

Dear Editors and Reviewers:

We would like to submit the revised manuscript entitled "Dysphagia in a patient with ankylosing spondylitis: A case report", which we wish to be considered for publication in World Journal of Clinical Cases. No conflict of interest exists in the submission of this manuscript, and manuscript is approved by all authors for publication. I, Wen-zhi Zhang, certify that this manuscript is a unique submission and is not being considered for publication, in part or in full, with any other source in any medium. All the authors listed have approved the manuscript that is enclosed. After checking the issues raised in the peer review report and editorial office's comments carefully, we make a point-by-point response, which are listed below:

Firstly, in the introduction, AS should be defined as a "chronic systemic, inflammatory and rheumatic" disease. Secondly, in the discussion, "anterior cervical ossification formation was not inhibited in a 37-year-old elderly white presenting with dysphagia and a 12-year history of AS" is correct after revised. Thirdly, one of the two clinical cases exposed in the discussion was a patient with AS and the patient's dysphagia was also caused by osteophytes on the anterior cervical vertebrae, which originated from AS, and drugs did not work to some extent. On the other hand, regarding the cases with successful surgery and total elimination of the symptoms, the 73-year-old male patient with extrinsic esophageal dysphagia underwent an operation to resect a thick osteophyte simply. However, as in our study, the patient underwent anterior cervical discectomy and fusion surgery (ACDF), which was a minimally invasive surgery assisted by a microscope. Its advantage was that decompression from the front of cervical spine was more direct and thorough, and the effect was very obvious. In addition to the large osteophyte being removed, an internal fixation and fusion were placed to maintain normal physiological functions and enhance the stability of the cervical spine. What's more, the ACDF surgery had shorter recovery time, smaller wounds, fewer complications and more convenient intraoperative operations than the method

of simply removing osteophytes. Finally, the PubMed numbers, DOI citation numbers and all authors of the references were added to the reference list after revised throughout.

I hope this revised paper can be re-reviewed and is suitable for World Journal of Clinical Cases.

We deeply appreciate your consideration of our manuscript, and we look forward to receiving comments from the reviewers. If you have any queries, please don't hesitate to contact me.

Thank you and best regards.

Yours sincerely,

Wen-zhi Zhang