed this condition without any triggers. Thank you again for your advice.

Q2: The statement in core tip "for clinicians to early identify and intervene endocardial fibroelastosis -induced acute heart failure and to improve the long-term prognosis of the children" may have to be modified since "There is no specific cure for endocardial fibroelastosis and Treatment is largely tailored around symptoms.

A2: Thank you for your valuable advice. We have made a revision to the Core Tip section according to your suggestions~"aiming to provide a valuable reference for clinicians to early identify and diagnose endocardial fibroelastosis-induced acute heart failure." Also, we have noted in the abstract and introduction that this article focuses on the early identification and diagnosis of EFE. Thank you again for your suggestions.

Reviewers#2

Q1: Remove all dates from the manuscript and mention the timeline in relation to the index hospitalisation.

A1: Thank you for your recognition of our work. Thank you for your recognition of our work. We have removed all the dates from the manuscript as you suggested and we have added a timeline of the child's visit, hospitalization and follow-up in the Outcome and follow-up section.

Q2: Despite the elaborate discussion, I see no conclusion from your case as to how differentiating it from paediatric DCMP will have a therapeutic or prognostic implications.

A2: Thank you for your valuable advice. Thank you for your valuable suggestions. We have re-limited the objective of this article to the early identification, screening and diagnosis of pediatric AHF caused by EFE, and have made corresponding revisions in the Abstract, Core Tip and Introduction~" aiming to provide a valuable reference for clinicians to early identify and diagnose EFE-induced AHF", "it is still possible to be diagnosed effectively on the basis of the comprehensive analysis of auxiliary inspection findings","By reporting this case, we hope to provide clinicians who are under-resourced for specific subspecialty pathological biopsies with additional empiric references in terms of early screening and differentiating when encountering children with EFE confused with DCM". In addition, we have further explained the differential diagnosis of EFE from DCM in the fourth paragraph of the Discussion section. Thank you again for your suggestions.

Q3: Expand the treatment strategies for EFE in contrast to DCM and prognostication differences between the two.

A3: Thank you for your constructive suggestions. We have discussed in detail the differences in treatment between EFE and DCM and the associated prognosis in the fifth paragraph of the discussion section according to your comments.

Q4: Discussion seems unstructured with no clear take home message. Limit it to the course of EFE.

A4: Thank you for your comments. We have revised the Discussion section appropriately as your proposal.

Q5: Quality of images are suboptimal. Provide CINE for the MRI if available.

A5: Thank you for pointing out the problem. The relevant imaging examination images for the child were obtained during a multidisciplinary consultation, and as it was not possible to predict her physical condition beyond 9 months to form this report, we did not additionally store the imaging records in external storage after her discharge from our hospital. In addition, large-sized imaging examination images of our patients can only be stored in the system for a maximum of 6 months, hence we now only have access to paper records of the examinations and cannot find the original high resolution images. We are very sorry for this.

Reviewer#3

Q1: The authors describe a case of endocardial fibroelastosis in a pediatric patient presenting with heart failure. The case is described well. The authors point out that selective thickening of the endocardium may be a distinguishing feature from DCM in the early stages of the disease; supportive measures are the mainstay in the initial stages of the disease.

A1: Thank you for your high regard for our work. we have made some minor corrections to the "Abstract", "Introduction" and "Discussion" sections of the manuscript, and added a graphic timeline of the child's consultation, admission and follow-up in the "Outcome and follow-up" section to ensure that the content is more rigorous and formative. Thank you again for your comments.

ROUND 2

I commend the authors for gracefully accepting the criticism and accordingly working on the same. The manuscript now is definitely more appropriate to deliver the take home message which is to identify early and differentiating EFE from paediatric DCM.