

Sealing coronary perforation by hand-made covered stent: A case report

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Review response date: 18 October 2023

A point-to-point response

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Reviewer comments and author responses

Reviewer 1

1. **Critical Analysis:** While the report presents a unique case, it could benefit from a more extensive critical analysis. Comparing the hand-made covered stent approach with existing methods and discussing potential limitations or risks associated with this technique would enhance the manuscript's depth and practical relevance.

Response: Editing done.

2. **Context and Statistics:** Providing statistical data or context about the prevalence and outcomes of coronary artery perforation would help readers better understand the significance of the case. This can be included in the introduction.

Response: Added.

3. **Formatting and Journal Guidelines:** Ensure that the manuscript adheres strictly to the formatting and citation style guidelines of the target journal. Additionally, consider including sections like "Limitations" and "Clinical Implications" to provide a more comprehensive view of the case and its implications for clinical practice.

Response: Limitation & clinical implications are written in discussion section. The journal format does not allow subtitles.

4. **Abbreviations:** Check all abbreviated forms in the text and provide proper elaboration for each abbreviation used(e.g. F.FC, TIMI). This ensures clarity for readers unfamiliar with these terms.

Response: Editing done.

5. **Figure Labels:** Consider changing "Figure 1a" and "Figure 1b" to more descriptive labels such as "Left: 90-95% long stenosis in proximal to mid-segment" and "Right: Perforation in Right Coronary Artery (pointed)" for improved clarity. **Figure 2:** If possible, replace the image in Figure 2 that shows unsterile preparation of the covered stent with a more suitable image. Ensuring the accuracy and appropriateness of all visual content is essential for conveying professionalism and credibility.

Response: Editing done.

Editors' comments and author responses

Comment 1: The Abstract has 167 words. Kindly make it within 100 words, removing all subheadings.

Response 1: Edited as far possible.

Comment 2: It is not clear where the case was treated.

Response 2: Hospital name added.

Comment 3: Drop the last sentence of line number 83.

Response 3: Done.

Comment 4: Drop the "Conclusion" subheading. We do not use this subheading for the Case reports.

Response 4: Done

Comment 5: Figures should be given at the end of the manuscript. Submission of a separate file having high-resolution figures is encouraged.

Response 5: Figures are given at the end of the manuscript.

Comment 6: Drop et al from the authors' list of references to add all authors.

Response 6: Editing done.