Reviewer’s report

Title: Sagittal Spinopelvic Malalignment in Degenerative Scoliosis Patients: Isolated Correction of Symptomatic Levels and Clinical Decision-Making

Version: 0 Date: 22 Aug 2018

Reviewer: Toru Maruyama

Reviewer’s report:

I enjoyed reading the manuscript. I have several concerns.

1. First of all, as the authors indicated, "(3) Our results can only be applied to a very specific cohort of DS patients - those who underwent a targeted decompression and fusion of only their neurologically symptomatic levels. This is a "selected" cohort comprised of patients with "moderate" scoliosis with a Cobb angle less than 40 degrees, coronal shift less than 2cm, and a SVA less than 10cm".

In my opinion, generally, PI-LL mismatch is not a problem in this specific type of the DS patients, at least, in the short term.

2. Inclusion criteria

Page 5, line 20: We excluded patients if they had undergone a previous fusion, concomitant osteotomy procedure, or had less than 12 months follow-up.

Page 7, line 13: The mean follow-up was 29.2±19.1 months (range: 6-108 months).

3. The rate of the PI-LL mismatch on the plain lateral standing film over time was missing

4. PI-LL mismatch before surgery on extension film or MRI

Page 12, line 15: In contrast, if patients were unable to obtain that mismatch pre-operatively, thereby demonstrating a less structural curve ??

more structural curve??

Page 12, line 15: patients achieved a PI-LL mismatch within 10o only 14.8 and 21.7% of the time post operatively, respectively. ??

On the Figure 3, 9.1% and 20.5%, respectively?
5. Page 13, line 8: This is perhaps because lumbar extension radiographs are looking at a
dynamic position of the lumbar spine and that those patients who were able to achieve a PI LL
mismatch within 10° on these films have a more flexible spine than those who could only
achieve that mismatch on their MRI but not on their lumbar extension radiographs (n = 10).

On the Figure 3, pre-op mismatch was 44 patients both on the Lumbar extension radiograph and
MRI.

I can't understand the meaning of n=10 in the line 11 and n=16 in the line 12 on the page 13.

6. Page 13, line 11: This additional flexibility could perhaps be responsible for the loss of LL
over time in this group

-- Is this the only speculation of the authors?

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