



Sep 25th, 2022,

Lian-Sheng Ma, Company Editor-in-Chief

Jin-Lei Wang, Science Editor,

World Journal of Clinical Cases.

Dear Dr. Ma and Dr. Wang:

Thank you for considering our paper titled “Who is responsible for acute myocardial infarction in combination with aplastic anaemia? A case report and literature review (Manuscript NO: 78666)” for publication in *World Journal of Clinical Cases*.

The reviewers’ modifications suited the context well and helped to bring out the message. Also, word count and citation style have been checked to meet the requirement of this journal. We performed further language polishing.

Thanks for the transparent peer review process during the handling of this manuscript. We believe it definitely increased the quality of this review process and also facilitated the improvement of better practice.

We have improved the content in accordance with the reviewer’s and the editors’ comments and have attached a revised version of our manuscript. Please find our point-by-point responses to the comments below. The revised text is highlighted in the revised manuscript.

We confirm that all authors have approved the changes to the revised manuscript. We would be grateful if the revised manuscript could be further considered for publication in *World Journal of Clinical Cases*, and we look forward to hearing from you soon.

Yours sincerely,

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Response to Reviewer 1

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Kindly see the review comments on the word document. Thank you.

Thank you for your precious opinions on our manuscript and language polishing. It's a great help and learning opportunity for us.

1. Comments: *The title should be made clearer. Are you referring to who should take the lead in the management of such cases or what is the probable cause? Your literature review seems to point to the latter. If I am right, then the title should be amended to reflect that. "what" instead of "who" should be used in the title.*

Res: Thank you. We have abbreviated the title to "What is responsible for acute myocardial infarction in combination with aplastic anaemia? A case report and literature review" (Page 1, lines 5-6)

2. Comments: *Page 5, line 7 "Long-term use of these medicines may raise the risk of abnormal blood lipid metabolism and atherosclerosis." should add a reference.*

Res: Thank you for your valuable comments. We added the references after this statement. Please see Page 5, line 7.

3. Comments: Please give further details on the chest pain: location, nature, radiation, aggravating/ relieving factors, etc.

Res: We described the further details as required on Page 5, lines 19-22.

4. Comments: How relevant is this to the case? “The patient married at a young age and had one child. His family had no early onset history of cardiovascular diseases.”

Res: Thank you for the comment. We agreed that this statement is not relevant to the case. We deleted this sentence.

5. Comments: On page 6, line 9, the blood pressure would be a mistake writing.

Res: Sorry for the mistake we made. This should be 15.96/9.32 Kpa.

6. Comments: Page 7, line 24, Use mild, moderate, severe, or profound instead of substantial.

Res: Sorry for the mistake we made. This sentence changed to “We performed CAG after platelet transfusion since the patient had severe thrombocytopenia (TP)” on Page 7, line 24

7. Comments: Page 8, line 18, “platelet quantity and activity may be a double-edged sword in thrombosis,” should add a reference.

Res: Thank you for the comments; this sentence was to illustrate that either platelet quantity or activity is independent of thrombosis generation. So we rewrite the sentence on Page 8, lines 17-18, “Although his platelet count is $30 \times 10^9/L$, his coronary artery and left ventricle can still form thrombus, which indicated that the platelet amount and the function may be two independent roles in thrombosis[6-7].”

Ref:

6 Karparkin S. Heterogeneity of human platelets. VI. Correlation of platelet function with platelet volume. *Blood* 1978; **51**(2): 307-316 [PMID: 620086]

7 Psaila B, Bussell JB, Linden MD, Babula B, Li Y, Barnard MR, Tate C, Mathur K, Frelinger AL, Michelson AD. In vivo effects of eltrombopag on platelet function in immune thrombocytopenia: no evidence of platelet activation. *Blood* 2012; **119**(17): 4066-4072 [PMID: 22294727 PMCID: PMC3350368 DOI: 10.1182/blood-2011-11-393900]

8. Comments: Page 10, line 4 “Furthermore, stanozolol has been shown to promote endothelial dysfunction” Is Any other means different from those stated earlier? If yes, then please state it.

Res: Thank you for the comment. We supplied the statement on Page 10, line 4. “Furthermore, stanozolol has been shown to promote endothelial dysfunction through enhancing oxidative stress by CAT, SOD1, and GPX4; as well as activating the hemostatic system and increasing fibrinolytic activity.”

9. Comments: Page 13, line 2, "Following the recommendations of several guidelines and expert consensus, we performed CAG post platelets transfusion." should add a reference.

Res: Thank you for your valuable comments. We added the references after this statement. Please see **Page 13, line 6.**

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: The authors describe a case of AMI thought to be related to CsA and stanozolol use in a patient with aplastic anemia and minimal CAD risk factors. The case report is very well written with good description of OCT and other clinical/laboratory findings that support the conclusion. Literature review is very good.

Res: Thank you for your precious opinions on our manuscript.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: first, nothing new, the author explained anti thrombosis can be double edge sword in management of MCI second, the author has been explained extensively in the manuscript third, small case, many factors involve in MCI not only one or two drugs

Res: Thank you for your precious opinions on our manuscript. We feel deeply that our case study cannot fully explain the etiology of the patient's acute myocardial infarction. However, this patient had no risk factors for coronary atherosclerotic disease, no adverse lifestyle and no family history. Yet, he had multiple acute myocardial infarction and left ventricular thrombotic events during the drug administration. From reading the literature we speculate that this may be closely related to the long-term application of the drug, and therefore we report this case in the hope that we cannot ignore the dangers associated with the long-term application of certain drugs. The lesson for us in this patient is that early and timely revascularisation is the key to an improved prognosis in acute myocardial infarction.