

Cover letter

Dear Jin-Lei Wang and Editors of *World Journal of Clinical Cases*,

We would like to thank the editor for considering further review for our manuscript (Manuscript NO: 85348) entitled “Pulmonary artery aneurysm protruding into bronchus as an endobronchial mass : a case report of a rare life-threatening pathologic vascular condition”. The authors have carefully considered the editor’s comments and have made corresponding changes to the manuscripts as suggested. We have provided point-by-point responses to the comments and suggestions raised by the reviewers and editor. We hope that these versions successfully address the concerns and requirements.

We would like to express our great appreciation to you for comments on our paper. Looking forward to hearing from you.

Sincerely yours,

Dr. Li Min MD & Dr. Zhuang Luo, MD

Department of Respiratory and Critical Care Medicine,
First Affiliated Hospital of Kunming Medical University,
Kunming 650032

China

E-mail: huxitougao@yeah.net

**Responses to comments point-by-point from the editor on the manuscript
(Manuscript NO: 85348)**

REVIEWER'S COMMENTS

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Aneurysms in CNS, heart, retina and lung mimic tumor and biopsy is fatal. My associate son had a biopsy for lung lesion and biopsy lead to his immediate fatality. These events are not reported because of medicolegal issues. High suspicion, angiographic modalities need to be done before any biopsy. The rare case here presented as a mass blocking the bronchus that most would biopsy. The correct approach was followed saving the patient life. It has a high teaching value and is not to be forgotten at all

Reply 1: Thanks to the reviewer's comments. In our case, we reported a rare condition in which a PA aneurysm protruded into bronchus as an endobronchial mass that blocked the airway lumen. The pathologic vascular condition is rare, it may result in massive hemorrhage with a possible fatal outcome. So it is important for the bronchoscopist to add this lesion to the list of endobronchial masses in which a biopsy is to be assiduously avoided. We hope our case could provide clinical implication for the differential diagnosis and management of endobronchial lesions.

EDITORIAL OFFICE' S COMMENTS

Authors must revise the manuscript according to the Editorial Office' s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it' s ready for the first decision.

Reply: Thanks to the editor for giving us the opportunity to revise the manuscript to improve the quality and readability of this manuscript. We have tried our best to carefully address the following comments by the editors and reviewers in our revised manuscript. We hope our manuscript could meet the acceptability for publication in *World Journal of Clinical Cases*.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s) (患者治疗/手术同意书或病例首页). 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis

database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Reply: Thanks for the editor's comments. We have uploaded the Signed Consent for Treatment Form(s) or Document(s) and original figure documents (as PPT) as required.

The pictures in our manuscript is 'original', so we added the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023.

Furthermore, we used the RCA to find some latest articles and supplement and improve the highlights of the latest cutting-edge research results as follows in the revised manuscript: "Currently, PA aneurysm is categorized on its etiology. PA aneurysm secondary to congenital heart disease has been reported most frequently, among which patent ductus arteriosus (PDA), ventricular septal defect and atrial septal defect are the most frequently described causes. In addition, PA aneurysm caused by infectious diseases such as mucormycosis, tuberculosis and syphilis have also been reported. PA aneurysm may also be secondary to pulmonary hypertension, autoimmune disease and vasculitis. Finally, PA aneurysm with no clear cause could be defined as idiopathic^[4-6]" We have highlighted the revised/added contents with yellow color in the revised manuscript.

: