Author's response to reviews

Title: Comparisons of three anterior cervical surgeries in treating cervical spondylotic myelopathy

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Author's response to reviews: see over
Dear Prof:

Thank you for your kind comments for our manuscript to BMC Musculoskeletal Disorders. We appreciate your valuable comments and suggestions to improve it. The following are the correspondences to reviewer point-by-point concerning the comments and suggestions about the manuscript. We wish to take this opportunity to thank your consideration of our paper for publication in your journal.

1 Reviewer's report: The paper has been improved. However, still the number of patients which limited my first revision was unchanged not allowing to draw definite significant statistical conclusions. Although its clinic effect is satisfactory, it has few cases. The future will be able to integrate more cases in our study.

2 Section Editor's comment: The authors have to provide a power analysis of their statistics. There was no statistical difference in operative time, intraoperative blood loss, and JOA recovery rate ($P>0.05$) among three groups. It proves that new DCI has the same early clinical effect with anterior fusion and cervical disc replacement. Group A has a postoperative ROM of $C_{2-7}$ of $41.08^\circ \pm 4.74^\circ$, reducing by $8.83^\circ \pm 5.53^\circ$ when compared with the preoperative one, and the difference is of statistical significance ($P<0.01$). After fusion, the cervical motion segment number decreases, causing cervical motion reduces. Group B has a postoperative ROM of $C_{2-7}$ of $44.73^\circ \pm 6.90^\circ$, reducing by $4.40^\circ \pm 2.47^\circ$ as compared with the preoperative one, and the difference is of statistical significance ($P<0.01$). It is also caused by the semi-restrictive activity of DCI, which keeps ROM of surgical segments as well as prevents excursive movement of cervical posterior facet joints, so as to benefit protecting the posterior stability. Group C has a postoperative ROM of $C_{2-7}$ of $48.59^\circ \pm 6.80^\circ$, reducing by $0.59^\circ \pm 2.02^\circ$ as compared with the preoperative one, the difference were of no statistical difference ($P>0.05$). It is because cervical artificial disc is unlimited, which can maintain the motion of surgical segments and do not influence cervical integral movement.

We hope that the changes having been made to the manuscript meet to your satisfaction.

Best regards,

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