

Dear Editor,

We thank and appreciate the kind and succinct comments made by the reviewers and journal. Please find the revisions and modifications made in the 'Answering reviewers word document'. Each comment has been addressed and we have attempted to further explain what modifications were made below each comment.

We hope the revised version of the manuscript achieved the requirements for consideration of publication in the World Journal of Respiriology.

Thank you for your time and consideration.

Best Regards,

Joscilin Mathew

#### **Revised Manuscript: Issues raised, and modifications made.**

- 1. The Introduction and Background section is too long for a Case Report and contains irrelevant information as the title of the article is about a case with "Pneumothorax" but, there is little knowledge about pneumothorax in this section.**  
Response(R)- The introduction and background section has been shortened and more information on pneumothorax has been added.
- 2. There is little or wrong information about the Thoracic Surgical practice that was performed in this case. For example, the information about respiratory system examination (inspection, auscultation, palpation, percussion) is completely missing; "right lower lung" is not a correct term to define the location of a pathological finding on "chest x-rays"; the lumen width of the pigtail catheter was not mentioned; the specialty of the physician who performed this catheter thoracostomy was not mentioned (e.g. Emergency Medicine Specialist or Thoracic Surgeon). But the most important finding in this patient was missed completely, which was the fact that he had developed tension pneumothorax at time of ER admission which can be seen clearly on his chest x-ray. Right diaphragm was depressed to the level below the left**

**diaphragm, The intercostal spaces on the right side was further expanded than the left side. Both of which are important findings of a tension pneumothorax.**

R- We added additional information regarding the timeline of events and expanded both the emergency and admission evaluations performed. Upon arrival to the ED, he was noted to be tachycardic and hypoxic (88% O2 Saturation) and the initial chest x-ray was obtained in the ED. Here, the tension pneumothorax was noted, and the pigtail catheter was inserted. Once his vitals improved and oxygenation improved, the internal medicine service was contacted for admission. Available emergency dept. and admission physical exam information and vitals were expanded to provide more information. We unfortunately do not have extensive physical exam findings prior to catheter insertion, and any available information has been included now in the manuscript.

We hope that the details incorporated here provide a better understanding of the sequence of events and the presenting picture. Please let us know if we can provide any further information to better develop the case presentation.

**3. The Discussion section is too long.**

R- The discussion section has been shortened without impact to the information that is pertinent to this case.

**4. The number of citations are way too much for a case report even for a review of the literature version.**

R- citations has been decreased from 43 to 38.

**5. The citations are given in varying forms such as “(1)”, “. [2]” and “[3].” And it should be addressed.**

R- We have ensured all citations are in [1,2,3] format.

**6. ORCID number of one of the authors is missing.**

R- ORCID numbers for all authors have been included. Thank you.

**7. This article should be thoroughly revised/re-written as a case report about “Tension Pneumothorax accompanying an Infectious Disease”.**

R- The aim was to emphasize the presence of coccidioidomycosis with SARS-CoV-2. As this would have been the second documented report (at time of study) of co-infection with coccidioidomycosis in SARS-CoV-2, and the first case of co-infection to have a complication of pneumothorax. A Review of literature was pursued to look for other cases of pneumothorax that reported co-infections and to assess the risk factors that increased the incidence of pneumothorax. We did delve in depth into this in the discussion and conclusion section. The title has been modified to- SARS-COV-2 with concurrent coccidioidomycosis complicated by refractory pneumothorax in a Hispanic male: Case report and literature review.

**8. Table 1 and Table 2 lack a good structure and can be improved.**

R- The tables have been modified. As the tables have been divided into ventilated vs not ventilated patients, we have removed 'on invasive mechanical ventilation (IMV) column.

9. **Requirements for tables: Please provide decomposable Tables (whose parts are all movable and editable), organize them into a single Word file, and submit as "64815-Tables.docx" on the system. The tables should be uploaded to the file destination of "Table File".**

R- Please find the associated documents uploaded. Thank you.

10. **The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Requirements for figures: Please provide decomposable Figures (whose parts are all movable and editable), organize them into a single PowerPoint file, and submit as "64815-Figures.ppt" on the system. The figures should be uploaded to the file destination of "Image File".**

R-Please find the associated documents uploaded. Thank you.

11. **PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout**

R- The references have been corrected. All references have PMID and DOI numbers except no. 5 which is a CDC report and no. 30 which was not indexed in PubMed.

12. **The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision**

R-Thank you, it was initially formatted as a literature review and we have modified the manuscript to follow the guidelines for a case presentation.

13. **The authors need to fill out the CARE Checklist (2016) with page numbers**

R- Please find the completed form attached. Thank you.

14. **Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors' country to the system**

R- Please find the completed form attached. Thank you.

15. **PDF (scanned) version of the Copyright License Agreement Form that has been signed by all authors should be uploaded to the file destination of 'Copyright License Agreement'.**

R- Please find the associated documents uploaded. Thank you.

**16. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.**

R- Please find the completed form attached. Thank you.