Reviewer’s report

Title: Early results of Vertebral Body Stenting: a multicenter series of the first 100 cases

Version: 1 Date: 3 March 2013

Reviewer: Eyal Itshayek

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Major Compulsory Revisions

1. The authors describe the use of a recently used vertebral stenting system for the augmentation of vertebral compression fractures. They report the results of a prospective multicenter observational case series. However, they do not report if they had an IRB approval for the study or not. If they had one it should be mentioned and if they did not have one then it is up to the journal's policy whether to publish the paper or not.

2. The main goal of treating vertebral compression fractures is pain control. However the authors choose not collect data regarding pain, disability or any other clinical outcome measure. Choosing to do so, the title of the paper should not be early results but radiographic evaluation or safety of the system. That should be changed in the discussion as well.

3. The authors choose to limit their inclusion criteria to fractures between the 10th thoracic vertebra and the 5th lumbar vertebra although kyphoplasty is indicated for the treatment of fractures between the 5th thoracic vertebra and the 5th lumbar vertebra. The reason for choosing so should be discussed. That fact might also explain the relatively big amounts of cement that were injected into the vertebra. It is well documented that 1cc of cement is enough for a thoracic vertebra and 3cc are enough to achieve pain control in the lumbar region.

4. About 76% percent of the patient had fracture - procedure interval of up to six weeks. Osteoporotic vertebral compression fractures are usually self limiting disease and most of the fractures usually heals within six weeks. Old patients harboring other co-morbidities are patients we want to keep mobile and ambulating. That is a good reason for early intervention however the patients presented here had average age of around 70 year, relatively young. That point should be discussed as it might explain the extent of correction described in the paper. Usually fresh fracture allows better correction.

5. The ASA status was reported in the results but was not discussed later. It should be discussed or deleted.

6. According to table 2 four patients underwent an intervention due to what the author named neurocompression, it more then one percent of complications that was mentioned in the discussion.

7. The details of the VBS system should be mentioned as soon as the VBS
abbreviations being presented into the text.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'