

To editorial office of World Journal of Clinical Cases,

We thank you very much for reviewing and giving us an opportunity to revise our manuscript, we appreciate for the positive and constructive comments on our manuscript entitled “The intermittent appearance of right coronary fistula and collateral circulation”(Manuscript NO.: 66503, Case Report) . Those comments are valuable and helpful for revising and improving our manuscript. The main modifications of the manuscript and the response to the reviewers’ comments are described as flowing:

Editorial requests:

1) This article does not specifically describe the relationship between the cardiac cycle and the appearance of coronary fistulas and collaterals, nor does it explain why this phenomenon occurs.

Response to request 1): We apologize for this unclear description. In this case, we discovered the "ghost-like" collateral circulation associated with coronary fistulas during diastole. Because previous literature reports related to this case are relatively rare, we have not yet been able to ascertain the cause of the patient’s coronary collateral circulation, which may be congenital or acquired compensatory, or others reason. Because of the rarity, it is the value of the phenomenon reported in this case. This case indicated that the existence of collateral circulation is not only caused by coronary artery stenosis and blockage. At the same time, the symptoms caused by the coronary fistula make it possible for clinicians to misdiagnose coronary heart disease.

2) This article did not specify which drugs the author used for treatment.

Response to request 2): We apologize for this unclear description. We have modified

the section Treatment(Page 6,line 10) as follow: The patient was initiated with 23.75-mg metoprolol CR/ZOK once a day.

3) During the follow-up period after treatment, the article only introduced the disappearance of the patient's symptoms without further angiographic examination. We do not know why the symptoms disappeared after treatment, whether it was the reduction of coronary fistula shunt or the establishment of coronary collateral circulation.

Response to comment 3): We apologize for this unclear description. Because of the patient's personal reasons, we did not get the opportunity for further imaging examinations. Besides, considering the invasiveness of coronary angiography, and there is no stenosis or blockage of the coronary artery. Therefore, it is not necessary for this patient to undergo coronary angiography again. The patient received oral beta-blockers. We considered that the disappearance of chest tightness in this patient may be related to slowing down the ventricular rate and increasing the blood flow of the coronary arteries and their collateral circulation.

We have marked the important corrections in red in the manuscript. The original picture and a copy of the approved grant application form have been uploaded in the submission system. Thank you and all reviewers for your kind suggestions. We hope to meet your journal manuscript standards in this revised edition.

Sincerely yours,

Zhiling He