

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Differentiation between mycoplasma and viral community-acquired pneumonia in children with lobe or multi foci infiltration: a retrospective case study
AUTHORS	Guo, Wan-liang; Wang, Jian; Zhu, Li-yuan; Hao, Chuang-li

VERSION 1 - REVIEW

REVIEWER	Takeharu Koga Asakura Medical Association Hospital, Japan
REVIEW RETURNED	05-Nov-2014

GENERAL COMMENTS	<p>Guo et al retrospectively reviewed series of pediatric patients with community-acquired pneumonia, and found several clinical characteristics which differentiate between viral and mycoplasmal pneumonia. Although the findings may gain attentions, there are several concerns to be cleared.</p> <p>Major points:</p> <ol style="list-style-type: none">1) The authors tested a limited number of viral etiology, however, there are known other common species causing pneumonia, such as rhinovirus and corona virus. Furthermore, the sensitivity of immunofluorescence to detect virus is not sensitive enough to diagnose the viral etiology in the affected patients, suggesting that viral pneumonia could be missed in the study, and that the missed cases may have affected the results. This limitation of the study should be mentioned and discussed.2) The criteria of the radiographic classification is confusing. Although the findings are designed to be classified into lobar or multi foci (p6, L35-), the results are presented in a different manner in the text and tables. Clear definition and relevant presentation of the results are required.3) The results should include prior history, as is mentioned in the methods. Particularly, past history of asthma or wheezing is critical to the interpretation of the results and conclusion. <p>Minor points:</p> <ol style="list-style-type: none">1) Species name should be italic, e.g. <i>Mycoplasma pneumoniae</i>2) Capital and lower-case letters are inconsistently used in the tables. Should be unified.3) Table 1 title:community-acquired pneumonia→CAP4) Typographical errors, e.g. p3, L54; p9. L44; p14, L19; p15, L32; p16, L39.
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REVIEWER	Nosaka, Shunsuke
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	National Center for Child Health and Development
	Japan
REVIEW RETURNED	19-Nov-2014

GENERAL COMMENTS	<p>This retrospective study highlights the factors to differentiate viral and mycoplasma community-acquired pneumonia with lobar or multi foci infiltration.</p> <p>There are several questions and comments as a view of radiologist.</p> <p>Introduction Page 3 “Viruses and Mycoplasma species are to main of the many pathogenic agents which can cause CAP” This could be; “Viruses and Mycoplasma species are two main of the many pathogenic agents which can cause CAP” Please check.</p> <p>Page 4 “In radiography, Most of CAP cases are diagnosed as bronchopneumonia.” This could be; “In radiography, most of CAP cases are diagnosed as bronchopneumonia.” What is “bronchopneumonia”? Please defined the term “bronchopneumonia”.</p> <p>Page 4 to 7 Materials and Methods Clear statement regarding what authors did in this retrospective study is mandate in this section. Based on “Results” (Page 7 to 8) and “Discussion” (Page 8 to 12), factors analyzed were gender, fever, wheeze, increased respiratory rate, cough, CRP, and radiological findings for 126 children (Table 1). Those factors were shown based on three different age group. Then, further analysis regarding radiological findings (Table2) and clinical signs (Table3) was conducted for 88 proven viral and Mycoplasma pneumonia patients.</p> <p>In the section of “Materials and Methods”, authors need to state, for example, “One hundred twenty six CAP patients were analyzed for gender, fever, wheeze, increase of respiratory rate, cough, CRP, and radiological findings among three different age group namely 0-23 months, 2-4 years, and older than 5 years. Then, incidence of proven viral and Mycoplasma CAP was investigated. Of these 88 proven CAP patients, fever, increase of respiratory rate, CRP, WBC, cough, wheeze, and radiological findings were statistically analyzed.”</p> <p>Above is just an example of explanation of the methods of analysis. What important is, clear explanation of what authors performed in this investigation. Description of “Demographic data, clinical presentation upon admission or referral, laboratory tests, prior history, and radiography were collected for each case if available” (Page 5) is not appropriate.</p> <p>In addition, order of the factors analyzed should be appeared in the</p>
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same way in the body of manuscript, on the Table 1 and on the Table 3.

Each radiological finding should be appeared in the same way on Table 1 and Table 2.

On the Table 1, "total" appeared in the bottom is confusing. This "total" is "total number of the patients". Therefore this should appeared in the top of the Table 1 to avoid confusion.

