

Dear editor,

Thank you very much for your letter and advice regarding our manuscript. We are truly grateful for the comments from the reviewers. We have revised our manuscript in accordance with the reviewers' comments and would like to re-submit it for your consideration. The amendments are indicated in the revised manuscript by highlighting. Our point-by-point responses to the reviewers' comments are listed below.

We hope that the revised version of our manuscript is considered acceptable for publication in your journal.

We look forward to hearing from you soon.

Best wishes,

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Point-by-point response to the reviewers' comments:

Reviewer #1:

1. specify the days of therapy or doses of Mexiletin the patient received preoperatively

Reply: Thank you very much for your advice. The patient received 150 mg of mexiletin three times daily preoperatively. The surgery was scheduled 1 day after the consultation, and a total of 450 mg of mexiletine was administered preoperatively. We have added this information to the manuscript for better understanding (please see line 135-138, page 8).

2. After this therapy, were any changes observed in the patient's preoperative ECG, in terms of slowing of the pulse, changes in QTc, etc?

Reply: Thank you very much for your question. The patient underwent continuous bedside ECG monitoring the day before surgery. His HR remained between 67 and 81 bpm. There was a slight trend of slowing of the HR compared with his previous 24-hour Holter monitoring (average HR, 84 bpm). There was no sign of QT

prolongation. PVCs occurred during observation. However, the patient reported no discomfort. By the time the patient arrived in the operating room, he was in stable condition with a HR of 72 bpm and arterial BP of 155/80 mmHg. The electrocardiographic monitoring revealed that the number of PVCs had markedly decreased (approximately two PVCs within 10 minutes) and no R-on-T phenomenon was observed. We have added this information to the Treatment section of the revised manuscript (please see line 135-143 and line 149-151, page 8).

Reviewer #2:

1. Amount of bleeding during surgery may be described.

Reply: Thank you very much for your suggestion. The amount of bleeding during surgery was 50 mL. We have added this information to the Treatment section of the revised manuscript (please see line 173, page 9).