25th June 2019

Dear Editor,

Journal title: World Journal of Clinical Cases

Manuscript NO: 46331

Title: Ex vivo revascularization of renal artery aneurysms in a patient with solitary kidney

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Thanks for revising the manuscript. Improvements have been made based on the suggestion of reviewers.

Responses to the Reviewer #1:

Comment 1): This is an interesting rare case report about triple left renal artery aneurysms treated by ex vivo surgical repair in a patient with congenital absence of the right kidney. This manuscript is nicely structured and well written. I have no question about this manuscript.

Response: Thanks, we so appreciate your comment.

Responses to the Reviewer #2:

Comment 2): Interesting approach based on abstract-your manuscript file did not load on my system properly. I await this file before giving any final or thorough comments.

Response: Thanks for your suggestion. We have uploaded our revised manuscript according to the reviewers and editor

Responses to the Reviewer #3:

Comment 3): The authors reported here a case of left RAAs involving multiple distal branches, which was repaired with ex vivo revascularization with saphenous vein graft. The case is interesting; however, I have a major concern for this manuscript. 1. This case was treated with ex vivo revascularization with saphenous vein graft. Three-year follow-up CTA revealed aneurysmal degeneration of the SVG, with a maximum diameter of 2.1 cm. Why did the authors choose a SVG instead of a prosthetic graft? Please provide a photomicrograph of pathological examination of the resected aneurysm to show that the aneurysm is inflammatory.

Response: Thanks for your valuable comments. As we referred in the discussion part, SVG is preferred to be adopted for revascularization due to good durability and patency. The long-term patency of SVG appeared better than prosthetic graft in current literatures reported. So, we choose SVG for revascularization.

For this case, we don't think the aneurysms are inflammatory as the inflammatory factors are negative according to the blood test. We have deleted our misleading expression in the core tip part. We are so regret that the photomicrograph of pathological examination is not available. Because of the aneurysmal degeneration of the SVG, so we discussed the probability that the prosthetic graft may be the alternative for RAAs patients without evidence of inflammation.