

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:**

1. The cited sources are referenced correctly. but there are many more appropriate and key studies to be included.

Response (R): we have included more references.

2. The introduction is too short and does not reveal what is already known about this topic. The research question is not clearly outlined.

R: We have also addressed this in the introduction

3. The case is described superficially, there are many requirements per journal instruction how to present a clinical case, the used methods methods for diagnosing and therapy are valid and reliable, but should be described more thoroughly.

R: we have elaborated more on this in the discussion section

4. The patient data is not presented in an appropriate way. There is a need for illustrative materials that are relevant and clearly presented.

R: We have moved the right heart catheterization table from the Discussion section to the Case report section

5. Data is not discussed from different angles and placed into context without being overinterpreted.

R: we have also worked on this to be more inclusive and add on more objective references

6. The conclusions are supported by references and own results, but should be concise and to present some recommendations for the clinical practice. This paper added to what is already in the topic, but the article is not consistent within itself. Minor points spelling and grammar issues

R: We have also addressed this in the conclusion section.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** This is an interesting case of PAH conformed by right heart catheterization following COVID-19. The abstract and introduction is extremely short and does not meet the requirement of words number. Besides, there is no key words and core tip. It could be better to understand of the process of PAH, if the author could describe the details more, or offer reader a figure of the symptoms and treatments of this case. The most important part, I guess reader would like to learn something from this case like, how to prevent PAH or how to recognize PAH earlier.

R: We have also worked on this. We have added the symptoms of PAH to the discussion part of our article as well as how to treat it.

Reviewer #3:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** I read with great interest the manuscript entitled “Pulmonary Arterial Hypertension Confirmed by Right Heart Catheterization Following COVID-19 Pneumonia Complicated by Hypoxic Respiratory Insufficiency”. The report is well written but I have a few concerns

1. Case report: The case aims to discuss the importance of PAH in COVID. However, in the case report, no details regarding the management or clinical course of patient is mentioned after the diagnosis of PAH

R: We have also addressed this in the Discussion section and added presenting symptoms and possible management strategies.

2. Discussion: Again, the management and prognosis of PAH in COVID is not discussed. Discussion is very incomplete. How PAH affects clinical course of COVID 19 should be discussed.

R: We have also addressed this in the Discussion section with adequate references. It does lead to a more severe course and increased mortality in COVID-19 patients.

3. Discussion: Even though the authors repeatedly mention that this is the first case report of PAH in which cardiac catheterization was performed, it is not true. (Caravita S., Baratto C., Di Marco F., et al. Haemodynamic characteristics of COVID-19 patients with acute respiratory distress syndrome requiring mechanical ventilation. An invasive assessment using right heart catheterization. Eur J Heart Fail. 2020;22(12):2228–2237.)

R: We reviewed this paper. However this RHC was done on mechanically ventilated patients and mechanical ventilation itself can confound the results of RHC given that PEEP increased pulmonary vascular resistance and can lead to changes in right ventricular function. Added references for your review in the Discussion part of the article.