

SPECIFIC COMMENTS TO AUTHORS

The authors have reported interesting case report of innominate and right common arterial aneurysm due to Takayasu's arteritis, which was successfully treated by well-considered surgical strategy. I consider innominate artery aneurysm (IAA) due to Takayasu's arteritis is very rare and their clinical experience and consideration for therapeutic strategy is valuable. I have some minor comments. 1. "History of present illness" contains the issues of image findings and consideration for therapeutic strategy. Please divide these issues into "Imaging examinations" and "Treatment" section, respectively. 2. Please describe more details of "Physical examination" and "Laboratory examinations". 3. I consider IAA due to Takayasu's arteritis is very rare. Please indicate the incidence or number of reported cases in English literature and add short review of these series in discussion section. 4. In conclusion, please add following sentence "In conclusion, we reported a rare case of innominate and right common arterial aneurysm due to Takayasu's arteritis which was successfully treated by well-considered surgical strategy" before "Open surgery may be-".

Dear editor,

Thank you very much for your letter dated March 14th, 2019 enclosing the reviewer's comments for our manuscript entitled "Complicated case of innominate and right common arterial aneurysm due to Takayasu's arteritis: a case report". We would like to submit a revised manuscript now.

We are also very thankful to the reviewer for the kind comments for our manuscript. We appreciate the valuable comments and suggestions to improve it. With regard to the comments and suggestions, we wish to reply to the questions one by one.

1. "History of present illness" contains the issues of image findings and consideration for therapeutic strategy. Please divide these issues into "Imaging examinations" and "Treatment" section, respectively.

Revised. (Line 81-90 in "History of present illness", line 107-109 in "Imaging examinations", line 124-128 in "TREATMENT")

2. Please describe more details of "Physical examination" and "Laboratory

examinations”.

Revised. (Line 94-96 in “Physical examination”, line 98-102 in “Laboratory examinations”)

3. I consider IAA due to Takayasu’s arteritis is very rare. Please indicate the incidence or number of reported cases in English literature and add short review of these series in discussion section.

Revised. (Line 199-208 in “DISCUSSION”)

IAAs due to Takayasu’s arteritis are really rare. We retrospectively searched literatures and found that only two reports referring to IAAs due to Takayasu’s arteritis just as an article mentioned (Wang XL, Guan XL, Jiang WJ, Liu O, Zhang HJ. Innominate artery aneurysm, how to solve it? J Int Med Res. 2017, 45:1279-1284).

Kieffer et al, 2001: reported 27 IAA patients, among who 7 were due to Takayasu’s disease. Traditional surgical repair was performed to these patients. The author mentioned that distal bypass graft anastomosis to right subclavian artery in 2 patients with extensive right carotid occlusion, and to the right common carotid artery in 1 with axillosubclavian artery occlusion. However, the follow-up was not clear for Takayasu’s arteritis patients dividually and some of them were lost in the follow-up. (Kieffer E, Chiche L, Koskas F, Bahnini A. Aneurysms of the innominate artery: surgical treatment of 27 patients. J Vasc Surg. 2001, 34:222-8.)

Angiletta et al, 2012: reported a female patient who received stent graft repair for IAA, and the stent was still patent when she came back for reexamination 8 years later. But the patient developed right carotid arterial aneurysm. (Angiletta D, Marinazzo D, Guido G, Fullone M, Pulli R, Regina G.. Eight-year follow-up of endovascular repair of a brachiocephalic trunk aneurysm due to Takayasu's arteritis. J Vasc Surg. 2012, 56:504-7.)

4. In conclusion, please add following sentence “In conclusion, we reported a rare case of innominate and right common arterial aneurysm due to Takayasu’s arteritis which was successfully treated by well-considered surgical strategy” before “Open surgery may be-”.

Revised. (Line 228-230 in “CONCLUSION”)