Reviewer's report

Title: Giant aneurysm of the left main coronary artery with fistulous communication to the right atrium

Version: 2
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Reviewer: KASRA SHAIKHREZAI

Reviewer's report:

Major Compulsory Revisions:

- I do agree that a giant coronary artery aneurysm with fistula is a rare pathology however the condition has been frequently reported and published. Authors should refer to at least two previous prominent reports and briefly compare their case with them (example: Pontaller et al, March 2015, Annals of thoracic surgery)

- Can authors comment if the aneurysm is secondary to fistula? What is the ethiology of aneurysm in their case? Why aortic valve incompetency was associated with the anurysm? Any history of connective tissue disease?

- Authors have stated that the patient had a dilated LV, it is important to clarify the function in the context of left main stem aneurysm

- Current figure legend is insufficient. Figures are the strong point of this manuscript and they need to be marked (arrow, letters, etc) with appropriate legend including the modality and the view

- Authors stated that the reason they opted open heart surgery was the concomitant aortic valve surgery for AR; that is, AVR is the primary operation. Although I do agree with the approach, authors need to be mindful of taking the 2014 AHA/ACC Valvular Heart Disease Guideline into account regarding the AVR indications for AR management

- The first 19 lines of discussion need to be fundamentally revised. There are repetitions from the introduction and also the majority of statements are related to the introduction section as well. The two major points of discussion would be the impact of: 1- aneurysm on coronary circulation 2- fistula on hemodynamics as a left to right shunt

- Authors need to clarify the following statement: “Coronary artery bypass grafting is not necessary, because the coronary artery aneurysm does not affect distal perfusion.” In explanation of the operation authors should clarify that the left main stem integrity was intact and the aneurysm was excluded by the neck from the left main stem. I believe that possibly this was the scenario as the authors did not perform CABG
Minor Essential Revisions:

-The following statement requires referencing: “CAA represent anomalies identified in 0.15%–4.9% of patients undergoing coronary angiography, which combined with coronary artery fistula is extremely uncommon”

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests:

None to declare