

**31617-Answering reviewers**

All the reviewers' comments have been addressed. The changes in the manuscript have been underlined.

**Reviewer # 1**

**Thank you for your comments.**

**Please add laboratory values of nutrition (albumin, ferritin, WCC) if available for this patient to substantiate your diagnosis of malnutrition and state if the patient was fed through a NG tube and for how long.**

Page 4, lines 3-5: Blood work showed normal white cell count 8,000 (normal 4,500-10,000), decreased prealbumin 6.1 mg/dl (normal 17-34) and serum iron level 15mcg/dl (normal 50-212) that confirmed malnutrition.

Page 4, lines 7 and 17-18:

The patient's oral intake was suspended and a nasogastric tube placed to facilitate feeding. The fistulous tract healed at 3 months and patient resumed oral feeding.

**Reviewer #2**

**Thank you for your comments.**

- 1- Radiological findings: The figure 2 can be deleted cause the figure 3 shows the fistula. The figure 4 isn't good image (To remove)**

Figures 2 and 4 removed as recommended. The figures' numbers changed accordingly.

- 2- At the beginning, what's the indication of double approach? (Laminectomy and anterior approach)**

The authors cannot answer this point as both procedures were done by different surgeons in another institutions.

- 3- Is there a risk of osteitis (Bone graft)?**

The hardware had to be removed and to get some stability, fusion and good alignment avoiding kyphosis, anterior support is required. The best available option to avoid infection is the iliac crest structural allograft. Allograft and cage are not recommended to be used in such a case.

- 4- Summaries in the table the cases reported in the literature to compare the indications of conservative treatment used by the authors and surgery performed by some cited in references.**

Page 5, line 13: Table 1 added



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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**Reviewer # 3**

**Thank you for your comment.**