

We are very grateful to reviewer #1 and reviewer #2 for the effort of them in reviewing our paper and their positive feedback. The summary of our work as writing by reviewers is precise. Here below we address the questions and suggestions raised by reviewer #1 and reviewer #2.

Reviewer #1:

1. The title reflect the main subject/hypothesis of the manuscript.
2. The abstract summarize and reflect partially the work described in the manuscript.
3. The key words reflect the focus of the manuscript.
4. The manuscript does not describe adequately the background. The author should write something about the etiology, the incidence and specify the treatment. Furthermore, he should write something about de laryngotracheal stenosis depending on the age (the prognosis is worse in children than adults).

We have re-written the background in the part of BACKGROUND and INTRODUCTION and we have increased the etiology, the incidence and specify the treatment of relapsing polychondritis. And we analysis the de laryngotracheal stenosis depending on the age in the part of discussion.

5. Methods. The author should specify the test for ruling out tuberculosis, like some Smear microscopy (Ziehl -Neelsen), bacilloscopy o type of biopsy. The author should explain why used CT and not MR.

After assessing the patient's condition, the initial suspicion was Adam's apple nucleus tuberculosis, so a tuberculin test, cervical and thoracic soft tissue computed tomography (CT) and electronic fiber nasolaryngoscopy were performed. Tuberculin tests were negative. Neck CT revealed stenosis of the cavum larynges with thickening of the ventricular band and vocal cords (Figure 1). No tuberculosis foci were observed. Electronic fiber nasopharyngolaryngoscopy revealed bilateral vocal band mucosa edema and glottal stenosis (Figure 2). So Adam's apple nucleus tuberculosis was excluded.

6. Result. The author don't achieve a clear contribution of that study. Any new treatment or relevant test can't be found in this manuscript.

We re-wrote the contribution of this study in the part of BACKGROUND and INTRODUCTION. In this case report, we emphasize that RP involving the larynx/trachea can be easily misdiagnosed due to the atypical symptoms, and clinicians should improve the awareness of this disease to make timely diagnosis and conduct individualized treatment.

7. Discussion. The author should compare their finding with another results of the literature (there are few articles in discussion). Lines 125-128 are introduction,not discussion.

We have increased the related analysis in this part. And we have compared the cases in our paper with others.

8. Illustration and Tables: Can be improved.

We have improved our Illustration and Tables according to the request of the Journal.

9. Biostatisc. It's a case report. Not required.

10. Unit. OK.

11. References. The author should add some high impact factor journals where the author compare to other treatment and options, like : "Laryngeal manifestations of relapsing polychondritis and a novel treatment option. Lesley F Childs et al." "Three Cases of Relapsing Polycondritis with Isolated Laryngotracheal Stenosis. Hamdi Taşlı et al" " Tracheal stenosis as a initial manifestation of relapsing polychondritis. Case report. Silvia Méndez-Flores et al."

We have increased the references of high impact factor journals according to reviewer#1's suggestion.

12. Quality of manuscript organization and presentation. Lots insuitable words unusual for ENT report. The manuscript should be re-edited by and scientific translator editor.

We have re-polished our manuscript.

13. Research methods and reporting. OK.

14. Ethics statements. OK.

Reviewer #2:

1. In the keywords, the authors should remove diagnosis, treatment and case report.
We have removed the diagnosis, treatment. We have not removed the case report according to checklist item description.
Keywords: Relapsing polychondritis; Larynx; Trachea; Case report
2. Since the authors used RP as an abbreviation for relapsing polychondritis in the first sentence of Introduction section, they should use this abbreviation through the manuscript.
We have replaced RP with relapsing polychondritis in the manuscript.
3. The authors should put the references [4] and [6] at the back of "referring to the Damiani Standard" and "referring to the Rose standards", respectively.
We have put the references [4] and [6] at the back of "referring to the Damiani Standard" and "referring to the Rose standards", respectively
The Damiani Standard^[11] and Rose Standard^[13] were referred to for diagnosis of the two patients in the present study. At present, there is no diagnostic standard sensitive enough to reach 100%^[13].
4. The authors should provide the names of immunosuppressive agents used outside the hospital on a long-term basis in Case 1.
After diagnosis, 3 d of 0.5 g/d shock therapy was used, low-dose methylprednisolone and mycophenolate mofetil were used outside the hospital on a long-term basis.
5. The authors should use methylprednisolone "plus" immunosuppressant rather than "+" in the manuscript.
With clear diagnosis, methylprednisolone plus methotrexate were administered by intravenous infusion, in combination with auxiliary endotracheal intubation.
After being diagnosed with relapsing polychondritis, the patient received treatment with large doses of methylprednisolone plus immunosuppressor, which controlled the patient's dyspnea symptoms.