

Dear Editor and reviewers,

We are thankful for giving us the opportunity to submit a revised version of our manuscript. The modifications are highlighted in red color. Herein, we address the point-by-point response letter.

Reviewer					#1:
Scientific	Quality:		Grade	C	(Good)
Language	Quality:	Grade	B	(Minor	language
Conclusion:			Minor		polishing)
revision					
Specific Comments to Authors: Comment #1: aneurysmal coronary disease is seen as focal aneurysm (e.g. Kawasaki) but also in more diffuse forms (diffuse ectasia). Please include in review					

This sentence was added in the review.

Comment #2: please include a paragraph about different imaging modalities, including angiography, CT, and MRI

The following paragraph was added : "[Imaging modalities for detection of CAA](#)

A recently published study showed that computed tomography (CT) angiography is superior to cardiac MRI for detection, risk stratification and follow-up of CAA in patients with Kawasaki disease [75]. Also, CT angiography has already proven its value for the assessment of the diameter of coronary arteries in adults and patients with Kawasaki disease when compared to coronary angiography [76-79]. Indeed, the sensitivity of CT-angiography for detection of CAA and related complications is remarkably high. Because radiation exposure is associated with an increase in lifetime cancer risk especially in children, the lack of radiation exposure is the main described benefit to cardiac MRI over coronary angiography and CT-angiography for CAA detection [75]. Lastly, CT angiography provides accurate data concerning the coronary anatomy, calcification, luminal diameter, thrombi and aneurysmal features [80]. It represents the imaging of choice for the long-term monitoring of CAA [58]."

Reviewer					#2:
Scientific	Quality:	Grade	C		(Good)
Language	Quality:	Grade	B	(Minor	language polishing)
Conclusion:			Minor		revision

Specific Comments to Authors: Dear Authors, I suggest to rewrite the core tips, in present form it does not differ much from the abstract part.

The core tips is rewritten as below :

Core Tip: Most patients with CAA remain asymptomatic until the development of complications or the occurrence of obstructive coronary disease-related clinical manifestations. The underlying pathophysiology is miscellaneous. The ideal management of CAA has not yet been defined, but computed tomography angiography is the recommended noninvasive test for long term follow-up. Future prospective comparative trials targeting to define the appropriate strategy and the optimal time to intervene are required.