

## **COVER LETTER**

**Dear Editorial Team,**

we are submitting our original article: „Management of A Patient with an Unusual Trajectory of a Temporary Trans-Venous Pacing Lead“ following the Minor Revision for publishing in *World Journal of Cardiology* under the category of *Editorial* following your invitation to publish free of charge. We confirm that all authors have read and approved the submission and have contributed significantly to the content of the article. In our opinion, this article merits reporting as it presents a rare case with a complication related to temporary pacemaker implantation with an editorial discussing management of these patients. We hope You will find this manuscript with interest as it may represent an important contribution to the understanding and treatment of this field.

We confirm that this article is original, and it has not previously been published in print or electronic form and it is not under consideration by another publication. We confirm there are no ethical problems or any potential conflicts concerning the exclusive nature of the paper and that we have not received any financial or editorial assistance to support the article.

We would like to thank the editor and reviewers for their thoughtful review and consideration for publication of our manuscript. All the reviewer's suggestions and comments we received on this manuscript have been taken into account in improving the quality of the article, and we have therefore re-submitted the manuscript after our minor revision. We hereby provide point-by-point responses.

**Response to the Reviewers' comments:**

We would like to thank **Reviewer#1** for the thoughtful review and comments, and we have amended the manuscript in line with the suggestions.

**Comment 1:** "Interesting case report Need to include more information about the initial implant procedure 1) was this an active lead."

**Answer 1:** We would like to thank Reviewer#1 for the compliment and suggestions. We agree with the Reviewer that it would be interesting to go more in-depth in regard to the implant procedure. The lead was a passive one.

**Changes 1:** Based on this comment, we have amended the manuscript and added that passive leads were used.

**Comment 2:** "(2) what was the lead model (standard stylet delivered vs medtronic 3830)"

**Answer 2:** Thank you for the question. . We agree with the Reviewer that it would be interesting to go more in-depth in regard to the implant procedure. However, the initial implant procedure was not performed in our institution, and some of the specific details during the initial implant procedure are out of the scope of our case presentation. However, based on your question, we have tried to obtain this information and, unfortunately, we were not able to receive any more details regarding the implant procedure that was performed in another institution. Our case presentation refers to the clinical details since the patient was transferred to our institution. Hope this meets with the Reviewer's understanding.

**Changes 2:** No change required.

**Comment 3:** “Was this an attempt at deep septal/left bundle area pacing. 4 If it was an attempt at deep septal pacing Was the left bundle area captured at implant”

**Answer 3:** Thank you for the question. As reported, we are aware that the patient underwent emergency temporary trans-jugular venous pacing for complete heart block. However, the initial implant procedure was not performed in our institution, and some of the specific details during the initial implant procedure are out of the scope of our case presentation. However, based on your question, we have tried to obtain this information and, unfortunately, we were not able to receive any more details regarding the implant procedure that was performed in another institution. Our case presentation refers to the

clinical details since the patient was transferred to our institution. Hope this meets with the Reviewer's understanding.

**Changes 3:** No change required.

**Comment 4:** "Did the implant procedure require multiple implant attempts The reason i would like this include is Perforation to into LV is very common during deep septal/Left bundle area pacing implants and sometimes into pericardium. Usually it is recognized and of not much consequence. Simply pull back and reposition. given increased numbers of deep setpal pacing, then this type of complications may be more common"

**Answer 4:** Thank you for the question. We agree with the Reviewer that perforation into LV can be associated with deep septal bundle area pacing implant. However, the initial implant procedure was not performed in our institution, and some of the specific details during the initial implant procedure are out of the scope of our case presentation. However, based on your question, we have tried to obtain this information and, unfortunately, we were not able to receive any more details regarding the implant procedure that was performed in another institution. Our case presentation refers to the clinical details since the patient was transferred to our institution. Hope this meets with the Reviewer's understanding.

**Changes 4:** No change required.

We would like to thank **Reviewer#2** for the thoughtful review and comments, and we have amended the manuscript in line with the suggestions.

**Comment 1:** “In paragraph 2, line 3, it's described as "fast atrial fibrillation". No need to emphasize the rapid rate of atrial fibrillation, please delete "fast".”

**Answer 1:** Thank you. We have deleted the word “fast”.

**Changes 1:** Deleted as suggested.

Sincerely,

*Davorin Sef*

Davorin Sef, MD, PhD

London, 31<sup>th</sup> May 2024