Dear reviewers,

Thank you very much for your kindly comments on our manuscript. There is no doubt that these comments are valuable and very helpful for revising and improving our manuscript. In what follows, we would like to answer the questions you mentioned and give detailed account of the changes made to the original manuscript.

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

General comment： The manuscript describes a case of a 23-year-old woman with CCHB and followed her for 28 years.

1. Comment: The figures are absent in the manuscript file.

1. Reply: we are so sorry for forgetting uploading the relevant figures and the inconvenience they caused in your reviewing. We have organized them into a single PowerPoint file, and submit as "**73615-Figures.pptx**" on the system.

2. Comment: There is a missed comma just before the word "and" during the enumeration process through the whole manuscript.

2. Reply: We are so grateful for your helping us outlined each place where we missed comma. And we have added the corresponding comma.

3. Comment: You can use the abbreviation "bpm" as you used it before.

3. Reply: Thank you so much for your carful check. Except the first "bpm", "bpm" was used directly in the following text.

4. Comment: The subheadings in the case presentation are different, some of them you started the title with a capital letter and the rest are small letters, while in others, you used only capital letters for the whole title.

4. Reply: Thank you for pointing this out. This was written according to the format of referred manuscript and published papers on WJCC. We thought these different style of subheadings did not belong to the same level, and hence were not written in the same style.

Reviewer #2:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: The manuscript mentions three figures, but no figures is loaded in the text, so the draft can not be reviewed.

Reply: we are so sorry for forgetting uploading the relevant figures and the inconvenience they caused in your reviewing. We have organized them into a single PowerPoint file, and submit as "**73615-Figures.pptx**" on the system.

As for the language quality, we have further revised the language expression, and non native speakers of English editing certificate has been provided in the revised file.

Thank you again for your positive and constructive comments and suggestions on our manuscript. We hope you will find our revised manuscript acceptable for publication.

Best regards.

Very Sincerely,

Hong Chen, MD.
Department of cardiology
Peking University People's Hospital
11, Xizhimen South Street, Beijing, China
Email: chenhongbj@medmail.com.cn

Dear reviewers,

We gratefully thank the editor and all reviewers for their time spend making their constructive remarks and useful suggestions, which has significantly raised the quality of the manuscript and has enable to improve the manuscript. Each suggested revision and comment, brought forward by the reviewers was accurately incorporated and considered. The changes in the revised manuscript are highlighted in yellow. Below the comments of the reviewers are response point by point and the revisions are indicated.

Reviewer #3: Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing) Conclusion: minor revision (High priority) General comments: Your manuscript was an interesting read. But this manuscript has no new report, and so far many cases have been reported in connection with congenital complete heart block in an adult. Please see the following comments about how your data could be further clarified.

1. Comment: It is possible to express the superiority of this work compared to other works. 1. Reply: We gratefully appreciate for your comment. It is important to express the superiority of our work and we have corrected this part in discussion in the revised manuscript. Although there have a few cases reported in connection with congenital complete heart block (CCHB) in adults, symptomatic CCHB without any intervention in adults so far was reported in only one case. The patient in that case had frequent Adams-Stokes attack in infancy, but rare recurrence periodically for nearly 50 years. In our case, the patient had frequent syncopal episodes at onset in adulthood recovered spontaneously and she could perform even heavy physical activities without any recurrence over the following 28 years. Overall, our patient had better clinical course in the absence of treatment than the prior case. Additionally, our case had more comprehensive assessment to rule out other cardiovascular disease that might cause heart block. Accordingly, the excellent outcome of our patient is more supportive that CCHB in adults even complicated by Adams-Stoke episodes may not always require permanent pacemaker implantation.

2. Comment: In the introduction such a sentence is written: (Congenital complete heart block (CCHB) is a rare disease that involves a normal cardiac structure and occurs approximately one in every 20,000 Live births) Can you mention from which article this sentence is taken?

2. Reply: We are so sorry for our carelessness. This is what we are trying to express: Congenital complete heart block (CCHB) without intracardiac structural abnormalities is a rare disease that occurs approximately one in every 20,000 live births. The sentence is cited from this article: Early diagnosis and treatment of atrioventricular block in the fetus exposed to maternal anti-SSA/Ro-SSB/La antibodies: a prospective, observational, fetal kinetocardiogram-based study. Circulation 2009;119:1867-72. Thank you so much for your careful check, and the wrong sentence and reference have been corrected in the revised manuscript.

3. Comment: The authors mention in the final diagnosis section that: (The possible diagnosis of acquired complete atrioventricular block was carefully ruled out. Thus, the final diagnosis of CCHB was made.) Can you point out what is the criterion for distinguishing these two diseases from each other based on reference?

3. Reply：We appreciate your valuable comment. It is critical to make the reliable diagnosis. Based on the references (Congenital complete heart block in newborns, infants, children and adults: recognition and treatment. J Natl Med Assoc 1969; Congenital heart block: Pace earlier (Childhood) than later (Adulthood). Trends Cardiovasc Med 2020; 30: 275-286), there are four discriminatory features between congenital heart block and acquired heart block based on reference, as follows: (1) Patients with acquired block largely develop heart block in adult life while slow pulse rate is often ascertained at an early age without history of any infection that might cause heart block in congenital heart block. (2) Since the pacemaker site does not shift in congenital heart block seldom complicated by ventricular tachycardia or other sever ventricular arrythmias, whereas the site of the ectopic pacemaker may shift and fatal ventricular arrythmias frequently occur to patients with acquired heart block,. (3) In congenital heart block, ventricular rate will increase with effort and patients could keep an normal active and healthy life. However, in acquired heart block, there is rarely any

significant acceleration of ventricular rate in response to exercise. (4) Patients with congenital heart block often have normal myocardial function in the absence of vascular, valvular or degenerative cardiac disease, and the long term prognosis is usually excellent. Whereas patients develop acquired heart block largely secondary to structural heart disease with severe cardiac dysfunction and the prognosis is poor if untreated. We have added the criterion for distinguishing these two diseases from each other to make the final diagnosis in the revised manuscript. Thank you again for your positive and constructive comments and suggestions on our manuscript. We hope you will find our revised manuscript acceptable for publication. Best regards. Very Sincerely, Hong Chen.