

Dear reviewer:

Thank you for your decision and constructive comments on my manuscript. We have carefully considered the suggestions of reviewers and make some changes. We have tried our best to improve and made some changes in the manuscript. Revision notes, point-to point, are given as follows:

We apologize for the poor language of our manuscript. This time I chose your organization's language embellishment service (English editing ID: english-55009), I hope you can read it smoothly.

Point 1: In this and other similar clinical cases it is important to do some serology to look for anti Nocardia IgG antibodies. There is an ELISA test available for that purpose that helps to monitor the response to therapy. A serological test is by far less expensive then Molecular techniques.

Response 1: Thank you for the suggestion on the response to therapy, Detection of serum specific antibody can improve the diagnostic rate of Nocardia, but a large number of experiments have proved that this method has low specificity and false positive, mainly because of the low titer of Mycobacterium tuberculosis cross-reaction. In addition, some scholars use molecular biological methods such as PCR probe and DNA sequencing to shorten the detection time and improve the accuracy. However, it is limited in clinical use because of laboratory conditions, testing costs and other factors. This is the problem with our patient.

Point 2: Just bacterial colonies on blood agar would not be enough to make diagnosis of nocardia spp; do you have any proof from more advanced molecular diagnostics? Do you have nocardia spp?

Response 2: The isolation and identification of pathogenic bacteria is the gold standard for the diagnosis of Nocardia disease. The specimens can be collected from pus, tissue fluid and infected soft tissue. Unfortunately, due to the limitations of our hospital, we did not conduct more advanced molecular diagnostics. The initial diagnosis of Nocardiosis is mainly based on the etiological examination. Bacterial and revealed white bacterial colonies. Gram staining showed positive branching bacterium. Because of the lack of clarity in the gramm-stained image, we have not included the body of the article.

Point 3: Introduction line 29- inflammatory bowel diseases should be included here as well (<https://www.mdpi.com/2077-0383/10/2/364/htm>)

Response 3: Thank you for your suggestion on the increase in inflammatory bowel disease content. I have added the corresponding content. (Line 30,page 1)

Point 4: case presentation- line 52" consistent with EN" - this should be changed to suggestive of.

Response 4: Thank you for your suggestion on language accuracy. I have made a correction (Line 51,page 1)

Point 5: Line 87- it should be added that nocardia can affect not only immunocompromised host but immunocompetent as well. More should be elaborated on the immune status of your patient (see the following : <https://pubmed.ncbi.nlm.nih.gov/35454327/> AND <https://www.mdpi.com/2076-2607/10/6/1120/html>

Response 5: Thank you for your suggestion on description of host immunity, we we have already added the relevant information. (Line 86~87, page 4)

Point 6: Please report if TB was ruled out? How about actinomycosis?

Response 6: Thank you for your suggestion. It is because of your question that I know such a story. When the competent technician received the specimen and examined it with acid-fast staining, he did not see the presence of TB bacteria, but the careful technician did find another, heart-pounding thing-nocardia. To further confirm his judgment, he immediately used a modified acid-fast staining method for further examination. The same beautiful red lines, structured, ninety degrees cent. But unfortunately these pictures were lost due to improper preservation.

Point 7: Discussion line 90- reference is missing (<https://www.mdpi.com/2077-0383/10/2/364/html>)

Response 7: Thank you for your suggestion on missing reference, we have already added the relevant reference.(Line 114, page 4)

Point 8: Discussion is very short. A detailed paragraph in regard of treatment of nocardiosis would be important.

Response 8: Thank you for your suggestion on discussion of treatment of nocardiosis, We have already added the relevant content.(Line96 ~ 111, page 4)

Point 9: Discussion- have you found any other similar cases? This should be discussed

Response 9: Thank you for your suggestion on discussion of similar cases, We give a brief description of similar cases. (Line117 ~ 118, page 4)

Point 10: references must be updated

Response 10: Thank you for your suggestion on references, We have updated and added references.

Dear Editors and Reviewers, Thanks very much for taking your time to review this manuscript. I really appreciate all your comments and suggestions! These are my itemized responses and revisions in the re-submitted files.