Hello teachers, I would like to respond to the valuable opinions provided by the experts and hope to receive their support and understanding.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Paper well writen, good scientific soundness, concusion well presented, to publish.

Reply: Thank you for your affirmation of my article. I will continue to strive to improve the requirements of the article.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors present a case of a 54-year-old male with a right basal ganglia hemorrhage. The emergency department performed the evacuation of intracerebral hematoma under the craniotomy microscope and evacuation of the hematoma was satisfactory. However, the patient presented with postoperative pulmonary infection with Elizabethkingia miricola, a rare non-fermenting Gram-negative bacterium that rarely causes human disease. For a better presentation of the data, the following issues need to be clarified: a. Since only 6 cases of Elizabethkingia miricola infection have been previously described in the literature, I recommend adding a table explaining the clinical features, etiology and prognosis of all the cases, including the present one. b. It would be interesting to mention in the Discussion that hematological disorders are another commonly unrecognized cause of hemorrhagic stroke in young patients (Expert Rev Hematol 2016; 9: 891-901). The inclusion and comment on this reference is recommended. Did the authors consider this in their study protocol? c. It would be appropriate to add a comment on the limitations of this case report. d. A brief concluding comment on possible lines of future research on the presented topic would be appreciated

Reply: 1. In response to the teacher's suggestion to create a table to compare relevant literature, I think it is very good. Thank you for the teacher's good idea of further optimizing my article. I have improved the clinical characteristics, etiology, and prognosis comparison of all cases and have included the comparison table in the article. 2. In response to the teacher's suggestion to add a discussion on the literature on blood system diseases as another common and unrecognized cause of hemorrhagic stroke in young patients, I have improved the teacher's recommended literature collection and evaluation. However, in this case study, although the patient was younger, no blood diseases related to cerebral hemorrhage were found, and hypertension induced cerebral hemorrhage was still considered. 3. I have added comments on the limitations of this case report and provided brief concluding comments on possible future research directions for this topic to improve it. I am grateful for the valuable suggestions provided by the teacher, which have made the article more complete.

The specific modifications are as follows:

Table1 Clinical characteristics, etiology and prognosis of this case and previous cases

Case Number	clinical features	etiology	prognosis	References
Past cases1	Hemoptysis, dyspnea, persistent fever, pulmonary CT diffuse infiltration	Respiratory tract infection and bacteremia caused by severe immune dysfunction after stem cell transplantation and chemotherapy	death	[3]
Past cases2	Abdominal pain, fever, respiratory distress, pulmonary CT showed atelectasis, abdominal CT hemorrhagic performance	Chronic liver disease and alcohol abuse, bacteremia	heal	[4]
Past cases3	Dry cough, fever, dyspnea, chest CT findings: pulmonary abscess and pleural effusion	Pulmonary infection caused by bacteria	heal	[5]
Past cases4	Dysuria, oliguria, fever, abdominal pain	Urinary tract infection caused by bacteria	heal	[6]
Past cases5	Fever, neutropenia	Decreased immunity and bacteremia after chemotherapy	heal	[7]
Past cases6	Cough, expectoration, shortness of breath, wheezing, decreased lung function	Long term oral administration of glucocorticoids reduces immunity	heal	[8]
This case	Increased consciousness, fever, decreased blood oxygen saturation, systemic multiple organ function injury and stress state. CT showed diffuse distribution of ground glass density shadow with pulmonary edema in both lungs	Complications after cerebral hemorrhage	death	

Limitations: this case report still has some limitations; For example, although the imaging manifestations of patients with pulmonary infection are obvious, they still lack characteristics or gold standards for identification, and are not representative enough. They can not be identified completely by imaging features. They still need to be combined with genetic detection technology to make a clear diagnosis. The reason is that there are fewer relevant cases that can be referred to at present, and there is still a lack of summable imaging manifestations, which needs to be further explored in the follow-up study. In addition, this patient is a patient with cerebral hemorrhage after operation, with systemic multiple organ failure. The factors affect each other, and the causal relationship between cerebral hemorrhage and pulmonary infection cannot

be completely judged. At the same time, although this case has paid close attention to pulmonary CT and oxygen saturation, it may be subjective and lack of continuous and complete monitoring data of pulmonary function indicators. The above deficiencies need to be improved in future research.

In the future, with the continuous research on the infection cases of Elizabetha spp. in the space station, the early detection and drug treatment of the new pathogen will be improved in the future, such as the further research on the comparison of the therapeutic effect of combined antibiotic therapy and single antibiotic therapy for the new pathogen, the early detection and identification of the pathogen by high-throughput sequencing technology, and various new technologies that are currently developing rapidly, For example, the use of gene sequence targeted therapy for the pathogen, artificial intelligence detection methods and other directions may become the research focus and direction of the new pathogen in the future.

Reviewer #3:
Scientific Quality: Grade D (Fair)
Language Quality: Grade C (A great deal of language polishing)
Conclusion: Major revision
Specific Comments to Authors: Dear prof in this case report don't report because the patients make to Lung CT. Please can you describe it?
Reply: In response to the teacher's suggestion regarding the lack of lung report and description, I have supplemented it and provided further explanations on the situation of lung infection. I also attach the corresponding lung CT report. Thank you for the report suggestions pointed out by the teacher.
The modifications are as follows:
Report situation:The chest CT Reexamination on the 16th day after the operation showed that the ground glass density shadow was diffusely distributed, the air containing bronchial sign could be seen in the local area, and the bronchial vascular bundles of both lungs were thickened. Considering the inflammatory changes, pulmonary edema was not excluded, and there was no significant improvement compared with the previous

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机型：CT　　CT号：1798[redacted]
登记号：0[redacted]8

姓名：[redacted]　性别：男　年龄：54岁　床号：03
科室：重症医学科　检查技术：
检查部位：HR☆CT头部平扫, HR☆CT胸部平扫
检查日期：2023-05-18 10:20　报告日期：2023-05-18 10:45

影像所见：
急诊！
与2023-5-14日片比较，目前见：
一、头部：
右基底节区-侧脑室旁血肿术后，局部积血较前有所吸收、周围水肿基本相似，双侧脑室枕角积血略有吸收。
脑中线结构居中。
右额颞部颅板呈术后改变。

二、胸部：
气管插管、上腔静脉置管术后。
双肺见磨玻璃密度影弥漫分布，局部区域可见含气支气管征，双肺支气管血管束增粗。考虑为炎变可能大，肺水肿不除外，同前比较未见明显变化；请结合临床。
双侧胸膜腔少量积液同前。
心影不大，心腔密度减低。
扫及肝囊肿，大者长径约4.9cm。

影像结论：
同上，请随访。