

It is not acceptable for publication in the current status. Please ask them to do modifications.

Abstract—What is angioscan? Is it a CT scan of the aorta? Please use CTA than angioscan

Keep abbreviation similar VSM vs SMV, AT vs TA

Expand abbreviation in the first instance-e.g: VSM, **CT**

Read each line and make sure there are no spelling mistakes. Simple spelling mistakes like white vs wight cells indicate poor preparation of the manuscript. Make sure all your authors read the revision before you submit next time

Remove Mrs. Z.B.-- Just say --A 24 y/o female---

fortuitous discovery of hemodynamic instability during the surgical procedure, requiring to stop the procedure—Expand this. What surgery your doing and what lead to the discovery.. what is the hemodynamic instability

bilateral carotid murmurs, left subclavian murmur, murmur at the abdominal level and at the renal arteries course.

Murmur word is typically reserved for cardiac murmurs. Please use bruit for the carotid/subclavian and other vasculature.

Explain the examination—was it on presentation or after the surgery

What lead to the discovery of the AD

Did she complain claudication—

Intermittent claudication of both lower limbs, the peripheral pulses were decreased in both lower limbs without signs of ischemia (right systolic pressure index= 0.8, left systolic pressure index= 0,9) with a decrease in the left radial pulse compared to the right side.

Editor's Comment:

Electrocardiogram is in RRS at 75bpm, electrical left ventricular hypertrophy with Cornell score at 25 mm .

Expand RRS

Provide the sagittal CT scan of the aorta showing the dissection that will give the readers more idea about the extension of the dissection.

CT images are low quality. Provide better images

Abdominal aorta echography: --provide images

- Supra-renal abdominal aorta: Diffuse parietal thickening with normal flow.
- Sub renal aorta: Presence of a tight stenosis with presence of collaterally

This report is about Aortic dissection so focus images on the aortic dissection—CT scan, US images ,
Subclavian images are ok

Echo details can be given in single line. Provide aortic root and asc aorta diameters. Provide image of aortic regurgitation-3 chamber view or parasternal long axis

REPHARSE---Initial dilated aorta with no detectable intimal flap image on this day

Criteria please this—redo discussion

<https://www.rheumatology.org/Portals/0/Files/Takayasu-Arteritis-Complete-Article.pdf>

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