The term "pleural fluid" on Table 1 and "pleural effusion" on Table 2 should be unified.

Of the Table 2, "total" should be added in the bottom of the Table. Of the Table 3, numbers of parentheses in the top should be explained.

Page 7 to 8

Results

As suggested in the section of "Materials and Methods", the order of the "presenting signs and symptoms" and "radiological finding" should appeared in the same way on the Table 1 to the Table 3 and on Table 4 if applicable.

"The median age of the 126 patients was 4 years (range, 1 day to 14 years)"

This description should be reassessed. Because, it is not ideal to include 1 day old newborn as materials of this investigation. It seems to be difficult to exclude congenital pneumonia in this 1 day old newborn baby.

Based on the fact that one day old newborn baby is included in the group of 0-23 months, it should be cleared whether to include "newborn" for this investigation is appropriate or not.

Table 3.

Increase of lymphocyte percentage was seen in 10 patients of Mycoplasma pneumonia. Was this zero in patient with viral pneumonia?

Statistical analysis would ideally be reviewed by specialist.

Page 8 to 12

Discussion

Page 8

"About 19.8% of the CAP cases were caused by mycoplasma species or virus."

This should be;

"About 69.8% of the CAP cases were caused by mycoplasma species or virus."

Page 9

"Most CAP cases are defined as bronchial pneumonia in radiograph"
This sentence should be reassessed.

In this section, please discuss suspected cause(s) and/or mechanism of difference of the incidence of "increase of respiratory rate", "Increase of lymphocyte percentage" and "wheeze".

For the part of conclusion, it will be ideal to state using easy to

	<p>understand sentence, for example “We found wheeze is common in viral pneumonia, whereas increased respiratory rate and increase of lymphocyte percentage are common in mycoplasma pneumonia.”.</p> <p>Page 12 to 13 Reference: [3] Guo WI, Wang J.... This should be [3] Guo W, Wang J....</p> <p>Page 14 Figure Legends Figure 2. Please describe “MB” without abbreviation.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name Takeharu Koga

Institution and Country Asakura Medical Association Hospital, Japan

Please state any competing interests or state ‘None declared’: None declared

To Dr.Takeharu Koga (Reviewer: 1)

Answer: Thank you for your comments and suggested coorections.

Guo et al retrospectively reviewed series of pediatric patients with community-acquired pneumonia, and found several clinical characteristics which differentiate between viral and mycoplasmal pneumonia. Although the findings may gain attentions, there are several concerns to be cleared.

Major points:

1) The authors tested a limited number of viral etiology, however, there are known other common species causing pneumonia, such as rhinovirus and corona virus. Furthermore, the sensitivity of immunofluorescence to detect virus is not sensitive enough to diagnose the viral etiology in the affected patients, suggesting that viral pneumonia could be missed in the study, and that the missed cases may have affected the results. This limitation of the study should be mentioned and discussed.
Answer: We thank the reviewer for this important comment. In this study, viral pneumonia could be missed due to the sensitivity of immunofluorescence and the limit number of virus we detected. The manuscript has been revised to reflect the change in the section of Discussion.

2) The criteria of the radiographic classification is confusing. Although the findings are designed to be classified into lobar or muti foci (p6, L35-), the results are presented in a different manner in the text and tables. Clear definition and relevant presentation of the results are required.
Answer: We apologize for the confusion in the original manuscript. The criteria of the radiographic classification have been unified. The manuscript has been revised to reflect the change in the section of Methods and Results.

3) The results should include prior history, as is mentioned in the methods. Particularly, past history of asthma or wheezing is critical to the interpretation of the results and conclusion.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in the Results. The aim of this paper seeks to analyze the clinical features, inflammatory markers, and radiographs of community-acquired pneumonia (CAP) cases with lobe or multi foci infiltration; with a special focus on factors which allow the differential diagnosis of viral and mycoplasma pneumonia. CAP cases with history of asthma were excluded from our study.

Minor points:

1) Species name should be italic, e.g. *Mycoplasma pneumoniae*

Answer: We appreciate the comment. Corrections have been made according to your suggestion.

2) Capital and lower-case letters are inconsistently used in the tables. Should be unified.

Answer: We appreciate the comment. Corrections have been made according to your suggestion.

3) Table 1 title:community-acquired pneumonia→CAP

Answer: Correction has been made in Table 1.

