

We thank the Reviewers very much for their reasonable and constructive comments that helped us improve the appearance of the manuscript, support our findings on a firmer basis and convey the message of this case report more accurately.

## ***Reviewer # 00214259***

### **SPECIFIC RESPONSES**

**This is a case report about an unexpected cardiac phlebography. The manuscript is well written and describes an important aspect related to the use of multipurpose radial catheters. It is important to stop injection if subendocardial staining or opacification of cardiac vein occur during ventriculogram. Also, I think that these events should support the common practice of not using radial multipurpose catheter with automated injector and with large contrast bolus or high PSI.**

**Reply:** We thank the Reviewer for these comments. We agree that injection of contrast must stop if subendocardial staining or opacification of a cardiac vein occurs during a ventriculogram with a dedicated radial multipurpose catheter with both an end-hole and a side hole. We also agree that our case supports the common practice of avoiding the use of radial multipurpose catheters with automated power injectors, large volume of contrast and high PSI for ventriculograms.

**Action:** Relevant comments have now been included in the revised version of our case report (lines 7-9 and lines 13-17 in the last paragraph in Discussion).

## ***Reviewer # 02454185***

### **SPECIFIC RESPONSES**

**This is an interesting case, but I have several comments: 1. A thorough review of literature is needed to provide a complete overview of the accident. What is the incidence rate? Can this incidence cause detrimental consequences? 2. It can be good to make a table listing all similar cases having been reported in the literature. 3. Some proposals of how to avoid this complication should be given. how can clinicians know the malposition of the catheter. 4. What's the difference between yours and the case of perforation (reference 6)? Because perforation is a major complication.**

**Replies/Actions:** We thank the Reviewer for the above comments. **1.** In this revised manuscript we provide a thorough overview of the literature and we report all the relevant cases published (Table 1, new references 7-11, second paragraph in Discussion). As there are only few relevant case reports, it is not possible to comment on the incidence rate of visualization of cardiac veins or myocardial injury following ventriculogram with transradial end-hole catheters. The potential consequences of this complication are presented and discussed in detail in this revised paper (Table 1, and paragraphs 2 and 3 in Discussion). **2.** A table listing all relevant cases appears in the revised paper (Table 1). **3.** In this revised paper, suggestions on how to avoid this type of complication appear in the last Paragraph in Discussion. **4.** We believe that the volume of contrast, the rate of contrast injection and the force of injection (high pressure power injection versus hand injection) play a role in the type and severity of myocardial injury when end-hole catheters are used for ventriculograms. This is discussed in the last Paragraph in Discussion.

## ***Reviewer # 02638028***

### **SPECIFIC RESPONSES**

**This is a case report about the visualization of Thebesian veins. The figure was interesting, however its clinical implication remains small.**

**Reply:** This case report has now been extensively revised, based on the constructive comments of Reviewers. We hope this Reviewer will find the present version has some clinical implications, as the use of end-hole catheters for left ventriculogram is not uncommon.