

Response to Reviewers

Dear Editors and Reviewers:

Thank you very much for your letter and the comments to our manuscript entitled "Revascularization in patients with incomplete kawasaki disease complicated with giant coronary artery aneurysm and secondary myocardial infarction presenting with acute abdomen: a case report" (NO.: 57040). Those comments are very helpful for revising and improving our paper, as well as of important guiding significance to our future researches. We modify our paper as follows according to your comments.

Reviewer comments:

Reviewer #1:

1. The reviewer's comment: Did you perform therapy with IV G immunoglobulins, as indicated by current guidelines (also for incomplete forms of Kawasaki disease)? If not, why?

Response: The clinical manifestation of this patient is not typical, and the diagnosis experience is very tortuous. When the patient came to our hospital, it was the 20th day of the course of the disease. In the early stage of the disease, there was fever. From the 8th day, abdominal pain was the main symptom, and no fever occurred again. It was considered as acute appendicitis in the regional hospital. The patient was hospitalized for 10 days and underwent appendectomy. When Kawasaki disease is clearly diagnosed, the acute manifestations of Kawasaki disease have disappeared, and the inflammatory indexes have returned to normal. According to the 2017 AHA guidelines for Kawasaki disease, "those in who never has resolved and laboratory values have normalized and who echocardiograms are normal do not require IVIG Treatment ", the treatment plan is mainly to prevent thrombus of giant coronary artery aneurysm, and there is no longer gamma globulin shock treatment.

2. The reviewer's comment: Why did you treat the patient with clopidogrel and not with ASA, while the guidelines suggest ASA treatment for Kawasaki disease? I refer in particular to the document: 'Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease: A Scientific Statement for Health Professionals from the American Heart Association'. Circulation. 2017;135:e927–e999.

Response: There are two reasons for this patient to choose clopidogrel: 1. The patient has an allergic constitution. After using aspirin once, the patient has a rubella like skin rash accompanied by obvious pruritus, which can be relieved after stopping aspirin. 2. Gastrointestinal symptoms are prominent. Aspirin has obvious gastrointestinal side effects, which is also one of our concerns. Therefore, we choose clopidogrel combined with warfarin as a scheme to prevent thrombosis of giant coronary aneurysm.

3. The reviewer's comment: According to the same document, 'IVIG should also be administered to children presenting after the tenth day of illness (ie, in whom the diagnosis was missed earlier) if they have ongoing systemic inflammation as manifested by elevation of ESR or CRP (CRP >3.0 mg/dL) together with either

persistent fever without other explanation or coronary artery aneurysms'. I think this document should be considered and cited in your work; if you treated your patient differently for any reason, this should be clearly explained.

Response: When Kawasaki disease is clearly diagnosed, the acute manifestations of Kawasaki disease have disappeared, and the inflammatory indexes have returned to normal. According to the 2017 AHA guidelines for Kawasaki disease, "those in who never has resolved and laboratory values have normalized and who echocardiograms are normal do not require IVIG Treatment ", the treatment plan is mainly to prevent thrombus of giant coronary artery aneurysm, and there is no longer gamma globulin shock treatment.

4. The reviewer's comment: Secondly, I think the abstract contains a repetition: 'Outcomes: After operation, the cardiac output increased and the symptoms of heart failure resolved. Follow-up evaluation at 1 month after operation showed that the patient's cardiac function had restored to New York Heart Association standard (NYHA) Grade I heart failure. Follow-up evaluation at 1 month after operation showed that the patient's heart function had maintained at NYHA Grade I and normal growth was obtained'.

Response: We have deleted the repetition.

Editorial Office's comments:

1. The reviewer's comment: The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: We have provided it.

2. The reviewer's comment: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have provided it.

3. The reviewer's comment: PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: We have provided PMID and DOI numbers.

4. The reviewer's comment: The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: We have revised manuscript.

We thank the editors and reviewer for their hard work and hope our work will make it more acceptable for publication.

Thank you

Sincerely yours

Response to Reviewers

Dear Editors and Reviewers:

Thank you very much for your letter and the comments to our manuscript entitled “Revascularization in patients with incomplete kawasaki disease complicated with giant coronary artery aneurysm and secondary myocardial infarction presenting with acute abdomen: a case report” (No.: 57040). Those comments are very helpful for revising and improving our paper, as well as of important guiding significance to our future researches. We modify our paper as follows according to your comments.

Comments:

1. The reviewer’s comment: The title is too long, please revise it (No more than 18 words).

Response: We have revised the title.

2. The reviewer’s comment: Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: We have provided it.

3. The reviewer’s comment: Please upload the Informed Consent Form of the treatment that has been signed by all subjects, prepared in the official language of the authors’ country to the system.

Response: We have provided it.

4. The reviewer’s comment: Please re-provide the original figure documents. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes; For line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes; Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have provided Figures with PPT form.

5. The reviewer’s comment: Please update your manuscript, according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision which can be downloaded at <https://www.wjgnet.com/bpg/GerInfo/291>.

Response: We have revised the manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision.

We thank the editors and reviewer for their hard work and hope our work will make it more acceptable for publication.

Thank you

Sincerely yours