

Comments of Reviewer 01209314:

The name of the pathology Professor can be removed. Only the pathology department is sufficient. The author can make a table describing all case reports of *Cryptococcus* infection in immunocompetent patients. The diagnostic modalities of all case reports will add value to the current case report. The literature of published report should be compared with the present one in all aspects including clinical presentation, imaging, immuno-assay, histopathology and treatment.

Answer: Thank you for your praise of the scientific quality and language quality of this article. I have removed the name of the professor of medical records according to your requirements. I have added a table describing *cryptococcus* infection in immunocompetent patient, thank you!

Table 1: *Cryptococcus* infection in immunocompetent patient.

Cases [Ref.]	Sex, Age	medical history	diagnostic modalities	clinical presentation	Imaging	immuno-assay	histopathology	treatment
This report	M36	good condition	CT-guided percutaneous core needle biopsy	none	pulmonary nodules and a mass in both lungs PET-CT showed the the SUVmax of the cryptococcal lesions fluctuate between 4.8 to 19.1	negative	granulomatous inflammation GMS was positive and PSA was negative	fluconazole
2 ^[20]	F67	hypertension and cholelithiasis	CT-guided percutaneous core needle biopsy	recurrent dry cough for 4 years	multiple pulmonary nodules in both the lower lobes	serology cryptococcal antigen titer of 1:32	FMS stain strongly positive	intravenous amphotericin B for 2 days and then changed to fluconazole
3 ^[21]	M44	good condition	brochoscopy	3-month history of cough, hemoptysis	pulmonary nodules in both lungs PET-CT showed the SUVmax of the cryptococcal lesions fluctuate between 9.86 to 10.99.	titer of more than 1:1,280	GMS stain was positive Culture of bronchoscopy with brush was positive	amphotericin B

4 ^[22]	F21	good condition	CT-guided percutaneous core needle biopsy	rigors, fever, dyspnoea, dry cough, and chest pain.	a round mass in the lung	positive at a titre of 1:256	GMS and PSA stain was positive	fluconazole
5 ^[5]	M64	arterial hypertension	fiberoptic bronchoscopy with bronchoalveolar lavage	fever, weakness, anorexia, headache, dyspnea, cough, purulent sputum production, and disorientation	pulmonary spherical mass lesion, 5 cm in diameter	The CSF cryptococcal antigen titer was 1:4096 with a serum titer of 1:2048.	MGG stain was positive	amphotericin B
6 ^[12]	M68	good condition	surgical drainage	progressive multiple abscesses, fever, lower extremity weakness and urinary retention	pulmonary abscess formation and multiple destruction of vertebral bodies	negative	culture revealed Cryptococcus neoformans India ink staining	itraconazole fluorocytosine fluconazole