

Reply of the Reviewers:

1.What were the results of the blood culture? suggest including the detection of any residual damage in outcome sections

Reply: We made a blood culture for the child on the next day after admission, and the study culture was negative on the seventh day. And we added this part in the revision.

2.normal values shall be given; suggest to present in a table with tree columns for easy reference

parameter / observed value /normal range

Reply: We have added the phrase". Note: The usual white blood cell count range is $4.0-10.0 \times 10^9$ according to the "National Clinical Laboratory Operating Procedures..." compiled by the Department of Medical Administration, Ministry of Health, China." to the end of the chart.We have also included bar graphs in this modification.

3.Have you performed the blood cultures? If so what were the results discussed on ? negative blood cultures.

Reply: We made a blood culture for the child on the next day after admission, and the study culture was negative on the seventh day, and bronchoscopy and culture of alveolar lavage fluid after poor initial treatment, and the culture results were *Ralstonia insidiosa*.

4. Please elaborate on whether your decision to perform bronchoscopy was aligned with or deviated from the current guidelines on bronchoscopy in paediatric pneumonia

Reply: The "Guideline of pediatric flexible bronchoscopy in China (2018 version)" stipulate the following indications for bronchoscopy: Chest imaging abnormalities: (4) pulmonary mass lesions, (5) diffuse lung diseases,(10) Etiological diagnosis and treatment of pulmonary infectious diseases; (12)

Those who need to undergo various interventional treatments through bronchoscopy. Based on the above, our child meets the Chinese guidelines for bronchoscopy

5.What are your suggestions on contact tracing, discharge plans, immune-compromised state and prophylaxis?

Reply: We recommend that children strengthen airway care, eat a healthy diet, improve immunity, avoid contact with unclean water sources and objects, and have regular lung CT check-ups after discharge.

6. About ethics statements.

Reply: We have previously obtained the informed consent of the child and his family in terms of CT examination and article publication, but this time we could not contact the patient's family again, so we could not further obtain the informed consent of the child and his family, if the previous informed consent is effective, we will continue to revise the submission, if the previous informed consent does not meet the regulations, then we have to choose to retract the manuscript.

Reply of the Reviewers:

1.The timeline is a little bit confusing, the date should be written in the same form.

Reply: We have rearranged the timeline in chronological order.

2. I am wondering what is the connection between the image (chest CT) finding in 2019-03 while the children was treated in 2019-02?

Reply: The child underwent lung CT in March 2019, and we also rearranged the required medical images.

3. The special presentation of Ralstonia infection or the difference between Ralstonia pneumonia and other GNB pneumonia could be highlighted.

Reply : Through the literature study, we did not find the imaging characteristics of *Ralstonia insidiosa* pneumonia, so we did not mention it in the literature, and we will further study the literature and cases in the future

4. The explanation of the differential counts, such as WBC, NEU, LYM... should be mentioned in the first time they appeared.

Reply: We have made the modifications as required.

5. Is there any suspicious infection source about this child?

Reply: Our patient had no suspicious source of infection, and the infection could be excluded.