Author’s response to reviews

Title: Congenital aneurysmal right coronary artery with a fistula to the left atrium in an adult

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The Editor,
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RE- JCTS-D-18-00346- congenital aneurysmal right coronary artery with a fistula to the left atrium in an adult

Dear Sir,

Thank you very much for considering our manuscript for publication. We appreciate comments and suggestions of the respective reviewers and have revised the manuscript as follows- (all the alterations are typed in red color in the revised manuscript)-

Reviewer 1 comments-

Writing and grammatical errors should be corrected. Sentences must start with capital letter. In line 43:'the right coronary artery….’ Should be corrected as 'The right coronary artery….’

Response-

Corrections done and grammar checked.
Reviewer 2 comments-

The authors reported 'Congenital aneurysmal right coronary artery with a fistula to the left atrium in an adult'. Because coronary artery fistula with giant coronary artery is often reported, I think there is no innovation regarding diagnosis and treatment. I think that the electrocardiogram for proof myocardial ischemia was unnecessary, and it was better if there is something like myocardial scintigraphy to proof myocardial ischemia.

Response-

We appreciate the opinion of reviewer. However, in the context of clinical presentation, the main presentation was congestive heart failure and there was no history of classical angina. Also, the patient was young. Therefore, we only followed coronary angiography which was reported to be normal. In addition, a CT angiography was also done. In our patient, the ECG only demonstrated LV enlargement with ‘ST’ changes and supports LV dysfunction and heart failure. Of course, a scintigraphy could have been an additional investigation for better demonstration of ischemia.

However, we have added the following explanation in the discussion-

Any further investigations such as a ‘scintigraphy’ was not considered because of the fact that the coronary arteries were found to be patent on angiography and the patient was young.

Reviewer 3 comments-

This is a well presented case report with an excellent background literature search and good discussion. It does require some corrections of typographic and grammatical errors prior publication: 1. I would advise to review the use of the article "THE" throughout the paper and correct accordingly. There are places where it is missing, and others where it should be deleted. "The patient remained in THE sinus rhythm---." "THE congenital coronary artery fistula----." "----patient WAS presented to us-----." (I would delete WAS) "However, during last 4 months..... (I would say during THE last for months 2.I would completely rewrite the following sentences: "The presence of coronary artery to the left atrial fistula is found in only 5% of the patient with coronary artery anomalies (1)." "The patient has recovered well after 3 months of surgery". (I understand the authors meant 3 months after surgery). Overall, the case report is a valuable addition to the current literature. Congenital coronary artery fistula is an old, relatively rare but yet complex and challenging clinical entity. It took 82 years from it first description in 1865 by Krause, for the first successful surgical management to take place; 36 years later the first percutaneous intervention followed. To-date, a literature search on congenital coronary artery fistula will generate over 34000 results on Google scholar alone. This denotes the research interest geared towards understanding and establishing the best therapeutic approach to this pathology, in order to prevent its potentially fatal complications.

Response-

Typographical error and grammar has been re-checked.
All the relevant corrections/ re-writings done, as suggested.

We have added a new reference (8) for better understanding and knowledge on classification and management of CAF.

Thanking you,

Neerod K Jha

Author