

Dear Dr. Lian-Sheng Ma,

Thank you very much for your decision letter and advice pertaining to our manuscript (Manuscript NO.: 67103, Case Report) entitled, “Surgical treatment of Abnormal Systemic Artery to the Left Lower Lobe: a case report and literature review”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by a professional medical editing company.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Guo-Yue Lv

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

Specific Comments

1. How many cases reported of ASALLL in literature so far in pediatric and adult population?

Response: Thanks for the comment. We searched the PubMed database for all papers written in English utilizing the search term: Abnormal Systemic Artery to the Left Lower Lobe in PubMed. A total of 82 cases published since 1976 were retrieved. Detailed information of the 83 cases (including the present case) is summarized in Table 1 in the revised manuscript (**Table 1**).

2. Please provide initial working differential diagnosis of the case before diagnosis of ASALLL.

Response: Thanks for the comment. The primary differential diagnosis of the case was pulmonary sequestration (PS). PS is characterized by nonfunctional pulmonary tissue that lacks normal communication with the bronchial tree and is also supplied by a non-pulmonary systemic artery^[1]. The corresponding pulmonary artery is usually absent in ASALLL, but the bronchus is usually normally developed^[2]. The common manifestations of PS include persistent cough, back pain, hemoptysis, or persistent exertional dyspnea, which need to be differentiated from the symptoms of ASALLL. Hemoptysis is the most commonly reported manifestation of ASALLL and was also the sole symptom in the present case. Information regarding the differential diagnosis has been presented before the diagnosis of ASALL in the revised manuscript (as highlighted in red).

3. What are the other treatment options in case if patient is not a surgical candidate and what the prognosis of different treatment modalities. It would be nice if authors can formulate a table with all the published cases and give us overview of the

outcomes of cases diagnosed with ASALLL.

Response: Thanks for the comment. Therapeutic information pertaining to all cases of ASALL published since 1976 is summarized in Table 1 in the revised manuscript. According to the literature, embolism is an appropriate option for any patient who is not a surgical candidate. However, 47% patients who underwent embolization developed symptoms of chest pain for weeks (Table 1), which was attributable to pulmonary infarction, as identified on post-operative CT scan^[3]. A small number of patients opted for conservative treatment; however, there is a paucity of follow-up data.

4. Minor English and spelling errors that needs to be corrected

Response: Thanks for the comment. We have thoroughly revised the language of the manuscript and corrected all the spelling errors.

Replies to Science editor:

1. The title is too long, and it should be no more than 18 words.

Response: Thanks for the comment. We have double check the title “Surgical treatment of Abnormal Systemic Artery to the Left Lower Lobe: a case report and literature review” and make sure it doesn’t exceed the word limit.

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

Response: Thanks for the comment. We've already uploaded the original images and documents.

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.

Response: Thanks for the comment. We have changed the format of the references according to the requirement.

4. The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Thanks for the comment. “Case Presentation” section had been re-written according to the Guidelines for Manuscript Preparation in the revised manuscript.

Replies to Company editor-in-chief

1. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s).

Response: Thanks for the comment. We've already uploaded the Signed Informed Consent Form.

References:

- 1 Alizadeh E, Suliman H. Intralobular pulmonary sequestration. *Jbr-btr* 2013; 96: 208-209 [10.5334/jbr-btr.277]
- 2 Ashizawa K, Ishida Y, Matsunaga N, Otsuji H, Sakamoto I, Hayashi K. Anomalous systemic arterial supply to normal basal segments of left lower lobe: characteristic imaging findings. *J Comput Assist Tomogr* 2001; 25: 764-769 [10.1097/00004728-200109000-00016]
- 3 Jiang S, Yu D, Jie B. Transarterial Embolization of Anomalous Systemic Arterial Supply to Normal Basal Segments of the Lung. *Cardiovasc Intervent Radiol* 2016; 39: 1256-1265 [10.1007/s00270-016-1361-y]