

Dear Reviewers,

Thank you very much for your comments, here are my responses:

FOR NOTE 1. *Some of the patient's blood tests are missing, such as: a. blood glucose; b. urea-creatinine; c. total cholesterol; d. HDL-cholesterol; e. LDL-cholesterol; f. triglycerides.* Thank you for your comments, the relevant blood tests have been supplemented in my manuscript under your reminder.

FOR NOTE 2. *The patient's BMI and weight.* The patient's weight was 58kg during his index hospitalization on December 26, 2019 and his height was also 58kg in the follow-up on October 13, 2020. So I think his BMI didn't change very much because the height was invariable. Based on this, the significance of discussing the BMI is limited notwithstanding obesity is associated with the sympathetic nervous system.

FOR NOTE 3. *Full hormonal assessment between the two dates: January and October 2020.* It is a pity that the patient didn't accept the Full hormonal assessment between the two dates: January and October 2020.

FOR NOTE 4. *You did not specify whether the patient remained under medical supervision at home, whether he received a special diet, whether he started a rehabilitation program from January 2020 to October 2020.* The patient was instructed to take secondary prevention drugs of coronary heart disease such as bisoprolol fumarate, aspirin, clopidogrel, rosuvastatin calcium, he was also instructed to manage blood glucose by acarbose, sitagliptin phosphate, and injections with 4 IU to 6 IU of insulin aspart before meals and 12 IU of insulin glargine before sleep and to take a low-salt, low-fat and diabetic diet and avoid exertion and rage between January 2020 and October 2020. The relevant information has been supplemented in my manuscript. Thank you very much.

FOR NOTE 5. *You state that the vegetative nervous system was the main regulator of the patient's cardiac function without having performed a non-invasive sympathovagal balance exploration (by Heart rate Variability technique).* Thank you for your comments, I have supplemented the HRV indices in my manuscript.

FOR NOTE 6. *Some regulatory parameters of vascular function may be induced by*

*the endocrine function of the vessels themselves. You have not given any physiological elements that condition the regulation of coronary vessels. Thank you for your advice, vascular function is regulated by endocrine system besides autonomic nervous system. In this case, the myocardial bridging phenomenon changed obviously, but this change is not compatible with the change in the humoral factors. So we speculate that MBP is more closely related to the autonomic nervous system rather than endocrine system. However, there was not still sufficient evidence to deny the effects of endocrine substances. Based on this dilemma, the MBP is worth exploring further. We have made relevant discussions in the manuscript.*

*FOR NOTE 7. In conclusion, the manuscript is worth publishing if the authors give more physiological explanations as to why the myocardial bypass phenomenon has dramatically decreased from 90% to 30% during cardiac systole. Thanks for your comments, we have perfected our interpretation in the discussion of manuscript.*

*FOR It is well known to treat milking with myocardial bridging with beta-blockers and other sympatholytics agents (and avoid nitroglycerin), which was described in this case. There is no new information provided in this paper. Thank you very much for your comments. We have supplemented the relevant information and made relevant discussion. Myocardial bridging is common clinically, but this myocardial bridging phenomenon is rare. We think this phenomenon is very worth thinking about.*

Best regards,

Fu-Hai Zhao