

Dear Editors and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Acute fibrinous and organizing pneumonia: A case report" (Manuscript NO.: 79373). Those comments are all valuable and very helpful for revising and improving our manuscript, as well as the important guiding significance to our manuscript. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow in the manuscript. 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:

1. Response to comment: in page 1, line 3,"Acute fibrinous and organizing pneumonia was reported in previous case report. What is the novelty of this study?"

Response: Thank you for your constructive advice. We have corrected the title to "Two methods of lung biopsy histologically confirmed acute fibrinous and organizing pneumonia: A case report".

2. Response to comment: in page 2, line 13," Acute fibrinous and organizing pneumonia should be considered in differential diagnosis

of patients who presented with sign and symptoms of pneumonia and not respond to antibiotics treatment”.

Response: Thank you for your useful advice. We have been rewritten the conclusion based on the finding. About “Acute fibrinous and organizing pneumonia should be considered in differential diagnosis of patients who presented with sign and symptoms of pneumonia and not respond to antibiotics treatment”, we will analyze this in the discussion section.

3.Response to comment: in page 3, line 5, Reference of “The clinical characteristics associated with this disease are nonspecific and vary widely. A definitive diagnosis of AFOP requires histopathologic evaluation”?

Response: Thank you for your careful work. We have revised this sentence and added reference 1 and 2 to it.

4. Response to comment: in page 4, line 11,” Past drug history?”

Response: Thank you for your useful advice. According to your comment, we have added this to Personal and family history section.

5. Response to comment: in page 6, Reference of “ There are two forms of AFOP. One form has an acute onset and progresses

rapidly……”?

Response: Thank you for your careful work. We have added reference 1 and 3 to it.

6. Response to comment: in page 6. The full name of "Sm and nRNP/Sm"?

Response: Thank you for your careful work. We have added the full name of Sm.

7. Response to comment: in page 7," since most patients begin with……" Correction of writing.

Response: Thank you for your careful work. We have revised this according to your comments.

8. Response to comment: in page 12, "weakly positive for anti-Smith (Sm) antibody and nRNP/Sm" Possibility of SLE should be considered.

Response: Thank you for your constructive advice. We have added this according your advice to Page 7, discussion section.

Reviewer #2:

1.Response to comment: in page 1, Add more literature regarding acute fibrinous in the abstract.

Response: Thank you for your advice. It is not allowed to cite references in abstract.

2. Response to comment: in page 5, Please provide reference for the treatment protocol.

Response: Thank you for your constructive advice. We have added reference for the treatment protocol according to your advice to discussion section.

3. Response to comment: in page 5, How the authors were able to differentiate which dose like 40 mg methylprednisolone and 20mg methylprednisolone suitable for patient? Please add the answer to the treatment section?

Response: Thank you for your constructive advice. We have added the answer to the treatment section and discussion section.

4. Response to comment: in page 8, conclusion weak and need to be rewritten based on the finding.

Response: Thank you for your constructive advice. We have rewritten the conclusion based on the finding.

Thank you and best regards.

Yours sincerely,

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