Obid et.al. report a case of pedicle stress fracture 30 years after Harrington rod instrumentation of a juvenile scoliosis. In addition the patient suffered from liver cirrhosis acquired due to blood transfusion during the initial surgery. This resulted in osteoporotic changes and a failure of liver synthesis (Child-Pugh C) leading to the initial fracture and to catastrophic complications during the 2 operations performed by the authors.
The abstract has to mention the complications.

Singularity:
A case of pedicle stress fracture after Harrington rod instrumentation of scoliosis has already been reported:
This has to be mentioned and especially the therapy and outcome of that case. Therefore correction is needed:
ABSTRACT line 3
CONCLUSION line 2

Case presentation:
Substantial information necessary for the understanding of the case is missing:
To follow the surgical strategy, the reader would have to know:
- what caused the neurological deficit?
- what signs (beside “bilateral pedicle fracture L3”) preoperatively showed that it was a “highly unstable” (DISCUSSION line 12) condition?
- why did the authors go for one sided instrumentation in L1 (and L1?)? And
- why is that not mentioned in the text?

It is not correct, that the text mentions 2 screws in L1 whereas only one was implanted (CASE PRESENTATION line 12: “cutting-out of the pedicle screws in L1 (figure 2)”). This is essential information as one screw of course is not as stable as two.

Images:
The authors should provide the initial images before their first and before their second operation to give the readers an idea of the preoperative conditions. The lateral view of fig.2 would be helpful in addition.

Until now I cannot follow the therapeutic pathway of the authors.
The first surgical procedure has not been successful. Probably as it not directly addressed the main problem which was the lack of anterior support. I addition, although claiming osteoporosis as one of the reasons for the fracture, no effort was made to additionally fix the screws in the osteoporotic spine. Knowing of the exceptional load below the long fusion, both, additional anterior support and additional fixation e.g. by cement augmentation would have been indicated to obtain stable conditions. For a good long term result the administration of some kind of fusion mass (anterior or at least posterior) would have been important.

I welcome the courage of the authors, to demonstrate a case with these severe complications. We all know, that we can learn a lot more from these cases
compared to those where everything went perfect. But I miss some discussion to
the topic, why the first attempt failed and, retrospectively, which today would be
the author’s decision. Especially some more detailed information to the kind of
implants would be helpful.

In the end fortunately the patient has survived and is reported to be “free of
complaints”.

Quality of written English: Acceptable

Declaration of competing interests:

No financial interests