

Responses to Editor and Reviewers comments (our responses in red)

Response: We appreciate the constructive comments made by the editor and four reviewers, and their overall positive evaluation of the manuscript. We have taken all comments and concerns into account to prepare the revised version. Our responses to each of the reviewers' comments are shown below in red. Also highlighted in red are changes made in the revised manuscript.

### Specific Comments to Authors

Reviewer #1: This is a well-written update on tricuspid valve endocarditis focusing on the role of multimodality imaging and the management of these patients. The majority of references quoted were within the past 5 years. The figures presenting typical cases were obtained with latest imaging models and techniques, and the tables comparing strengths and weakness of multimodality imaging techniques were comprehensive.

Response: We appreciate reviewer's positive comments about the evaluation.

Reviewer #2:

This is a well-organized review paper. However, it will be easier to understand if you correct the following:

1. Right-sided infective endocarditis (RSIE) and Tricuspid Valve Endocarditis are expressed as they are the same.

Response: In the introduction, we made the distinction that right-sided infective endocarditis (RSIE) involves native or prosthetic valves, any intracardiac devices within the right heart, and more rarely non-functional embryonic remnants such as Eustachian valve or Chiari network that are present in the right atrium (RA). However, as the vast majority of RSIE cases involve the tricuspid valve, we specifically mention that our review focuses on tricuspid valve endocarditis TVIE.

2. In the epidemiology section, it is better to describe intravenous drug use (IVDU) and cardiac implantable electronic device (CIED) separately.

Response: we described separately the epidemiology of these groups as was suggested.

Science editor:

1 Scientific quality: The manuscript describes a Review of the Cardiovascular Imaging Evaluation and Management. The topic is within the scope of the WJCC. (1) Classification: Grade B and Grade B; (2) Summary of the Peer-Review Report: This is a well-written update on tricuspid valve endocarditis. It is better to describe intravenous drug use (IVDU) and cardiac implantable electronic device (CIED) separately. The questions raised by the reviewers should be answered;

(3) Format: There is 1 table and 4 figures; (4) References: A total of 39 references are cited, including 11 references published in the last 3 years; (5) Self-cited references: There are 2 self-cited references. 2 Language evaluation: Classification: Grade A and Grade A. The authors are native English speakers. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The “Author Contributions” section is missing. Please provide the author contributions;

**Response: Author Contributions section was added in the manuscript. All authors discussed and worked on the manuscript. Dr. Fava took the lead in writing the manuscript. Dr Xu was in charge of planning and supervision.**

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

**Response: PowerPoint file is attached with all original figures.**

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. The reference number will be indicated with square brackets in the upper right corner of the place where it is cited. Please revise throughout;

**Response: we completed the PMID and DOI numbers in the reference list.**

(4) Please confirm if the figures are original. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted

picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6 Recommendation: Conditional acceptance.

**Response: All figures are original. They are not re-published.**

**(2) Company editor-in-chief:** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response: Thanks for the comment.**