

Reviewer #1:

Query-1: The paper by Singhal et al, entitled “Emerging role of Computed Tomography Coronary Angiography in evaluation of children with Kawasaki disease”, is interesting to read. In the Main Points, please, use the plural verb: Diagnosis and longitudinal surveillance of coronary artery abnormalities in Kawasaki disease “are” crucial for treatment planning.

Response: Suggestion incorporated in revised manuscript.

Query-2: In the Introduction, please, omit the comma in the sentence “CAAs, can be assessed by several imaging techniques”. Correct “persisit” at page 4. Use lowercase when introducing the Catheter angiography. Correct “killovoltage”, omitting one “l”.

Response: Suggestion incorporated in revised manuscript.

Query-3: The authors are right when they write that there is no consensus amongst experts on the timing and frequency of carrying out CTCA during follow up of children with Kawasaki disease. I suggest giving a wider breath to the introduction, saying that vascular complications (and response to intravenous immunoglobulin) for Kawasaki disease are related to the “extent “of inflammation and that some reviews have tried to define which clues should predict non-responsiveness to intravenous immunoglobulin in this complex disease, highlighting its risk of developing severe coronary artery abnormalities (Rigante et al. *Int J Mol Sci* 2016;17:278).

Response: Introduction as per suggestion has been modified with addition of relevant reference (Rigante, D.; Andreozzi, L.; Fastiggi, M.; Bracci, B.; Natale, M.F.; Esposito, S. Critical Overview of the Risk Scoring Systems to Predict Non-Responsiveness to Intravenous Immunoglobulin in Kawasaki Syndrome. *Int. J. Mol. Sci.* **2016**, *17*, 278. <https://doi.org/10.3390/ijms17030278>)

Reviewer #2:

Query-1: The review provides a clear and concise summary of the need for a better imaging modality to evaluate coronary artery abnormalities in children with Kawasaki disease. The methods used for selection of studies are clearly stated, which adds to the credibility of the review. The abstract highlights the potential benefits of using computed tomography coronary angiography (CTCA) in evaluating coronary arteries in children with KD. The conclusion provides a clear summary of the main findings and implications of the review. However, there are limitations: The abstract needs to provide information about the sample size or characteristics of the studies reviewed, which limits the ability to assess the generalizability of the findings.

Response: We thank the reviewers for the points highlighted in our manuscript. This is a narrative review on the role of CTCA in evaluation of coronary artery in children with KD.

Query-2: The main text does not provide information about potential limitations or risks associated with the use of CTCA in children with KD, which would be important to consider when evaluating the potential benefits of this imaging modality.

Response: CT coronary angiography in children with Kawasaki disease for assessment coronary artery abnormalities is a newer development and had been possible with availability of higher detector/resolution multi-detector and dual source CT scanners which have capability of scanning coronary arteries at any heart rates with radiation optimization. Radiation exposure in CT coronary angiography in most of the children in authors experience and published literature is well below 1 millisieverts. This radiation is well acceptable compared to invasive catheter angiography (3-6 millisieverts). Therefore, considering the benefits derived (explicit evaluation of entire course of coronary arteries with assessment of both intra-luminal and intra-mural abnormalities) at cost of much less and acceptable radiation exposure, use of CT coronary angiography appears justified.

Query-3: The review does not provide information about the costs or availability of CTCA, which may be important factors to consider when deciding whether to use this imaging modality in clinical practice.

Response: The cost of CT coronary angiography at our institution (non-profit, federally funded tertiary care teaching hospital) costs about 50 USD.

As far availability of higher detector/resolution multi-detector and dual source CT scanners is concerned it may be an issue at present. Needless their availability in the centers where KD children are treated is increasing.

Query-4: There are few grammatical errors and many typos (especially with placement of articles), for example: CTCA (a-volume rendered image, b- curved reformatted image and c-axial image)

Response: Suggestions incorporated in revised manuscript.