Author’s response to reviews

Title: Percutaneous treatment of spontaneous left main coronary artery dissection using drug-eluting stent.

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Version: 5
Date: 26 November 2014

Author’s response to reviews: see over
Author's response to editor’s review/comments.

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Version: 4 Date: 26 November 2014
Editor’s report

Editorial comments/request:

Comment 1.

Why IABP or ECMO was not considered in this case? Please address.

The use of IABP has been mentioned from the first version of the manuscript. Line 79

Comment 2.

104 The procedure was concluded by placing a Taxus Element 3.0X16mm 104 stent, into

105 the LAD, with reverse mini crush technique (Fig 5E, F), which is simply a combination

106 of the reverse-crush and the mini-crush techniques. The benefit of this combined

107 technique is that the opportunity to first perform single-stenting is preserved, while
side-branch stenting can be performed only if required. This technique would also minimize the overlap (~1mm) of drug-eluting stents, similar to the mini-crush technique, thereby potentially reducing the risk of stent thrombosis. Final result was excellent, with no residual dissection and TIMI 3 flow in to the LAD and Cx. (Fig 6).

I would talk of ?T and small protrusion? (TAP) technique rather than reverse crush or mini-crush. Please modify the text according to this comment and add the references ?Naganuma et al JACC Interv 2014?.

Changes have been made according to the TAP technique. Reference has been added.

Comment 3.

Please delete Figure 4 (RCA image)

Done
Comment 4.

Please provide a nicer image of the LM dissection if possible.

Done

Comment 5.

In my opinion PCI is always the first option in this kind of cases (STEMI + cardiogenic shock). So I would suggest to reduce, in the discussion section, the sentences dedicated to the CABG option. Please add the reference Ielasi A et al Journal of Cardiovascular Medicine 2014.

CABG section has been drastically reduced. Reference has been added.