4) Typographical errors, e.g. p3, L54; p9. L44; p14, L19; p15, L32; p16, L39.

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the entire manuscript. Mistakes, including but no limited to the ones pointed out by the reviewer, have been corrected.

Reviewer: 2

Reviewer Name Nosaka, Shunsuke

Institution and Country :National Center for Child Health and Development ,Japan

Please state any competing interests or state 'None declared': None declared

To Dr. Nosaka, Shunsuke (Reviewer: 2)

Answer: Thank you for your comments and suggested coorections.

This retrospective study highlights the factors to differentiate viral and mycoplasma community-acquired pneumonia with lobar or multi foci infiltration.

There are several questions and comments as a view of radiologist.

1. Introduction

1) Page 3

“Viruses and Mycoplasma species are to main of the many pathogenic agents which can cause CAP”

This could be;“Viruses and Mycoplasma species are two main of the many pathogenic agents which can cause CAP”

Please check.

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the entire manuscript. Mistakes, including but no limited to the ones pointed out by the reviewer, have been corrected.

2) Page 4

“In radiography, most of CAP cases are diagnosed as bronchopneumonia.”What is “bronchopneumonia”?

Please defined the term “bronchopneumonia”.

Answer: Bronchopneumonia as indicated by patchy areas of lung consolidation distributed along the markings, predominantly affecting the bilateral basal area of the lower lobes. We apologize for the confusion in the original manuscript. The primary focus of the present study is to differentiation between Mycoplasma and viral community-acquired pneumonia in children with lobe or multi foci

infiltration. We revised the sections of Introduction.

2. Page 4 to 7

Materials and Methods

1) Clear statement regarding what authors did in this retrospective study is mandate in this section. Based on "Results" (Page 7 to 8) and "Discussion" (Page 8 to 12), factors analyzed were gender, fever, wheeze, increased respiratory rate, cough, CRP, and radiological findings for 126 children (Table 1). Those factors were shown based on three different age group. Then, further analysis regarding radiological findings (Table2) and clinical signs (Table3) was conducted for 88 proven viral and Mycoplasma pneumonia patients.

In the section of "Materials and Methods", authors need to state, for example, "One hundred twenty six CAP patients were analyzed for gender, fever, wheeze, increase of respiratory rate, cough, CRP, and radiological findings among three different age group namely 0-23 months, 2-4 years, and older than 5 years. Then, incidence of proven viral and Mycoplasma CAP was investigated. Of these 88 proven CAP patients, fever, increase of respiratory rate, CRP, WBC, cough, wheeze, and radiological findings were statistically analyzed."

Above is just an example of explanation of the methods of analysis.

What important is, clear explanation of what authors performed in this investigation.

Description of "Demographic data, clinical presentation upon admission or referral, laboratory tests, prior history, and radiography were collected for each case if available" (Page 5) is not appropriate.

Answer: We thank the reviewer for the thoughtful comments and suggestions. We revised the sections of Material and Methods.

2) In addition, order of the factors analyzed should be appeared in the same way in the body of manuscript, on the Table 1 and on the Table 3.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 1 and on the Table 3.

3) Each radiological finding should be appeared in the same way on Table 1 and Table 2.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 1 and on the Table 2.

4) On the Table 1, "total" appeared in the bottom is confusing. This "total" is "total number of the patients". Therefor this should appeared in the top of the Table 1 to avoid confusion.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 1.

5) The term "pleural fluid" on Table 1 and "pleural effusion" on Table 2 should be unified.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 1 and on the Table 2.

6) Of the Table 2, "total" should be added in the bottom of the Table.

Answer: We thank the reviewer for the thoughtful comments, and re-checked Table 2. Due to there are 7 cases with pleural effusion and lobe or multi foci infiltration. We are worrying about confusion and we hope that "total" would not be added in the bottom of the Table2.

7) Of the Table 3, numbers of parentheses in the top should be explained.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 3.

3. Page 7 to 8

Results

1) As suggested in the section of “Materials and Methods”, the order of the “presenting signs and symptoms” and “radiological finding” should appeared in the same way on the Table 1 to the Table 3 and on Table 4 if applicable.

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Table 1,2,3,4 and Results.

