

## **Response to Review Comments**

**(Manuscript Number: 80849)**

I am very much thankful to the reviewers for their deep and thorough review. I have revised my present case report in the light of their useful suggestions and comments. I hope my revision has improved the paper to a level of their satisfaction. Number wise answers to their specific comments/suggestions/queries are as follows.

### ***Response to Reviewer #1 Comments***

**Comment 1:** Absence of a coronary artery can be classified by the famous "Lipton's Yamanaka classification of Single coronary artery (SCA)". Why did not you consider mentioning this on your report? Please check this article, "<https://doi.org/10.1016%2Fj.radcr.2022.08.089>" and consider mentioning the Lipton's type SCA that you found in CAG. This suggested article was prepared by me; you may or may not use this as one of the references if you wish to keep the classification.

**Response:** Modified according to your suggestions .Lipton Yamanaka classifies SCA into 2 main types, the left type (L) which originates in the left coronary sinus and the right type (R) which originates in the right coronary sinus .Based on the distribution of SCA, It is divided into 3 subtypes: Type I, Type II and Type III . Our patient is classified as SCA Type I Variants according to this classification. (page7, line15)

**Comment 2:** This is an incidental finding I understand, so why don't you highlight this on your title somehow?

**Response:** Modified according to your suggestions .Congenital absence of the right coronary artery: A case report of accidental discovery.

**Comment 3:** In the last sentence of your Abstract's conclusion, I think a segment "...main means by which to diagnose..." is unnecessary and "...main means which diagnose..." is enough.

**Response:** Modified according to your suggestions: Single coronary artery (SCA) is a rare type of coronary artery abnormality, which usually has no obvious clinical manifestations and is considered a benign disease. CAG is the main means which diagnose congenital absence of the right coronary artery, which can also be further confirmed by CTCA.

**Comment 4:** In the second sentence of second paragraph on discussion part where the mechanism of ST-T changes is being described, a segment "...relative lack of myocardium..." does not make sense. Should not it be something like, "...relative lack of myocardial supply..."?

**Response:** Modified according to your suggestions:

### ***Response to Reviewer #2 Comments***

**Comment 1:** It will be better that the Video file contains the coronary angiogram showing the authors were struggling to identify the right coronary artery. The authors should show the Video file of Figure1B.

**Response:** Added videos based on your suggestions.

**Comment 2:** Usually, the severity of atherosclerotic changes is evaluated by CTCA or intravascular imaging (IVUS or CCT), not only by the CAG. What is the reason that the authors introduced the antiplatelets and statins in this patient?

**Response:** As far as the treatment of RCA is concerned there is still no standardised guideline and, based on the experience of others, we gave this patient antiplatelet and statin plaque stabilisation therapy. (page7, line20)

Kind regards,  
**Xiao-Yong Zhu**

