

Dear Prof. Jin-Lei Wang and Reviewers

Thank you for your valuable comments and advice. All these comments are valuable and very helpful for revising and improving our paper, and have important guiding significance for our research. We have studied the comments carefully and have made corrections that we hope will be approved. The main corrections in the paper and the responses to the reviewer's comments are as follows:

Reviewer #1:

1. Read the entire manuscript carefully and, if possible, make it easily understandable. Pay attention to, dot, comma, and parentheses, as well as paragraphs.

Response: Thank you for your suggestion. As suggested by the reviewer, we carefully read the whole manuscript, and modified the words and phrases, as well as the sentences and punctuation, to make the article easier to read.

2. It is better to replace the word of figure by chart...or anything that best match.

Response: We updated the format of the manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision.

3. It is no obligation, but if you describe the easy and better ways of diagnosis and management of neonatal pneumothorax, it would add to the manuscript scientific quality.

Response: With reference to the pneumothorax diagnosis and treatment plan mentioned in other articles, we have provided a simpler and more practical discussion of the diagnosis and treatment plan.

4. Ethical approval is not mentioned.

Response: Because this is a MINIREVIEW, which does not involve patient information, ethical approval is not needed.

Reviewer #2:

1. Any overview of the whole process or any flowchart? It is better to have some overview chart at beginning.

Response: Thank you for your suggestion. In response to the reviewers' comments, we have provided an overview and modified the structure of the manuscript.

2. Would the results be strengthened using additional methods so helping to validate the results?

Response: The current research is based on the fact that other possible causes can be quickly ruled out after obvious problems occur. Timely diagnosis and emergency thoracentesis with auxiliary equipment are key to the treatment of pneumothorax. In an emergency, thoracocentesis in the middle clavicle of the second intercostal space is still the fastest and safest treatment method for with tension pneumothorax. Advanced ultrasound equipment and lung ultrasound technology provide strong support for the rapid diagnosis and treatment of pneumothorax. The use of ultrasound equipment and the exclusion method to diagnose pneumothorax is supported in the current study.

3. Discussion of related work should be improved by clearly stating what the differences/similarities are to this work.

Response: We discussed various factors and helpful diagnostic methods of neonatal perioperative pneumothorax and compared their advantages and disadvantages.