Author’s response to reviews

Title: Surgical complications in neuromuscular scoliosis operated with posterior-only approach using pedicle screw fixation.

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Author’s response to reviews: see over
Authors’ Response to Reviewers’ Comments:

Title: Surgical complications in neuromuscular scoliosis operated with posterior-only approach using pedicle screw fixation.

Reviewer: George H. H Thompson

Reviewer's report:

Your manuscript has been significantly improved by incorporating my suggestions and those of the other reviewers. I was particularly pleased that you compared those patients fused to the pelvis with those who were not as well as comparing patients younger and older than 20 years of age (ie, adolescents vs adults). My major residual concern is the English. Your manuscript needs editing by someone very proficient in scientific English writing. This will or should finalize your manuscript. As currently written, it is still unclear.

Answer: Thanks for appreciating our work. In this revision we have again edited our manuscript to the best of our ability, and corrected the language writing.

Reviewer: Toru Maruyama

Reviewer's report:

This manuscript and the cover letter are not different from the previous ones. My previous comments are totally ignored.

Answer: In this revision we have included separate cover letter and we have focussed only on your comments. We assure you that in any revision we did not ignore your comments; rather we have tried to answer each of your comments according to our ability. If you still feel that we would apologize for that and hope that this time we could please you.

Major Compulsory Revisions

One thing I feel strange is, if I am correct, hypovolemic shock in one of the two died patients was not regarded as a complication. In my and maybe general opinion, death is the severest complication we may encounter. Why did the authors exclude this case from complications?
Answer: We have included death as the major complications in this manuscript. We agree to your comment and accordingly we have included death in perioperative complication, and thus number of perioperative complications became 37. We hope that our explanation would be sufficient. In this manner we calculated the rate of perioperative complications from all operated patients (50) and postoperative complications were from alive patients (48). We cannot calculate postoperative complications from all patients including the expired patients. We hope this would satisfy the necessary requirements.

Abstract, Results: total thirty-six complications – total forty-nine (+alpha) complications

Answer: We have written “There were total fifty (37 perioperative, 13 postoperative) complications.”

Table 1, line 5: Duchenne

Answer: We corrected it.

Table 1, line 14: Average pelvic obliquity (missing)

Answer: Average pelvic obliquity is added in table 1.