2) “The median age of the 126 patients was 4 years (range, 1 day to 14 years)”

This description should be reassessed. Because, it is not ideal to include 1 day old newborn as materials of this investigation. It seems to be difficult to exclude congenital pneumonia in this 1 day old newborn baby. Based on the fact that one day old newborn baby is included in the group of 0-23 months, it should be cleared whether to include “newborn” for this investigation is appropriate or not.

Answer: We thank the reviewer for the thoughtful comments, and we re-checked this new born baby's history, and found that this new born baby was 11 days. Corrections have been made in the sections of Results.

3) Table 3.

Increase of lymphocyte percentage was seen in 10 patients of Mycoplasma pneumonia. Was this zero in patient with viral pneumonia?

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the data. Increase of lymphocyte percentage was seen in 7 patients of viral pneumonia. Correction has been made.

4) Statistical analysis would ideally be reviewed by specialist.

Answer: We thank the reviewer for the thoughtful comments, statistical analysis had been reviewed by a specialist in Soochow University.

4. Page 8 to 12

Discussion

1) Page 8

“About 19.8% of the CAP cases were caused by mycoplasma species or virus.”

This should be;

“About 69.8% of the CAP cases were caused by mycoplasma species or virus.”

Answer: We apologize for the typographic errors in the original manuscript, and correction has been made.

2) Page 9

“Most CAP cases are defined as bronchial pneumonia in radiograph”

This sentence should be reassessed.

Answer: Correction has been made as “Most CAP cases are diagnosed as bronchial pneumonia in radiograph”

3) In this section, please discuss suspected cause(s) and/or mechanism of difference of the incidence of “increase of respiratory rate”, “Increase of lymphocyte percentage” and “wheeze”.

Answer: We thank the reviewer for the thoughtful comments. This study was carried out in our hospital to examine the clinical features, inflammatory markers (C-Reactive Protein, white blood cell counting, and lymphocyte percentage), and radiographs of CAP cases with lobe or multi foci infiltration; with a special focus on factors which would allow the differential diagnosis of viral and mycoplasma pneumonia.

Briefly, We found that wheeze, lymphocyte percentage, and respiratory rates were independent factors which allow the differential diagnosis of viral and mycoplasma caused CAP with lobar or multi

foci infiltration, as was viral aetiology of CAP with lobar or multi foci infiltration, increase respiratory rate, wheeze and increase lymphocyte percentage. We hope, however, that this work will trigger further clinical case studies to investigate what is the mechanism of difference of the incidence of “increase of respiratory rate, Increase of lymphocyte percentage and “wheeze” between viral and mycoplasma pneumonia.

4) For the part of conclusion, it will be ideal to state using easy to understand sentence, for example “We found wheeze is common in viral pneumonia, whereas increased respiratory rate and increase of lymphocyte percentage are common in mycoplasma pneumonia.”.

Answer: Thanks for your suggestion, and correction has been made in the section of Conclusion.

5) Page 12 to 13

Reference:

[3] Guo WI, Wang J....

This should be

[3] Guo W, Wang J....

Answer: We apologize for the typographic errors in the original manuscript, and correction has been made.

6) Page 14

Figure Legends

Figure 2. Please describe “MB” without abbreviation.

Answer: Thanks for your suggestion, and correction has been made.

VERSION 2 – REVIEW

REVIEWER	Takeharu Koga Asakura Medical Association Hospital, Japan
REVIEW RETURNED	06-Dec-2014

GENERAL COMMENTS	<p>Correction/editings on the following comments are advised.</p> <p>1) Materials and methods section should clarify that patients with history of asthma were excluded.</p> <p>2) Only species full name (i.e. <i>Mycoplasma pneumoniae</i>, <i>M. pneumoniae</i>) should be italic, and other names (mycoplasma, viral, adenovirus, etc) be NOT.</p> <p>3) Typography <i>Mycoplasma</i> in the title should be lowercase. Capital and lowercase words are mixed up in the keywords. P4, line1, community should be lower case p4, line4 s in CAP has any particular meaning? table1 37.5 not 37,5 table2 Hyphen required? (P-value or P value, should be consistent) table4 0`012 should be 0.012</p>
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REVIEWER	Nosaka, Shunsuke National Center for Child Health and Development Tokyo, Japan
REVIEW RETURNED	12-Dec-2014

GENERAL COMMENTS	Differentiation between <i>Mycoplasma</i> and viral community-acquired pneumonia in children with lobe or multi foci infiltration
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This retrospective study highlights the factors to differentiate viral and mycoplasma community-acquired pneumonia with lobar or multi foci infiltration.

