

*Thessaloniki, July 27th 2021*

Dear Editor,

We would like to thank you for accepting to reconsider our manuscript titled: "Minimally invasive outpatient management of iliopsoas muscle abscess in complicated spondylodiscitis." for publication in the World Journal of Orthopedics.

We would also like to thank the reviewers for their insightful comments. All points raised are addressed and the manuscript was revised according to their suggestions. All text changes in the manuscript have been highlighted. For reviewing purposes, the comments have been addressed one by one. In more detail:

**Reviewer #1:**

**Comment:** Good study well designed

**Reply:** Thank you for your positive feedback.

**Reviewer #2:**

**Comment:** Formatting and Grammar needs to be checked

**Reply:** Formatting and Grammar have been revised.

**Comment:** Repetition of information in result and discussion section can be avoided.

**Reply:** Result and discussion sessions have been revised and points of repetition have been eliminated.

**Comment:** Antibiotic Usage - rationale behind using them, can be useful for readers

**Reply:** We agree with your point and thank you very much for your comment. A paragraph with the rationale behind the antibiotic usage was added.

*[Empiric antibiotic therapy should cover against S. Aureus, gram negative and gram-positive microorganisms, including bowel flora and common UTI bacteria, and targeted therapy should be commenced immediately after the culture result <sup>[14]</sup>. For mycobacterial infections, a nine-month conventional antituberculous therapy was applied. For non-mycobacterial infections, as all cases presented with vertebral involvement, the minimum duration of the antibiotic treatment was eight weeks, including at least two weeks of IV Vancomycin, and prolonged according to laboratory and radiological findings.]*

**Reviewer #3:**

**Comment:** In the Abstract section, the methods were missing.

**Reply:** Thank you very much for your point. The “Methods” session has been edited accordingly.

*[METHODS*

*Patients' demographics, clinical presentation, underlying conditions, isolated microorganisms, antibiotic regimes used, abscess size, days until the withdrawal of the catheter, and final treatment outcomes were recorded and analyzed.]*

**Comment:** The table 2 needs to be adjusted.

**Reply:** Thank you for your point, both the content and the title of Table 2 have been modified.

*[Table 2 Underlying conditions of patients with secondary IPA]*

**Reviewer #4:**

**Comment:** The authors have reported a retrospective review of 8 cases of spondylodiscitis managed with CT guided percutaneous drainage. The authors have made a day-care approach to the management. However, this is the routine method of management being followed in most of the institutions. The authors should give a justification or the novelty of their management plan to warrant publication despite being the common method of choice in managing the iliopsoas abscess from spondylodiscitis of any cause.

**Reply:** Thank you very much for your point. Although we agree that the day-care approach is gaining ground in the management of complicated spondylodiscitis, we have not encountered any supporting literature. We point out the importance of day-care for immunocompromised patients (HIV, renal failure, TB) or patients with difficult in-hospital management (IV drug users).

**Comment:** Moreover, in case of tubercular spondylodiscitis it is not the method of choice to address the abscess rather it is the medical management, the gold standard treatment of choice and surgical management is needed only to stabilize the weakened spine. Kindly give the rationale behind the treatment approach followed, without any pressure symptoms apart from back pain due to the spondylodiscitis.

**Reply:** Thank you for your comment. No patient that presented with complicated spondylodiscitis had previous history of TB infection. Therefore, the CT-guided drainage and culture of the fluid set the initial diagnosis of tuberculosis and patients were commenced at antituberculous therapy immediately.

#### **Science editor:**

**Comment:** The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

**Reply:** The original figures have been inserted in a PowerPoint file and submitted with the revision files.

**Comment:** The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

**Reply:** The “Article Highlights” section has been added at the end of the main text.

**Comment:** Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors’ country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. Example: Download our sample of signed informed consent-Case report, at <https://www.wjgnet.com/bpg/GerInfo/287;>

**Reply:** The Informed Consent Form has been uploaded.

Once again, we would like to thank you and the reviewers for your time and effort. Please do not hesitate to contact me for any further clarifications and corrections regarding the submitted Manuscript.

Yours sincerely,  
Dimitrios Kitridis, MD  
Corresponding Author