Author’s response to reviews

Title: In-stent restenosis and longitudinal stent deformation: a case report

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Thank you for seeing value in our work and giving us this opportunity to revise the manuscript for publication in BMC Cardiovascular Disorders.

General Comments
The article is interesting and figures are of a great importance and high quality. However, some clinical information is missing and authors should add that before acceptance.
Response: Thank you for the positive feedback, we are grateful for the valuable comments and suggestions.

1) The authors are obviously invasive cardiologists and they started with description of the procedure. The readers are also interested in the whole history of the presented patients. Why patient was admitted? Did he already have some non-invasive investigation (stress ECG, stress echo, CCT)?
Response: Thank you for the valuable suggestion. I have added the clinical data to the beginning of the first and second paragraphs in Case presentation, including the reason for admission and the non-invasive investigations.

2) Did patient previously have myocardial infarction and some intervention?
Response: No, the patient did not have myocardial infarction and any intervention previously. To make it clear, I have added the medical history to the beginning of the first paragraph in the Case presentation.

3) Is there any other reason for longitudinal stent deformation except aggressive catheter manipulation?
Response: Thank you for the valuable suggestion. Longitudinal stent deformation was more frequent in ostial and bifurcation lesions, and tortuous and long segments. In addition, in terms of procedural characteristics, such as extra support guide catheters, aggressive guide catheter manipulation, mother and daughter catheter systems, multiple balloons, bifurcation stent techniques, rotational atherectomy, and IVUS/OCT techniques. I have added this part to the beginning of the first paragraph in Discussion.

4) Is there any type of stent which is more often affected by longitudinal deformation?
Response: Thank you for the valuable suggestion. Although longitudinal stent deformation (LSD) can be seen in all stent designs, the majority of reported cases are with the Element stent design. It is
believed that its thin strut and fewer connectors are responsible for the relatively frequent occurrence of LSD and its enhanced visibility may make LSD easy to be detected. I have added this part to the beginning of the first paragraph in Discussion.

5) The article would benefit from English editing.
Response: We have followed this instruction and used the recommended American Journal Experts Service to improve English quality in the first revision.