

**Reviewer A**

**Comment 1.** Please provide a little more clinical history. Did the patient initially present with stable angina or ACS. Did patient have collaterals supplying the LAD. A prior angiogram would be helpful if available.

Reply 1. We apologize for the lack of detailed clinical history provided in the manuscript. The patient initially presented with stable angina and underwent coronary computed tomography angiography (CTA) and an invasive angiogram. We have revised the manuscript by including additional images, such as the initial computed tomography angiography (CTA) and coronary angiography (CAG), to elucidate the temporal changes.

We have considered the importance of providing a comprehensive understanding of the case and, thus, have ensured that the necessary images are now included. These additions allow for a clearer visualization of the temporal progression and changes throughout the study.

Thank you for bringing this to our attention, and we appreciate the opportunity to improve the manuscript based on your valuable feedback.

Changes in the text: We have modified the presentation of the case in the main text to provide a clearer chronological sequence of symptom progression and examination findings. By listing the symptom progression and relevant test results sequentially, we aim to enhance the clarity of the case's course. We have made revisions to the manuscript by including additional images, such as the initially computed tomography angiography (CTA) and coronary angiography (CAG)

**Comment 2.** Do you think LIMA narrowing is a sign of significant competitive flow?

Reply 2. CTA showed narrowing of LITA but CAG confirmed competitive flow, but not occlusion of the LITA early after surgery. We have revised the postoperative imaging findings in more detail.

Changes in the text: We have added the imaging findings to more detail at the end of the case presentation and a paragraph regarding the significance of these findings in the discussion part.

**Comment 3.** How often will you repeat coronary cta and or angiogram for surveillance?

Reply 3. The decision for repeat imaging, such as coronary CTA or angiogram, depends on the patient's clinical condition, symptoms, and individual risk factors. Currently, there are no established guidelines specifying the frequency of repeat imaging in patients with stable angina or coronary artery disease. It is typically determined on a case-by-case basis, considering factors such as disease progression, symptomatology, and response to treatment.

During the 14-month postoperative follow-up, the patient remained asymptomatic without any recurrence of chest symptoms. The electrocardiogram and transthoracic echocardiogram conducted at the 14-month visit revealed no abnormalities.

In the future, we will consider performing computed tomography angiography (CTA) and coronary angiography (CAG) if there are any changes in the patient's symptoms or clinical presentation. These additional imaging modalities will help provide a comprehensive evaluation and assist in further assessment and management, as needed.

Changes in the text: We have added the following information regarding the

14-month postoperative follow-up progress and test results at the end of the case

**Reviewer B**

GENERAL COMMENTS:

ABSTRACT

**Comment** “-The first documentation of the aneurysm is confusing; the question is: Does it already exist from the first procedure? in the abstract, they describe the first intervention on a total occlusion of the LAD with AAC of LMCA. Specify and clarify the moment of appearance; later on, they talk about an aneurysm that grows progressively. In the event that the CAA is a new appearance, write in the second procedure the phrase: not previously documented.”

Reply. Thank you for the advice. Indeed, the original description was not clear about the findings. We have revised the manuscript to more detail about the findings chronologically to clarify this. At the initial presentation, the CAA of LCMA with the ostial occlusion of the proximal LAD and rich collaterals from RCA to the distal LAD. The patient reported recurrent chest symptoms three years after PCI, the aneurysm outside the stent was enlarged, but no new stenotic lesion was noted.

Changes in the text: We revised the manuscript to the findings chronologically in the abstract section.

**Comment** “- The abbreviation LAD should be described as the left anterior descending artery in its first appearance in the text.”

**Reply.** Thank you for the comment. We have revised the manuscript as suggested.

**Changes in the text:** We revised the manuscript as suggested.

**Comment**”- Specify whether the left anterior descending artery occlusion was chronic or not, as the context is different.

-It is better to use the term ostium instead of orifice of the coronary arteries.” **Reply.** Thank you for the comment. The LAD occlusion was chronic since the good collaterals to the distal LAD were noted. In the revised manuscript, we have revised the case presentation section to clarify this. All the “orifice” was replaced with “ostium.”

**Changes in the text:** In the case section, we have revised the symptoms chronologically and in more detail and described CAG findings at the initial presentation to show good collaterals to the distal LAD. For the “orifice”, we have revised it to “ostium.”

## INTRODUCTION

**Comment** “-In this section, the case report is described twice, with subtle changes, it is not necessary, it is enough that it is presented once and the importance of the technique used for the treatment of the aneurysm is highlighted, in this case the common femoral artery patch.”

**Reply.** Thank you for the comment. In the revised manuscript, we have deleted duplicated presentation of the case and added the description of the novel aspect of this paper.

**Changes in the text:** We have revised the introduction, deleting the duplicated case presentation and adding the important information instead.

## CASE DESCRIPTION

**Comment** “-In addition to specifying whether the LAD occlusion was chronic (I assume it was), it is suggested to describe the LAD segments as mid-LAD, proximal LAD rather than #.”

**Reply.** Thank you for the comment. We have revised the manuscript as suggested.

**Changes in the text:** In the revised manuscript, the location of the coronary artery was described as proximal/mid/distal LAD instead of using #.

**Comment** “-According to the heart team, was there any possibility of percutaneous treatment? It does not need to be included in the manuscript; it is a personal question.”

**Reply.** Thank you for the valuable comment. Covered stents were considered an option for this patient but such a large covered stent that fit the giant coronary aneurysm was not available. The heart team concluded that surgical intervention was necessary. In the revised manuscript, in the abstract and case presentation section, we described this.

**Changes in the text:** In the case description, we have added our heart team’s discussion about the possible treatment options for the patient to more detail to clarify this.

**Comment** “-Abbreviations should be described at their first appearance: postoperative cardiac computed tomography (CT).”

**Reply.** For abbreviations, we have revised the abstract as suggested.

**Changes in the text:** We have revised it.

## DISCUSSION

**Comment** “-It is not necessary to repeat the description of the case that is so specific and similar to the one made previously. It is suggested to summarize the paragraph, leaving the first statements 'This case highlights the successful management of a symptomatic coronary artery aneurysm located outside the stent in the LMCA using coronary patch plasty with CFA and CABG' and avoid the rest. Continue with : This case report presents (line 132)...”

**Reply.** Thank you for the kind advice. We have revised the manuscript as suggested to avoid redundancy.

**Changes in the text:** We have revised the manuscript as suggested.

**Comment** “- The statement of line 132 is confusing; I suggest the following: The case we present is highly complex due to several reasons:.....”

-Line 135, it is better to describe the ostium than the LCX orifice.”

**Reply.** We have revised the manuscript as you suggested. For “orifice”, we have replaced all the “orifice” with “ostium”.

**Changes in the text:** We have revised the manuscript as you suggested for both.

## CONCLUSIONS

**Comment** “- Since it is a case report, it should be concluded as follows: We present a case in which surgical coronary angioplasty with the CFA and coronary bypass grafting for an LMCA aneurysm outside the stent was successful.”

**Reply.** Thank you for the comment. We have revised the manuscript as suggested.

**Changes in the text:** We have revised the manuscript as you suggested. Thank you.

**Comment** “-The conclusion of the discussion and the statement in the conclusions section itself are redundant, try not to repeat it.”

**Reply**. Thank you for the comment. We have revised this as suggested. **Changes in the text**: For the discussion part, we have summarized the discussion regarding the technical aspects. In the conclusion section of this manuscript, we have summarized the case to avoid duplication.

