

Dear Editor,

We are glad for the interest that you manifest for our case report. We submit the revised version according to your recommendations. This version was revised by a native English speaker. It is worthy to note that two of co-authors are native English speakers. Furthermore, the revised version includes corrections made based on reviewers' suggestions. A new copyright license agreement was signed and uploaded. A new informed consent form was signed by the patient.

We reply :

Reviewer's code: 03529714

A rare case of cardiac lipoma is reported in a girl of 17 years old, which reminds us of potential uncommon cardiac diseases among asymptomatic patients. Details about the case, especially images of TTE, CT, MRI and PET are provided in the case report. Therefore, I would like to recommend to publish it. Due to the large size, however, it needs to reconsider the possibility of surgical intervention in case of safety.

Dear Reviewer, we are grateful for your positive opinion. After a multidisciplinary decision, surgical excision was avoided as the patient is asymptomatic with no hemodynamic instability or ventricular function impairment. She is followed regularly with no documented abnormal clinical signs or appearance of warning symptoms necessitating surgical intervention until present time.

Reviewer's code: 03656275

First of all, I want to congratulate the authors. A rare disease in the literature. I find the article inadequate on a few issues. I have stated my suggestions below. 1. the title of the article and the article content are compatible.

We are thankful for your comments which help to improve our manuscript.

2. The summary of the article is insufficient to reflect the content of the article.

The summary (Abstract) of the article was modified and divided into 3 sections.

3. the key words reflects the focus of the manuscript

4. The background of the article is insufficient to describe the disease. Not given information about the clinical course of the disease.

The background was modified and developed in a manner giving information about the clinical course of the disease. The paragraph below was added:

"These tumors are commonly asymptomatic and discovered incidentally while performing cardiac investigations for other disease or most often diagnosed on autopsies. Large size or huge lipoma may cause symptoms via mass effect on the adjacent structure such as coronary arteries provoking angina and left ventricle causing heart failure. Cardiac lipomas arising from the myocardium are more likely to induce arrhythmia by infiltrating the electrical circuit. Indeed, clinical presentation depends on location and size of cardiac lipomas."

5. The article's narration is insufficient to describe the disease. Re-evaluation is appropriate. How are the follow-up results of these patients in the literature.

The article narration was modified. Furthermore the article was revised by a native English speaker.

6.Does the patient consent form have to be signed?

A new informed consent was signed by the patient upon our request.