

Dear editor and reviewers,

We would like to thank you for your thoughtful and often enthusiastic comments regarding our submitted manuscript. We appreciate the opportunity to respond to your comments, and we hope that the editor will be willing to reconsider our manuscript for publication. All reviewers had concerns regarding the manuscript. Below, we respond to each comment by the reviewers. In addition, changes and additions to the manuscript are highlighted in red. We look forward to hearing from you soon.

Sincerely,

Jian-Wu Zhao Corresponding author

E-mail: jianwu@jlu.edu.cn

Comments:

1. The classification of spinal dural vascular malformations used in the "Introduction" section of the article is quite old. Instead, it would be more appropriate to use the current classification reported by "Kim and Spetzler" in 2006.

R: According to the opinions of the reviewer, we changed the spinal dural vascular malformations classification standard to the standard issued by "Kim and spetzler" in 2006——extradural arteriovenous fistulae (AVFs), intradural dorsal AVFs, intradural ventral AVF, extradural-intradural spinal arteriovenous malformations (AVM), intramedullary AVMs, conus medullaris AVMs.

2. In the "Core tip" section; Spinal dural arteriovenous fistula recurrence was mentioned after 8 years. It would be more correct to use the term "symptom recurrence after 8 years" in this sentence.

R: Thanks to the referees, in the manuscript we have corrected this mistaken.

3. In the "First admission / Outcome and Follow-Up" section of this article; After decompression and fusion surgery for the spinal stenosis at the L4-L5 level (first surgery), it was stated that the leg pain of the patient disappeared. However, no information was given about the recovery of the patient's sensory deficit and neurogenic claudication after this surgery. This issue needs to be enlightened.

R: Thank you for your very constructive suggestions, in the follow-up of the first admission, we revised this part and we added information about the recovery of sensory deficits and neurogenic claudication in the patients after surgery.

4. In the "Final diagnosis" section in second admission of patient; L3-L4 disc herniation should be written among the diagnoses.

R: Among the diagnoses made after the second admission, we added L3-L4 disc herniation.

5. It should be emphasized that Spinal Angiography is the "gold standard" in the diagnosis of spinal vascular malformations and it should be recommended to be used in all suspicious cases.

R: In the discussion, we added the description of the recent comparison between MRI and spinal angiography,

highlighted the irreplaceable accuracy of spinal angiography, and emphasized that spinal angiography should be used in all suspicious cases.

6. In these cases; “Results of surgical treatment (proximal drainage vein clipping) and Endovascular treatment (fistula embolization) are similar”. Attention should also be paid to this issue in the discussion section.

R: Thank you for your very constructive suggestions, in the discussion, we add recent contrasts regarding endovascular and surgical treatment.

7. It is recommended to prepare the table (Tables of Review) used in this article more regularly.

R: We have noticed the problem and have corrected it in the ‘62669-Table File’.

8. In these cases, “With treatment; While 2/3 of the motor symptoms regress, 1/3 of the sensory findings regress. Sphincter disorders are rarely resolved. " In the discussion section, this issue should also be highlighted and the importance of early diagnosis should be emphasized.

R: Following the comments of the reviewers, we describe this issue in the discussion and highlight the importance of early diagnosis again.