Questions and comments for revised manuscript.

Abstract

Page 1

Setting: "This is a....teaching hospital.." should be "This is a....teaching hospital."

Strengths and limitations of this study

Page 3

"Secondary, viral pneumonia could be missed.....and the limit number of virus we detected." should be "Secondary, viral pneumonia could be missed.....and the limited number of virus we detected."

Introduction

Page 4

"There are some report cases in which the etiologies of CAPs were established on the bases clinical signs,.....markers [5,6,7]."

This should be;

"There are some reported cases in which the etiologies of CAPs were established on the bases of clinical signs,.....markers [5,6,7]."

"The therapy strategy for CAP cases iscrucial."

This should be;

"The therapeutic strategy for CAP cases iscrucial."

Page 4 to 7

Materials and Methods

Clear statement regarding what authors did in this retrospective study is mandate in this section.

"Radiography"

Please explain the way to evaluate pulmonary effusion in this section.

"One hundred twenty six CAP patients were analyzed for gender, fever, wheeze, increase of respiratory rate, cough, CRP, and radiological findings among three different age group namely 0-23 months, 2-4 years, and older than 5 years. Then, incidence of proven viral and Mycoplasma CAP was investigated. Of these 88 proven CAP patients, fever, increase of respiratory rate, CRP, WBC, cough, wheeze, and radiological findings were statistically analyzed."

This paragraph seems to be placed in between "Radiography" and "Statistical Analysis". And title should be for example "Factors Analysed".

Please consider change the location of this paragraph.

Page 7 to 8

Results

The way to write each age group should be unified.

For example, "under 23-monts" vs "0-23 months", "over 5-year" vs "older than 5 years".

	<p>Of the Table 2, title needs to be changed. What does “considation” mean? In addition, “total” should be added in the top of the Table for easy understanding. What suggested are; M (n=70), V (n=18), Unknown (n=38), for example. “M, V, Unknown” could be under the subtitle of “etiology of pneumonia” for example.</p> <p>Page 8 to 12 Discussion This section is rather redundant. Concise description is welcome. For easy understanding, please add “subtitle” for each discussion in case possible.</p> <p>Page 9 The way to write each age group should be unified as suggested in the section of “Results”.</p> <p>The term “bronchial pneumonia” should be explained in case different from “bronchopneumonia”. In case these two terms are same, it would be ideal to unify description.</p> <p>Page 11 “We believe that our will have a.....for this type of CAP.” This sentence does not make sense.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name Takeharu Koga

Institution and Country Asakura Medical Association Hospital, Japan

Please state any competing interests or state ‘None declared’: None declared

Revised manuscript by Guo et al was reviewed. Correction/editings on the following comments are advised.

To Dr. Takeharu Koga (Reviewer: 1)

Answer: Thank you for your comments and suggested corrections.

1) Materials and methods section should clarify that patients with history of asthma were excluded.

Answer: We apologize for the confusion in the original manuscript. We thank the reviewer for this important comment. And now, we clearly clarify that “patients with history of asthma were excluded from this study”. The manuscript has been revised to reflect the change in the section of Methods and Results.

2) Only species full name (i.e. *Mycoplasma pneumoniae*, *M. pneumoniae*) should be italic, and other names (mycoplasma, viral, adenovirus, etc) be NOT.

Answer: We apologize for the confusion in the original manuscript. And we have carefully checked the entire manuscript. Mistakes, including but not limited to the ones pointed out by the reviewer, have been corrected.

3) Typography

Mycoplasma in the title should be lowercase.
Capital and lowercase words are mixed up in the keywords.
P4, line1, community should be lower case
p4, line4 s in CAP has any particular meaning?
table1 37.5 not 37,5
table2 Hyphen required? (P-value or P value, should be consistent)
table4 0`012 should be 0.012

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the entire manuscript. Mistakes, including but no limited to the ones pointed out by the reviewer, have been corrected. Thanks again for your kind suggestion!

Reviewer: 2
Reviewer Name Nosaka, Shunsuke
Institution and Country National Center for Child Health and Development
Tokyo, Japan
Please state any competing interests or state 'None declared': None declared

Differentiation between Mycoplasma and viral community-acquired pneumonia in children with lobe or multi foci infiltration

This retrospective study highlights the factors to differentiate viral and mycoplasma community-acquired pneumonia with lobar or multi foci infiltration.

