

May 30, 2013

Dear editor,

Please find enclosed the edited manuscript in word format (file name: 2861-review.doc).

Title: Multi-Vessel Percutaneous Coronary Intervention in a Patient with a Type B Aortic Dissection-transradial or transfemoral?

Authors: Tahir Hamid, Tawfiq R Choudhury, Doug Fraser

Name of Journal: World Journal of Cardiology

ESPS Manuscript No: 2861

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer:

(1) Reviewer no:00214317

References on this topic are quite old. There is a paucity of literature on this specific topic in the recent years. However, we have update references as much as possible (see refs 6&7 from 2009 and 2012). Also, we assume the reviewer means CT angiography by the abbreviation CTA- in that case we have added the following sentence: "CT angiography (CTA) allows the fast and reliable detection of aortic dissections and delineation of the dissection flap anatomy." CTA is a relatively well established technique and widely used. We have also increased the length of the manuscript as per the reviewer's suggestion.

(2) Reviewer no.:00214240

Use of heparin has now been included including dose and reasoning

(3) Reviewer no.:00211910

ECG and trop rise has been mentioned in the text together with clinical presentation suggesting a Non ST elevation MI. Fig 2 has been modified. Spelling errors have been rectified. Manufacturer names have been included.

(4) Reviewer no.:00211908

Type b has now been changed to type B.

(5) Reviewer no.:00060499

Firstly, good review. 1.NSTEMI has now been defined in full. 2. Location of dissection was previously incorrectly stated and has now been amended in text . 3. All medications given peri-procedurally have now been added. 4-6. Images have been modified. Image quality has been improved but unfortunately, we cannot get it any better than the present images. 7. Discharge medications have now been added. 8. Association between CAD and dissection added. 9. Radial approach complications added. 10. References have been updated as much as possible.

Endovascular PCI (assume for aortic aneurysms)? Not in our domains as cardiologists in the UK. Please clarify if further information needed.

3. References and typesetting have been amended.

Thank you again for publishing our manuscript in the *World Journal of Cardiology*

Yours sincerely