Answering Reviewers

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors described a case of quadricuspid aortic valve, which is relatively rare. The case is well written but without enough highlights.

(1) I suggest the author provide high resolution image and if possible 3D image or video for the patient, which can be achieved by the software of fluro CT or 3 mensio;

We provided regular MSCT imaging which is standard method in such cases and currently it is not possible to reconstruct such 3D images.

(2) The author must review carefully to polish the article;

Manuscript was revised carefully by the authors, suggested improvements have been implemented in the text and the text was once again revised by the native English speaker.

(3) I guess TEE should be the first choice to evaluate the valve for the patient, so the author should discuss the diagnostic method and recommendation for evaluation of quadricuspid aortic valve.

In the discussion it is now clearly explained the role of TTE and TEE as basic methods in diagnosing the QAV (reference 26 was added) and also further diagnostic algorithm is given (methods to detect possible associated anomalies and differential diagnosis).

Reviewer #2:
Scientific Quality: Grade B (Very good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The paper is good and sound, but some improvements in the language and in the structure are obviously needed: patent foramen ovale, etc. were excluded (please make a thorough differential diagnosis, much better if in a table)

In the discussion we added a part about differential diagnosis (reference 25) and Table 2 with possible differential diagnosis in case of uncertain valvular anatomy. Also, in Table 1 is given the list of possible associated anomalies which is explained in discussion, and in imaging part was explained that myocardial bridging was found with CT, without presence of other possible associated anomalies (part “Other possible associated pathologies such as abnormally located coronary ostia, patent foramen ovale, etc. were excluded”).

medicament therapy (pharmacological therapy ?)

According to native English speaker medicament therapy is correct.

alongside with the recommendation for the prevention of bacterial endocarditis: What does that mean? How do you recommend to a patient to prevent endocarditis? Any pre-emptive antibiotherapy? Vaccination? How?

In the part “Treatment” explanation about antibiotic prophylaxis and its recommendation in QAV patients in the case of dental, respiratory tract procedures, gastrointestinal or urogenital procedures is given (references 6 and 7).
FINAL DIAGNOSIS: you better write 'clinical diagnosis' or another more sound term

The term "Final diagnosis" is used because the "Guidelines for Manuscript Preparation and Submission: Case Report" give such instruction for manuscript preparation.