

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A case of dilated left ventricle with multiple outpouchings: a severe congenital ventricular diverticulum or left-dominant arrhythmogenic cardiomyopathy?" (ID: 74417). These comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our study. We have studied these comments carefully and have made corrections which we hope to meet with approval. The main corrections in the paper and the responses to the reviewers' comments are as follows:

Responses to the reviewers' comments:

Reviewer #1:

1. Thank you for the opportunity to review this interesting case report "A case of dilated left ventricle with multiple outpouchings: a severe congenital ventricular diverticulum or left-dominant arrhythmogenic cardiomyopathy?". Authors reported a case of LDAC, which is a rare form of arrhythmogenic RV cardiomyopathy. Such a rare case is suitable to publish in the World Journal of Clinical Cases. However, the entire manuscript requires further language and grammatic edits

Response: Thanks to reviewer's comments. It is really true as the reviewer commented that some incorrect tenses used in our previous version. In order to improve the language quality, we reedited the manuscript, expression and format with the help from the Home for researchers editorial team.

Special thanks to you for your helpful comments.

Reviewer #2:

1. Past medical history: modify to without any prior medical comorbidities or additions

Response: Thanks to reviewer's suggestion. We have made corrections according to the reviewer's comments.

2. Family history: Premature sudden cardiac death in father at the age of 40.

Response: Thanks to reviewer's suggestion. We have made corrections according to the reviewer's comments.

3. Examination: Mention general appearance. Remove the first line stating done after hospitalization. Mention first and second heart sounds, and mention about lack of signs of heart failure

Response: Thanks to reviewer's suggestion. In the revised version, we have deleted the first sentence in the physical examination part of the previous version. In addition, we have supplemented the general appearance, heart sounds, and the physical signs of heart failure for this case, according to the reviewer's comments.

4. The entire article is interesting but needs English editing

Response: Thanks to reviewer's comments. It is really true as the reviewer commented that some incorrect tenses used in our previous version. In order to improve the language quality, we reedited the manuscript, expression and format with the help from the Home for researchers editorial team.

5. The images are interesting, would suggest better/ bigger images for clarity

Response: Thanks to reviewer's comments. We have modified the quality of the images.

6. Please mention about the challenging nature of the patients diagnosis and discuss factors favoring LDAC as compared to CVD

Response: Thanks to reviewer's comments. In the revised version, we have supplemented the challenging nature of the patient's diagnosis, and also discussed the key identification points between LDAC and CVD. Interestingly, the ultrasonologist initially misdiagnosed the patient in the present study as CVD, according to the left ventricular apex cystic outpouching displayed synchronous contractility with the corresponding cardiac chamber. CVD has atypical and nonspecific clinical manifestations at an early stage, which makes it easily confused with LDAC. However,

CCTA and CMRI generated more details for differential diagnosis in this case. Some of these features can be adopted during the differential diagnosis between CVD and LDAC. Firstly, most CVD are single and located at the cardiac apex. Secondly, the left ventricular wall exhibits neither signal alterations nor signs of necrosis or fibrous tissue in CVD cases. Thirdly, CVD patients exhibit more frequent extracardiac anomalies than those with LDAC. Fourthly, the size of CVD does not change over the time, suggesting a benign course.

Special thanks to you for your helpful comments.

Responses to the editorial office's comments

1. The article needs a great deal of language polishing, also, please avoid long sentences.

Response: In order to improve the language quality, we reedited the manuscript, expression and format with the help from the Home for researchers editorial team. The English language editing certification is available in the F6Publishing system.

2. Please supplement the introduction section.

Response: In the revised version, we have supplemented the introduction section.

Special thanks to you for your helpful comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We earnestly appreciate for Editors/Reviewers' warm work, and hope that the corrections will meet with approval.

Once again, thank you very much for your comments and suggestions.

Thank you and best regards.

Yours sincerely,

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