

1. I have removed all the “+” in my manuscript and revise my text spelling.
2. I have labeled the anatomical abnormal before and post the surgery on Fig.1 and Fig.2
3. It is very important to distinguish true and false lumen in aortic dissection.  
Usually the true lumen is smaller and the false lumen is larger. The beak sign and a large cross-sectional area indicate a false lumen. Intimal calcification is common in the true lumen and mural thrombus is more common in the false lumen.
4. The possible complications of stenting a false lumen including death from intraoperative or postoperative aortic rupture, the blood of true lumen was less that leads to multiple organ failure and formation of a dissecting aneurysm at the distal end. Eventually the aneurysm ruptured and patients died.