

## Peer Review File

Article information: <http://dx.doi.org/10.21037/tp-21-66>

### Reviewer A

**Comment 1:** The bilateral bulbar conjunctival injection in Case 1 and high- fever in Case 2 was described in the Case presentation, which does not match the description in the Abstract. Additionally, did they present periungual desquamation in the subacute phase?

**Reply 1:** We appreciate your careful work. The patient 1 had been noted to have mild, transient bilateral conjunctival redness on the 17th day of the disease course. The patient 2 had only simple fever. The original text "They did not have typical symptoms such as " is inaccurate.

There are no principal clinical features of KD other than fever, except for uncertain mild conjunctival hyperemia in patient 1. What we're trying to express is that their symptoms and laboratory indicators are not fully supported the diagnosis of Kawasaki disease without the echocardiography. We revised this part of the article.

They didn't present periungual desquamation in the subacute phase during the whole follow-up.

Changes in the text: we have modified our text as advised (see Page 1, line 17-19 and Page 4, line 91-92 and Page 5, line 117-118)

**Comment 2:** In case 2, follow-up imaging was not performed. The disappearance of the nodules was not confirmed, and it is unclear whether the nodules are genuinely involved in KD.

**Reply 2:** Thanks for your valuable advice. We were so sorry not to mention the information in material section. The patient 2 reviewed chest radiograph which indicated that the lung nodules disappeared after 1 month he discharged at the local hospital. Unfortunately, we can't get the original chest imaging.

Changes in the text: we have modified our text as advised (see Page 5, line 119-121)

**Comment 3:** It should be discussed how infectious/viral diseases, especially SARS-CoV-2, were ruled out in both cases.

**Reply 3:** We appreciate your helpful review. We had tested respiratory syncytial virus, adenovirus, influenza virus, streptococcus pneumoniae, chlamydia and tuberculosis, fungi, excluded the possibility of infection. Since the outbreak of SARS-CoV-2 in Wuhan, SARS-CoV-2 has become one of the necessary etiological tests. SARS-CoV-2 Viral nucleic acid detection and Serum-specific antibody detection of both patients were negative.

Changes in the text: we have modified our text as advised (see Page 4, line 78-81 and Page 5, line 104-108)

**Comment 4:** Also, it should be compared with the two cases and 9 previously

reported cases about the details of clinical features of KD with pulmonary nodules such as cough, not only coronary artery abnormalities.

**Reply 4:** We appreciate your careful reading and helpful review of our manuscript. We made a table1 to compare the clinical characteristics of the previous 9 cases and 2 case in this article. We found that only 2 of 11 children with Kawasaki disease complicated with pulmonary nodules had respiratory symptoms.

Changes in the text: we have modified our text as advised (see Page 6, line 135-138)

#### **Reviewer B**

**Comment 1:** First of all, similar cases have been reported in the previous literatures. This article does not seem to provide new knowledge about clinical manifestation of KD.

**Reply 1:** We appreciate your valuable suggestion and have added relevant information “Revision of diagnostic guidelines for Kawasaki disease (6th revised edition)” in the revised manuscript. In this article, the definition of complete or incomplete KD is further refined. The respiratory manifestation of Kawasaki disease (respiratory: cough, rhinorrhea, retropharyngeal edema, infiltrate on chest radiograph.) was also mentioned.

Changes in the text: we have modified our text as advised (see Page 6, line 138-142)

**Comment 2:** Secondly, considering the risk of exposure to radiation, the idea of taking serial CT scans for the confirmation of resolution of lung nodules is inappropriate. Once a patient is diagnosed with KD and showing clinical improvement, follow-up CT scans will not be necessary.

**Reply 2:** Thanks for your careful suggestions and we agree with this view that once a patient is diagnosed with KD and showing clinical improvement, follow-up CT scans will not be necessary. Biopsy will not be suggested unless the lesions do not show improvement after the acute KD has been therapied.

Changes in the text: we have modified our text as advised (see Page 7, line 159-161)

#### **Reviewer C**

**Comment 1:** There is a lot of reports describing KD with pulmonary nodules. These pieces of information have already been published.

**Reply 1:** Thank you very much for raising this point. Although cases of Kawasaki disease with pulmonary nodules have been reported, there are no recommendations for systematic follow-up of pulmonary nodules such as cardiac coronary arteries and the need for antibiotic treatment. We hope that through this article, we can further improve clinicians' understanding of Kawasaki disease with pulmonary nodules, which is a kind of inflammatory change, and further explore the use of antibiotics.

