

Dear Dr. Jin-Lei Wang,

Re: Manuscript NO.: 69615, Case Report, entitled "Ventricular tachycardia originating from His bundle: a case report"

Thank you very much for your appreciations on our manuscript!

We have revised the manuscript according to your instructions and the comments from the reviewers. Below are our responses to your instructions and the comments.

3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Authors reported a case of ventricular tachycardia originating from the His bundle confirmed through evaluation of the electrocardiogram and intracardiac electrophysiologic examination. His bundle was ablated and a cardiac pacemaker was implanted to restore sinus rhythm. A few points regarding the manuscript: 1. How was the patient monitored in her follow-up visits? 2. Why were oral treatments such as Atorvastatin (10 mg qn), Furosemide (20 mg qd), Spironolactone (20 mg qd), and Irbesartan hydrochlorothiazide (1 tablet qd) prescribed to this patient? What effects do these drugs have in treating VT? 3. What is the ethnicity of this patient? Could this be a factor in the occurrence of the disease? 4. There is a spelling error on line 129. To "ablate" not to "ablating"

1. How was the patient monitored in her follow-up visits?

Re: One year after discharge, the patients were rechecked with Holter Monitor for 24 hours and color Doppler ultrasound. Sixteen months after discharge, the chest CT, ultrasound examinations, Holter monitoring for 24 hours, and laboratory tests were reviewed. The detailed results have been described in "Treatment and Follow up" under Case Presentation in the article.

2. Why were oral treatments such as Atorvastatin (10 mg qn), Furosemide (20 mg qd), Spironolactone (20 mg qd), and Irbesartan hydrochlorothiazide (1 tablet qd) prescribed to this patient? What effects do these drugs have in treating VT?

Re: Thank you for your advice. We have revised the paragraph to make it clear for reading.

“During hospitalization, the patient was given aspirin (100 mg qd) and atorvastatin (10 mg qn) to reduce cardiac preload and other cardiovascular risk factors, for the sake of the carotid plaque and elevated blood lipids found in the hospital stay. Furosemide (20 mg qd) and spironolactone (20 mg qd) was given, to help urine excretion and cardiac preload reduction, and to improve cardiac function. Irbesartan hydrochlorothiazide (1 tablet qd) was given to lower the blood pressure.”

These treatments were used to treat patients' comorbidities in order to reduce cardiovascular risk factors for the patient. These treatments were not the treatment for ventricular tachycardia. VT was mainly treated by radiofrequency ablation. The patient still suffered from cardiac insufficiency after radiofrequency ablation and pacemaker implantation, so continued oral diuretics could also reduce circulating blood volume and improve her symptoms.

3. What is the ethnicity of this patient? Could this be a factor in the occurrence of the disease?

Re: The ethnicity of this patient is Han. Since this kind of case (VT from His bundle) is very rare, no more cases were collected until now. We could not do further study about ethnicity and the occurrence of the disease for the present. PubMed searches could not find the relationship between ethnicity and VT from His bundle.

4. There is a spelling error on line 129. To “ablate” not to “ablating”

Re: The word was corrected.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical,

syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Re: The manuscript was sent for English editing as suggested. The language certificate was also attached.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/ definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

[Re: The manuscript was in accordance with above instructions.](#)

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific quality: The manuscript describes a Case Report of ventricular tachycardia originating from his bundle. The topic is within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: Authors reported a case of ventricular tachycardia originating from the His bundle confirmed through evaluation of the electrocardiogram and intracardiac electrophysiologic examination. His bundle was ablated and a cardiac pacemaker was implanted to restore sinus rhythm. The questions raised by the reviewer 05476795 should be answered; (3) Format: There is 1 figure; (4) References: A total of 18 references are cited, including 9 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors

to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by Editage was provided. 3 Academic norms and rules: The authors provided the Signed Informed Consent Form(s), and CARE Checklist (2016). No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

Re: Thank you for your efforts!

5 Issues raised: (1) 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;

Re: Figure 1 in PowerPoint format was attached as original picture.

(2) Please add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision;

Re: The sections were added as suggested.

And (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. Please revise throughout;

Re: The references were revised as suggested.

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Re: Thank you for your efforts!

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the 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. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment. For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.

Re: Thank you for your efforts! The necessary files have been provided.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 1: Author Information

Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

Re: The presentation of authors names and institutions has been revised according to the guidelines.

Step 2: Manuscript Information

Please check if the manuscript information is correct.

Re: Checked.

Step 3: Abstract, Main Text, and Acknowledgements

(1) Guidelines for revising the content: Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Case Report) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision.

Re: Checked and corrected.

(2) Format for Manuscript Revision: Please update the format of your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples.

Re: [Checked and corrected.](#)

(3) Requirements for Article Highlights: If your manuscript is an Original Study (Basic Study or Clinical Study), Meta-Analysis, or Systemic Review, the “Article Highlights” section is required. Detailed writing requirements for the “Article Highlights” can be found in the Guidelines and Requirements for Manuscript Revision.

Step 4: References

Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser.

Re: [Checked and corrected.](#)

Step 5: Footnotes and Figure Legends

(1) Requirements for Figures: Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “**69615-Figures.pptx**” on the system. The figures should be uploaded to the file destination of “Image File”.

Re: [The file is provided.](#)

(2) Requirements for Tables: Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as “**69615-Tables.docx**” on the system. The tables should be uploaded to the file destination of “Table File”.

Re: [N/A.](#)

Step 6: Automatically Generate Full-Text Files

Authors cannot replace and upload the “Manuscript File” separately. Since we only accept a manuscript file that is automatically generated, please download the “Full Text File” or click “Preview” to ensure all the contents of the manuscript automatically generated by the system are correct and meet the requirements of the journal. If you find that there is content that needs to be modified in the Full-Text File, please return to the corresponding step(s), modify and update the content, and save. At this point, you then have to click the “Save & Continue” button in Step 5 and the F6Publishing system will automatically regenerate the Full-Text File, and it will be automatically stored.

Step 7: Upload the Revision Files

For all required accompanying documents (listed below), you can begin the uploading process *via* the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

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- (2) 69615-Audio Core Tip
- (3) 69615-Conflict-of-Interest Disclosure Form
- (4) 69615-Copyright License Agreement
- (5) 69615-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)
- (6) 69615-Signed Informed Consent Form(s) or Document(s)
- (7) 69615-Non-Native Speakers of English Editing Certificate
- (8) 69615-Video
- (9) 69615-Image File
- (10) 69615-Table File
- (11) 69615-CARE Checklist-2016
- (12) 69615-Supplementary Material

If your manuscript has supportive foundations, the approved grant application form(s) or funding agency copy of any approval document(s) must be provided. Otherwise, we will delete the supportive foundations.

If your manuscript has no “Video” or “Supplementary Material”, you do not need to submit those two types of documents.

Re: All necessary files have been uploaded.

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Re: Signed and uploaded.

9 CONFLICT-OF-INTEREST DISCLOSURE FORM

Please click and download the fillable [ICMJE Form for Disclosure of Potential Conflicts of Interest](#) (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the

Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.

[Re: Signed and uploaded.](#)

Best regards,

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