Response to reviewers

Reviewer #1:

Q: This is a letter commenting on a case report in World J Clin Cases. 2023 Mar 16;11(8):1771-1781. It correctly highlights the dangers of endomyocardial biopsy and is well written and well referenced. However for a short letter commenting on a case report to have 22 references is excessive. Authors should consider reducing the number of their references.

A: First of all, thank you so much for your valuable suggestions and recognition of our work. Per your comments we have removed references 7, 14, 17, 18 and 27 from the manuscript. However, in order to support the rigor of the article and to emphasize the potential risks of sedation and EMB, the rest references are very necessary to be remained, albeit this is a letter. Thanks again for your advices.

Reviewer #2:

Q: Summary can be split into short, simple sentences for enhancing clarity.

A: Many thanks for your constructive advices. And we have revised the abstract of the manuscript in response to your comments:

Endocardial fibroelastosis (EFE) is commonly considered to be an inflammatory reactive lesion of hyperplasia and deposition of tissue fibers and collagen in the endocardium and/or subendocardium, which is strongly associated with endocardial sclerosis, ventricular remodeling and acute and chronic heart failure, and is one of the important causes for pediatric heart transplantation. Early diagnosis and treatment are the key factors in determining the prognosis of the children. In this paper, we would like to highlight the potential unintended consequences of the use of sedation and biopsy for pediatric acute heart failure caused by EFE and the comprehensive considerations prior to clinical diagnosis.