Author’s response to reviews

Title: Acute pancreatitis after major spine surgery. A case report and literature review.

Authors:

Daniela Ghisi (ghisidan@gmail.com)
Alessandro Ricci (alessandro.ricci@ior.it)
Sandra Giannone (sandra.giannone@ior.it)
Tiziana Greggi (tiziana.greggi@ior.it)
Stefano Bonarelli (stefano.bonarelli@ior.it)

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Author’s response to reviews:

Reviewer reports:

Reviewer #1:

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<td>5</td>
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<td>&quot;Advocated&quot; rather than &quot;questioned.&quot;</td>
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Answer 1: corrected

| 6    | 19   | "Institution." |

Answer 2: corrected

| 6    | 21   | 70 degree kyphosis, was an MRI done before surgery? The measured kyphosis may be an artifact of the rotational component. |

Answer 3: Although we agree that kyphosis may be influenced by the rotational component, we can confirm that a 70 degree kyphosis was measured in the patient. (see image enclosed as supplementary material)

| 6    | 58   | Meteorism? |

Answer 4: Meteorism was corrected with tympanites

| 8    | 29   | "Canalization"? |
Answer 5: Canalization was corrected with first defecation

9 36 What therapy was maintained?

Answer 6: therapy was initiated by the gastroenterologist and consisted of somatostatin, rifaximin and ursodeoxycholic acid

Suggestion: Most scoliosis surgeons view spinal radiographs as they view scoliosis patients - from the back. Changing the radiographs so that they are viewed with the right side on the right would be helpful.

Thank you for your suggestion, the radiographs were changed accordingly.

Reviewer #2: I enjoyed reading the manuscript regarding pancreatitis after spinal surgery.

My concern is,

Staged surgery using temporary rods may be choice of the treatment; however, was the magnetic growing rod necessary for this patient? It's expensive and there was only one month to expand. Did the authors try some lengthening in this period? I don't think that there was an indication of the growing rod for 15-year-old female with Risser III and 174 cm of body height.

Please add some authors' comment about this point.

Answer 7: The technique of the magnetic temporary bar in severe scoliosis (very different technique than in eos) before the definitive surgery is an innovation that allows to avoid poorly tolerable "halo tractions" with long hospitalizations.

The magnetic temporary bar in severe scoliosis allows a gradual correction avoiding sudden maneuvers in distraction that can affect medullary vascularization. In this specific patient, it is emphasized that the complication of pancreatitis did not allow the constant lengthening of 3 mm per day, but despite this, we obtained a further correction of 7°Cobb before the definitive surgery. At our departement, we have an experience of 20 cases, in the last three years, of severe scoliosis treated with this method with very encouraging results.