

Dear Editor,

Thank you for reading and reviewing our manuscript, which will help us improve the scientific level of our study. We have revised our manuscript, and many changes were made. We have submitted the revised manuscript showing all changes.

The points mentioned by the reviewer are discussed as follows.

**Replies to the Reviewer whose code is 03307766**

1- the English language, that needs definitely an extensive professional editing

**Answer:** Thank you for your suggestion. The article has been edited again. We have modified the entire article in the magazine format. Changes have been marked in red.

2. a more detailed description (and maybe images) of the histopathological aspects, including the characteristics of the inflammatory infiltrates (in particular, what about eosinophils and Th2-driven inflammatory aspects and immune response).

**Answer:** Regarding the histopathological aspect, we have added the results of blood tests, as shown in Table 1 and Table 2.

3. the discussion, which should be shortened as regards the first three big paragraphs; whereas the final part, starting from based in the analysis of the above two cases, should be expanded with a more detailed discussion about the immunopathological mechanisms leading to CRS and, in detail, fungal-related. In this regard, the authors should take advantage of some additional references and discuss the potential immune processes that can/might play a role in this kind of chronic inflammation (refer to: *Ann Allergy Asthma Immunol.* 2018 Jul;121(1):61-64. doi: 10.1016/j.anai.2017.10.008. Epub 2017 Nov 20 ; & *Respir Med.* 2018 Aug;141:94-99. doi: 10.1016/j.rmed.2018.06.016. Epub 2018 Jun 22. Review).

**Answer:** The first paragraph in the discussion has been shortened, but the next two paragraphs are a summary of the previous two cases and therefore were not shortened. The final part of the discussion, starting from the analysis of the above two cases, was expanded to provide a more detailed discussion of the immunopathological mechanisms leading to CRS and the fungal-related aspects. In accordance with

reviewer's suggestion, we insert [12-26] references according to suggestions. The added content has been marked in red.

4. by providing some more details about histopathology, the authors can discuss also the role of Th2 inflammatory cells (including some emerging roles for basophils) in chronic inflammation of upper respiratory airways in both humans and murine experimental models (refer to: Annu Rev Pathol. 2017 Jan 24;12:331-357. doi: 10.1146/annurev-pathol-052016-100401; & J Biol Regul Homeost Agents. 2014 Jan-Mar;28(1):91-103. PMID: 24750795)

**Answer:** In the last paragraph of the discussion, we described the role of Th2 inflammatory cells in chronic inflammation of the upper respiratory airways. In accordance with reviewer's suggestion, we insert [27-32] references. The added content has been marked in red.

5. I suggest separating the conclusion from the discussion. Clear take home and practical messages as well as hypothesis should be included in the conclusion.

**Answer:** The conclusion has been separated from the discussion. The modified portions have been marked in red.

Thank you very much for your consideration.

Best wishes.

Sincerely,

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