

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

1. Please clarify whether "No history of trauma was mentioned." should appear in the History of present illness? The authors reported "An old surgical scar was found over the right 5th intercostal rib." in the physical examination, why is this history of surgery not reported in the History of past illness?

I wished to state that the patient's symptoms may have no connection with musculoskeletal problems, as he did not have a history of trauma. Therefore, I added the sentence "No history of trauma was mentioned." in the present illness section.

About the "An old surgical scar was found over the right 5th intercostal rib." in the physical examination, the scar had been caused by video-assisted thoracic surgery with pneumolysis, which I mentioned in the outcome and follow-up part. I performed a physical examination on the patient every time at the outpatient clinic. It was an error on my part mentioning this in the present physical condition.

2. The authors reported "The histopathological examination of the biopsy specimen revealed a fungal infection.", please provide relevant clinical evidence and interpretation.

Unfortunately, the pathology picture is missing despite our utmost efforts to find it. Our pathology image database was renewed recently, which made it very difficult to find old histopathological images. I have, nevertheless, provided the pathology report (File named "pathology report.pdf").

3. The authors reported the use of antifungal drugs in their treatment, what is the name, dose, and duration of this drug? Additionally, in the "OUTCOME AND FOLLOW-UP", the authors reported another surgical treatment, why is it not reported in the "TREATMENT" section?

We prescribed an antifungal drug, fluconazole 50 mg daily for 6 months.

The other surgical treatment was video-assisted thoracic surgery with pneumolysis; we performed it because of pleural adhesions that may occurred after fungal infection. Considering that the pleural adhesions were detected during follow-up, we thought it may be appropriate to put another surgical treatment in the “OUTCOME AND FOLLOW-UP”

4. In the discussion section, the authors did not clarify the secondary relationship between fungal infection and thoracolithiasis, but simply reported a rare phenomenon that lacks clinical significance.

Iwasaki *et al.* reported that thoracolithiasis may also develop due to inflammation, which facilitates fibrosis. We hypothesized that fungal infection causes pleural inflammation, due to which clusters of macrophages phagocytize the fungus, which then forms calcified lumps over time. This hypothesis needs further research.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a good case report, which has important clinical significance and is recommended for publication.

We appreciate your review.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This case report describes a rare case of thoracolithiasis, and provides a detailed history of present illness, imaging data, and treatment process. However, except for the fact that the shape of the case is different from the conventional case and the volume is large, the patient's symptoms are not special compared with the conventional cases. In my opinion, if the following revisions can be made successfully, it would be appropriate to publish this article.

1. Why wasn't the tubercle of the chest removed when the patient performed video-assisted thoracic surgery with pneumolysis.?

The tubercle that indicated fungal infection on biopsy vanished after using fluconazole. During video-assisted thoracic surgery for the pneumolysis, we checked for possible tubercles, but found only pleural adhesions.

2. Postoperatively, he developed empyema, and the culture test shows methicillin-resistant *Staphylococcus aureus*, rather than the fungal infection suggested during biopsy, can the cause of empyema or the relationship between empyema and the progression of thoracolithiasis be further discussed?

Iwasaki *et al.* reported that thoracolithiasis may also develop due to inflammation, which facilitates fibrosis. We hypothesized that fungal infection causes pleural inflammation, due to which clusters of macrophages phagocytize the fungus, which then forms calcified lumps over time. This hypothesis needs further research.

3. According to the description of this manuscript, except for the fact that the shape of the case is different from the conventional case and the volume is large, the patient's symptoms are not special compared with the conventional cases, what value does the author think this case has for clinical work?

We thought that being able to observe the progression of such thoracolithiasis in the clinical setting was a rare case. In most cases, thoacoliths are 8 mm in diameter with an ovoid shape. The exact etiology of thoracolithiasis is unknown. We hypothesized that fungal infection causes pleural inflammation, due to which clusters of macrophages phagocytize the fungus, which then forms calcified lumps over time.

4. The above questions are personally suggested to be further explained in the discussion section.

Thank you for your suggestions. We will include the relevant revisions in the discussion section.

5. Are the surgical scars mentioned in the physical examination derived from the surgery in OUTCOME AND FOLLOW-UP? If not, it is recommended to mention information about the procedure.

Yes, this was derived from the surgery in OUTCOME AND FOLLOW-UP. We performed a physical examination every time at the outpatient clinic. Therefore, we made the mistake of mentioning this condition in the present physical state. We should revise to it to initial condition.

6. It is recommended to provide pathological examination results or pictures.

Unfortunately, the pathology picture is missing despite our utmost efforts to find it. Our pathology image database was renewed recently, which made it very difficult to find old histopathological images. I have, nevertheless, provided the pathology report (File named "pathology report.pdf").