

Reviewer 1:

1. Several factors associate with intraoperative arrhythmia. Please discuss these.

--> While the exact cause of atrial tachyarrhythmias is often unknown, several factors have been associated with its development. Age more than 60 years old, structural heart diseases such as heart valve disorders, history of heart surgery or congenital heart defects, coronary heart disease. And hypertension can lead to changes in the structure and function of the heart. Thyroid disorders such as hyper or hypothyroidism can disrupt the normal electrical activity of the heart. Sympathetic stimulation, use of stimulants such as caffeine or nasal decongestants, alcohol, hypovolemia or anemia, hypoxemia, hypercarbia, fever, sepsis, and malignant hyperthermia also can lead to it.

I added the disscussion of factors of intraoperative arrhythmia.

2. Please add more details of the pathophysiology of sudden arrhythmias.

--> Stimulation of the stellate ganglion can affect the sympathetic nervous system, which plays a role in regulating heart rate and blood pressure. But this case was un-intentionally stimulated by surgical movements of adjacent cervical spine components.

Please review the literature and add more details in the discussion section.

--> I added the more details.

What is the new knowledge of the report?

--> The stellate ganglion, located on the right side, contributes sympathetic innervation to the SA node through the right atrial ganglionated plexus (RAGP). Stimulation of the unilateral side, specifically the right stellate ganglion, creates an arrhythmia that looks like ventricular tachycardia with a wide QRS tachycardia-like aspect, but ultimately it's atrial tachycardia, and that creates changes in the SA node and finally atrial tachycardia.

Please recommend to the readers "How to apply this knowledge?".

--> If an arrhythmia occurs in the context of stimulation of the right stellate ganglion during cervical

spine surgery, the appropriate differential diagnosis, identification of triggers to consider, correction of the appropriate triggers, and prevention of migration to fatal arrhythmias should be considered.

Reviewer 2:

Thank you. The paper seems to be acceptable.

Thank you for your comments.