Author’s response to reviews

Title: Posterior decompression and occipitocervical fixation followed by intraoperative vertebroplasty for metastatic involvement of the axis

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Reviewer reports:

Michel Teuben (Reviewer 1): I would like to thank the authors for their corrections. Before publication I suggest to perform a statistical review. However, when statistics are decent the manuscript is suitable for publication in my opinion. Despite the fact that the Information is not innovative (and results are published before in the J Neurosurg Spine Papp et all. 2014), this is the second study on this technique and includes a higher number of patients. Therefore I believe it mandates publication.

Author: Thank you for your comments and the manuscript has been reviewed by a statistician.

Michael Betz (Reviewer 2): 1. Wording is much better, but there are still linguistic errors

Title:

Intraoperative Vertebroplasty Combined With Posterior Decompression and Occipitocervical Fixation To Metastatic involvement of the Axis: write: .... for metastatic involvement of the axis
Author: The title has been changed according to your below suggestion.

Line 37-38: However, the metastases to the upper cervical spine were rarely reported in the literature[4, 5]: write: However, metastases to the upper cervical spine...

Author: The error has been corrected in Line37-38.

Line 137-139: Metastasis to the spine was commonly spread through the Batson plexus, a valveless vertebral venous complex. Additionally, the vertebral body was the most common site to be affected compared with the posterior elements[10]: write: Metastasis to the spine are commonly spread through the Batson plexus, a valveless vertebral venous complex. Additionally, the vertebral body is the most common site to be affected compared with the posterior elements[10]

Author: The error has been corrected in Line137-138.

Line 140-142: The clinical picture of metastatic involvement of the upper cervical region ranges from localized pain to the variable extent of the neurological deficit and even death induced by spinal cord compression[11, 12]: write: The clinical picture of metastatic involvement of the upper cervical region ranges from localized pain to a variable extent of the neurological deficits and even death induced by spinal cord compression[11, 12].

Author: The error has been corrected in Line141.

Line 163-164: Reviewed from the literature, the recurrence rate was similar for palliative surgery compared with TES[19]. Write: Lei et al. described that the recurrence rate...

Author: The error has been corrected in Line163.

Line 180: Hence, the antitumoural effect needed further study. Write: Hence, the antitumoural effect needs further study.

Author: The error has been corrected in Line180.

Line 198-199: The shorter posterior fixation might later become insufficient and increase the risk of reoperation.... Revise this sentence

Author: The error has been corrected in Line199.

2. The fact that in your study, laminectomy and removing of the superior and inferior facet joints and pedicle were performed first and followed by transpedicular vertebroplasty, must be highlighted. This approach distinguishes your article from previous published series and differs from the 'normal' surgical approach, where instrumentation is performed first to diminish the risk of spinal cord damage. On the other hand your procedure makes sense as cement leakage can be detected and cleared immediately.
In my opinion you should think about changing the title of your article. For example you could write:

'Posterior Decompression and Occipitocervical Fixation followed by Intraoperative Vertebroplasty for Metastatic involvement of the Axis.'

This order should, in my opinion, be maintained in the results and conclusions section. For example

Results: Line 22-23: Results: All patients underwent posterior decompression and occipitocervical fixation followed by intraoperative vertebroplasty...

Conclusions: Line 31-33: Posterior decompression and occipitocervical fixation followed by intraoperative vertebroplasty was a safe and valuable palliative method with relatively less invasion to treat metastatic involvement of the axis.

Author: Thank you so much for your helpful suggestion and we have changed the title according to your suggestion and maintained in abstract, result and conclusions. These could be checked in Line 15-16, Line 22-23, Line 31-32, and Line 214-215.

3. The quality of Figure 1a-1d is poor. Please deliver high-resolution images / radiographs

Author: Sorry for the low-resolution images uploaded. We have uploaded the high-resolution Figure 1a-1d and dpi of the figure is 400.