

## Reply to reviewer

We are grateful to the reviewer for his/her comments.

The introduction should include the fact that no paediatric case was included (exclusion criteria).

**We have amended the introduction as suggested**

The spectrum of aortic surgery was limited to the dissection/aneurysm/coarctation. What about other surgeries like valve replacement/ CABG as combined procedures? A table on this would make it clear. Also, it will be good to have a table segregating type of aortic pathologies and sites (type A, B or thoracic/abdominal, acute, chronic, associated complications?)

**We have created Table III as suggested**

The indications of ECMO and cannulation techniques (chest/femoral or other approaches for VA ECMO) need to be mentioned briefly.

**We have addressed this aspect**

The discussion is unstructured and confusing. In this kind of ambiguous issue, a structured discussion on specific points would be better to understand and generate interest to the readers. For example discussion may be divided in subheadings like complications, effect of associated findings (prognostic or risk factors, LV function, co morbid pathologies, blood chemistry, shock, duration of dissection before surgery, IABP support pre and post op before ECMO, neurological status and complications etc) and also effect of demographic parameters.

**We have partially addressed this aspect**

I doubt "letter to the editor" or other unstructured, anecdotal communication contributes significantly in this study.

**The articles have been selected as explained**

The indications of ECMO in such patients need to be elaborated or at least discussed in the discussion area in order to be educational to others.

**We have partially addressed this aspect**

Was any bias issue in this meta-analysis? How was it excluded?

**We have just used common sense**