

## Peer Review File

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### Reviewer Comments

This is an interesting report about an iatrogenic tracheal laceration in a COVID 19 patient with rheumatoid arthritis. It is well written and all relevant details are given. Nonetheless some aspects are not discussed:

**Comment 1.** a risk factor for ITL is: movement of the tube with inflated cuff. This is a more reasonable scenario to me in a patient with vulnerable tissues.

**Reply 1:** Thank you for this valid comment and the explanation for the tracheal laceration you propose is very possible and as such we ought to include it in the manuscript.

Changes in the text 1: Added in Case presentation section, Page 6, Paragraph 5

**Comment 2.** injury during first intubation is possible even when nothing special was noted during the procedure. During the first 2 days the cuff has sufficiently covered the lesion and has than moved away from the lesion...

**Reply 2:** Again, this is a fair point and a sound explanation as to what might have happened. We have included this explanation to the manuscript.

Changes in the text 2: Already explained in comment 1

**Comment 3.** the hypothesis of rheumatoid inflammatory changes of the tracheal wall is not supported by any special finding...

**Reply 3:** Thank you for this comment. As explained in the text although it is not probable however it is possible especially in the context of an uneventful intubation performed by an expert. Unfortunately, we did not perform any biopsies as the patient was too unwell for this. It was promoted as a possible explanation based on exclusion of other causes diagnosis as described already.

Changes in the text 3: Added in Case presentation section, Page 6, Paragraph 5

**Comment 4:** Please add specifications on:

**Comment 4.1:** Has the patient been intubated by an experienced physician?

**Reply 4.1:** Thank you for your question. Yes, the patient was intubated by an experienced physician.

Changes in text: Added in Case presentation section, Page 5, Paragraph 2

**Comment 4.2:** Has the patient been moved or turned under sedation?

**Reply 4.2:** This is a valid question. The patient was not turned at that point as he was not stable to do so.

Changes in text: Clarified in the Case presentation section, Page 6, Paragraph 5.

**Comment 4.3:** A 2cm lesion is a short or small lesion... but not huge!!!

**Reply 4.3:** Thank you for this comment. You are right about the size of the lesion and as such we have deleted the relevant comment from the manuscript.

Changes in text 4: Erased from the manuscript.

**Comment 4.4:** Why do you name the lesion an "ulcer"? Do you have any pathologic finding as a proof? Otherwise to me this is too speculative. Particularly during bronchoscopy the lesion was already covered with a clot and no obvious finding of necrosis was seen...

**Reply 4.4:** This is a valid criticism point. Although the lesion/laceration was covered with something which looked like a clot, its edges were elevated giving the appearance of a crater-looking like lesion or else like an ulcer. We did not perform any biopsies at this point as the patient was unwell and a free leakage of air through that lesion could have been detrimental. In summary we reported as an ulcer based on its appearance and not based on any histopathological proof and as such we will erase it from the text.

Changes in text: Ulcer erased from the manuscript.

**Comment 4.5:** Discussion line 146-148: it is not clear to me what is your message of this case: if the surgical emphysema was caused by high ventilatory pressure, this might be a good explanation, as it is not rare in patients with some emphysema like changes, but this would mean it has nothing to do with a tracheal laceration (direct trauma not probable...). If you mean high pressure in the cuff, this might cause local necrosis in a frail patient, but this would cause a local problem and no sudden mediastinal emphysema... If you mean high pressure from Valsalva manoeuvre, the depth of sedation might have been the problem...

**Reply 4.5:** Please make clear what you want the reader to learn.

We have modified our text taking consideration of your comment (Page 6, Line 16-23)

**Comment 4.6:** Line 187: I wonder how the patient, who faded away, gave informed consent???

It is a pity that the patient died and could not be further evaluated.

**Reply 4.6:** Written consent was obtained by patient's next of kin (sister)

Changes in the text: We modified the text as "patient's next of kin" (line 187)