Dear reviewers,

Thanks for providing us with this great opportunity to submit a revised version of our manuscript (Manuscript NO: 69823) to the World Journal of Clinical Cases. Many thanks for your detailed and constructive comments on our manuscript. We have tried our best to revise the manuscript by incorporating all the suggestions by the review panel. The detailed responses to the reviewers’ comments are presented below.

We hope this revised manuscript has addressed your concerns, and look forward to hearing from you.

Best,

Hong-Bin Chen

Oct. 24, 2021

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The comments from reviewers, the corresponding responses and revisions are in black, blue and red, respectively.

Reviewer #1:

Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors: This is a good case report but I have a few minor comments:

1. Since this is a cardiovascular cases, authors should elaborate on CV symptoms such as palpitations, chest pain, shortness of breath or symptoms of heart failure.

Response: Thank you for the detailed reviewing. The cardiovascular symptoms were complemented in the part of History of present illness.
**Revision:** She also reported having experienced chest distress occasionally.

2. Since the patient had mild-to-moderate pulmonary hypertension, was respiratory examination performed? If so, what is the result.

**Response:** Thanks for your reminding. We have added the important part of respiratory examination to the manuscript.

**Revision:** Pulmonary function tests showed that the diffusing capacity of the lung for carbon monoxide was mildly decreased (78%), but the forced expiratory volume in 1 s and ratio of forced expiratory volume to forced vital capacity remained normal.

3. Authors should provide chest x-ray and ECG results.

**Response:** The result of Chest X-ray examination was added to the part of Imaging examinations. And the part of Electrocardiogram (ECG) examination was further added to the revised draft.

**Revision:** Chest X-ray examination showed an increased heart shadow and no abnormality in the aorta, but the pulmonary artery segment showed extrusion. ECG examination showed that the patient had sinus rhythm, a normal ECG axis, and incomplete right bundle branch block.