Author’s response to reviews

Title: Giant right coronary artery aneurysm presenting with non-ST elevation myocardial infarction and severe mitral regurgitation: a case report

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Author’s response to reviews: see over
JMCR editorial team

Resubmission: Giant right coronary artery aneurysm presenting with non-ST elevation myocardial infarction and severe mitral regurgitation: a case report

Thank you for taking the time to consider this manuscript for publication in *The Journal of Medical Case Reports*. The valuable comments from the reviewers and members of the editorial team are most welcome and appreciated. In particular I would like to thank Dr Poku-ware Mensah for his valuable comments and suggestions.

We have now addressed and itemised our responses to each of the reviewer’s comments, and where appropriate, modified the manuscript accordingly. As requested all changes have been highlighted as “TRACKED” changes. A “CLEAN” version has also been uploaded.

**Reviewer 2:**

1. **Need to mention association with Kawasaki disease**

   The association with Kawasaki disease now included in discussion.

2. **May want to mention the rare but documented symptom of haemoptysis**

   The documented symptom of haemoptysis is now included in the discussion with reference to Mensah et al (reference no 8)

3. **Need to use accepted nomenclature of branches of the anterior descending artery**

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In the case presentation section during the description of surgical technique, the phrase “first branch of the anterior descending artery” has been replaced with the correct terminology “first diagonal branch of the anterior descending artery.”

4. I do think that the Giant Aneurysm should have been opened immediately after the cardioplegic arrest then perform the Coronary Artery Grafting, and followed by the repair of the Mitral Valve.

This important comment has been included in the last paragraph of the discussion. The following paragraph has now been included in the manuscript” In addition, consideration should always be given to opening giant aneurysms immediately after cardioplegic arrest prior to performing any coronary artery bypass grafting, as the majority of large aneurysms may contain a large amount layered thrombus within, and any manipulation of the heart, even in the arrested state, poses a danger of embolus flowing to the distal segment of the coronary artery”.

Reviewer 3:

1. It would have been interesting if the authors could have provided more insight, or at least speculated more on the aetiology of the aneurysm, based on this patient’s history/symptomatology/clinical and laboratory findings etc.

The hypothesis that this aneurysm is likely secondary to an atherosclerotic process has now been included in the discussion.

Formatting

1. Please restructure the Abstract into the following three sections: Introduction, Case presentation, and Conclusion. The abstract should be no longer than 350 words.

The abstract has been restructured under the three headings Introduction, Case Presentation and Conclusion. The abstract is 156 words including headings.

We hope that we have adequately addressed the valuable comments and suggestions from all three reviewers.

Thank you once again for considering our manuscript for publication in The Journal of Medical Case Reports.

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