Lee et al. describe an interesting case of a type VI dual left anterior descending coronary artery anomaly.

The report is well written and addresses an important issue with an interesting approach.

The authors use balloon angioplasty to treat the lesion in the mid tract of the long LAD.

Coronary-CT scan gives useful information regarding the anatomical relation among long LAD, right ventricular outflow tract and root of aorta.

The report merits full consideration since it adds new insights to this rare condition.

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.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: nothing to declare