

Title: Acquired aortocameral fistula occurring late after infective endocarditis: An emblematic case and review of 38 reported cases.

- The changes in the text are indicated with yellow colour.

1) Reviewer's code: 00276417

Dear Sir/Madame, Said et al report in this manuscript a patient who had infective endocarditis of the aortic valve 7 years before presenting with the aortic to right atrial fistula. They reviewed the published literature on the aortic-atrial fistulae, but also included several cases of similar connections that occurred between the aorta and other chambers including the ventricles, the left atrium and the pulmonary artery. They should either remove the cases that were not aortic-right atrial fistulae; or if they want to keep all the cases, then they should alter the title and several parts of the abstract and the manuscript that are claiming to discuss the aortic to right atrial fistulae, and change these to become a topic on aortocameral fistulae.

- We appreciate your valuable comments. We have changed the title to "Acquired aortocameral fistula occurring late after infective endocarditis: An emblematic case and review of 38 reported cases" as well as parts of the abstract and the body of the manuscript. The topic has been changed to aortocameral fistulas.

2) Reviewer's code: 00736658

I have read with interest the manuscript by Said and Mariani. They presented a clinical case of an acquired right aortic sinus-right atrial fistula occurred later after a cardiac operation and in the same time they made a review of a literature. The interesting side of the manuscript is the review rather than the clinical case. Infact, the latter is superficially described and a better description of the surgical procedure is necessary to improve the paper. Please, describe better the surgical procedure. The review is well written and reports a total of 38 cases, presented in different clinical scenarios. In the "diagnostic modalities" section, heart and great vessels CT scan diagnostic tool is missing as well as magnetic nuclear resonance of the chest. Please make a comment about that. In the discussion you have to discuss the reason why you don't add at your diagnostic strategy other diagnostic tool as CT scan or other.

- Your kind comments are appreciated. The surgical procedure is described in detail on page 6. A comment has been made on CMRI and CT scan on pages 6, 10 and 11.

3) Reviewer's code: 03201095

This is a quite good and interesting case. As an infrequent but life-threatening entity, it is worthy to summarize the clinical feature and the best management of such a disease. We did learn a lot from this article. And thanks for sharing such a good case.

- Thank you very much for your supportive comment. The clinical features are summarized in the text on page 9 and the best management modalities on page 11. We agree with the reviewer, "early" detection and appropriate percutaneous or surgical treatment would provide a significant benefit to these patients.