Dear Editor,

Thank you very much for giving us the opportunity to revise our manuscript. We appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript We have studied editor's suggestions and reviewers' comments carefully. We have tried our best to revise our manuscript. All changes to the text are highlighted by using the track changes mode in MS Word by using red text. Our responses are as below.

We thank you for considering our manuscript, and if you have any questions please contact us. We are looking forward to hearing from you. Thanks again.

Kind Regards

Zhongliang He

Reviewer(s)' comments

This manuscript is a case description of a patient that experienced empyema as a complication to pneumonectomy. The author has described the incidence of this complication and has explained how they successfully treated their patient. The procedure and the results from the start to the end is demonstrated in figures which is absolutely necessary.

It is hard not to accept a case report like this one. I do however would like to see the different alternative options for treatment of this seldom complication. This would strengthen the power of the manuscript. There are probable other described cases on how to treat these patients. It is important to compare the different methods and possibly find a review on the subject or multiple cases comparing different treatment strategies. These are subjects to be discussed further in the text

Response:

Thank you for the comment. Our manuscript had been revised in discussion and used the track changes mode in MS Word by using colour text to highlight all changes. They are as below:

1. After control of pleural infection, the chest cavity should be obliterated by antimicrobial solution, thoracoplasty, transposition of muscle flaps, or a combination of these options.

2. A major contribution to the treatment of PPE (with or without BPF) came from Clagett and Geraci of the Mayo Clinic who in 1963 reported their landmark technique and now bears Dr Clagett's name.Our patient did not perform Clagett procedure because the residual pleural space is relatively large.

3. A combination of a limited thoracoplasty and intrathoracic muscle transposition is required to effectively obliterate this cavity.