

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Pleural empyema with endobronchial mass due to *Rhodococcus equi* infection after renal transplantation: a case report and review of literature" (Manuscript NO.: 89560, Case Report). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow color in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: A good case reports, but too long for a single case (~ 5000 words) - please be more concise, and report only relevant data and findings. The term "aggressive" is inflated - you better use a more smooth synonym (intensive, elaborate...) Nifedipine for hypertension is somehow obsolete. Any reason for chosing that ? "antibiotic regimen was downgraded" - another awkward expression (?) Switched to ? Figure 2 : neoplastic nodule (?) It has resulted it was not neoplastic, but rather inflammatory...if I am not wrong. Can you please rename it. Even the number of references (38) is excessive for a case report: reconsider.

**Responses to comments: This single case is too long.**

Responses: Thank you very much for your suggestions on this article. We have shortened the case by removing some unimportant content, focusing mainly on the discussion section. And now the case is more concise and clear.

**Responses to comments: The term "aggressive" is inflated.**

Responses: Indeed as you note. We have replaced "aggressive" with "elaborate".

**Responses to comments: Nifedipine for hypertension is somehow obsolete. Any reason for chosing that?**

Responses: Thank you for your comment. The 2017 Guidelines for the Prevention, Detection, Evaluation, and Management of Hypertension in Adults in the United States recommend calcium channel blockers (CCB) as the preferred drug for patients with hypertension after renal transplantation, based on their ability to improve glomerular filtration rate and the survival rate of the transplanted kidney. The Chinese Guidelines for the Diagnosis and Treatment of Hypertension after Solid Organ Transplantation (2019) use CCB (which includes nifedipine) as a first-line antihypertensive drug. Therefore, we selected nifedipine and irbesartan as antihypertensive agents for this patient.

**Responses to comments: antibiotic regimen was downgraded " - another awkward expression (?) Switched to ?**

Responses: Many thanks for your reminder. We have replaced "downgraded" with "Switched to".

**1. Responses to comments: Figure 2 : neoplastic nodule (?) It has resulted it was not neoplastic, but rather inflammatory...if I am not wrong. Can you please rename it.**

Responses: Indeed as you note, We have renamed “neoplastic nodule” to “nascent mass”.

**2. Responses to comments: Even the number of references (38) is excessive for a case report: reconsider.**

Responses: Indeed, as you said, We have reduced the number of references to 32.

**Science editor and Company editor-in-chief:** Many thanks for your reminder. We have revised the manuscript according to the reviewers and given a point-by-point answer to all questions. We hope that the revised paper meets the standard for publication.