Dear editor,

We are thankful to the reviewers for their valuable suggestions. We appreciate their concerns and have tried to incorporate their suggestions to the best of our knowledge. We have made the following table for the answer of the queries raised by reviewers and highlighted the modified parts in yellow in the text.

S Num	Query	Response
Reviewer 1		
1.	You should specify that you are talking about 112 suspected cases. I imagine these are suspected cases, that were later classified into the 4 CRS categories that you mention, but it should be clarified	As it is a retrospective study, data was retrieved and 112 cases were included in the study as per their clinical and laboratory records and further classified according to CRS category due to lack of proper gold standard diagnostic method.
2.	And it would be useful to know on what clinical basis were these 112 cases suspected to be OATB "The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were calculated to evaluate diagnostic performance of geneXpert assay and microscopy against the culture method" You mention above that you will use a CRS as a gold standard, and your calculations of sensitivity and specificity that you report in your results, are not against culture positive alone. You should clarify.	As OATB is a form of EPTB, expertise is required for the proper collection of samples from correct site of lesion and secondly, it is paucibacillary in nature and there is a lack of proper gold standard test to diagnose OATB; hence CRS is taken into consideration to diagnose OATB.
3.	Could you include pathological results of the samples?	Few studies have reported pathological results data while calculating CRS and in others not included (14,15). In the present study, as pathology was not sent for all especially if pus was obtained as sample. Its only when tissue was retrieved, then

		pathology was sent. Therefore, we did not include pathology findings.
4.	"40 samples were put on culture": please specify why the rest was not put on culture.	Due to lack of adequate amount, some samples could not be put on culture and the samples received during the peak of Covid-19 pandemic were not put in culture due to lack of processing in proper biosafety facilities due to the overburden processing of Covid-19 samples and man power engaged in Covid-19 testing. Th authors regret for that.
5.	You mention 37 cases were confirmed to have OATB by CRS. But 35/37 were only genxpert positive, which according to your definition, is a "probable case", one extra case was detected by culture positive, but the case 37, why was it classified as confirmed case? He only received 1.5 months of ATT, according to your table 1.	According to CRS, 5 cases were confirmed to have OATB; of the 35 gene Xpert positive cases, 31 were belonged to probable OATB category and the one which showed improvement after getting ATT in spite of being culture and gene Xpert negative belonged to possible OATB category.
6.	Regarding clinical data: you only report sex, age and site of OATB. Do you have information on how many patients had had a previous diagnosis of TB? Or if any of them had a simultaneous diagnosis of TB in another site? This could also be a factor influencing the suspicion of TB diagnosis.	TB is endemic in our country and hence OATB is presumed to secondary. The diagnosis of TB is strongly based on clinical suspicion but its also mandatory to send any sample for TB tests even if we suspect pyogenic as TB is rampant, ubiquitous and present in different forms even in associated pyogenic infection.
7.	"Sensitivity of Xpert assay, culture and smear when compared with CRS was found to be 94.6%,13.5% and 16.2% respectively, specificity in all the three types of tests was found to be 100%." Again, you should revise and redefine your CRS to establish what you are comparing your test (genXPert) to. Normally, you should not include the GenXpert, which is the test you are evaluating, in the definition of your composite score, because you are comparing the genXpert with the	In the present study, while calculating the sensitivity, specificity, PPV and NPV of the different tests with that of CRS, we took into consideration of only 40 samples out of 112 which were put in all the three types of laboratory test. (14,15).

	genxpert and this is not valid. And this will overestimate the efficacy of GenXpert and give you very high sensitivity scores.	
8.	"However, Muangchan et al. reported 99 cases of OATB during 2-year period. which seems to be quite a large number " 99 cases out of how many?	The authors report 99 inclusive cases which had positivity as follows-histopathology was 46.5%, positive AFB 40.4%, positive PCR 33.3% and positive culture 19.2%
9.	Did any of the patients included receive ATT prior to the sample collection? This affects the culture mostly.	No ATT is not started before the reports as per institutional policy
10.	You could go in further details of the benefits of genXpert in OATB diagnosis in you discussion. Not only is it more accurate for the diagnosis, it gives quick results and resistance profile	The discussion has been modified as per suggestions
11	As you mention there is a lack of information on the utility of Genxpert inOATB, you should include all ref on the topic, such as: - The role of Xpert MTB/RIF assay in the diagnosis of tubercular spondylodiscitis Justin Arockiaraj • Joy S. Michael • Rohit Amritanand• Kenny Samuel David Venkatesh Krishnan .	The suggested reference has been attached in Reference 20,.
Reviewer – 2		
1	Please decribe more about GeneXpert in Introduction and Methods	The introduction and methods part have been modified as per suggestions.