Author's response to reviews

**Title:** Congenital Cystic Adenomatoid Malformation: dangers of misdiagnosis (a case report)

**Authors:**
wafae el amraoui (wafae.elamraoui@um5s.net.ma)
aziza bentalha (azizabentalha@yahoo.fr)
hajar hamri (hamri.hajar@yahoo.fr)
salma es-chrif el kettani (salmaelkettani@hotmail.com)
alae el koraichi (dr_alae@hotmail.com)

**Version:** 2  **Date:** 20 Mar 2017

**Author’s response to reviews:**

Responses are included in the manuscript and highlight in red characters

-  Lines 19 and 21 of page 5, mg/kg/j → mg/kg/day

-  Lines 32-35 of page 5, "The re-reading of scanner plates, by experimented radiologist with the help of scanner plates, with the help of pediatric surgeons, evoked the diagnosis of CCAM." → "The re-reading of scanner plates, by experimented radiologist with the help of pediatric surgeons, evoked the diagnosis of CCAM."

-  The right column of the Page 6, « 5 post operative hours : death » → « 5 hours postoperative : death ».

-  In order to reach your goal of facilitating the diagnosis of this disease, it would be better to detail more the typical radiological aspect of the CCAM at the CT scan which remains a key element for the diagnosis:

Radiologically (figure 4), a CCAM can be classified into three types, corresponding to Stocker histopathological classification [1]:

-  The most characteristic lesion for type I is the existence of a large cavity with a thick wall (diameter> 2cm) (image A).

-  Numerous cystic lesions with separate cavities characterize type II, the maximum diameter often being less than 1 cm (image B).
- For type III, which is extremely rare, a large solid mass is encountered with innumerable vesicles the size of an alveolus, exerting a significant mediastinal displacement (image C).