

Manuscript NO.: 64804, Case Report

Original Article Title: "Surgical treatment of delayed cervical infection and incomplete quadriplegia with fish-bone ingestion: A case report"

To: BPG Editorial Office

Re: Response to reviewers

Dear Pro. Ma,

Thank you for allowing a revision of our manuscript, with an opportunity to address the reviewers' comments.

According to the reviewers' comments, the main modifications of the new version include:

- a) In the discussion part, we emphasized the significance for readers and clinicians of this case.
- b) Uniform presentation was used for figures showing the same contents.
- c) We provided the approved grant application form(s) and original pictures.
- d) The manuscript has been modified and checked by a native speaker.

According to the part of "**Author contributions**", Li SY and Miao Y contributed equally to this work.

Best regards,

 et al.

1) Response to Reviewer#1:

Reviewer #1: The case in this manuscript is rare, and the imaging data and treatment plan are thorough. However, this case may have little guiding significance for readers and clinicians.

Author response:

Thank you for the comment. In the discussion part, we have emphasized the significance for readers and clinicians of this case. The manuscript has also been modified and checked by a native speaker.

Author action: We updated the manuscript by adding "The endoscopy after admission revealed that the posterior wall of the laryngopharynx was ruptured and a fish bone was found in the irrigation fluid after operation. **During the diagnostic process, clinicians need to pay sufficient attention to the patients with a history of fish bone ingestion, even if the immediate laryngoscopy results are negative.**" in the discussion part. (Page 7)

We updated the manuscript by changing "The vast majority of patients **have obvious symptoms and** can **be timely diagnosed and** treated." to "The vast majority of patients have obvious symptoms and can be timely diagnosed and treated." (Abstract BACKGROUND)

We updated the manuscript by changing "An emergency surgery was performed to drain the abscess and decompress the spinal cord through removing the anterior inflammatory **necrotic tissue.**" to "An emergency surgery was performed to drain the abscess and decompress the spinal cord through removing the anterior inflammatory necrotic tissue." (Abstract CASE SUMMARY)

We updated the manuscript by changing "This rare case highlights the awareness of the **posterior pharyngeal** or esophageal wall perforation ..." to "This rare case highlights the awareness of the posterior pharyngeal or esophageal wall perforation..." (Abstract CONCLUSION)

We updated the manuscript by changing "Physicians should be aware of the **posterior pharyngeal** or esophageal wall perforation in patients with cervical pyogenic spondylitis with a certain or uncertain history of foreign body ingestion..." to "Physicians should be aware of the posterior pharyngeal or esophageal wall perforation in patients with cervical pyogenic spondylitis with a certain or uncertain history of foreign body ingestion..." (Page 7 DISCUSSION)

We updated the manuscript by changing "Figure 2 Preoperative magnetic resonance image (MRI). A: Sagittal T2-weighted fat-suppressed image shows a great amount of fluid collection in the **spatium retropharyngeum** (arrow) spreading..." to "Figure 2 Preoperative magnetic resonance image (MRI). A: Sagittal T2-weighted fat-suppressed

image shows a great amount of fluid collection in the spatium retropharyngeum (arrow) spreading..." (Page 13 Figure 2)

We updated the manuscript by changing "Figure 3 Endoscopic examination reveals perforation (arrow) and abscess on the **posteriorpharyngeal** wall." to "Figure 3 Endoscopic examination reveals perforation (arrow) and abscess on the posterior pharyngeal wall." (page 14 Figure 3)

2) Response to Science editor:

(1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Author response:

Thank you for the comment. We have provided the approved grant application form(s) and original pictures.

3) Response to Company editor-in-chief:

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

Author response: Thank you for the comment. Uniform presentation was used for figures showing the same contents.

Figure 2 Preoperative magnetic resonance image (MRI). A: Sagittal T2-weighted fat-suppressed image shows a great amount of fluid collection in the spatium retropharyngeum (arrow) spreading into the spinal canal through the C4/C5 disc space; B: Sagittal gadolinium-enhanced image demonstrates well-delineated peripherally enhancing ventral epidural abscess (arrow) extending from C6 to foramen magnum.

Figure S1 Postoperative MRI. A: Sagittal T1-weighted image shows that epidural abscess (arrow) was less than before operation; B: Sagittal T2-weighted image demonstrates that the abscess in the posterior pharyngeal wall (arrow) was obviously less than before operation.