Author’s response to reviews

Title: Lumbar intraspinal extradural arteriovenous malformation: a case report

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Author’s response to reviews: see over
Author's response to review Reviewer's report

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**Authors response to review:** see over
Reviewer's report

Title: Lumbar intraspinal extradural arteriovenous malformation: a case report

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Reviewer: Toma Spiriev

Comments to authors:

I read with interest the report of “Lumbar intraspinal extradural arteriovenous malformation: a case report” by Suntharalingam et al. It is represents the diagnostic workup of rare extradural AVM of the lumbar spine. However the presentation of the case is lacking major details. The intraoperative image is not clear to distinguish the typical characteristics of AVM (as authors suggests in the case presentation). It would be good to provide a histopathological image of the specimen, and a better intraoperative image.

A histopathological image of the specimen and a better intraoperative image have been added.

There is no clear description of the intraoperative technique and findings: “At that abnormal arterialized, dilated, and tortuous vessels were found” ? There is no description of the relation of the lesion to the nervous structures.

A clear description of the intraoperative technique and findings and a description of the relation of the lesion to the nervous structures have been added as follows:

To confirm the entity and dignity of the intraspinal lesion an operative exploration was performed over a left-sided hemilaminectomy L5, a partial hemilaminectomy L4 and S1, followed by preparation towards the dura. The lesion was located completely extradural along the nerve roots L5 and S1. Abnormal arterialized, dilated, and tortuous vessels, suggestive of an AVM were found (figure 2,3). Hemostasis and removal of the lesion followed using bipolar coagulation. Further decompression of the nerve roots L5 and S1 was performed.

Moreover, there is no description of the postoperative course of the case.

The postoperative course of the case has been added as follows:

No neurological deficit occurred after the operation. The patient had an uneventful recovery and was discharged 7 days later. During the clinical follow-up 3 months post-surgery the pain in the lower back had subsided, but the hypaesthesia in digit i 2 – 4 of the left foot had remained. The MRI 3 months post-surgery showed a regular outcome without any signs of a residuum.

Quality of written English: Needs some language corrections before being Published

Declaration of competing interests: nothing to declare