

Peer Review File

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Reviewer A

This is a case report of UVATS decortication for tuberculous empyema.

It is understandable that UVATS decortication is effective.

Comment 1: At first, typographical errors and grammatical errors are noticeable. You need to have a native check them.

Reply 1: We have ask a native to check and correct the typographical and grammatical errors of this article.

Comment 2: Postoperative management precautions such as the duration of antituberculosis medication and intrathoracic lavage should also be described in more detail.

Reply 2: we added some data about the duration of antituberculosis medication(see Page 2, line 69-70), and the patient don't need intrathoracic lavage after surgery.

Comment 3: In addition, although it is described that the lung ligament was dissected in this case, it may be difficult to dissect the lung ligament due to strong adhesion in empyema. It heals without dissection, and there is a risk of complications due to forcible dissection.

Reply 3: In most cases, the pulmonary ligament is outside abscess cavity and adhesion is loose,and dissect it does not increase the risk of complications.we have modified our text as advised (see Page 3, line 105-108)

Reviewer B

The authors present a case where they performed a Uniportal Video-Assisted Thoracoscopic decortication for Stage III Tuberculous Empyema.

Comment 1: The authors cited Yiming Zhou's paper (13), in which he operated by the same technique 33 patients. Therefore, what is of exceptional interest and novelty in this case report?

Reply 1: we have modified our text as advised (see Page 4, line 154-162)

Comment 2: General English language grammar editing is recommended, especially in:

Line 15-16: “develop rapidly”

Line 21: “empyema”.

Line 23 and 106: “drainage tuber”

Line 25: “was disappeared”

Line 29: “anti-tuberculosis” and “pre-operation”

Line 39: “is a relatively limited and stable chronic infection state of thoracic infection”.

Line 80: “in them”

Reply 2: We have ask a native to check and correct the typographical and grammatical errors of this article.

Comment 3: The authors cited Ismail (7), Middledorp (8) and bongiolatti (9) in paragraph 54-66, these authors included in their work Tuberculous Empyema or non-Tuberculous Empyema? This must be clarified.

Reply 3: The cases in the above authors’ article is bacterial empyema, we add some notes in the article (see Page 4, line 139-140)

Comment 4: What kind of “special curved cautery hook” was used.

Reply 4: Because of the patent, we can not publish a picture of it, but the article describes it in detail (see Page2, line 79-80).

Comment 5: According to CARE Checklist: Introduction must include one or two paragraphs summarizing why this case is unique (may include references) but the authors discuss the case. I think, a lot of this information must be described in discussion.

Reply 5: we have modified our text as advised

Comment 6: There is no scientific discussion of the strengths AND limitations associated with this case report. A lot of this information is described in introduction.

Reply6: we have modified our text as advised