

Dear editors and reviewers:

We are grateful for your careful critique and valuable suggestions, which have greatly strengthened our manuscript. We have modified our text correspondingly and noted them with **yellow highlights**. Our responses are given in a point-by-point manner on the following pages. We hope that the revised manuscript is acceptable for publication.

Thank you.

With best wishes,

Yours sincerely,

Xuerong Chen

Department of Respiratory and Critical Care Medicine

West China Hospital

Sichuan University

Chengdu 610041

P.R China

E-mail: xuerongchenchen@163.com

Tel: 86-28-85423510

Fax: 86-28-85423510.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Good manuscript and case. I would recommend few revisions:

1. In the history of present illness, authors should elaborate more about the symptoms. They can cut the chief complaint to one-two words.

Response: Thank you for your professional suggestions. We have revised the chief complaint and history of present illness accordingly. Please check it in the revised manuscript.

2. Authors should mention a little more about BAL. Color and other findings.

Response: We are very grateful for your kind suggestions. Bronchoalveolar lavage fluid appeared light and milky, and eosinophilic granular proteins (PAS staining positive) were found in bronchoalveolar lavage fluid. And we have revised the manuscript correspondingly.

3. Authors should consider adding a recently published case on PAP and TB.

Please see the reference below: Nimmatoori DP, Bansal S, Singhania N, Singh AK, Sudigali VM. Milky fluid from the lungs: pulmonary alveolar proteinosis. Intern Emerg Med. 2020 Aug 31. doi: 10.1007/s11739-020-02484-z. Epub ahead of print. PMID: 32865710.

Response: Thank you for your detailed and responsible work on our manuscript. We have added the recently published case mentioned above. Please check it in Table 2. Thank you again for your kind and valuable comments. If there are any other modifications we could make, we would like to modify them.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: First of all, thank you for submitting your manuscript to the World Journal of Clinical Cases. This is an interesting case. However, the case report part could be written more precisely and improved with some corrections and supplement.

1. Orchid numbers of the authors are missing.

Response: We are very grateful for your careful review. We previously provided the orchid numbers on the online submission system. And now we have added the orchid numbers in the revised manuscript.

2. Abstract. Conclusions could be written clearer. I didn't quite understand what do you mean by saying. "This case highlighted that bronchoalveolar lavage in combination with anti-tuberculosis treatment is a safe and effective option for PAP patients with tuberculosis". Did you mean diagnostic BAL or alveolar lavage procedure?

Response: We are so sorry about our confusing description. We did mean the diagnostic BAL. And we have checked and revised the manuscript thoroughly to make it clearer.

3. Page 4, Line 15 – please add the temperature.

Response: Thank you for your responsible work on our manuscript. We have added the temperature at the onset of the disease (ranging from 37.4-37.8°C) in the revised manuscript. Besides, the temperature of the patient returned to the normal range during the hospitalization in West China Hospital (36.0-37.0°C).

4. Page 4, Line 23 – Was saturation normal?

Response: We are grateful for your professional and detailed comments. We have supplied more detailed information on physical examination in the revised manuscript. The oxygen saturation of the patient was 98% on admission.

5. Any epidemiological anamnesis for tuberculosis?

Response: Thank you for your valuable suggestions. The patients denied any epidemiological anamnesis of tuberculosis during the interrogation. But he would be easily infected by *Mycobacterium tuberculosis*, because of the high burden of tuberculosis in China.

6. In my opinion, it would be clearer and easier to follow if you provided all laboratory results with normal ranges in a table.

Response: Thanks for your kind advice. Correspondingly, we have summarized and presented all laboratory results with normal ranges in Table 1. Please check it in the revised manuscript.

7. Did you test for serum anti-GM-CSF antibodies?

Response: Thank you for your professional comments. The presence of serum anti-GM-CSF antibodies would be supportive of diagnosing idiopathic PAP, but it was unavailable for us to detect whether there were anti-GM-CSF antibodies in this patient.

8. Page 5, Line 18: do you have images of histological examination? Please add a more detailed description of pathological examination.

Response: Thank you for your kind suggestions. We have added the histological images of lung biopsy to Figure 2 in the modified manuscript. But the staining images of bronchoalveolar lavage fluid were not available, for the images were not included in the original report of histological examination, and the bronchoalveolar lavage fluid was not able to save for years. Nevertheless, we have provided more description of the pathological examination as detail as possible. Please check it in the revised manuscript.

9. Continue using abbreviation BAL for bronchoalveolar lavage continuously throughout the text or don't use it at all.

Response: We are sorry for our negligence and are very grateful for your careful suggestions. We have changed the abbreviation BAL into bronchoalveolar lavage

throughout the text. Please check it in the revised manuscript.

