Comments:

1. Could you add more information in the text about diagnosis of hyperthyroidism (mechanism)?

Yes,I have added some information about diagnosis of hyperthyroidism at page 6 line 18 to 22.The thyroid function of the patient was examined twice and showed obvious abnormality:Free triiodothyronine(FT3), free thyroxine(FT4) and thyroid stimulating hormone receptor antibody (TRAb) were high,serum thyroid stimulating hormone(TSH) was low.Thyroid color Doppler ultrasound showed that the bilateral thyroid glands were diffusely enlarged with rich color flow, and bilateral cervical lymph nodes were visible.

2. It would be extremly important to add more information about hospital course of disease

- was it persitant or transient ST-segment elevation - have you any series of ECGs?

ECG examination of the patient showed persistent anterior wall lead ST-segment elevation, Six ECG examinations were performed on admission and after admission.

- how many troponin measurements were done?

Twice. The high-sensitivity troponin T test result was 29.2 pg/mL on admission and 17.1 pg/mL on day 5 of admission (reference range: 0-0.04 pg/mL).

- have any results of clotting system in this patient?

The clotting function was tested once(Table 4).

3. Please describe exactly pharmacological treatment - nothing is mentioned about enoxaparin, dual antiplatelet therapy. Why Polivy was used (polatuzumab???)

Nadroparin was treated subcutaneously for 5 days;Dual antiplatelet therapy is aspirin and clopidogrel.The Chinese name of clopidogrel(Sanofi) is '波立维'('Boliwei' in Pinyin),which translates to 'Polivy' was wrong, and should be clopidogrel, Nor is it 'polatuzumab'.

4. Explain why "drug treatment was continued for 4 d after the interventional therapy"? (TREATMENT)

After interventional treatment, the patient continued the original drug therapy program 4 days later, and then the patient was discharged from hospital with improved symptoms. After discharge, the patient continued the above-mentioned oral drug regimen .

5. Explain "left ventricular wall movement was roughly coordinated,..." in OUTCOME AND FOLLOW-UP

On admission, the patient's Cardiac color Doppler ultrasound showed uncoordinated left ventricular wall motion and weakened interventricular septal motion. Follow-up showed that the patient was in good condition, and the cardiac ultrasound showed that left ventricular wall movement was roughly coordinated and systolic function was normal compared with previous result before treatment.

6. Delete the section about hypothyroidism and ACS from discussion.

The section has been deleted.

7. Was any functional assessment performed during follow-up period?

Cardiac function was assessed by Cardiac color Doppler ultrasound and thyroid function was assessed by thyroid function test during follow-up period.The results of Cardiac color Doppler ultrasound and throid funciton test have been submitted to the “supplementary material”.