Response to reviewers:

Reviewer 1:

- We have added a figure to each case to demonstrate the pathology. In case 1, a CT scan of the chest demonstrates a large haemothorax. Review of the fluoroscopy images did not demonstrate any unusual findings, and were thus not included in the submission. In case 2, a CT scan of the abdomen demonstrates a retroperitoneal hemorrhage. In this case as in case 1, intraoperative images were unrevealing and not included.
- We have clarified the indications for each procedure. In case 1, the indication was refractory back pain resulting from compression fracture. In case 2 the indication was also refractory back pain with evidence of worsening facet arthropathy above the site of the prior fusion.
- The pre-operative neurologic status of each patient was noted to be normal as clarified in the manuscript.
- We do not have any surgical suggestions as to how such complications may be avoided but focus primarily on how post-operative care providers should maintain vigilance to quickly detect and manage such complications when they do occur.

Reviewer 2:

- We have added a figure to each case to demonstrate the pathology. In case 1, a CT scan of the chest demonstrates a large haemothorax. Review of the fluoroscopy images did not demonstrate any unusual findings, and were thus not included in the submission. In case 2, a CT scan of the abdomen demonstrates a retroperitoneal hemorrhage. In this case as in case 1, intraoperative images were unrevealing and not included.
- We have clarified in the manuscript that kyphoplasty is typically performed under general anesthesia at our institution.

Reviewer 3:

- We agree that incorrect positioning of the kyphoplasty needle is the most likely cause of this injury. We suspect that the needle transgressed anterior to the vertebral body at some point during positioning, but the final position documented by fluoroscopy showed an appropriately placed needle. We have specified this hypothesis more clearly in the manuscript.
- In case 2 we have more clearly specified the patient's past surgical history and the exact procedure performed. She had a prior L3-5 fusion with worsening facet arthropathy above the size of the prior fusion accompanied by debilitating pain. She had removal of hardware and extension of her fusion to include L2-L5.
- We have added images which more clearly illustrate the nature and degree of injury.