

Dear Editors and Reviewers:

Thank you for your letter and for the reviewer's comments concerning our manuscript entitled " Nocardiosis with diffuse involvement of pleura: A case report and literature review"(ID: [63613](#)). Those comments are all valuable and very helpful for revising and improving our paper. We have studied the comments carefully and have revised. Revised portion are marked in red in the paper. The main modifications in the paper and the responds to the reviewer's comments are as following:

Responds to the reviewer's comments:

#### **Reviewer #1**

**Comment 1:** I would like to ask: what does the patient work? Or what are her hobbies? Could the authors identify any source of infection? For example working in gardening could increase the exposure to *Nocardia* and therefore, acquiring the infection.

**Response:** Thank you for your comments. We have asked the patient's medical history in detail. The patient was a farmer, but she did not work anymore after she got sick. She had no special contact history, such as going into the greenhouse, dust exposure, pet breeding, and so on. We have updated the medical history in our paper.

**Comment 2:** Based on the previous comment I would suggest advising the practitioners to advice their patients to avoid the sources of exposure to *Nocardia* or at least taking some preventive measures when corticosteroids administration will last long.

**Response:** *Nocardia* species are ubiquitous in the environment, so people are easily exposed to them. However, nocardiosis is an uncommon infection, and it usually occurs in immunocompromised patients. For immunocompetent people, *Nocardia* colonization can be found in the human respiratory tract, especially in individuals with underlying structural lung diseases, such as chronic obstructive pulmonary disease, and bronchiectasis. Therefore, we believe that low immunity is

the main high-risk factor for nocardiosis. Thus, monitoring the patient's immunity status, especially cellular immunity during corticosteroid use as in the reported patient, is very important. *Nocardia* are generally transmitted by inhalation from the soil and water, and pulmonary system infection is the most common. For immunocompromised patients, wearing a mask may be effective in preventing infection, but we have not found relevant research. Thank you for your advice. We have revised our manuscript.

**Comment 3:** I would like to add-up to the conclusions that more severe manifestations of nocardiosis should be suspected when prolonged administration of corticosteroids is present.

**Response:** Thank you for your advice. We have revised our manuscript.

**Comment 4:** Minor language polishing.

**Response:** Thank you for your comments. Our manuscript has been edited by a native English speaker.

Best Regards

Cheng-zhou Zhang