Questions and comments for revised manuscript.

To Dr. Nosaka, Shunsuke (Reviewer: 2)
Answer: Thank you for your comments and suggested corrections.

Abstract
Page 1
Setting: "This is a....teaching hospital.." should be "This is a....teaching hospital."

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the entire manuscript. Mistakes, including but no limited to the ones pointed out by the reviewer, have been corrected.

Strengths and limitations of this study
Page 3

"Secondary, viral pneumonia could be missed.....and the limit number of virus we detected." should be "Secondary, viral pneumonia could be missed.....and the limited number of virus we detected."

Answer: We thank the reviewer for the thoughtful comments, and revised the relevant section in Strengths and limitations of this study.

Introduction

Page 4

“There are some report cases in which the etiologies of CAPs were established on the bases clinical signs,.....markers [5,6,7].”

This should be;

“There are some reported cases in which the etiologies of CAPs were established on the bases of clinical signs,.....markers [5,6,7].”

“The therapy strategy for CAP cases iscrucial.”

This should be;

“The therapeutic strategy for CAP cases iscrucial.”

Answer: We thank the reviewer for the thoughtful comments and suggestions. We revised the sections of Introduction.

Page 4 to 7

Materials and Methods

Clear statement regarding what authors did in this retrospective study is mandate in this section.

“Radiography”

Please explain the way to evaluate pulmonary effusion in this section.

“One hundred twenty six CAP patients were analyzed for gender, fever, wheeze, increase of respiratory rate, cough, CRP, and radiological findings among three different age group namely 0-23 months, 2-4 years, and older than 5 years. Then, incidence of proven viral and Mycoplasma CAP was investigated. Of these 88 proven CAP patients, fever, increase of respiratory rate, CRP, WBC, cough, wheeze, and radiological findings were statistically analyzed.”

This paragraph seems to be placed in between “Radiography” and “Statistical Analysis”. And title should be for example “Factors Analysed”.

Please consider change the location of this paragraph.

Answer: We thank the reviewer for the thoughtful comments and suggestions. We revised the sections of Introduction. The medical charts, radiographs and laboratory findings were retrospectively reviewed by both respiratory physician and radiologist. Pulmonary effusion was evaluated by both chest radiograph and ultrasound. And we have changed the location of this paragraph(One hundred twenty six CAP patients were analyzed for gender, fever, wheeze, increase of respiratory rate, cough, CRP, and radiological findings among three different age group namely 0-23 months, 2-4 years, and older than 5 years. Then, incidence of proven viral and Mycoplasma CAP was investigated. Of these 88 proven CAP patients, fever, increase of respiratory rate, CRP, WBC, cough, wheeze, and radiological findings were statistically analyzed).

Page 7 to 8

Results

The way to write each age group should be unified.

For example, “under 23-monts” vs “0-23 months”, “over 5-year” vs “older than 5 years”.

Of the Table 2, title needs to be changed. What does “considation” mean?

In addition, “total” should be added in the top of the Table for easy understanding.

What suggested are; M (n=70), V (n=18), Unknown (n=38), for example.

“M, V, Unknown” could be under the subtitle of “etiology of pneumonia” for example.

Answer: We apologize for the confusion in the original manuscript. The age group has been unified.

Table 2 has been revised according to your valuable suggestion.

Page 8 to 12

Discussion

This section is rather redundant.

Concise description is welcome.

For easy understanding, please add “subtitle” for each discussion in case possible.

Answer: We thank the reviewer for the thoughtful comments and valuable suggestion, and revised the relevant section in the Discussion.

Page 9

The way to write each age group should be unified as suggested in the section of “Results”.

Answer: We thank the reviewer for the thoughtful comments and suggestions. We revised the sections of Discussion.

The term “bronchial pneumonia” should be explained in case different from “bronchopneumonia”. In case these two terms are same, it would be ideal to unify description.

Answer: We apologize for the typographic errors in the original manuscript, and have carefully checked the entire manuscript. Mistakes, including but no limited to the ones pointed out by the reviewer, have been corrected. “Bronchial pneumonia” should be “bronchopneumonia”.

Page 11

“We believe that our will have a.....for this type of CAP.”

This sentence does not make sense.

Answer: We thank the reviewer for the thoughtful comments and suggestions. We deleted this sentence.