

TO,

Editor In Chief

World Journal of Respiriology

Dear Sir,

First of all I would like to thank you for appreciation, initial acceptance of our article, and spending your valuable time to go through and review our case report and discussion.

Following are my answers to your issues raised during review

Question 1-It is recommended to supplement an image of the electrocardiogram.

Answer –

Sir the article was prepared nearly 2 year before during covid-19 pandemic time , we somehow missed images of ECG .Last week we did a medical record section visit to find out the images but the ECG graphs got faded .So we highly apologize for the mistake and humbly request you proceed this article without image of ECG.

Question -2. Were antithrombin X levels checked? Was there testing for thrombophilia?

Sir anithrombin X and thrombophilia work up was not done in this case due to critical condition and sudden worsening of patient requiring therapeutic anticoagulation and thrombolysis.

Warm Regards

Dr.Mujeeb Rahman K.K

TO

The Chief Editor
World Journal of Respirology

Dear Sir,

I am delighted to get your initial acceptance of my article. I would like to thank you for giving a detailed review and suggestions for improving the language.

Following are my answers to your Comments.

1- We have corrected our English grammatical errors and modified them according to the suggestion from the editorial board. We further improvised the language using an expert with more scientific journal publications.

2-As I answered in the previous review, we haven't done a Congenital thrombophilia assessment for this case. This was due to limited guideline recommendations, logistic issues during covid-19 pandemic, the critical condition of the patient, financial limitation of the family as it is an outsourced investigation in our institution, and lack of positive family history.

There is a difference in recommendation from various guidelines in testing thrombophilia in acute settings. But I agree with your suggestion this congenital thrombophilia testing was required in selected cases of unprovoked Pulmonary embolism presentation in young adults. We would like to apologize for that deficiency in this article.

As this was an old case of 2 yrs. and we kept only positive and relevant reports with us, we sincerely apologize for giving all investigations as a chart.

Below are the recommendations for screening thrombophilia in unprovoked acute PE.

[Ref- Semin Respir Crit Care Med 2017;38:107–120.]

Table 5 Summarizes statements from several guidelines regarding whether to screen for specific thrombophilias in 5 clinical contexts

	Selected Guideline Statements on Thrombophilia Screening						
	ACF 2016	ACCP 2012/2016	ICS 2013	NICE 2012	EGAPP 2011	BCSH 2010	FCG 2009
Screening Following Provoked VTE	Do not screen	Do not screen	Selective Screening	Do not screen	Do not screen	Do not screen	Do not screen
Screening Following Unprovoked VTE	Screen highly select few	Do not screen	Screen most or all	Screen highly select few	Do not screen	Do not screen	Screen most or all
Screening Asymptomatic First Degree Relatives (General Primary Prevention)	Do not screen	No statement	Screen most or all	Do not screen	Do not screen	Selective Screening	Selective Screening
Screening Asymptomatic First Degree Females Considering OCP or HRT Use	Screen highly select few	No statement	Screen most or all	Do not screen	No statement	Selective Screening	Screen most or all
Screening Asymptomatic First Degree Females pregnant or considering pregnancy	Screen highly select few	Selective Screening	Screen most or all	No statement	No statement	Selective Screening	Selective Screening
Colors indicate summary of guideline statement	Recommend against screening	Recommend screening only in only a highly selected minority of patients	Recommend selective screening of some patients	Recommend screening of most or all such patients	Guidelines make no statement		

Abbreviations: ACCP, American College of Chest Physicians²⁵; ACF, Anticoagulation Forum; BCSH, British Committee for Standards in Haematology²; EGAPP, Evaluation of Genomic Applications in Practice and Prevention Working Group¹¹⁹; FCG, French Consensus Guideline⁷⁴; HRT, hormone replacement therapy (containing estrogen); ICS, International Consensus Statement²³; NICE, National Institute for Health and Clinical Excellence²⁶; OCP, oral contraceptive pill (containing estrogen); VTE, venous thromboembolism.

3-I really appreciate your suggestion to include the discussion regarding congenital thrombophilia in the discussion. I have added a brief description of this entity and its importance in discussion.

4. As I am presently working in a different centre, I would like to ask to change my corresponding author's address as below.

Dr. Mujeeb Rahman K.K.
Consultant Pulmonary Critical Care and Sleep Medicine
VPS Lakeshore Hospital and Research Centre
Kochi, India
Email - mujeebrahmantmc@gmail.com.

Thank you
Dr. Mujeeb Rahman K.K
EMAIL- mujeebrahmantmc@gmail.com