ROUND 1.

Reviewer	Comments to the Authors	Authors' Response
C	1. Relevance of the title to the content of the article: The diagnosis or intervention of primary focus is not followed by the words "case report".	The suggested change has been made in the title.
	2. Summary: The result or outcome of the clinical case is not included. If it is necessary to emphasize the presentation of the case in a concise and clear way. No conclusions or why this case is important to the scientific literature are included (What is the main "take-away" lesson(s) from this case) Not included what is unique about this case and what does it add to the scientific literature.	The result/outcome of the clinical case is included. We have added "take-away" lesson(s) from this case is details as suggested by the reviewer. We have also discussed the uniqueness of our case.
	3. Introduction: It would be interesting to include one or two paragraphs summarizing why this case is unique. The case describe significant physical examination and important clinical findings	We have thoroughly revised the 'Introduction' section of our manuscript as suggested by the reviewer.
	4. Methodology: The authors describe the tests and procedures performed	We would like to thank the reviewer for appreciating this.
	5. Ethical Aspect: No	We have added this information in the revised manuscript.
	6. Results: The authors do not explain other possible interventions that have not been performed.	We have added the information in our revised manuscript that CT thorax and CT pulmonary angiogram could not be performed due to logistic issues.
	7. Discussion: The authors not included the strengths and limitations associated with this case report The relevant medical literature are limited The authors should carry out a deeper discussion based on the bibliography found	We have included strengths and limitations associated with this case report. We have also carried out a deeper discussion based on the bibliography found.
	8. Conclusions: Good	----------
	9. References: There is no single method of referencing, so there are big differences between citations. It is recommended to use a single method (Vancouver recommended)	We have thoroughly revised the references to use Vancouver method.
	10. Redaction: Acceptable	----------

	11. Contributions: In general, it is an interesting clinical case. The authors could expand the part of complementary tests performed on the patient as well as their description. The discussion is well presented in terms of structure, although more bibliographical references are missing, as well as being able to make comparisons with the other cases.	We have made the necessary modifications as suggested by the reviewer.
D	1. Relevance of the title to the content of the article: Maybe "Spontaneous pneumothorax as a manifestation of COVID-19" is a better title.	The suggested change has been made in the revised manuscript.
	2. Summary: Good. No remarks.	----------
	3. Introduction: Good presentation of the subject, but I can't see why pnemothorax should be studied as a complication in COVID-19 patients. I think if the authors describe the pathology and the direct implication the course of the disease and discharge/death, the importance of the pneumothorax will be highlighted. No objectives were described in the introduction.	We have thoroughly revised the "Introduction' section of our manuscript as suggested by the reviewer.
	4. Methodology: All the informations are present and are suficient to make the reader understand the case.	----------
	5. Ethical aspects: No	We have added this information in the revised manuscript.
	6. Results: Same as methdology.	----------
	7. Discussion: What is the relation of all the cited studies with the case? Did the patient present any of the discussed alteration, such as cysts? Or it was caused by positive pressure ventilation? Why aren't the cited papers in the introduction, describing the SP?	We are extremely grateful to the reviewer for this suggestion. We have thoroughly revised the 'Introduction' and 'Discussion' section of our manuscript keeping all these points.
	8. Conclusion: Good	----------
	9. References:	----------
	10. Redaction: Needs some language corrections	These have been done carefully.
	11. Contributions: Although SP may be present	This point has been

	as a manifestation of COVID-19 in severe cases, the importance of it in the course of the disease must be assessed and described in the text.	thoroughly elaborated in the revised manuscript.

ROUND 2

Reviewer	Comments to the Authors	Authors' Response
A	1. Dear author, although great efforts have been made to further improve the text, there are still some pending issues	We would like to thank the reviewer for the valuable suggestions. We have modified the manuscript accordingly.
	2. Abstract Information has been increased, even so it is not clear what the objective of the work was in the conclusions. It would be interesting to give some details that the authors believe contribute to the scientific literature (For example: highlights the potential risk of developing SP in the setting of SARS-COV-2 infection).	We have modified the 'Abstract' section of our manuscript as suggested by the reviewer.
	3. Case history: It would be interesting to include the date of when the case occurred. It is not indicated if there is a genetic history of interest or if there have been similar cases in the family.	We have added the date at the beginning of the 'Case History' section. We have added the statement 'There was no significant family history of any lung disease.'
	4. It would be interesting to separate the different sections in paragraphs and in bold type. Example: Anamnesis, Physical examination, Complementary tests - Blood test, chest X-ray, CT scan, etc. -.	The suggested changes have been done in the revised manuscript.
	5. The quantities or dosage with which he was treated is not indicated in the treatment: He was treated with a combination of remdesivir, prednisolone, low molecular weight heparin and antibiotics. The antibiotic with which he was treated is not indicated.	All the changes have been made and incorporated in the revised manuscript.
	6. It could be specified what were the possible subcauses of death in addition to SP.	We have added the the possible subcauses of death in the last portion of the 'Case

		History' portion of the manuscript.
	7. Discussion: If you choose to use the acronym SP, you only have to explain it the first time.	This has been corrected in the revised manuscript.
	8. It could be referenced bibliographically: SP usually occurs young tall and slim men in the age group of 15-30 years. Smoking can increase its risk up to 20-fold. Most of the patients present with shortness of breath and ipsilateral pleuritic type of chest pain. Reference bibliography: Exact incidence of SP in COVID-19 is currently unknown. Literature reference: In most of these cases, invasive ventilation or noninvasive positive pressure ventilation was applied prior to the development of pneumothorax. Literature reference: In other cases, it appeared several weeks after the pulmonary infliction, resulting in persistent inflammatory infiltrates and formation of bullae/cyst. Literature reference: Autopsy studies of lungs in patients died of severe COVID-19 reported diffuse alveolar damage with fibromyxoid exudates and cystic pulmonary lesions.	Reference bibliography has been added as suggested. We have added 4 new references to support the following statements: Ref number 7: 'SP usually occurs young tall and slim men in the age group of 15-30 years. Smoking can increase its risk up to 20-fold. Most of the patients present with shortness of breath and ipsilateral pleuritic type of chest pain.' Ref number 11: 'In most of these cases, invasive ventilation or noninvasive positive pressure ventilation was applied prior to the development of pneumothorax.' Ref number 12: 'In other cases, it appeared several weeks after the pulmonary infliction, resulting in persistent inflammatory infiltrates and formation of bullae/cyst.' Ref number 13: 'Autopsy studies of lungs in patients died of severe COVID-19 reported diffuse alveolar damage with fibromyxoid exudates and cystic pulmonary lesions.'