

Dear Editors,

We thank you and reviewers for valuable suggestions and for giving us an opportunity to revise our manuscript. We have revised manuscript according to your suggestions and comments. All changes have been highlighted in manuscript text.

Listed below are our point-to-point response to each comment from individual reviewers.

Reviewer #1:

1. Minor language editing

**Answer:** The language has been polished by language editing experts. Please feel free to provide your advice if there is still some inappropriate expression.

2. Do not include the impression of "presumed KD at the beginning of case report. Describe the report of cardiac arrest and then later on in the light of investigations done and in discussion include your main diagnosis of KD, base the matter on facts not the presumption. Add few other differentials as well if there is any room for that.

**Answer:** As suggested, we removed "presumed KD" at the beginning of case summary and diagnosed KD according to the clinical features and auxiliary examinations. Then, we supplemented the process of cardiac arrest and you can find the sentences in the section of history of present illness with highlight. Besides, the pathogeny of CA aneurysms should be discussed. You can also find the details in discussion with highlight.

Reviewer #2:

1. Please clarify the reason of asymptomatic features during exercise before the cardiac arrest event.

**Answer:** As CAG showed in the revised manuscript, the RCA received left-to-right epicardial collateral circulation from LCX. The integrity of the heart function supplied by the RCA may be preserved partly or completely. Thus, the patient was asymptomatic during exercise before sudden cardiac arrest.

2. Please explain the collateral circulation. This reviewer suspect the existence of chronic total occlusions in LCx, RCA, and also LAD. At least distal RCA and LCx vessels seems to be fed with rich collateral vessels by angiography. This coronary structure might explain the asymptomatic features during exercise. Presumed mechanisms of sudden cardiac death described in page 8 lines 15-20 might be inaccurate in this regard. Supplementary video presentation of coronary angiographies would be helpful to answer this question.

**Answer:** Coronary angiography (CAG) showed giant aneurysms of the proximal LAD with subtotal occlusion and the proximal and mid RCA with chronic total occlusion (CTO). The RCA received left-to-right epicardial collateral circulation from left circumflex coronary artery (LCX) (Figure 4). The integrity of the heart function supplied by the RCA may be preserved partly or completely. Thus, the patient was asymptomatic during exercise before sudden cardiac arrest. Besides, we upload the video presentation of coronary angiographies, which would be helpful to show the images.

3. Laboratory data other than troponin I on admission should be presented.

**Answer:** we add the laboratory data on the section of Laboratory examinations.

4. LAD stenosis should be indicated in the coronary angiography or CTA

using arrows etc..

**Answer:** As suggested, we add arrows in the figures.

5. Please indicate aneurysm in the coronary angiography with arrows etc..

**Answer:** As suggested, we add arrows in the figures.

6. Proof read by English native specialist are recommended.

**Answer:** The language has been polished by language editing experts. Please feel free to provide your advice if there is still some inappropriate expression.

We appreciated the excellent and professional comments to the study.

Best regards,

Dr. Yimin Tang

29 Sep. 2019