

## Peer Review File

Article information: <https://dx.doi.org/10.21037/acr-23-14>

### Reviewer A

I have read a case report entitled 'Surgical treatment of neonatal Cantrell pentalogy: a case report and literature review' with a great interest as the described patient's history is very interesting and the treatment outcome brilliant.

I have few remarks:

- a. Readability of 'Case presentation' section is very miserable and needs major improvement

Reply a: we have modified our text and made a major improvement of readability. There are many changes in the text: such as "the postoperative recovery was in good condition" change to "the postoperative recoveries went smoothly" (see Page 1, line 28)

- b. 2400 grams and direct surgical VSD closure – did You consider pulmonary banding? Was the sinus rhythm preserved?

Reply b: The main cardiovascular problems of this child is coarctation of the aorta with arch hypoplasia and big VSD. VSD closure, even in low weight infants is already a mature technology. In the time of deep hypothermic circulatory arrest and selective anterograde cerebral perfusion for repair the arch. to complete repair of VSD, not increase operation difficulty and risk too much. The PA banding is only a palliative surgery, and this is also a big challenge on this child. So we did VSD closure directly.

Yes, the sinus rhythm was preserved after cardiac rebeating. we mentioned it see Pare 3.line 17:The cardioversion is sinus rhytm

- c. Possibility of transcatheter methods of treatment of some of the congenital heart defects in PC should be also mentioned:

1. McMahan CJ, Walsh KP. Transcatheter right ventricular outflow tract stent implantation in a child with pentalogy of Cantrell, double outlet right ventricle, and severe pulmonary stenosis. Catheter Cardiovasc Interv 2013; 82: 1164-7.

2. Galeczka M, Fiszler R, Knop M, Smerdzinski S, Szkutnik M, Bialkowski J. Successful atrial septal defect transcatheter closure in a patient with pentalogy of Cantrell and ectopia cordis. Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej. 2019;15(2):247-250. doi:10.5114/aic.2019.86018.

Reply c: we have modified our text as advised : In recent years, there have been some reports of treatment of some such extraordinary heart defects in PC with transcatheter methods<sup>[10] [11]</sup> (see Page 7, line29-31)

### Reviewer B

1. As suggested by the CARE reporting checklist, "case report" should be included in the keywords.

2. Figures should be cited consecutively. For example, Figure 1B-1D should be cited before Figure 2, unless Figure 1 is cited first.

3. Some words seem to be cut from Figure 1B. Please check and submit an updated version.

4. Please provide an overview caption for Figure 1-4.

5. Please indicate the full name of every abbreviation shown in figures.

6. Please make sure the patient IDs are removed from figures.

7. Please add this statement in Figure 1D: This image is published with the patient's parent's (or legal guardian's) consent.

8. Please indicate where to cite the video in the main text and provide 3-5 keywords for the video.

9. Informed consent should be obtained from the patient's parent or legal guardian, not the minor patient himself. Please revise.

**Reply : we have make the revisions.**