

Round-1:

Dear Editor and Reviewers:

We sincerely thank you for your valuable feedback that we could improve the quality of our manuscript. Based on the comments we received, careful modifications have been made to our manuscript and the revised part of our manuscript are given in red text which can make your re-review convenient. We hope the new manuscript will meet your standard.

In addition, below you will find our point-by-point responses to the reviewers' comments or questions. All comments of the reviewers are laid out below in normal font and our response is given in *italicized font* and red text.

Response to comments on "Coronary artery aneurysm combined with myocardial bridge: A case report (Manuscript NO.: 62268)":

Reviewer #1:

1. This sentence is unclear "a 54-year-old woman was hospitalized with chest pain after activities for more than 10 years." please clarify.

Thank you for your suggestion, we modified the sentence to "a 54-year-old woman was hospitalized with chief complaints of exertional chest pain for more than 10 years."

2. Please mention the dose, frequency for all prescribed medications and normal reference ranges for lab results.

Thank you for your suggestion, we have added relevant information in the section of Treatment and Laboratory examinations. The dose and frequency for all prescribed medications are stated as "her discharge medications included aspirin 100 mg daily, rosuvastatin 10 mg daily, metoprolol 47.5 mg daily and amlodipine 5 mg daily" in the section of Treatment. In addition, we mention the normal reference range of LDL-C in the section of Laboratory examinations.

Reviewer #2:

1. The description of anatomic abnormality is confuse, from the text is not obvious that the lesions interest the same segment of LAD. In the description of coronary angiography it should better reported.

Thank you for your suggestion, we described the coronary angiography as the following: The subsequent coronary angiography (CAG) revealed a normal right coronary artery and circumflex artery without any anomalies or sign of atherosclerosis. In the proximal to middle part of the left anterior descending artery (LAD), there was a near 25mm long tumor-like aneurysm. The diameter of this aneurysm varied with the cardiac cycle. During cardiac systole, the aneurism was compressed by approximately 70% (Figs. 1A and 1B). There was no obvious sign of atherosclerosis within other segments of LAD.

2. Is V5-V9 a mistake?

Thank you for your careful reading, we performed an 18-lead ECG examination for the patient and indeed found abnormal Q waves in V5-V9, but it may be better to describe as: abnormal Q waves in V5-6 and V7-9.

3. How the author explain the relation between symptoms and coronary anatomy considered that the minimal diameter at IVUS is > 4 mm?

Thank you for this quite professional consideration. The chief complaints of this patient was exertional chest pain, although the minimal diameter at IVUS is > 4 mm, the diameter may be less when the patient was under exertional activity, that is, the compression of myocardial bridge may be increased during exertional activity.

4. Had the patient a functional study (SPET or scintigraphy, NMR ?) that suggest the presence of ischemia and/or exclude microvascular disease?

Thank you for providing us with these deeply concerned ideas. But unfortunately, we missed the further functional examinations, and couldn't exclude the presence of ischemia or microvascular disease. It is indeed a small flaw, but this case report focuses on the anatomic abnormality of the coronary artery.

5. The term miraculous should be omitted.

Thank you for your suggestion, it' really not so exactly to use this term, we changed the "miraculous" into "rare", which may be more appropriate.

Finally, we are really sorry for our mistakes and thank you for your reminding. We hope our modifications can meet your standards and if there are any other modifications we could make, we would like very much to modify them and we really appreciate your help.

Round-2:

Dear Editor and Reviewers:

We sincerely thank you for your valuable suggestion. Based on the comments of the second-round review, further modifications have been made to our manuscript and the revised part of our manuscript are given in blue text (the first-round modifications are given in red text). We upload the latest manuscript and hope it will meet your standard. In addition, below you will find our point-by-point responses to the reviewers' comments.

Response to comments on "Coronary artery aneurysm combined with myocardial bridge: A case report (Manuscript NO.: 62268)":

Reviewer #1: 1. In my opinion however in the text should reported that the patient did not perform any imaging test to confirm the presence of ischemia.

Thank you for your suggestion and we agree with your opinion, so we have added that "It was a pity that we missed the further functional examinations such as single photon emission tomography (SPET), scintigraphy or nuclear magnetic resonance (NMR), so we couldn't exclude the presence of ischemia or microvascular disease in this case." in the last paragraph of discussion.