

Reviewer 1

Dear the authors i read with pleasure your manuscript which describes an excellent diagnostic modality for a very rare congenital coronary anomaly and the method of treatment personally i have no concerns about this manuscript.

Response:

Thanks for your revision.

Reviewer 2

Very nice report. I have two comments. 1. You affirm that CT has high temporal resolution, although I think it's better to arriver the high spacial resolution of the method than the temporal one, which is more limited, to my point of view. 2. In the images, there looks like there is a vessel emerging from the left coronary sinus. It seems to be a small vessel like "ramus" or "diagonalis", but I think it should be important to mention it, because that probes that left coronary sinus has an artery emerging from it.

Response:

1. Thanks for the correction, we have emphasized in the work the spatial resolution of the exam CT.
2. Thanks for the correction, we have indicated in the work and in the image the emergence of a diagonal branch from the left coronary sinus for the left ventricle.

Reviewer 3

Dear author, The paper represents the clinical case with a representation of the association of two congenital coronary artery anomalies (CAAs) which are extremely rare but represents one of the main cause of sudden cardiac death in young athletes. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are: 1) Please correct all your grammar errors throughout the manuscript 2) Please correct all your

definitions and abbreviations. You have used LCx in order to provide your vision for both left coronary artery and circumflex itself. There must be some common sense.

Response:

1. Thanks for the evaluation, we have corrected grammar errors.
2. Thanks for the correction, we have revised definitions and abbreviations.

Reviewer 4

Interesting case in field of cardiology with regard to the impact on outcome and the importance of diagnosis in asymptomatic people who are at higher risk of sudden death. Non invasive approach to this case was another point to note. Although writing needs revision and some corrections are necessary I reckon this report would be a useful hint for any colleagues in the field to be more careful about asymptomatic anomalies. I found following publication highly relevant as well: Cruz C et al. *Cardiol Res Pract* 2010; 376067 Janick M et al. *Tex Heart Inst J* 2009; 36(2) 180-1 Kasprzac J et al. *Rev ESP Cardiol* 2008, 61: 1107-8.

Response:

Thanks for your revision.