Author's response to reviews

Title: A Case report of type VI dual left anterior descending coronary artery anomaly presenting with non-ST-segment elevation myocardial infarction

Authors:

Yonggu Lee (hmedi97@naver.com)
Young-Hyo Lim (mdoim@hanmail.net)
Jinho Shin (jhs2003@hanyang.ac.kr)
Kyung-Soo Kim (kskim@hanyang.ac.kr)

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Author's response to reviews: see over
Revisions according to the editorial requests

1. “Please, re-write this manuscript to focus on the case and not on the therapeutic intervention.”

: We revised the manuscript to focus more on the case and reduced contents about the therapeutic intervention. And we also changed the main subjects of our case from a good example of a difficult coronary intervention in an anomalous case to the importance of accurate understanding of a rare case, for the clinical relevance of our case to general physicians.

For example, we changed our title from “A case report of percutaneous coronary intervention in type VI dual left anterior descending coronary artery anomaly” to “A case report of type VI dual left anterior descending artery anomaly presented with non-ST segment elevation myocardial infarction”.

We also changed the conclusion of abstract and the summary of the case, to shift the main focus from the interventional methods to the case itself.

However, some of descriptions that we made in the case such as the types of guiding catheters we had used would be valuable information for readers to decide the guiding catheters in their own cases. Therefore we decided them to remain.

2. “After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further”

: We had the manuscript edited by Edanz and corrected grammatical mistakes.
Revisions according to the comments of Reviewer #1.

1. Minor issue

“Although coronary CT scan accurately reconstructed, using a three-dimensional view, the anatomical features of long LAD and right ventricular outflow tract and root of aorta, it did not give any information regarding the presence of a compression effect and or a dynamic obstruction of the proximal tract of long LAD. Intravascular ultrasound has been used to identify this kind of dynamic obstruction (Porto I, J Invasive Cardiol, 2005). The authors should comment on the use of intravascular imaging technique in the discussion section.”

: We agreed with the reviewer. Intravascular ultrasound could be a useful tool to evaluate more accurately whether or not dynamic obstruction exists, and we commented it in the discussion section.
Revisions according to the comments of Reviewer #2.

1. Minor essential revisions
   1) In the abstract, "...Case presentation: A 52-year-old man with diabetes, hypertension and hyperlipidemia presented chest pain. ST elevation did not present in electrocardiography, although..." --> ...presented chest pain without ST elevation on EKG, although..."

   : We corrected the awkward expression as the reviewer had commented.

   2) "figure 2C" --> is figure 1C
   3) "figure 2D" --> is figure 1D

   : We corrected the mistakes as the reviewer had commented.

2. Discretionary Revisions
   The reviewer commented “the authors affirm that the poor guiding catheter support and the acute angle between the proximal RCA and the traversing portion of the long LAD made impossible stent implantation in the long LAD and D2, but the use of buddy wire, buddy balloon or others catheters wasn't described or considered.”

   : We think that is a good point from an interventionist’s point of view. It would probably be not impossible if we tried other techniques to deliver the stent. We did not try because of a concern about the difficulty and the complications of the procedures, but it would be a better example of a difficult intervention, if we had tried. So we added comments about alternative techniques for improving support in the discussion section.