

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

Reviewer Response: This is an interesting retrospective study that evaluates the computed tomography lymphangiography (CTL) features of lymphatic plastic bronchitis and primary chylothorax. The conclusion stated that CTL is well-suited to clarify the characteristics of lymphatic plastic bronchitis and primary chylothorax. This method is an excellent tool for diagnosing these two diseases. The study is well-written and informative for using CTL in the diagnosis of these 2 conditions. Here are my questions and suggestions for minor revisions.

Response1: Dear experts, thank you very much for your recognition of our research. Both of lymphatic plastic bronchitis and primary chylothorax are extremely rare, but we can diagnose and treat these rare disease patients because our hospital has a unique department: Lymph Surgery.

CT lymphangiography has important differential diagnostic value for it. We will continue to conduct research in the field of lymphatic system, provide more interesting cases, and enhance everyone's understanding of lymphatic system.

1. Title. Does the title reflect the main subject/hypothesis of the manuscript? Reviewer

Response: Yes

2. Abstract. Does the abstract summarize and reflect the work described in the manuscript?

Reviewer Response: Yes. I suggest describing the frequency of each finding not only by number but also a percentage of each group to better describe the difference among 3 groups.

Response2: Dear expert, we have added a percentage to the abstract as per your request. [Page 1, lines 10-20.](#)

3. Key Words. Do the keywords reflect the focus of the manuscript? Reviewer Response: Yes

4. Background. Does the manuscript adequately describe the background, present status and significance of the study? Reviewer Response: Yes. I suggest adding a sentence pointing out the knowledge gap for the clinical application of CTL in the diagnosis of these 2 conditions.

Response3: Dear expert, we believe that your suggestion is very important. We added a sentence in the background: Although scholar have applied CTL to the study of lymphatic PB and primary chylothorax(17), we have the largest sample size. [Page 3, lines 47-49.](#)

5. Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer Response: - Please consider declaring the day, month, and year when the data were accessed for research purposes. - Children with plastic bronchitis sometimes don't cough up the bronchial casts. Patients with chylothorax sometimes have concomitant pneumonia with parapneumonic effusion. Causes of chylothorax can also be secondary to infections such as Staphylococcus or tuberculosis. In

case that you also have information on bronchoscope findings or other pleural effusion profiles to correlate, it will add more educational value. If not, it is fine. - For exclusion criteria, why did you exclude patients with chylous ascites? Those are often found in patients with generalized lymphatic anomaly (GLA) or central conducting lymphatic anomaly (CCLA). - In Table 1, please consider describing normally distributed continuous variables as mean $\pm$ standard deviation, and non-normally distributed continuous variables as median [25-75th percentiles]. You may also consider describing the statistical difference in the main text. - I suggest describing the frequency of each finding not only by number but also a percentage of each group to better describe the difference among the 3 groups. You may also consider using the Table or Figure to better demonstrate the findings. - Another interesting analysis is the diagnostic property of major findings for these 2 conditions as sensitivity and specificity. If you have data, please also consider describing the number and frequency of final diagnoses such as pulmonary lymphangiomatosis, lymphangiectasia, atresia of thoracic duct, or syndromic chylothorax.

Response3: (1) Dear experts, the original text already states: the day, month, and year when the data were accessed for research purposes. [Page 3, line 56.](#)

(2) Dear expert: Thank you very much for your suggestion. In this study, our inclusion criteria are very clear, and the authenticity of the included cases can be determined. There is no other information to join.

(3) The reason for excluding chylous ascites is that in some patients, the pleural effusion can spread from the abdominal effusion. We want to exclude the interference of abdominal factors on the results.

(4) Dear expert, thank you very much for your suggestion. Your suggestion is very valuable. We have made changes and improvements to the content of [Table 1](#) as per your request.

(5) Dear expert, thank you very much for your question. This is also the direction and content that our team will focus on in the next step. We believe that the suggestion you mentioned is crucial, and we plan to write it into a new paper.

6. Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field?

Reviewer Response: Yes. I suggest adding a sentence pointing out the practical points for the clinical application of CTL in the diagnosis of these 2 conditions.

Response4: Dear expert, thank you very much for your suggestion. We believe that your suggestion is very meaningful. Summarizing the similarities and differences between the two diseases can make the article more outstanding. We have added this paragraph to the last paragraph of the discussion. I don't know if this meets your requirements? If it is not suitable, please contact us promptly.

In conclusion, lymphatic PB and primary chylothorax are rare lymphatic drainage disorders. The physiological mechanisms of the two diseases have both similarities and differences. Similarities: both are caused by obstruction of the thoracic duct, resulting in slow lymphatic reflux and even downstream reflux. Difference: the location of lymph reflux between the two is different. CTL is an appropriate method to detect abnormal lymphatic vessels position and pulmonary abnormalities. It can provide a crucial imaging basis for diagnosing lymphatic PB and primary chylothorax and provide information for treatment. [Page 13, lines 270-276.](#)

7. Discussion. Does the manuscript interpret the findings adequately and appropriately,

highlighting the key points concisely, clearly, and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Reviewer Response: Yes.

8. Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown?

Reviewer Response: Yes.

9. Biostatistics. Does the manuscript meet the requirements of biostatistics? Reviewer Response: Yes.

10. Units. Does the manuscript meet the requirements of use of SI units? Reviewer Response: Yes.

11. References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Reviewer Response: Yes.

12. Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and

appropriate? Reviewer Response: Yes.

13. Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? Reviewer Response: Yes.

14. Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Reviewer Response: Yes.