Dear Editor

We have revised the manuscript according to the reviewers’ comments as well as summarized below.

Yours sincerely

Metin Onur Beyaz, MD

**Reviewer 1:**

Thank you for your comments.

**Q1.** Having a bicuspid pulmonary valve is only a relative contraindication for a Ross procedure. As long as the valve is functioning well a bicuspid pulmonary valve can still be used for a Ross procedure

**A1.** The bicuspid pulmonary valve of our patient had mild pulmonary insufficiency and minimally fibrotic leaflets, hence the patient was not found appropriate for the Ross procedure.

The issue is explained more clearly in the revised manuscript as **“**The Ross procedure is another option and by its nature, the patient's pulmonary autograft is used to replace the aortic valve (10). Ross procedure could have been an alternative; however, our patient was not found suitable for Ross procedure ten years ago due to having bicuspid pulmonary valve showing mild pulmonary insufficiency and minimally fibrotic leaflets.”

**Q2.** There are very extensive grammatical errors in this manuscript.

**A2.** The manuscript is full revised.

**Q3.** The authors state that the procedure was performed using normothermia, buts state the temperature as 23 degrees C, this is severe hypothermia.

**A3**. The issue is corrected in the manuscript.

“Cardiopulmonary bypass was initiated and the patient was cooled down to 28 C.” is added.

**Q4.** Preoperatively what was the echo gradient and velocity across the valve?

**A4.** The preoperative ECHO is detailed in the revised paragraph: **“**Echocardiography showed intact mechanical valve prosthesis with low effective orifice area (Indexed EoA:0.70) and ventricular hypertrophy. Ejection fraction was measured 55%. A mean transaortic pressure gradient was measured 24 mmHg with a maximal aortic velocity of 3.4m/s. Additionally there was mild pulmonary insufficiency and stenosis, and mild mitral insufficiency.”

**Q5.**After placement of a 27 mm valve, what was the gradient across the valve at the end of the procedure?

**A5.** The postoperativeECHO is detailed in the revised paragraph: “Postoperative echocardiography indicated no significant transaortic gradient (max: 4-5mmHg) with normal myocardial functions. She has been followed active, well and asymptomatic for more than 18 months. “

**Q6.** What were the cross clamp and cardiopulmonary bypass times?

**A6. “**The cardiopulmonary bypass and cross clamp times were 138minutes and 106minutes, respectively.” is added to the manuscript.

**Q7.** What was the length of hospital stay?

**A7. “**Patient was extubated on the 6th hour. Intensive care unit stay was 56 hours. Postoperative course was uneventful and the patient was discharged from the hospital after 8 days.” is added to the manuscript.

**Q8.** Overall the manuscript has poor flow and does not read very well.

**A8.** The manuscript is full revised.

**Reviewer 2:**

Thank you for your comments.

**Q1.** There are many grammatical errors in this manuscript, which the author needs to rearrange.

**A1.** The manuscript is full revised.