

Answer to the reviewer questions and concerns:

Thank you for useful comments that they have made to improve the paper

First reviewer:

Dis hemomediastinum was found	No significant hemomediastinum was found. there were multiple necrotic lymph nodes with gas pockets from the fistula making it is difficult to exclude small hemomediastinum. The presence of fistula closely to the aneurysm could be the cause why we don't see hemomediastinum.
were there others cases that TB causing mediastinal bronchial artery aneurysm?	It is uncommon but there are few cases reported in the literature of TB causing mediastinal artery aneurysm: 1-Bronchial aneurysm secondary to tuberculosis presenting with fatal hemoptysis: a case report and review of the literature https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4073355/ 2-Bronchial Artery Aneurysm due to Pulmonary Tuberculosis: Detection with Multidetector Computed Tomographic Angiography https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3177409/

Second reviewer:

The patient was treated twice with units of packed red blood cells. First time due to a low hemoglobin level (8 g/dL), but there is no mention of unstable vital signs, the second time after an "episode of hematemesis with moderate amount" but there are no mention of blood tests or vital signs. Please specify about it.	During first attack his vital signs were Heart rate :101 and Bp 112/65 With hemoglobin level of 8 g/dl. Second attack his vital signs were: Heart rate:112 and Bp 105/69 And hemoglobin level 8.7 g/dl.
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Thank you again.

Dr. Sultan R. Alharbi.