

Response to editor and reviewers

Dear Editor and reviewers:

Thank you very much for your email communication on Jun. 7, 2022 regarding our manuscript entitled “**Coronary artery aneurysms caused by Kawasaki disease in an adult: A case report and literature review**” (77489). We are grateful for the very pertinent and constructive comments and suggestions kindly offered by you and reviewer, and would like to specifically address the points raised by them as follows:

Reviewer #1:

Comments to the Author

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: **Line 136 please correct grammar: known as "mucocutaneous" lymph node syndrome (MCLS). Line 314 Coronary angiography "suggests" coronary.**

Response:

We are very sorry for our negligence of some grammatical errors. We have made correction according to the Reviewer's comments, which is indicated in red in the revised manuscript. Special thanks to you for your good comments. Thank you for your careful review again.

Corrections:

1. We have modified “muco-cuta-meous” to “mucocutaneous” (Page 6, Line 139).
2. We have modified “suggest” to “suggests” (Page 14, Line 346).

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Authors, you reported a case of CAA well written and documented. I have only one suggestion: **It is not clear what diagnostic criteria authors referred to formulate the diagnosis. Moreover, some functional consideration should be provided for this case.** 10.1111/1756-185X.13884

Response:

Thank you very much for your careful review and examination. Those comments are all valuable and very helpful for revising and improving our paper. We have studied reviewer's comments carefully and have made revision which marked in red in the paper.

Patients who lack full clinical features of classic Kawasaki Disease (KD) are often evaluated for incomplete KD. If coronary artery abnormalities are detected, the diagnosis of KD is considered confirmed in most cases. According to the Table 3. and Figure 3. from the guideline named "Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease: A Scientific Statement for Health Professionals From the American Heart Association" (10.1161/CIR.0000000000000484), our patient met the diagnosis of incomplete Kawasaki disease (Echocardiography is considered positive if any of 3 conditions are met: Z score of left anterior descending coronary artery or right coronary artery ≥ 2.5 ; **coronary artery aneurysm is observed**; or ≥ 3 other suggestive features exist, or Z scores in left anterior descending coronary artery or right coronary artery of 2 to 2.5). Upon assessment, the patient without the history of neurodevelopmental disorders. In addition, we added some functional consideration in the part of Discussion. However, at present, no study has a large enough sample size, and there is a lack of multi-center big data statistics to KD patients in adult. Thus, we can not get the accurate Maximal Z-score of coronary artery.

Corrections:

1. A sentence, "Thus, the patient conforms to the diagnosis of incomplete KD" , was added at Line 167.

2. The 21st reference is also cited in Line 167.
3. Some words, “neurodevelopmental disorders”, was added at Line 83.
4. We added some functional consideration and three references in the part of Discussion.

In addition, we added a section named “Personal and family history” (Line 85, 86) and formatted the references as required.

We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely,

Liang Zhou

Jun. 12, 2022