

## Peer Review File

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### Reviewer A

Lai and colleagues described two cases of children with Bronchial Dieulafoy's Disease (BDD) presenting hemoptysis, who were successfully treated with bronchial arterial embolization. This report is interesting because pediatricians can be aware of BDD that is an extremely rare cause of hemoptysis.

#### Abstract:

The abstract appropriately showed the context of this report.

#### Introduction:

Introduction sufficiently provide the information regarding BDD.

#### Case presentations:

Two cases were well described based on clinical presentations and examinations.

#### Discussions:

The discussion was appropriately described in accordance to the issues regarding BDD. There was no concern.

#### Ethical issues:

Ethical statement was appropriate.

#### References:

References were appropriate.

**Reply:** We appreciate the reviewer for the affirmative evaluation of our manuscript.

### Reviewer B

This case reports describes two patients with bronchial Dieulafoy's disaes who were successfully treated with emobolization. This is indeed very rare in the pediatric population. I think this case describes important diagnostic and therapeutic management. Parts of the manuscript would benefit from clarification and re-writing.

#### Abstract:

#### Background:

**Comment 1:** - no need to say that you report 2 cases with recurrent hemoptysis - you have already told us they have BDD

**Reply 1:** We agree with this comment.

**Changes in the text:** we have deleted this statement as advised (see Page 1, line

24)

Case description:

**Comment 2:** - don't need to go into the fact that you chose not to biopsy - just tell us what happened - you discuss this in detail in the main body of the manuscript

**Reply 2:** We agree with this comment.

**Changes in the text:** we have deleted this statement as advised (see Page 1, line 28)

**Comment 3:** - don't need to tell us other causes were ruled out - it will just make me wonder what you ruled out - just tell us what happened and then end by stating there was no recurrence but tell us over what time period of follow up

**Reply 3:** Thank you for your advice.

**Changes in the text:** we have modified our text as advised (see Page 2, lines 33-36)

Conclusions:

**Comment 4:** - take out cryptogenic

**Reply 4:** Thank you for your advice.

**Changes in the text:** we have taken out this word as advised (see Page 2, line 38)

**Comment 5:** - suggest: Early identification is essential as biopsy is contra-indicated and embolization is the preferred treatment.

**Reply5:** Thank you for your helpful comment.

**Changes in the text:** we have modified our text as advised (see Page 2, lines 40-41)

**Comment 6:-** prognosis is satisfactory - not sure what that means

**Reply6:** Thank you for your careful review.

**Changes in the text:** we have modified our text (see Page 2, line 41)

Introduction:

**Comment 6:-** use the active voice throughout the manuscript, not passive

**Reply6:** Thank you for your comment.

**Changes in the text:** we have tried to change the passive voice to the active voice as much as possible.

**Comment 7:-** maybe state how BDD is rare in kids, but presents similarly to adults - if indeed that is accurate

**Reply7:** Thank you for your advice, it is indeed correct.

**Changes in the text:** we have modified our text as advised. (see Page 2, line 59)

**Comment 8:-** lines 55-59 the rarity and insufficient understand of this adult disease - this is better suited in the discussion as you are saying why this is so

important

**Reply 8:** We appreciate the reviewer's reasonable advice.

**Changes in the text:** we have moved this statement to the discussion. (see Page 7, lines 170-172)

Case presentation:

Case 1:

**Comment 9:-** what labs did you do?

**Reply 9:** Thank you for your reminding.

**Changes in the text:** we have added the lab tests (see Page 3, line 82-85).

**Comment 10:-** empiric antibiotics and hemostasis: be specific, what did you give?

**Reply 10:** Ceftriaxone and etamsylate were given.

**Changes in the text:** we have modified our text as advised (see Page 4, line 94).

**Comment 11:-** why did you wait until day 4 to do the bronch?

**Reply 11:** We acknowledge that this patient did not undergo bronchoscopy earlier because of scheduling issues.

**Changes in the text:** we have deleted "routinely" in order to avoid misunderstanding (see Page 4, line 95).

**Comment 12:-** page 3, line 87: presence of the com) - this looks like an error or incomplete sentence

**Reply 12:** We are sorry for this careless mistake. It is an incomplete sentence.

**Changes in the text:** we have completed this sentence (see Page 4, line 104).

**Comment 13-** figure: you mention bronchial arteriography but in the body of the paper you say just angiography - it would be consistent with your wording

**Reply 13:** We agree with this comment.

**Changes in the text:** We have changed "angiography" to "arteriography" throughout the manuscript.

**Comment 14-** page 3 line 91: be more specific - what findings made you think of BDD

**Reply 14:** We appreciate the reviewer's reasonable advice.

**Changes in the text:** We have modified our text as advised (see Page 4, lines 111-113)

Case 2:

