Dear reviewer:

Thank you for your decision and constructive comments on my manuscript. We have carefully considered the suggestion of Reviewer and make some changes in a red color.

Reviewer #1:

1. Core tip should be more informative contains clinical key messages.

This section was revised and modified according to the comment.

2. laboratory as well as imaging examination was brief, please proide more details.

We have add the information abort the laboratory and imaging examination.

3. Figure resolution was low, please upload high quality images with extend legends.

We apologize for the poor figures of our manuscript. We provide the original figures and organize them into a single PowerPoint file.

4. The authors should be discuss about advantage of surgical resection for treatment of tuberculosis such as "Ghazvini K, Keikha M. The elimination of drug-resistant tuberculosis from a pulmonary resection surgery perspective. International journal of surgery (London, England). 2022 Aug;104:106790."

We thank the reviewer for pointing out this issue. We have added the information. Surgical resection for treatment of tuberculosis have some complications. The effectiveness of surgical in treatment of drug-resistant tuberculosis remains unclear. Patients with empyema and bronchial tuberculosis undergoing lung resections are at increased risk for BPF recurrence.

5. Conclusion should be more objective with further perspectives.

This section was revised and modified according to the comment.

Reviewer #2:

1. Several mistakes to correct, for example: Line 40 - "right upper lung" or "right upper lobe"? Line 82 - if we are talking about the respiratory system, isn't it better to write "purulent sputum" instead of "purulent secretions"? Line 99 - I propose simplifying: "...the patient was in poor general condition." Line 120 - "definitely" seems unnecessary here. Line 125 - we write "the timeline" together. Line 126 - "initial" is unnecessary. Line 131- shouldn't it be "Despite" instead of "In spite of"? Line 145 - you probably misspelled the word "emphysematous", Line 149 - "the span of" may be redundant. Line 180-182- I suggest a slight change: " For patients with Mycobacterium tuberculosis-positive sputum before surgery, a drug-resistant tuberculosis test is needed to choose effective anti-tuberculosis drugs" Line 184-185: "dramatic improvement" sounds weird to me. Maybe write "significant improvement"? Line 185 - "led" Line 190 - "in preventing" CONCLUSION Line 49 - "The disease course of tuberculous BPF is complicated" - I suggest writing "particularly challenging" or "extremely difficult" instead of "complicated".

We thank the reviewer for the time and effort that point out these mistakes. We have modified all the sentences according to the comment.

2. OUTCOME AND FOLLOW UP - I do not quite understand. You wrote that the patient underwent a right pleuropneumonectomy. And then, in Line 165, you mentioned that the right lung reexpanded well. How is this possible?

We apologize for this mistake. Actually, decortication and right upper lobectomy were performed for the patient。

3. However, in the segment on the use of reinforcement, I miss mentioning that opinions on this topic are also different here. Indeed - in patients with risk factors, Sfyridis et al. (DOI: 10.1016/j.athoracsur.2007.02.088), reported a profit in a randomized trial, but as shown in one of the newest studies (DOI: 10.21037/jtd-22-240), the actual advantages in all patients remain controversial, as well as the choice of the ideal buttressing tissue. I suggest adding a short, 1-2 sentence part around line 215 with appropriate citations.

We thank the reviewer for pointing out this issue. The management of the bronchial stump is also still controversial. Some did not advocate routine bronchial stump reinforcement except for sputum-positive patients. We believe that bronchial stump reinforcement is benefit in high-risk patients. For this patient, endobronchial tuberculosis and empyema are both high risk factors. The coverage of the bronchial stump could protect from infection in the pleural cavity.