

## Peer Review File

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### **Reviewer A**

*Line 15 and 16- lower respiratory symptoms, in these lines you are talking about lower respiratory symptoms, but on line 18 it is only respiratory symptoms, what would they be? cough, severe cough, rapid breathing, difficulty breathing, wheezing.*

Reply1 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 7, line 104-106)

Changes in the text: *In our study, the symptoms and signs of respiratory infections include fever, coarse breath sounds, sore throat, cough, expectoration, runny nose, nausea, and dry throat.*

*Line 19 - coarse breath sound, Check if you are only referring to snoring or wheezing (symptom), as it may be a sign (when auscultating the lung) and not a symptom.*

Reply2 : We sincerely thank the Reviewer's for the comments. Upon review, we consider "coarse breath sound" to be a sign rather than a symptom. We have modified our text as advised (see Page 3, line 41)

*Line 30 – There are usually three to five keywords. In the text there is almost nothing about chest X-ray.  
computed tomography, digital X-ray*

Reply3 : We sincerely thank the Reviewer's for the comments. We have replaced the term " Tomography, X-ray computer" with the "Computed tomography (CT)" throughout the revised manuscript. (see Page 4, line 56-57)

*Line 31- Highlight box*

*- Better review this sentence: For cases of clustered outbreaks of varicella pneumonia, the clinical and radiological presentations exhibit similarities. For example, you could say that clinical improvement accompanies the improvement in CT findings.*

*- I think this sentence would be better removed: Additionally, for mild cases, it is not advisable to undergo multiple CT scans in a short period to reduce the risk of radiation exposure. Better review the ALARA principles (As Low As Reasonably Achievable).*

Reply4 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 5, line 58)

*Line 47 - It is better to use radiological findings or radiological aspects, instead of the word change.*

Reply5 : We sincerely thank the Reviewer's for the comments. We have replaced the term " radiological changes" with the "radiological findings" throughout the revised manuscript. (see Page 6, line 77)

*Line 61/62 and 274/275 - See the country's laws, as being under the legal age, consent must be signed by parents or legal guardian, in most cases. I would only say that it was approved by the institution's Research Ethics Committee.*

Reply6 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised. (see Page 7, line 92; Page 18, line 331)

Changes in the text: *This retrospective study was approved by the Ethics Committee of Wuhan Union Hospital (0030).*

*Line 67 - This point can be a weak point, as many viruses can cause rash.*

Reply7 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 7, line 95-96)

Changes in the text: *patients with a positive result for varicella virus DNA;*

*Line 77 - If the ALARA dose reduction protocol was not used, and also no type of chest protection for children and adolescents, I think it is better not to describe this item, as it is a weak point. The most important thing about the exam would be that it was performed without contrast. All services already have a PACS system, I don't think it*

*needs to be described.*

*I could just say this, starting the Image interpretation item: chest exams were carried out without the use of intravenous contrast, being sent to the digital system.*

Reply8 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 8, line 118-119)

Changes in the text: *Chest exams were carried out without the use of intravenous contrast, being sent to the digital system.*

*Line 82 - 0,6 and 0,625*

Reply9 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 8, line 115-116)

Changes in the text: *0.6 and 0.625*

*Line 90 - You can remove: (LQ Chen [a radiology resident with 5 years of experience in interpreting chest CT images] and HT Li [a radiology physician with 2 years of experience in interpreting chest CT images]). All Digital Imaging and Communications in Medicine (DICOM) images from the CT studies.*

*We generally don't mention names. Better to put: chest radiologists with five and two years of experience.*

*And remove also: The evaluators assessed the CT features using both axial CT images and multiplanar reconstruction images.*

*This is already a radiologist's routine and is generally not described.*

Reply10 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 8, line 121-122)

Changes in the text: *Images were independently analyzed by two chest radiologists with five and two years of experience who did not have access to the clinical or laboratory findings. In case of any disagreements, they were resolved through discussion and consensus.*

*Line 99 - And remove also: the images were assessed. It is better to state that a comparative study was carried out.*

Reply11 : We sincerely thank the Reviewer's for the comments. We have modified our text as advised (see Page 9, line 128-131)

Changes in the text: *For follow-up CT scans, a comparative analysis was conducted to categorize the evolution of lesions as no change, resolution, or progression compared to the previous chest CT of the same patient.*

*Line 113 - As your sample is of children and adolescents, 60 males and 56 females.*

Reply12 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 9, line 144)

*Line 148 and 149 - CT findings or CT aspects.*

Reply13 : We sincerely thank you for kind reminder. We have replaced the term "CT features" with the "CT findings" throughout the revised manuscript. (see Page 11, line 183-184)

*Line 156 - All lung lobes were at risk would be: any lung lobe be affected in this disease?*

Reply14 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 12, line 193-194)

Changes in the text: *Each lung lobe is at risk of being affected, with the right lower lobe being the most often affected (103 patients, 88.8%).*

*Line 164 - It is better to separate pulmonary findings (halo sign and linear opacities) from thoracic findings (axillary lymph nodes and pleural thickening).*

Reply15 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 12, line 203-206)

Changes in the text: Other pulmonary CT findings included halo signs (13 patients, 11.2%) and linear opacities (six patients, 5.2%). Thoracic CT findings included pleural thickening (13 patients, 11.2%), and enlarged axillary lymph nodes (54 patients, 46.6%)

*Line 190 - The abbreviation VZV is already on page 33.*

Reply16 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 14, line 233)

*Line 190 - genu?? Could it be genome?*

Reply17 : We sincerely thank you for kind reminder. We have replaced the term "genu" with the "genome" throughout the revised manuscript. (see Page 14, line 233)

