

Q1: The resolution of figure 1a-d was not good?

We are very grateful to the reviewers for their valuable suggestions. We have done our best to provide better and clear pictures 1a-d.

Q2: The girl was a 14-year-old or 16-year-old?

According to the identity information provided by the patient and the records in the case, the patient is 16 years old, 14 is error. We are very sorry to bring trouble to reviewers and editors.

Q3: Some grammatical and spelling errors must be corrected: -Figure 3: Radiographs almostly 6 weeks following cervical operation demonstrates that there is a partial correction of the preoperative kyphotic deformity?

We have revised. " Radiographs 6 weeks following anterior cervical corpectomy decompression and fusion show the preoperative kyphotic deformity in cervical spine was significantly corrected."

Q4: The authors have not described enough the radiological findings in the observation: CT scan and MRI.

We are very grateful to the reviewers for their valuable suggestions. We had revised demonstrations about images Figure 2,3,4.

Q5: Figure 2: the title is not complete.

We had revised the title of Figure.

Q6: Figure 2-3-1: must be change because the lines hide the spine!

We had changed Figure 2-3-1.

Q7: The name of the patient must be erased from the figures?

The name of the patient is erased from the figures.

Q8: Chiropractic care may be of benefit to some patients with connective tissue disorders, (including Ehlers-Danlos syndrome). Is there a place for this treatment? How about reeducation and kinesitherapy? Psychosocial issues, including patient desire to return to work, were important factors in work disability status and perceived outcome

We are very grateful to the reviewers for asking questions. Postoperative care for spinal surgery is equally important for patients. Our spine surgery team has a wealth of experience. Now we have more than 4,000 operations per year, covering upper cervical deformity, scoliosis, conventional cervical and lumbar disease, minimally invasive surgery. Now according to our follow-up observation, this patient is now able to go to

school, live and work independently. In this way, the psychological pressure of the patient is greatly alleviated, and the burden on the family and society is reduced.

Q9: No need for cervical traction before surgery?

Through the imaging performance, we found that the space between the posterior margin of the vertebral body and the spinal cord of the neck is very narrow. After discussion in our department, it is believed that traction may lead to further increase of spinal cord compression. Moreover, through the search of the literature, the description that traction is necessary has not been found. Ultimately, the patient's clinical outcome is satisfactory. In the future clinical work, we should pay more attention to such diseases, and make a better summary of the status of traction, and obtain more detailed data.

Q10: Some grammatical and spelling errors must be corrected

We had tried our best to check the manuscript and revise some grammatical and spelling errors. Because English is not our native language, the manuscript has been edited before submitted. If it still has some problems, please let us know.