Manuscript Number: 95914

Title of Article: Clinical approach for pulmonary lymphatic disorders

Name of the Corresponding Author: Prakarn Tovichien

Dear Editor and Reviewers,

Thank you for offering us an opportunity to improve the quality of our submitted manuscript. We appreciated all the reviewers' constructive and insightful comments. In this revision, we have addressed all of these comments. We hope the revised manuscript has met the publication standard of the journal. We marked all our revisions with highlight. Our point-by-point responses to reviewers are listed below.

Comments from Reviewer 1:

1. I hope to add content on nutritional therapy, as the article mentions low-fat diet and parenteral nutrition. However, it did not mention the MCT diet, nor did it explain the process and timing of switching between low-fat diet or MCT diet and parenteral nutrition. There is also a need to increase the indications for MCT diet or low-fat diet, which requires regular intravenous supplementation of long-chain fat emulsion and fat soluble vitamins.

   Response to reviewer:

   We added a paragraph describing nutritional therapy in detail following your suggestion.

   "Once chylothorax is confirmed, start a suitable fat-modified diet for 24–72 hours. A fat-modified diet restricts long-chain triglycerides, changes the type of fat, and promotes medium-chain triglycerides. For neonates and infants, use a medium-chain triglyceride-based infant formula or defatted human milk. For children and adolescents, fat modification ranges from less than 10 g total fat/day to less than 30% of daily calories from fat. When total fat is reduced or changed, other calories need to be optimized to

ensure proper nutrition. If the patient cannot have a fat-modified diet at diagnosis, start nil per os with total parenteral nutrition. Intravenous lipid emulsions should be given while nil per os; they go directly into the bloodstream, bypass the lymphatic system, and provide essential fats and calories. After 24–72 hours on a fat-modified diet, classify "high-volume chylothorax" as more than 20 ml/kg/day of chest tube output and "low-volume chylothorax" as 20 ml/kg/day or less. If chest tube output stays above 20 ml/kg/day after 24–72 hours on a fat-modified diet, start nil per os with total parenteral nutrition and monitor output daily to determine eligibility for low output management. If chest tube output is 10 ml/kg/day or more after 7 days of nil per os, consider surgical and lymphatic evaluation for refractory chylothorax. If chest tube output is below 10 ml/kg/day at any time, switch to low-volume management and resume or start a fat-modified diet. Continue a fat-modified diet for 4–5 days if chest tube output stays at 20 ml/kg/day or less after the initial 24–72 hour trial or if it drops below 10 ml/kg/day in high-volume patients. If chest tube output is between 10 and 20 ml/kg/day after 4–5 days on a fat-modified diet, or more than 20 ml/kg/day at any time, switch to high-volume management. Continue a fat-modified diet for 2–4 weeks from when it is started or resumed after nil per os. Prolonged oral diets providing less than 10% of calories from long-chain triglycerides for more than 1-3 weeks put children at risk for essential fatty acid deficiency. Nutrition optimization during dietary fat restriction may include more meals, snacks, and oral supplements throughout the day to help meet nutrition goals. Biochemical monitoring, including a basic metabolic panel, phosphorus, albumin, and immunoglobulin levels, along with routine physical exams and tracking of somatic growth, is warranted for anyone on a fat-modified diet for more than 2 weeks. Large-volume output from chylothorax can cause high-protein

losses, resulting in low albumin levels, and excessive losses of fat, electrolytes, immunoglobulins, and other protein-bound minerals like zinc, copper, and selenium."

Response to Editorial Office's comments.

2. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

Response to Editorial Office's comments:

We have a professional English language editing service by native speakers in our institution (Siriraj Medical Research Center) and this manuscript has been passed through that service before the submission.

3. There are issues with the references: Please list all authors of the references. To ensure the accuracy of the references, please use "Edit References by Auto-Analyser" (https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx) to edit the references of the manuscript.

Response to Editorial Office's comments:

We listed all authors of the references and used "Edit References by Auto-Analyser" to edit the references of this manuscript following your suggestion.

4. The WJCC article which this editorial discussed has not been listed in the references list. Please add the WJCC article which this editorial discussed into the main text and references list <Li XP, Zhang Y, Sun XL, Hao K, Liu MK, Hao Q, Wang RG. Lymphatic plastic bronchitis and primary chylothorax: A study based on computed tomography lymphangiography. World J Clin Cases 2024; 12(14): 2350-2358 [PMID: 38765753 DOI: 10.12998/wjcc.v12.i14.2350]>.

Response to Editorial Office's comments: We added the WJCC article which this editorial discussed into the main text and references list following your suggestion.

5. Main text. The first level subtitles should be all capitalized, bolded and underlined. For example: "INTRODUCTION"

   Under each first-level subtitle, there can be several second-level subtitles. For formatting, capitalize the first letter for the first word; the subtitles are all in bold and italicized. For example: "Use of anti-inflammatory agents".

   There can be several third-level subtitles under the second-level subtitles. For these, the first letter of the first word is capitalized, and the full subtitles are bolded followed by a colon immediate. For example: "Mechanism of liver cancer: …".

6. It is not allowed to add a sequence number before first level subtitles, second level subtitles, and third level subtitles. For example: "1 INTRODUCTION". Please delete '1'.

   Response to Editorial Office's comments: We modified the format of subtitles following your suggestion.

Sincerely,
Prakarn Tovichien