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Reviewer A

Comment 1. The authors described here 6 cases of placental transmogrification (PT) of the lung. Data were mainly based on radiologic findings.

After reading the manuscript my personal impression is that no news on this topic merged from the current paper.

Clinical data, radiologic features and pathology are well-reported in previous papers.

→ We sincerely appreciate your thoughtful comments. While previous studies have provided a comprehensive summary of imaging findings in PTL, they have presented only a few isolated cases, whereas we have reported six cases, encompassing all three radiologic findings associated with PTL. Furthermore, we have two novel ancillary radiologic features: nodular interlobular septal thickening and clustered interstitial nodules, along with dilated vasculature which corresponds to pathologic findings. It would be noteworthy to emphasize their presentation alongside pathological correlations.

Comment 2. No news on diagnostic (IHC or molecular) characterization have been inserted.

→ We acknowledge that the pathological diagnosis of PTL is primarily based on its peculiar and distinctive morphology resembling the placenta. Although there have been some case reports discussing immunohistochemical and molecular studies, no established diagnostic markers are currently known. However, we believe that the papillary structures mimicking placental villi and the presence of TTF-1, indicating pneumocytes, are important immunohistochemical findings. And we have revealed that TTF-1 positive pneumocytes form the lining of the papillary core in the results section of our manuscript (Page 6 Line 23-24) and suggested immunohistochemistry figure (Fig 1F).

Comment 3. No immunostains have been reported.

→ Following your advice, we have focused our manuscript revision on analyzing the existing literature on immunohistochemistry and highlighting the significance of TTF-1 findings. (Page 7 Line 24-27)

Comment 4. Case included in Fig. 4 is very fragile as an example of PT, both on radiology and pathology.

→ Based on your suggestions, we have obtained higher-resolution figures for those previously included in Figure 4. Additionally, we have adjusted the scaling of the images to improve visibility.

Some images are well-taken and representative.

→ Once again, we express our gratitude for your insightful comments and the opportunity to improve our manuscript.

Reviewer B

An interesting series of a very rare condition.

Thank you for your nice comments.

Reviewer C

Your article is well written, the images are very interesting and it provides a little more knowledge about a very rare and unknown pathology.

Thank you for your nice comments.