Journal Name:	Asian Journal of Case Reports in Medicine and Health
Manuscript Number:	**Ms_AJCRMH_60872**
Title of the Manuscript:	**COVID-19 Patient Associated with Rare Pneumatocele Finding: CT Features and Case Report**
Type of the Article	**Case report**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	**The entire description of case is very typical of bacterial pneumonia complicated as infected pneumatocele/pyo-pneumatocele and pneumothorax. Except for initial COVID RTPCR positive report, none of the symptoms, clinical signs and investigations suggest COVID infection. No hypoxia, No distress, No evidence of inflammation or dysregulated immunity. Attempt to isolate organism from blood or drainage fluid was seen. Staphylococci, klebsiella, pseudomonas are common organisms. LDH, procalcitonin, ferritin would help to differentiate.** **Resolution HRCT was not mentioned.** **Patho-physiologically, it is very unlikely that you will get pneumatocele in COVID -19 because the hallmark of COVID pathology is disruption of alveolar-endothelial barrier leading to accumulation of fluid in alveoli causing V/Q mismatch. During resolution fibroproliferative processes dominates, thus having remote chance of air trapping and loculation, rather atelectasis is commonly seen.** **Thus, pneumatocele in this case doesn't appears to be due to COVID, but seems to primarily bacterial.**	Thank you for the feedback, in Indonesia's Covid-19 Guideline, the patient presented with upper respiratory tract symptoms such as fever, cough, dyspnea, history contact with the positive case, and supporting laboratory findings (leukopenia, high NLR) is very likely to become COVID-19. Moreover, in our country, RT-PCR is the gold standard examination for ruling COVID-19 As for other laboratory results, unfortunately, we didn't check the LDH, procalcitonin and ferritin, since the pneumatocele case was found accidentally. For radiology examination, our hospital doesn't use HRCT; instead, we use a non-contrast CT scan with 0.6 mm sliced. Therefore, we still considering patient COVID-19 diagnosis as the primary focus. Our reason why we think this pneumatocele due to Covid-19 is based on patient's clinical sign and symptoms, the laboratory result (normal leucocyte), and ground-glass opacity appearance located in both peripheral and subpleural region (Typical Covid-19 findings). Hence, we consider the pneumatocele is due to the viral infection.
Minor REVISION comments	Some grammar, punctuation and sentence correction.	Thank you, we try to evaluate grammar error in our manuscript
Optional/General comments	During this pandemic period, it is happening that we are ascribing many of the known disease condition to COVID based on single positive RTPCRT report. In-fact RTPCR is very sensitive test and require highly trained person and better primers & controls. There are high chances of contamination if scrupulous methods are not followed. Our clinical judgement should be based on total picture of the illness and not on single test.	Thank you for the feedback, we agreed with your opinion. Our judgement of the patient always comprehensive based on clinically picture, laboratory results, chest radiology examinations and RT-PCR swab.

PART 2:

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	No