

Dear Editor,

Thank you for giving us the opportunity to submit a revised draft of the manuscript. We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Please see below for a point-by-point response to the reviewers' comments and concerns.

Reviewer #1:

Dear Authors, I appreciate that all the recommended changes were successfully incorporated into the Manuscript making it a pleasure to read. The revised manuscript improved well and can be accepted.

Response:

Thank you for taking the time to evaluate our work and for your valuable comments.

Reviewer #2:

Comments to the Author Dear Authors, You have in detail reviewed the mediastinal lesions in children according to their location in prevascular (anterior), visceral (middle), and paravertebral (posterior) spaces. The normal and abnormal mediastinal appearances in the pediatric population have been well presented with figures making it a pleasure to read. However, in my opinion, the manuscript needs an English revision. I have found some mistakes in the writing and construction of sentences. There are also some incomprehensible sentences, capitalization errors, comma errors, and typos in your article. You should seek support from a native English speaker or alternatively enlist the assistance of language polishing services before submitting your article. For example lines 5, 6: Lesions may be congenital or include infections, benign and malignant lesions, and vascular pathologies (1). This statement would sound clearly this way: Mediastinal masses may be caused by a wide variety of congenital, infectious, or vascular non-neoplastic and benign or malignant neoplastic pathologies. I have recommended some minor comments to improve the quality of the present paper: 1. Title: In my opinion, the title should contain the words imaging or

imaging findings of mediastinal lesions in children. 2. I have highlighted with yellow the sentences in the uploaded manuscript that need to be redefined as I mentioned in the above example. The revision of these sentences will make the paper easier to follow and read and also will be useful, especially for pediatric radiology fellows. 3. The normal CT morphological appearance and size of the thymus were recently described in children aged between 0 and 18 years. Between lines 106-110 you can describe the normal size and CT attenuation values of the thymus explained in this study. It would be more clear to explain these terms here and you can also cite this study : Çolak E, Özkan B. Multidetector Computed Tomographic Evaluation of the Normal Characteristics of the Thymus in the Pediatric Population. Journal of the Belgian Society of Radiology. 2022; 106(1): 110, 1–8. Tables: • Table 2: Esophageal duplication cyst is written twice. Figures: • Please check Figure 13. This Figure is not representative of thymoma. • Figures 38 and 39 do not present the typical Bronchogenic cyst location. • Figures 40 and 41 are not mentioned in the Manuscript. • Figure 41 looks like an intrapulmonary bronchogenic cyst. Please add a sagittal image that can be more representative of esophageal duplication cyst.

Response:

The sentence ambiguity stated in lines 5 and 6 has been adjusted.

Title recreated on request.

The sentences indicated in yellow in the article have been changed to comply with the recommendations.

Desired changes and references to various articles were made between lines 106-110.

Words written twice in Table 2 have been corrected.

Figures 13, 38, 39, 40 and 41 were rearranged in desired shapes based on the suggestions.

Thank you for taking the time to evaluate our work and for your valuable comments.