

Dear Editor and reviewers,

Many thanks for your expert comments which have really helped us to significantly improve the manuscript. We have spent a lot of time improving this section to add clarity. We trust that all comments have been addressed satisfactorily in detail below.

Kind regards

You report a patient whose unrecognized spinal infection flared up after spinal surgery. I think your report is valuable for every physician treating patients with spinal pain.

General comments: You need to clearly state the clinical course, and physical and laboratory findings of the patient.

Specific comments: I do not think “Unexplained” in the title is essential because the pain is explainable.

Title was changed to: Postoperative Pain Due to an Occult Spinal Infection: A Case Report

Line 5: I think “undergoing invasive procedures” should be “underwent invasive procedures.”

Line 5: patient who underwent invasive procedures

Line 7: I think “6 weeks” should be “1.5 months.”

Line 7: spinal infection was delayed by 1.5 months.

Line 11: You did not describe “a spinal infiltrate 6 weeks prior to surgery” in the clinical course of the patient. You did not mention “Staphylococcus aureus was isolated from bacteriological samples taken at revision surgery” in the clinical course of the patient.

Line 9-18: 6 weeks to prior to surgery he received a spinal injection, which was followed by increasing lumbar radicular pain, weight loss and chills. This went unnoticed and surgery took place with a right-sided L4-L5 combined microdiscectomy and foraminotomy by posterior approach. 1 day postoperatively the patient developed left-sided lumbar radicular pain. Blood

cultures demonstrated *Staphylococcus aureus*. MRI showed inflammatory aberrations, revealing septic arthritis of the left-sided L4/L5 facet joint as the probable cause. Revision surgery took place, with *Staphylococcus aureus* isolated from bacteriological samples. The patient received post-operative antibiotic treatment, completely eradicating the infection.

Lines 22 to 26: I do not think "...spinal injections." is necessary.

This was deleted

Line 50: You need to clearly state when preoperative MRI scan was done. In addition, you need to clearly state if the MRI scan showed the presence of inflammatory findings of the L4/5 area.

Line 69: An MRI scan done 2 days before the last infiltration, 1.5 months preoperatively, showed a right-sided L4-L5 foraminal LDH, with compression of the right L4 nerve root. Intra-articular fluid collection was seen in the facet joints of L4-L5, without the presence of other inflammatory findings of the L4-L5 area

Line 70: You need to state what and how much pain medications the patient took.

Line 75: with oral analgesics with paracetamol 1g (1-1-1-1) and ibuprofen 600mg (1-1-1)

Lines 80 to 81: You need to state if there were findings suggestive of infection when you did microdiscectomy and foraminotomy. Did you use any antibiotics before and after the first surgery?

Line :107 Preoperative antibiotic prophylaxis was given, with Cefazolin 2g IV. There were no clear intra-operative findings suggestive of infection.

Line 102: You describe "blood cultures were taken, which showed Gram-positive cocci." However, you write in the abstract "*Staphylococcus aureus* was isolated from bacteriological samples taken at revision surgery." These descriptions were inconsistent. You need to describe the name of the bacteria instead of "Gram-positive cocci" and the results of sensitivity tests of the cocci to antibiotics.

Line 135: As a standard measure in our hospital, with fever >38.5°C, blood cultures were taken, which showed *Staphylococcus aureus*

Lines 115 to 122: I cannot understand how the antibiotics were given to the patient. I cannot understand "picc."

Line 154-158: Antibiotic therapy was instituted, first empirically with intravenous (IV) vancomycin 1g (1-0-1) and IV cloxacillin 3 g (1-1-1-1) for 5 days. In view of the antibiogram (table 1), his antibiotic therapy was switched to IV cefazolin (2 g; 1-1-1) for 23 days, at home, through a peripherally inserted central catheter.

Lines 134 to 137: The description “We presume that... infection.” should be moved to discussion.

Line 154: I would recommend “SAFJ” be spelled out. I would recommend you mention why the signs and symptoms of the infection developed contralateral side to the surgery. END

Line 203 : septic arthritis of the facet joint

Dear Editor and Reviewers,

Many thanks for your expert comments and helping us to improve our manuscript. We have addressed each comment individually below:

1. Abstract Conclusion “Patients with spinal pain” would be better than “spinal patients.”

This was changed in line 22:

“A thorough clinical and laboratory work-up is essential in the preoperative evaluation of patients with spinal pain.”

2. Introduction Line 7: “0.01 to 0.1 %” would be better than “0.1 to 0.01%.”

This was changed in line 32:

“A review by Windsor et al. reported the occurrence of infections in 1–2% and severe infections in 0.01 to 0.1%”

3. Case presentation “Operative findings” would be better than “Physical examination.”

Please excuse us, but there is no “physical examination” in case presentation, in the last version sent after first review.