

### **Editor's Comment:**

I thoroughly reviewed the manuscript as well as the reviewer's comments. However, I still have skepticism regarding the manuscript and have few questions for the authors which need to be addressed before the manuscript can be accepted for publication.

1. I'm quite surprised by the clinical presentation of the patient who did not actually require any pressor support or temporary mechanical support as an acute ventricular septal defect (VSD) in the setting of an acute myocarditis will signify a fulminant myocardial inflammation with prominent necrosis to cause septal destruction. The clinical presentation in the scenario of an VSD usually exhibits florid pulmonary edema and cardiogenic shock and most of these patients end up requiring pressors in addition to inotropes and even mechanical support. How sure were the authors that his was not an acute VSD and just an incidental finding of a patient with congenital VSD with acute myocarditis (this differential needs to be discussed in detail in the discussion part).
2. I would be prudent if the authors could also provide a color doppler image and continuous wave doppler study of the VSD in figure 1 for better appreciation of the hemodynamics of the VSD.
3. I would request the authors to provide the doi of references 7,8 as I was not able to get these from the pubmed to be sure that these are the rightly quoted references.
4. The authors should also emphasize the implications of diffuse ST elevation in this scenario and this should differentiate from a presentation with STEMI.

### **Editor's Details:**

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