Response to reviewers

Dear Editor and Reviewers,

Thanks very much for taking your time to review this manuscript. I really appreciate all your comments and suggestions! We also thank the reviewers for the time and effort that they have put into reviewing the previous version of the manuscript. Their suggestions have enabled us to improve our work. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript. Accordingly, we have uploaded a clean copy and a yellow highlighted manuscript. We would like also to thank you for allowing us to resubmit a revised copy of the manuscript. We hope that the revised manuscript is accepted for publication in the World Journal of Clinical Cases.

Sincerely,
Wenjan Liao

1. General English corrections throughout the text: "half a month" should be two weeks, the abbreviation "mNGS" in the abstract should be explained, "The high nasal flow was" – should be something like – the patient required HFNC to maintain…, "the oxygenation index is" – should be "was", " suggested there were" – please rephrase, and so on.

Yes,changed.

2. The introduction presents the main ideas behind the case and its uniqueness. Patients with COVID-19 also have high-rates of second concurrent active clinical condition, as seen in a large study of over 30% among all severe COVID-19 patients (https://pubmed.ncbi.nlm.nih.gov/36779316/). I recommend the authors to address this issue in the introduction as it leads to diagnostic errors and delayed diagnoses, especially in cases like AS which shares similar respiratory and radiological features with COVID-19, as shown in the citation above.

Yes, added.

3. Case presentation:

a. Authors need to add more background information on the patient – comorbidities, background on his Klinefelter disease and so on. The authors must note on the patient's COVID-19 infection. What was the disease severity? His chest radiologic features during the infection? Treatments received?Is there a possibility that AS flare was already present during the COVID-19 infection but was just missed? (maybe worth mentioning in the discussion)

Yes, added. AS flare was unlikely already present during the COVID-19 infection, The patient was discharged after only taking paxlovid orally without corticosteroids.

b. Please specify the results of the initial laboratory studies.

Yes, specified.

c. What do "G" and "GM" stand for?

Yes, Changed.

d. Please indicate the days from presentation for every intervention or evaluation performed.

Yes, added.

e. If the patient required HFNC how did you performed the bronchoscopy? Was the patient intubated? Did he remain intubated until improvement or was weaned successfully? Please also specify the percentage of each cell type in the BAL.

Yes, added. The patient was never intubated.

f. Based on my practice, AS Ab results takes time to return, on which hospitalization day did the answer returned? Did you initiate steroid treatment upon arrival? If not- when exactly?

Yes, added.

h. Why did you perform biopsy if you already had positive antibodies, clinic and improvement with steroids?

Because the patient has been unable to detach HFNC, and the patient's parents have always wanted to know whether the lesion is complicated with COVID-19 infection.

In addition, why was it under US and not during the bronchoscopy?

One is that performing biopsy during the bronchoscopy was not allowed because of respiratory failure, and the other is that under US performing biopsy was more in our hospital.

4. Discussion:

a. The beginning of the discussion should begin with a very brief summary of the paper's findings. Currently its first 3 lines seems to be out of context. In addition, the discussion should be comprised of several paragraph, each discussing a different topic relevant to the presented case.

Yes, changed.

b. "Men are more vulnerable than women" – to what? How is that connected to anything?

Yes, changed.

c. The authors should discuss the current standard of care for the diagnosis and treatment of AS. In this regard: i. Why was biopsy with US chosen? Trans-bronchial biopsy was shown to be very safe among patients with ILD in a large multicenter study (https://pubmed.ncbi.nlm.nih.gov/37634496/), and for organizing pneumonia trans-bronchial forceps biopsy was shown to have similar efficacy as cryobiopsy highlighting the possibility to perform this procedure in similar cases to the one presented.

Yes, added.

ii. Treatment – the authors should discuss the lack of guidelines in the field, the observational studies conducted and the need for steroid sparing agents in many of the cases given the relative high rate of recurrence.

Yes, added.

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1. I have to say the personally I find it hard to believe a patient on HFNC would not need intubation for performing a bronchoscopy, but the procedure was successful anyway. In addition, I think the first paragraph of the discussion is a bit out-of-place and I really do not understand its connection with the manuscript other than the patient having a relatively mild COVID-19, which is common even without KS. Maybe 1-2 lines of connection at its beginning would help. Finally, there is a problem with the reference list – as reference 1 is just the title and it makes the rest of the numbering wrong.

Yes, fortunately the patient received recovery without intubation.
Based on your suggestion, we have added 1-2 lines of connection at its beginning of disscussion., and reorganized the reference list.