Peer Review File

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Reviewer A

1) - The patient is a 9-year-old boy, but is referred to as she (page 3, line 54).

The author's answer: We revised this issue and marked it in red (page 3, line 54).

2) - A follow-up period of two months is too short to assess the possible recurrence of the tumor.

The author's answer: So far, with a follow-up of 5 months, the patient is doing well. We revised this issue and marked it in red. The details were as follows: " After 5 months of follow-up, the patient was in good condition ~~without recurrence~~."(page 4, line 100-101).

3) It would be appreciated if the positional relationship between the tumor and the Chiari network could be provided as images. No visual information regarding Chiari network has been shown in the manuscript.

The author's answer: I am very sorry that no photos of Chiari's network were left during the operation. But cardiac ultrasound suggested that the location of Chiari's network was close to that of the mass, and we added the location of Chiari's network in the article and marked it in red.The details were as follows: "A band of hyperechogenicity was seen in the right atrium, with one end connected to the coronary sinus and one end connected to the inferior vena cava into the right atrium,close to the location of the mass".(page 5, line136-137).

4) Figure legends, other than titles, are missing for Figures 1 to 4.

The author's answer: We have completed the figure legend of Figures 1 to 4 and marked it in red.(page 7, line234-236).

5) The reviewer feels that the discussion part is redundant and should be precise and to the point.

The author's answer: Thank you. We revised this issue and marked it in red.

Reviewer B

1) Even though the authors report it as being idiopathic, I would like to challenge the authors and make the hypothesis that it may in fact be related to what we already know. As the authors already state, the Chiari network can catch peripheral venous thrombus and may even be the source of some. If the trombus are sufficiently adherent, they may degenerate and eventually become calcified. This hypothesis would also be in line with what we know about chronic thrombus a the right atrium (often related to cathters, etc.). Chronic right atrium thrombus can sometimes lead to surrounding tissue destruction (Massardier C, Pediatr Blood Cancer. 2020 Jun;67(6):e28197).

The author's answer: Thank you very much for your suggestion, we think your hypothesis is very reasonable, we have modified it according to your suggestion and marked it in red.(page 5, line162-163).

2) In addition to that, the fact that the diagnostic is not clear before surgery should be underlined. Sometimes, surgery helps making the diagnosis and surgery should not be deffered (Chauvette V, Ann Thorac Surg. 2020 Jun;109(6):e441-e444). I think this should be considered an important clinical implication.

The author's answer: We have modified this section and marked it in red.(page 6, line172-174).

3) The imaging and the histological depiction is too telegraphic in style. It is hard to read. I understand this is mainly a pathologial paper, but there is certainly a way to make it pallatable for clinicians.

The author's answer: We have modified this section and marked it in red.(page 3, line76-86).

4) Please update the follow-up period from the time of submission to the most recent.

The author's answer: We revised this issue and marked it in red.(page 4, line 100-101).

5) I do not understand the point that the doctor has a prompting effect? Is this a teaching point? It seems irrelevant to me.

The author's answer: We revised this issue and marked it in red.(page 6, line 189-192).

6) I think saying the patient was not transplanted is overkilled. It would have been malpractice.

The author's answer: We revised this issue and marked it in red.(page 6, line 176-177).