

List of Responses

Dear Editor and Reviewers:

Thank you for your letter and reviewers' comments concerning our manuscript entitled "Multitrack and multianchor point screw technique combined with the Wiltse approach for lesion debridement in the treatment of lumbar tuberculosis" (No. 83217). Those comments are all valuable and very helpful for revising and improving our paper. We have made correction according to the comments. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1: Thank you for the chance to review the manuscript. The paper has been written well. In an actual clinical scenario, that would have been better to compare this group of patients with a control group operated with bilateral traditional pedicle fixation technique. My critics to improve the paper: Page 4, Paragraph 1: The authors are recommended to add a statement to explain that their definition of screw trajectory denotes to cortical bone trajectory of pedicle fixation technique, and not the traditional technique. Page 6: Line 3 : "and the pre-bent titanium rod was fixed and locked". I am puzzled with this statement. Where did you put the rod? As you state you did not insert any screw on the contralateral side. Page 6, postoperative management, two last lines of the 1st paragraph: "Trabecular bone connection between vertebrae was determined as bone fusion." Please explain whether you have examined the fusion with simple X-ray or reconstructed CT scan. Figure-1 Legends should be added..

Response: Thank you for your comment. we have added a statement to explain the definition of screw trajectory denotes to cortical bone trajectory of pedicle fixation technique ,and not the traditional technique to Page 4, Paragraph 1. I am sorry for the statement "and the pre-bent titanium rod was fixed an locked " in Page 6: Line 3, it's a wrong statement by mistake and we have deleted the words .About Page 6 , postoperative management ,two last lines of the 1st paragraph "Trabecular bone connection between vertebrae was determined as bone fusion ", we have added a

statement to explain we have examined the fusion with reconstructed CT.Figure -
1Legends has been added .

Reviewer #2: Abstract was too long, please stated brief abstract contains maximum 150 words focused on the current findings. - Core tip was missing. - Methods should be specifed with more details to be repeatable. - Figure quality was low. - Discussion was poor, the author should discuss about novelty of current study as well as efficacy and safety of pulmonary resection surgery for pulmonary tuberculosis i.e., drug-resistant tuberculosis using update references in the last five years. - Conclusion should be objective with further perspectives.

Response: Yes, we agree with you, and we have briefed the abstract into 150 words .- Core tip has been added .-Methods had been specifed with more details.-Figure quality has been improved .-Discussion has been added a new paragraph about the efficacy and safty of pulmonary resection surgery for pulmonary tuberculosis especially for MDR-TB in the last five years .-Conclusion has been modified to be objective with further perspectives .

Reviewer #3: The authors did not mention if they had any preoperative or intraoperative culture to confirm the diagnosis The authors stated that they kept their patient absolutely bedridden. Why? Did all patients have spine instability? Did the authors use anticoagulation? How many surgeons performed the surgeries and their level of experience?

Response: Thank you for your comment.we are sorry for missing the statement to confirm the diagnosis but we have added a sentence about the intraoperative culture as tuberculosis .In our Department all the lumbar tuberculosis patients are been asked to be absolutely bedridden ,because we are afraid the load of the heavyweight to make further collapsed of the affected vertebrates . we use low molecular weight heparin to anticoagulant.We have two advanced surgeons to perform the surgeries .The manuscript has been polished by a native English speaker.

We would be grateful if it could be further reviewed. I am looking forward to your further advice and comments from reviewers to make the paper more scientific.

Yours sincerely

Yufei Yuan MD