**Author’s response to reviews**

**Title:** Comparison of serum markers for muscle damage, postoperative recovery, and surgical site pain after extreme lateral interbody fusion with percutaneous pedicle screws or traditional open posterior lumbar interbody fusion

**Authors:**

Tetsuro Ohba (tooba@yamanashi.ac.jp)

Shigeto Ebata (sebata@yamanashi.ac.jp)

Hirotaka Haro (haro@yamanashi.ac.jp)

**Version:** 4  **Date:** 01 Sep 2017

**Author’s response to reviews:**

Thank you very much for the excellent reviews. We have addressed each comment, criticism, and suggestion individually below. We believe that the changes suggested by the reviewers have improved this manuscript. We hereby resubmit this document with point-by-point responses to all of the reviewers’ comments along with the updated version of our manuscript, which has been revised in accordance with the comments from the editor.

**Editor Comments:**

Dear authors

The manuscript has much improved during the review process.

I would be glad to accept it for publication but would like to have a few more things addressed beforehand:

1. In the results section on page 8 you write "Postoperative CK values were significantly lower in patients in the XLIF/PPS group on postoperative day 4 (296 ± 171 U/L in the XLIF/PPS and 430 ± 367 U/L in the XLIF/PPS group; P = 0.039) and day 7 (93 ± 46 U/L in the XLIF/PPS group and 151 ± 147 U/L in the XLIF/PPS group; P = 0.025) (Figure 2C)."

This does not make sense. Please clarify.

→ We apologize for this error and have revised manuscript (P8, line 39-42).
2. Please provide numbers (and standard deviation) for the blood loss in the abstract and results section as this is a key finding of your study.

→ With respect to this suggestion, we have provided numbers for the blood loss in the abstract and results section (P2, line 37-40; P8 line 17-20).

3. Please comment on the clinical relevance of the between-group differences for blood loss and CK as a marker for muscle damage

→ With respect to this suggestion, we have commented on the clinical relevance of the between-group differences for blood loss and CK as a marker for muscle damage in discussion section (P11, line 22-25).