10. Page 5, Line 22 – please justify the diagnosis point by point (which were the main signs of PAP with tuberculosis?)

Response: Thank you for your professional comments. The diagnosis of PAP was mainly based on eosinophilic PAS-positive proteins found in bronchoalveolar lavage fluid. The diagnosis of tuberculosis was mainly based on positive results of *Mycobacterium tuberculosis* antibody and interferon-gamma release assay, and was finally confirmed by anti-tuberculosis treatment. And the final diagnosis of PAP complicated with tuberculosis was also supported by clinical manifestations, pulmonary imaging, pulmonary function, and other results of laboratory examinations.

11. Page 5, Line 25 – please provide dosages for antibiotic therapy and clarify drugs prescribed for anti-tuberculosis treatment.

Response: We are very grateful for your kind suggestions. We have supplied the dosages of antibiotic therapy and the medication regimen of anti-tuberculosis treatment to make it clearer.

12. Did you perform a whole lung lavage or just a diagnostic BAL?

Response: We really appreciate your professional comments. Patients with severe disease require whole lung lavage while those with mild disease recover with supportive treatment. In the present case, we just performed a diagnostic BAL for the patients.

13. Page 6, Line 4 – what about patients symptoms? Did the resolve?

Response: We are very grateful for your careful review. His symptoms improved gradually during hospitalization, and all symptoms disappeared after six months' anti-tuberculosis treatment. We have added it to the revised manuscript.

14. Does the patient need a follow-up?

Response: Thank you for your professional review of our manuscript. The patient has been followed up for 5 years, during which a clinical remission has been achieved and maintained. And the patient still needs to visit the doctor if any symptom occurs again.

15. Discussion: What do you think was the primary cause of PAP in your case? Why do you think tuberculosis and not PAP was the initial disease in your case?

Response: Thank you for your professional comments. As discussed in the revised manuscript, infection with tuberculosis may increase the risk of developing PAP, and PAP patients may also develop secondary tuberculosis. In our case, PAP and tuberculosis were found at the same time, so it is difficult to tell whether tuberculosis was involved as a superinfection of PAP or whether the PAP was secondary to the tuberculosis.

16. Please provide references according to the provided guidelines: PMID, doi missing.

Response: Thank you for your detailed and responsible work on our manuscript. We have added the DOI and PMID in the references and revised the style of references according to the guidelines.

17. Some language polishing needed: several articles and commas are missing, some spelling mistakes.

Response: The manuscript has been thoroughly revised by the American Journal Experts (<https://www.aje.com/>), and the editing and grammatical mistakes have been corrected carefully. Please check them in our modified paper. Thank you again for your kind and valuable comments. If there are any other modifications we could make, we would like to modify them.

Science editor:

Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any

approval document(s); (2) 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; (3) 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.

Response: Thank you for your kind comments. We have provided the approved grant application form and original pictures correspondingly. And we have revised all references throughout, with DOI, PMID, and all authors.

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 Gastroenterology, 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 Informed Consent Form(s) or Document(s). For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: Thank you for your kind comments. The Signed Informed Consent Forms in the Chinese version have been uploaded. The manuscript has been thoroughly revised by the American Journal Experts (<https://www.aje.com/>), and the English Language Certificate has also been uploaded. Thank you again for your kind consideration and valuable comments. We hope that the revised manuscript is acceptable for publication.

If there are any other modifications we could make, we would like to modify them and we really appreciate your help and patience.

Re-review report

SPECIFIC COMMENTS TO AUTHORS

Dear authors, Thank you for carefully revising and improving your manuscript (Manuscript NO.: 63722) according to the provided suggestions and raised questions. The manuscript was revised according to comments in the Peer-Review Report. All raised issues were resolved, and needed corrections were made. The authors have provided a point-by-point response to raised questions, and I recommend it to be published. There several small technical issues to polish, though. Treatment: - „azithromycin (0.5 g ivgtt qd)” – the abbreviation ivgtt might be incorrect. To my knowledge, it means „Intravenous-glucose Administration” or „intravenous glucose tolerance test”. - 2HREZ/4HR – although this is a well-known treatment scheme, you still need to provide a detailed explanation for this abbreviation when first time using it in the text or not use it at all, as you mention it only one time. Please check out [Guidelines_for_Manuscript_Preparation_and_Submission-Case_Report.pdf](#) one more time.

Response: Thank you for your detailed and responsible work on our manuscript. The abbreviation "ivgtt" means "intravenously guttae", and we have changed the expression to make it clearer. Besides, we have provided a detailed explanation for "2HREZ/4HR" correspondingly. We have modified our text correspondingly and noted them with red highlights. Thank you again for your kind and valuable comments. If there are any other modifications we could make, we would like to modify them. We hope that the revised manuscript is acceptable for publication.