Changes in the text: we have modified our text as advised (see Page 8, line 187-191 and Page 9, line 192-194)

**Comment 2:** Serial chest CT scans during the neonatal period are harmful effects on child and neonatal health. Medical staff should be avoided over radiation exposure for the child and neonatal. How to avoid did the author minimize radiation exposure? There is a lot of reports discussing reducing radiation exposure. If the author took a method to reduce radiation exposure, this case report is valuable.

**Reply 2:** Thanks for your careful work. In addition, it is also important to make it clear that pulmonary nodules which are a kind of inflammatory change are other clinical manifestations of Kawasaki disease. With the improvement of clinical manifestations after regular treatment of Kawasaki disease, it will not be necessary to reexamine the chest imaging examination, as these cases have shown that pulmonary nodules disappear and there are no sequelae.

Changes in the text: we have modified our text as advised (see Page 7, line 159-161)

**Comment 3:** It is difficult to understand the explanation of the clinical course by the timeline. Please explain with a figure as much as possible.

**Reply 3:** Thanks for your careful suggestions and we agree with this view that it is difficult to understand the explanation of the clinical course by the timeline. We have described the diagnosis and treatment of two cases in the article. We think Figure 1 and Figure 2 are not necessary so we delete them.

#### **Reviewer D**

**Comment 1:** Compared to the previous case reports, I am concerned that there are no principal clinical features of KD other than fever, except for uncertain mild conjunctival hyperemia in patient 1. AHA guidelines state that KD should be considered in the differential diagnosis of prolonged unexplained fever in childhood associated "with any of the principal clinical features of the disease", and the diagnosis can be considered confirmed when coronary artery aneurysms are identified in such patients by echocardiography. I believe that ultrasound images of coronary artery lesions are important for diagnosis. Can the authors present the images?

**Reply 1:** Thanks for your helpful suggestions and we have added echocardiographic pictures of children to our article.

Changes in the text: We have modified our text as advised (see Figure2,3,4,5and 7,8,9,10)

**Comment 2:** Do the authors need to present this Figure? I don't think Figure 1 and Figure 2 are necessary.

-If the authors are going to present them, the authors might want to change the title: "Timeline of the patient 1" and "Timeline of the patient 2".

-Does "day" mean "hospital day"?

**Reply 2:** Thank you for your sincere advice. We have described the diagnosis and treatment of two cases in the article. We think Figure 1 and Figure 2 are not necessary so we delete them.

#### Minor

**Comment 3:** Keywords - I don't think "case report" is necessary. I think you had better add "echocardiography" or "coronary artery involvement".

**Reply 3:** Thank you for your sincere advice. We delete the "case report" and add the "coronary artery involvement".

Changes in the text: we have modified our text as advised (see Page 2, line 29)

**Comment 4:** Abstract - There is a mixture of Kawasaki disease and KD. I think it's better to spell it out.

**Reply 4:** Thanks for your helpful suggestions. We write all the Kawasaki diseases in the article as Kawasaki diseases.

Changes in the text: we have modified our text as advised (see the whole article)

**Comment 5:** Introduction (L25-27) - I think the authors need a citation.

**Reply 5:** Thank you very much for raising this point. We have added references here.

Changes in the text: we have modified our text as advised (see Page 1, line 33)

**Comment 6:** The authors had better present the guideline (AHA guidelines?) they used for diagnosis, definition of complete and incomplete, and definition of coronary artery lesions.

**Reply 6:** Thank you for your sincere suggestion, we have added relevant content. The presence of fever for  $\geq 4$  days with 4 of the 5 other principal clinical findings establishes the diagnosis of complete KD. The diagnosis of incomplete (sometimes referred to as atypical) KD should be considered in any infant or child with prolonged unexplained fever, fewer than 4 of the principal clinical findings, and compatible laboratory or echocardiographic findings.

Z score of left anterior descending coronary artery or right coronary artery  $\geq 2.5$ ; coronary artery aneurysm is observed; or  $\geq 3$  other suggestive features exist, including decreased left ventricular function, mitral regurgitation, pericardial effusion, or Z scores in left anterior descending coronary artery or right coronary artery of 2 to 2.5. Echocardiography is considered positive for purposes of this algorithm if any of above 3 conditions.

Changes in the text: we have modified our text as advised (see Page 1, line 33-38 and Page 1, line 40-48 and Page 2, line 49-51)