

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C: A great deal of language polishing

Conclusion: Major revision

Specific Comments to Authors: The authors reported a case report of a single right coronary artery-R-I subtype with congenital absence of left coronary system. My main concern is novelty of this case report apart from being the R-I variant, since several similar case reports have been already published on the same topic. Can the authors explain it better? It seems that the authors did not perform valid literature search or included those references. I have several comments that limit the scientific value of the manuscript. My comments: 1. Epidemiology needs to be removed from the abstract. It belongs to the Introduction. 2. Introduction is missing important references and similar case reports. I suggest adding: a) Siddiqui SM, Kesava Rao RC, Kaza S, Padma Kumar EA. Computed tomography coronary angiography diagnosis of single right coronary artery with congenital absence of left coronary artery system equivalents. *Indian J Radiol Imaging*. 2016 Apr-Jun;26(2):198-200. doi: 10.4103/0971-3026.184406. b) Saglam M, Dogan D, Sahin S, Turkkan C, Kula O. Single right coronary artery with absence of the left main coronary artery, left anterior descending artery, and circumflex artery. *Echocardiography*. 2017 Sep;34(9):1401-1403. doi: 10.1111/echo.13576. c) Yoldaş T, Beyazal M, Örün UA. Single right coronary artery with right ventricular fistula and congenital absence of left coronary artery: an extremely rare combination. *Cardiol Young*. 2019 Nov;29(11):1402-1403. doi: 10.1017/S1047951119002105. 3. The whole text needs to be checked and corrected for English language and grammar. 4. Remove overstatements such as “this is the first case report of a patient” from your text as you did not perform literature search. 5. Why was the patient admitted to the hospital? Such symptoms can be assessed in A&E 6. ECG changes are not sufficiently described, how significant ST changes? Pls add the image of ECG. 7. Why adding clopidogrel? Pls explain. 8. The whole case presentation needs to be re-written due to mistakes in English language and grammar. 9. What happened with the patient after angiography? What was the meaning of admission? There are many important details missing rather than just describing you have found right SCA with congenital absence of the LCA. What is the clinical implications of such anomaly when detected in any patient? 10. What do the authors believe, can this anomaly be detected using CTA? Pls add relevant references on incidental findings detected using CT (Sef D, Birdi I. Clinically significant incidental findings during preoperative computed tomography of patients undergoing cardiac surgery. *Interact Cardiovasc Thorac Surg*. 2020 Nov 1;31(5):629-631. doi: 10.1093/icvts/ivaa160.) 11. Since you have detected some degree of ischemia, what was the treatment plan? 12. Discussion lacks review of literature, pls add. 13. Conclusions needs to be completely re-written. 14. Acknowledgements need to be deleted in the current form.

Dear reviewer, thank you very much for your questions. I have added relevant case reports and literature and the manuscript have been re-edited by Editage company. I have add relevant references on incidental findings detected using CT. The whole case presentation and discussion alresdy have be re-written. Although several similar case

reports have been already published on the same topic, but none verify myocardial ischemia by ECT. The patient was given clopidogrel because he was undergoing CAG. Since the patient had high-risk factors such as hypertension, diabetes, and hyperlipidemia with a single right coronary artery, we administered aspirin 100 mg once daily for the primary prevention of coronary heart disease and trimetazidine 35 mg twice daily to improve myocardial hypoxia. In patients with a single coronary artery, the effect of coronary artery stenosis or occlusion may be catastrophic. Therefore, active preventive treatment is important for improving patient prognosis.

Reviewer #2:

Scientific Quality: Grade C: Good

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: First of all, a very nice case presentation. Did the patient have an angiogram because of fatigue? Why didn't the patient undergo a CT coronary angiogram (which could be very diagnostic)? Why did the patient receive an ARNi? What was the end result (medical treatment)? I can clearly see an LCx but the LAD is not so clear in the figures (please try to show better views for the LAD instead of the non availability of LCA)

Dear reviewer, thank you very much for your questions. The patient underwent CAG because of a number of cardiovascular risk factors and atypical angina symptoms. The patient was discharged on postoperative day 3 without having to undergo diagnostic computed tomography angiography (CCTA). This is a limitation of the present study. Patients receiving ARNI can control blood pressure on the one hand and improve prognosis of coronary heart disease on the other hand. LAD and LCx were not found in this patient. Because of this serendipitous finding, active preventive treatment is important for improving patient prognosis.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

1. The English language needs to be checked and corrected throughout the whole text. Please correct to "Isolated single coronary artery is a rare congenital anomaly."
2. The authors should be aware that having CT during work-up does not make this case report unique. Pls read guidelines on reporting case reports. I strongly suggest removing an irrelevant and redundant statement such as "More importantly, we did not identify patients who underwent emission computed tomography (ECT)."
3. Coro angiography and CTCA findings were not "shared" - pls re-phrase

4. Can the authors mark significant ST changes or provide another figure since they are hardly visible on this figure?
5. The patient had no chest pain, normal troponin levels were normal and there was no RWMA on echo - pls remove the statement that there was myocardial ischemia! You can say "suspected" but it is a false conclusion from this case presentation. Your case is not unique in that the patient had myocardial ischemia. Also, pls remove from your conclusions "The presence of myocardial ischemia was further confirmed by ECT." and "this is the first case report" - this is an overstatement and is not the first case report with this presentation.
6. Have you used PET/CT or ECT?
7. I can see you removed clopidogrel from the case presentation - therefore, no need to respond justifying that it is needed considering the diagnosis.

Dear reviewer,

Thank you very much for your questions. 1. I had corrected to "Isolated single coronary artery is a rare congenital anomaly." 2. In our case, patient underwent ECT rather than CT. I had removed "More importantly, we did not identify patients who underwent emission computed tomography (ECT)." 3. Coro angiography and ECT findings had be shared. 4. There were only slight ST changes in electrocardiogram. The changes of ST-T waves are difficult to see with the naked eye, but the ECG report indicates a ST-T change. 5. Myocardial ischemia does not necessarily present with significant chest pain and elevated troponin levels or RWMA on echo. We confirmed the presence of ischemia with ECT. The main purpose of ECT is to observe myocardial blood perfusion and metabolism, and it is usually employed to diagnose patients with myocardial ischemia and coronary heart disease. The results of ECT show a small-to-medium range of moderate myocardial blood flow perfusion reduction that suggests myocardial ischemia. What I want to show is that this is the first case of an R-I subtype patient who underwent ECT to found myocardial ischemia. 6. I use ECT rather than CTA.

JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

The authors have discussed a rare congenital coronary anomaly which they had come across in their practice. The images and supporting discussion is relevant and precise. I would suggest the inclusion of CINE runs if possible for the readers to have a clear idea of what is being described by the authors in text and figures.

Dear reviewer, thank you very much for your suggestions. I had add the CINE runs.