

Reviewer 1

This is a review article on Spontaneous coronary artery dissection its presentation, diagnosis and management. My comments are below:

1. Need to add more information on conditions associated with SCAD (FMD, collagen vascular diseases, hypothyroidism, chronic inflammatory disorders and Genetic factors). While this is mentioned briefly in the manuscript, it is worth expanding on this topic.

Answer: We would like to thank the reviewer for his/her comment. We added more information on conditions associated with SCAD (part “Risk factors and clinical presentation”), according to his/her suggestion.

2. In the introduction section, paragraph 2, MRI is mentioned as one of the diagnostic tests. Can the authors expand on what findings are specific for SCAD in MRI? Also need a reference for this statement.

Answer: According to the reviewer’s suggestion, we added more information about MRI and its findings (part “Diagnostic methods and angiographic classification”).

3. In the section on epidemiology and pathogenesis, 3rd paragraph - authors discuss iatrogenic catheter induced dissection as a cause of SCAD. This is misleading as by definition this is not SCAD.

Answer: We included this paragraph to show the risk of an additional possible secondary dissection in patients with an already established SCAD undergoing catheterization. We did not consider it as a cause of SCAD. However, the reviewer is right. We modified this paragraph.

4. In the diagnostic testing section, intracoronary imaging section, authors did not mention another pitfall of intracoronary imaging as it requires instrumentation of the coronary artery and in SCAD this poses a challenge.

Answer: After the reviewer’s suggestion, we included this significant pitfall of intracoronary imaging in the main text.

5. It is worth including OCT or IVUS pictures of SCAD for visual representation.

Answer: Thank you for your comment. We included OCT and IVUS pictures of SCAD.

6. Can discuss any available data on how to follow up these patients.

Answer: According to the reviewer's comment, we further discussed available data on follow up of patients with SCAD (part "Prognosis and follow-up").

7. Need to include role of CABG in SCAD patients for completion.

Answer: We added more information regarding the role of CABG in SCAD, according to the reviewer's suggestion (part "Revascularization").

8. SCAD can present with cardiogenic shock and this needs to be reviewed with its management.

Answer: Thank you for your comment. We included this special topic in one paragraph in the main text (part "Therapeutic strategies")

Reviewer 2

The manuscript is interesting and well-written, however, there are several issues that need to be addressed:

1. There are too many repetitions of SCAD risk factors and lacks of organization and summary.

Answer: The reviewer is right. We formatted and better organized the part of risk factors, and included more data for each risk factor.

2. The introduction of prognosis is a superficial, and it would be better to introduce studies related to the difference in prognosis of different treatment regimens.

Answer: According to the reviewer's comment, we added more studies and data regarding difference in prognosis of different treatment regimens (part "Prognosis and follow-up").

3. Current developments and future prospects about SCAD are essential for this review, please add them as a separate paragraph before the Conclusions.

Answer: We would like to thank the reviewer for his/her comment. We added an extra paragraph before conclusions regarding current developments and future perspectives in SCAD.