**Dear Editor,**

**Thank you for your suggestions and opinion about our manuscript titled “An incidental finding of a double-lumen trachea in human – a case report.**”. We do strongly appreciate your inputs in the review of the manuscript and we are convinced that it will definitely help to improve it. We attach below responses to reviewers comments.

**Response to Editors and Reviewers:**

1. Abstract/Introduction/Case Report “The aim of this case report is to present an incidental finding of a firm tracheal septum in a 61-year-old woman. A tracheal septum has not been previously reported in adults.” Please reformulate this and also similar sentences presented in the three sections (Abstract/Introduction/Case Report)as several cases of post intubation tracheal septum have been described in the literature although the majority of theme associated with causes as tracheal pseudomembranes. Please see Medline example as: Arch Bronconeumol. 2013 Sep;49(9):402-4. doi: 10.1016/j.arbres.2012.11.004. Epub 2013 Feb 16. Obstructive inflammatory tracheal pseudomembrane. Crespo-Lessmann A, Torrego-Fernández Servicio de Neumología, Hospital de la Santa Creu i Sant Pau, Barcelona, España. Review Postextubation obstructive pseudomembranes: a case series and review of a rare complication after endotracheal intubation.Lung. 2011

 **Ad1**. Dear reviewer, as requested we modified the manuscript so that it underlines the acquired mechanism of this lesion’s etiopathology. We changed it in the abstract, Introduction, Case Report and additionally in the last paragraph of discussion. We hope you’ll pleased with our changes.

2. In Introduction acquired mechanisms of tracheal septum should be described.

 **Ad2**. Dear reviewer, as requested we rewrote introduction so that it underlines the acquired mechanism of our finding.

3. Case Report

3.1. “After 6 months a bronchofiberoscopy was performed showing good result of previous dilatation. The tracheal anomaly was still present and unchanged compared to previous examination.” As discussed in the previous reviews how can be affirmed that the results of balloon dilation are good if the tracheal anatomy is identical to the previous observation? Please clarify the statement.

**Ad. 3.1.**

Dear reviewer, thank you for your precious remark. Sorry for not clarifying it before. Please find a new rewritten paragraph explaining what we meant in the first place. Please notice that in the first part of the case report we state that patient had tracheal stenosis (the narrowest part measuring 7,5mm) above the tracheal septum. The tracheal stenosis was dilated and tracheal septum left intact. Without any intervention to the septum patient did not experience difficulties in breathing.

*“The mechanical balloon dilatation of tracheal stenosis located above the septum was performed leaving the tracheal septum intact. As the patient's general condition after the procedure was stable and she did not experience difficulties in breathing, the patient was released home and instructed to return for a follow-up in the outpatient setting. After 6 months a bronchofiberoscopy was performed showing good result of previous tracheal stenosis dilatation. The tracheal anomaly was still present and unchanged compared to previous examination.* *”*

3.2. The CR/CT scan are not clarified; these are different radiological techniques and the images look like CT images. Please correct also the abstract.»

**Ad 3.2.** Dear reviewer, we changed CR into CT in all places in the manuscript. We are for the misunderstanding, but in the first round of the review we were asked to replace CT with CR. We do confirma that the attached pictures are CT (computer tomography).

Note to Editors: Could you please change this also in Portuguese version of the manuscript? It seems I don’t have access to it anymore. Thank You.

Since all the corrections have been made, we hope the manuscript will now be accepted without any further changes.

We look forward to hearing from you regarding our submission. We would be glad to respond to any further questions and comments you may have.

Yours faithfully,

Authors