

Dear Sir or Madam

Thank you very much for your constructive and helpful comments on our paper. I think that my paper has become much better owing these comments. Below are the responses to the comments made by the reviewers

Sincerely yours
Atsushi Nambu

Reviewer 1(00570480)

1. As it is a multiple author review - references to "I" in the manuscript should be removed as in a review there should be no place for personal opinion just fact with justification.

Response; *we have deleted the subjective descriptions such as sentences starting with "I" as much as possible. However, as we don't want to make this manuscript a bland review article, we intentionally included our personal opinions that have not been supported by previous literature. We think that they could be uniqueness of this paper and that is why we decided to submit this paper to World Journal of Radiology, which has not still gained worldwide reputation in the field of Radiology but instead would not strictly be bounded by formal rules of scientific journals. Also, we believe that personal opinions should be permitted to some extent in review articles as in the case of textbooks.*

2. The descriptions rely heavily on two key references 1 & 7 which are textbooks. There should be a greater emphasis on primary references as it is very difficult to chase that these are correct in a textbook and often textbooks are not peer reviewed. Primary references are ideal in a review.

Response; *we have added much more references. However, we have not deleted the references of textbooks because they are important sources to get much information for a short period of time. Furthermore, they are indispensable to discuss general statement of community-acquired pneumonia, for which appropriate references are not found.*

3. The document would benefit from a diagram/picture of what is expected from the individual infiltrates perhaps as a PA film and a representative CT slice diagram in addition to the radiology images.

Response; *we have added some tables to clearly convey our messages.*

4. A summary table of the types of infiltrates and the organisms that tend to go with it would also be a useful summary for readers

Response; *we have added some tables to clearly convey our messages.*

5. A summary table of the non-infectious infiltrates which can look like CAP should be added and their peculiar points of differentiation.

Response; *we have added some tables to clearly convey our messages.*

6. Increased referencing throughout is required - as an example - the definition of CAP, hospital acquired pneumonia etc. should be referenced.

Response; *we have added much more references.*

7. Information on pneumonia radiological progress should be included for diagnostic benefit and the frequency of progress radiology plus expected resolution

Response; *unfortunately, we don't have enough data to illustrate this issue.*

8. There are other diagnostic aspects of plain radiology such as pneumatoceles in Staph as well as pneumocystis, early cavity formation, pleural effusions, lobe/zone proclivity, symmetry etc. which should be discussed in terms of their assistance with diagnosis

Response; *unfortunately, we don't have much data to discuss these findings. However, effusion and appearance time of cavity that is largely affected by the immune status of the patient and amount of pathogens are, in fact, nonspecific and are of little value in the differential diagnosis of pneumonia in my opinion though I agree that pneumatocele is somewhat specific for staphylococcus pneumonia in pediatric population.*

9. It is unclear why the list was chosen for the "particular conditions related to CAP" were chosen. It is a short list which could be usefully expanded but kept brief in a table.

Response; *we have carefully selected very common but often undiagnosed or misleading conditions.*

Reviewer2 (00608249)

1. Most importantly a table should be included summarizing all the fairly specific findings (e.g. VZV pneumonitis and nodules, presence of nodules in the same lobe suggests Cryptococcus etc.) with appropriate references. Also the authors should comment on how these findings were found to be fairly specific. Was the evidence based on case series, case reports, case-control studies, expert opinion? It may be useful in that table to comment on the level of the scientific evidence (e.g. expert opinion only etc.)

Response; *we have added some tables to clearly convey our messages.*

2. The manuscript does not provide adequate citations and references. Each sentence needs to be justified with an appropriate reference.

Response; *we have added much more references.*

3. Sentences like "in my opinion", "I think that" should be avoided. This manuscript is not guidelines from a consortium of experts. A more evidence based approach and systematic review should be followed throughout the manuscript.

Response; *we have deleted the subjective descriptions such as sentences starting with "I" as much as possible. However, as we don't want to make this manuscript a bland review article as the reviewer criticizes, we intentionally included our personal opinions that have not been supported by previous literature (so I don't understand why the reviewer feels that this paper "lacks novelty since the reported radiological challenges are known for decades" Actually, quite a few our comments are not supported by previous literature and thus have been unpublished so far.) We think that they could be uniqueness of this paper and that was why we decided to submit this paper to World Journal of Radiology, which has not still gained an impact factor but instead would not strictly been bounded by formal rules of scientific journals.*

Reviewer3 (00608183)

1. Please describe diagnostic criteria for Chlamydophila pneumoniae pneumonia (Figures 9-11). Since Chlamydophila pneumoniae pneumonia is frequently diagnosed with bacterial co-infection, how authors diagnosed Chlamydophila pneumoniae pneumonia, appropriately?

Response; we have added a description regarding this issue.

2: In Figure 20 and Figure 21, authors should describe organisms those caused pneumonias.

Response; unfortunately, we did not obtain organisms that caused pneumonia in these cases although based on the clinical presentation, data and course, they were considered infectious pneumonia. We have acknowledged this point in the figure legends.

3: Pneumonias caused by *Mycoplasma pneumoniae*, should be demonstrated successively (Figures 2, 4 and 8).

Response; we have changed the order of the figures. However, please note that the numbers of figures do not correspond to the order of appearance in the text.

4: Pneumonias caused by aspiration should be demonstrated successively (Figures 3 and 18).

Response; we have changed the order of the figures.

5: Authors should add belief information about how authors definitely diagnosed lipid pneumonia.

Response; we have added a description regarding this.

Minor comments:

1: Names of bacterial pathogens should be italic.

Response; we have amended accordingly.

2: Authors should check style of references. There are several mistakes.

Response; we have amended the style of references.