



SDI EDITORIAL COMMENTS FORM

EDITORIAL COMMENT'S on revised paper (if any)	Authors' response to editor's comments
<p>1. Good article. Needs some improvement.</p> <p>2. -Change first line of abstract introduction discussion and conclusion—use cardiac interventions rather than catheterization as this case is not about catheterization than it is about ASD closure.</p> <p>3. -use myocardial infarction rather than acute coronary syndrome in the abstract when explaining complications of air embolism</p> <p>4. • please make sure you edit the whole paper by an English speaking native or get our language assistance from the journal. Lot of improvement needed</p> <p>5. • Eg: literatures— use literature, 2-3 year— use years, spelling of hemodynamics is used in different ways in the manuscript. Please be consistent.</p> <p>6. • right coronary (RCA)—add artery in introduction, remove RCA in the case report or use only RCA</p> <p>7. TPI lead—expand TPI, ECG, 2D echo</p> <p>8. -Capitalize cocoon</p> <p>9. -what is f/b—is it followed by</p> <p>10. -remove the word shoot. When you say angiogram, it itself sufficient.</p> <p>11. -angiographic and guiding—use diagnostic and guiding catheters</p> <p>12. --Explain Minnesota maneuver (push and drawing of the device toward both atria without deployment), add a reference</p> <p>13. ---Need to change little bit of wording. Can not use similar words</p>	<p>1. Changes done in entire manuscript as per editorial suggestion and comments</p>



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even though you are describing the same phenomenon. It will project as plagiarism.

14. hypotension (blood pressure dropped to 60 mmHg), and sinus bradycardia. Cardiac monitor did show significant ST segment elevation in inferior leads. Intravenous atropine was given to improve the heart rate; followed by normal saline and dopamine were rapidly infused to improve the blood pressure

15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5067790/>

16. --Add a line about not noticing empty saline/contrast bag/bottle also cause for the air embolism especially large ones.

17. ---Add the angio/video of the RCA with air embolism which will add more value than a still image.

18. It would be accepted for publication after done the correction.