Dear Dr Picano

thank you for your prompt assessment of my manuscript (Manuscript ID 1728799808569918) and i appreciate the comments by the reviewers. My responses are as follows :

1. Although intrinsic aortic wall weakening could contribute to Aorto atrial fistulas i have not anywhere in the manuscript indicated that this was the primary cause in this case( as one of the reviewers have mentioned ). I agree with the reviewers and also believe that repeated surgery caused a weakening in the aortic wall or the AAF may have been an operative complication not recognized right away. nevertheless i have clarified this in the manuscript hopefully to the satisfaction of the reviewers and fully agree with them as to the possible cause of the fistula.

2.I have truncated and removed many sentences in the discussion to try to shorten the report to your and reviewers satisfaction. The discussion part is mainly focussed on echo although i believe a brief mention of other causes of AAF clinical exam limitation and intraoperative TEE importance needs to be made.unfortunately the intraoperative TEE was a continuous monitoring TEE and i do not ahve any recorded images showing actual resolution of the fistula as requested by a reviewer

3.I have included the possibility of endocardits in the differential diagnosis both in the history and in the discussion and have put in the major features against endocarditis as requested. please note that even in my first draft i had mentioned that their was no clinical or echo features to suggest endocarditis which was considerd but was ruled out. i have explained this in more detail and have highlighted the absence of clinica features of endocarditis as requested.

4. I have updated all references as requested. i apologise for the oversight on this.