*Line 222 - Here you could place a chest X-ray.*

Reply18: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 15, line 270; Page 31-32, line 454-458)

*Line 237 - Some authors indicate that the numbers from one to ten should be written in full, and not in digits.*

Reply19: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 3, line 43; Page 10, line 150-151; Page 11, line 185-186; Page 13, line 208, 211, 213-214; Page 15, line 271; Page 16, line 286; Page 17, line 308)

*Line 243 - and calcified nodules.*

Reply20 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 16, line 293)

Changes in the text: Pulmonary involvement in varicella pneumonia can persist for a long duration, and in rare cases, it may indefinitely manifest as pulmonary nodules and

*calcified nodules.*

*Line 245/250 - Review ALARA.*

*Line 251/252 - Once again, it is better to remove the focus from this discussion of ionizing radiation, number of exams, as one should not carry out so many exams without reducing the dose.*

Reply21: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 17, line 295, 297-299)

*Line 265/266 - You can describe it in another way, for example, performing a chest X-ray.*

Reply22 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 17, line 314-315)

*Line 276 - References: check the references according to the journal, however, the DOI is generally included.*

Reply23: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 18-22, line 332-403)

*Line 344 - Remove from the diagram, b) thin-section. Check out ALARA.*

Reply24: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 29, line 426)

*Line 347 - The arrows must be thin, black, gray or white.*

Reply25: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 29, line 426; Page 30, line 436, 442)

*Figure 2: Chest CT in patients with varicella pneumonia. In A , 17-year-old female, day 1 after symptom onset, showing a solitary pulmonary nodule in left lower lobe (arrow).*

*In B, 17-year-old female, day 2 after symptom onset, showing multiple pulmonary nodules (arrows) in both lungs. In C, 17-year-old male, day 2 after symptom onset, the main CT findings was is small consolidations (arrows) in the lower left lobe.*

Reply26 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 29, line 427-430)

*Line 360 - Chest CT images are not usually cut in this way, it is better to place both axial images, this creates confusion for the reader.*

Reply27: We sincerely thank you for kind reminder. We have modified our text as advised (see Page 30, line 436)

*Line 366 - Figure 5: Chest CT scans from a 17-year-old female. In A, day 2 after symptom onset, the main CT findings predominantly consist of multiple pulmonary nodules in both lungs. The largest lesion is observed in the middle lobe, presenting as an ill-defined solid nodule. In B, day 7, compared to the previous images, the nodule in the middle lobe have enlarged, and an increased in the number of nodules.*

Reply28 : We sincerely thank you for kind reminder. We have modified our text as advised (see Page 30, line 443-447)

## **Reviewer B**

*1. Please define “SD”, “IQR” in the main text when they first appear.*

Kolmogorov-Smirnov test. Normally distributed data were presented as the mean

(SD), non-normally distributed data as the median (IQR), and categorical variables as

**Reply1:** We sincerely thank the Reviewer’s for the comments. We have modified background as advised and provided the full names of all the abbreviated terms when they first appear in the Abstract and the main text.

*2. Ethics:*

1) Patients are from “Wuhan Jinyintan Hospital”, but why Ethics was conducted at “Wuhan Union Hospital”?

2) Please report the status of informed consent.

**Reply2:** We sincerely thank the Reviewer's for the comments. We added ethics which was conducted at Wuhan Jinyintan Hospital.

*3. References:*

- 1) The citation of reference 5 is missing in the main text.
- 2) The citations of references in your text are not in order. Reference 15 is cited before 13-14.
- 3) In the text, totally 23 references were cited, but there are 24 references in the references list.

**Reply 3:** We have checked through the manuscript and revised the citations according to your request.

*4. Tables:*

- 1) Table 1, 3-4: Please define Groups 1-2.
- 2) Table 1: The data in the main text are inconsistent with Table 1.

to classmates with chickenpox in school. The median time between the onset of symptoms and admission was **two days** (range, 0 to 4), while the median length of

The time interval from the onset **1.50**(1.00-2.00)↵

- 3) Please indicate the full name of "HR", "R", "IQR" in Table 1 footnote.
- 4) Table 2: Please add a unit for Fever.  
Fever↵

37.3-38.0↵

38.1-39.0↵

- 5) Table 3: Please add a head for the first column.

↵	All participants↵
	(n=116) ↵
Leucocyte count, × 10 <sup>9</sup> /L↵	4.31 (3.54-5.38) ↵

- 6) Table 3: The data in the main text are inconsistent with Table 3.



kinase isoenzyme, creatine kinase, and cardiac troponin were increased (41.4%,

13.8%, 2.9% and 0.9%, respectively). 69 individuals (59.5%) exhibited abnormal

7) Please indicate the full name of “CT”, “IQR” in Table 4 footnote.

8) Table 4: Please add a unit for diameter.

Maximum diameter	8.00(7.00-10.00)
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Minimum diameter	2.00(2.00-2.00)
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9) Table 4: The data in the main text are inconsistent with Table 4.

The CT findings of the patients were summarized in Table 4. The median time interval between symptom onset and the initial CT scan was two days (IQR: 1-3). The CT scans of 115 patients were conducted within five days after the onset of the initial often affected (103 patients, 88.8%). Group 2 was more prone to involving a greater number of lung lobes than Group 1 ( $P=0.045$ ). The lesions in 60 patients (51.7%)

**Reply4:** We sincerely thank the Reviewer’s for the comments. We have modified our text as advised.

#### 5. Figures:

1) Please define all abbreviated terms in each Figure legend.

2) Please indicate the meaning of arrows in Figure 4A, 5, and 7 legends.

**Reply5:** We sincerely thank the Reviewer’s for the comments. We have modified our text as advised.