Responses to the Reviewer's Comments

This case report has conducted a detailed analysis of nodule patterns in LCH and performed a thorough literature review about the disease and its radiological patterns. the details of the case are clear and presented in a logical order with no major omissions. The figures support the case well and are clear. One minor modification which might improve the manuscript could be to consider if there should be a radiological criteria or score to grade severity of LCH; in the era of quantitative CT I wonder if this is something which could be done automatically eg nodule count, ratio cystic to non-cystic. The authors might want to allude to any prior research on this topic or suggest research designs that might be able to propose something like this.

Response:

Thank you for your careful reading of our paper and for providing helpful comments.
We completely agree with your opinion. We counted the number of nodules and evaluated the ratio of cystic to non-cystic nodules visually. However, the computer-aided automatic evaluation of radiological findings may bring the diagnosis that is more exact than a human evaluation. Recently, trials of deep learning-based diagnosis of pulmonary nodules have been reported [Shaffie A, 2018; Schwyzer M, 2018]. The introduction of such artificial intelligence in the medical settings will be realized in the near future. We added this information in the last part of Discussion section.

Added references

14 Shaffie A, Soliman A, Fraiwan L, Ghazal M, Taher F, Dunlap N, Wang B, van Berkel V, Keynton R, Elmaghraby A, El-Baz A. A Generalized Deep Learning-Based Diagnostic System for Early Diagnosis of Various Types of Pulmonary Nodules. *Technol Cancer Res Treat* 2018; 17: 1533033818798800 [DOI: 10.1177/1533033818798800]

15 Schwyzer M, Ferraro DA, Muehlematter UJ, Curioni-Fontecedro A, Huellner MW, von Schulthess GK, Kaufmann PA, Burger IA, Messerli M. Automated detection of lung cancer at ultralow dose PET/CT by deep neural networks - Initial results. *Lung Cancer* 2018; 126: 170-173 [PMID:30527183 DOI: 10.1016/j.lungcan.2018.11.001]

Responses to the Editor's Comments

P2. Informed consent statement: Need a hospital seal

Response:

Thank you for your careful reading of our paper and for providing helpful comments.
In our hospital, we do not stamp our hospital seal on all IC forms. The attached IC form is a copy taken from the patient medical records. Unfortunately it is not allowed that we add any change on this form, including the hospital seal. This IC form is genuine. Please believe us. Thank you very much.

Please provide the decomposable Tables of Figures, whose parts are movable and can be edited. So please put the original picture as word or ppt or excel format so that I can edit them easily.

Response:

I understand. Figures are submitted separately.

When comparing the differences, a, b is a group, that is, the group is compared with group 1, $^{a}P<0.05$, $^{b}P<0.01$; c, d is the group compared with group 2, $^{c}P<0.05$, $^{d}P<0.01$, and so on. If aceg is less than 0.05, bdfh, etc. is used when P is less than 0.01. please write according to these rules. For example, $^{a}P<0.05$ vs a group, $^{d}P<0.01$ vs a certain group… and so on.

Response:

Accordingly, we changed one of the "*" to "#". Small letter "p" was changed to the capital italic letter "*P*". If you suggest any different issue rather than that we have changed, please teach us again concretely. Thank you very much.