**Comment 15-** start with: 'A 6 year old girl' - take out another

**Reply 15:** Thank you for your advice.

**Changes in the text:** We have taken out "another" (see Page 5, line 125)

**Comment 16-** p 4 line 107 - moderate anemia is due to the hemoptysis, it is not

an etiology for the hemoptysis

**Reply 16:** Thank you for your reminding.

**Changes in the text:** We have reorganized this sentence (see Page 5, line 128).

**Comment 17-** p 4 line 114: hemostasis agents - which ones

**Reply 17:** We have changed “hemostasis agents” to “etamsylate”

**Changes in the text:** See Page 6, Line 137.

**Comment 18-** why wait until day 3 to bronch

**Reply 18:** We performed a bronchoscopy after the amount of bleeding was reduced.

**Changes in the text:** We have modified our text as advised (see Page 6, lines 138-139).

**Comment 19-** for this to be helpful to the reader, discuss this case in isolation and use your discussion to tie the two patients together - delete the portion in case 2 where you refer to patient #1

**Reply 19:** We appreciate the reviewer’s reasonable advice.

**Changes in the text:** We have removed the sentences that refers to patient 1 (see Page 6, lines 143 and 147).

**Comment 20-** p 5 line 129 - what time frame - how long after the embolization was the repeat bronch

**Reply 20:** Thank you for your comment. Actually, the time frame has been mentioned at the end of this sentence.

**Changes in the text:** We have moved the time frame forward (see Page 6, lines 154).

Discussion:

**Comment 21-** p 5 line 156 - fatal biopsy bleeding - can you cite this?

**Reply 21:** We have inserted the reference here.

**Changes in the text:** See Page 7, line 186.

**Comment 22-** you discuss how this may be similar to a neoplasm. how can you differentiate between a BDD and a carcinoid tumor as both are vascular lesions, but have different treatments - this might be hard - so this could be a reason you might want to consider angiography

**Reply 22:** We agree with this comment.

**Changes in the text:** We have modified our text as advised (See Page 8, lines 204-205).

**Comment 23-** p. 7 line 196 - endobronchial ultrasound - this is mainly limited by size of the scope - you really cant do it in small children

**Reply 23:** We agree with this comment. It has only been reported in one pediatric

case

**Changes in the text:** We have modified our text as advised (See Page 9, line 229).

**Comment 24-** what is the recurrence rate and outcomes of children with BDD in the literature

**Reply 24:** We have mentioned it in Page 10, lines 247-250.

**Comment 25-** p 7 - lines 214-222 - confusing paragraph - you start by talking about additional treatment but then move on to recurrence and comparing adults and peds

**Reply 25:** We appreciate the reviewer's reasonable advice.

**Changes in the text:** We have removed the first sentence about additional treatment (See Page 10, lines 246-247).

**Comment 26-** p. 7 line 226 - not sure you can say endobronchial biopsies should be avoided without ruling out this disease b/c then everyone would need angiography. would soften language and say you shouldn't do a biopsy if a vascular lesion is suspected

**Reply 26:** Thank you for your comment.

**Changes in the text:** We have removed this sentence as advised (See Page 10, lines 257-258).

**Comment 27-** p. 8 line 229 - what does satisfactory mean?

**Reply 27:** We have changed "satisfactory" to "favorable".

**Changes in the text:** See Page 11, line 262

Figure 1

**Comment 28-** no need for this figure - i would suggest removing it all together

**Reply 28:** Thank you for your advice. We would like to leave this decision to the editor, because the other reviewer think it is a useful figure.

### **Reviewer C**

These cases add to the increasing understanding of pediatric pulmonary hemorrhage. In particular they add to the sparse literature on endobronchial hemorrhagic lesions. The focus on the use of bronchial arteriography and BAE is key to managing these lesions and warrants additional representation in the literature on pulmonary hemorrhage.

**Comment 1:** The evaluation and treatment timeline is a useful figure as the evaluation and treatment of pulmonary hemorrhage is not uniform across institutions. Consider adding labels to the images to more easily orient readers who are less familiar with bronchial arteriography and bronchoscopy anatomy.

**Reply 1:** Thank you for your advice. We have provided a clearer annotation in the

legends of Fig 1

**Changes in the text:** See Figure Legends-Figure 1

**Comment 2:** Line 86-87 , I am unsure what the intended sentence was here "Nevertheless, bronchoalveolar lavage fluid was collected, and it did not reveal the presence of the com)." It appears to be a typo.

**Reply 2:** We are sorry for this careless mistake. It is an incomplete sentence.

**Changes in the text:** we have completed this sentence (see Page 4, line 104).

**Comment 3:** Otherwise, minor grammatical errors are present that do not detract from the quality of the manuscript.

**Reply 3:** Thank you for your careful review. The manuscript has been polished by a native English-speaking expert from Perth Children's Hospital.

Well written concise case reports of a rare phenomenon. This adds critical information for the use of arteriography and avoidance of endobronchial biopsy of these vascular lesions. Minor grammatical errors but otherwise excellent work.