

Dear Editor,

We would like to thank you for your time and assistance regarding the review process of our paper. We have received the peer-review report of our article entitled *“Transforaminal Percutaneous Endoscopic Discectomy (TPED) using Transforaminal Endoscopic Spine System (TESSYS) technique: Pitfalls that a beginner should avoid”* with manuscript number 35456. We have taken into serious consideration the reviewers’ comments and in order to address each of the points raised by the reviewers in a response letter, we cite below each comment and the corresponding response describing the changes that have been made to the manuscript. Furthermore the English language of this manuscript was polished by a native speaker of English. For convenience reasons, the necessary changes have been highlighted with yellow color in the updated version of the manuscript as well.

We sincerely thank you for your time and your assistance.

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Peer-review report

Reviewer #1: This is an excellent mini-review paper that should be published in WJO. As you can see from my comments a minor revision of the manuscript is needed. The following comments are intended for the benefit of the authors in revising their manuscript: Title The content is clearly stated. Main Body Fig. 2: A sagittal MRI view would better demonstrate an upward or downward migrated disk herniation. Please provide one. Please mention and compare recurrence rates in different

discectomy techniques. A table summarizing indications, contraindications, pros and cons would be helpful for the readers. Presentation and documentation The text is easy to follow. The manuscript is well organized. References The number of references is appropriate.

Reviewer #2: To my opinion, the content of the submitted manuscript (a mini-review) would be valuable to be documented in the literatures.

Reviewer #3: the study titled: Transforaminal Percutaneous Endoscopic Discectomy (TPED) using Transforaminal Endoscopic Spine System (TESSYS) technique: Pitfalls that a beginner should avoid The authors focused on contraindications, with short description of the technique, but to conform with the title , the authors need to elaborate more on the technique, the risks and how to avoid complications this may need also some anatomical illustrations

Response to reviewers' comments

Response to Reviewer #1: A sagittal T2 weighted MRI image demonstrating a lumbar disc herniation has been added.

According to the most recent literature, the recurrence rates do not differ among the different discectomy techniques.

[Ruan W, Feng F, Liu Z, Xie J, Cai L, Ping A. Comparison of percutaneous endoscopic lumbar discectomy versus open lumbar microdiscectomy for lumbar disc herniation: A meta-analysis. *Int J Surg*. 2016 Jul;31:86-92. doi: 10.1016/j.ijssu.2016.05.061. Epub 2016 May 31.

Ahn SS, Kim SH, Kim DW, Lee BH. Comparison of Outcomes of Percutaneous Endoscopic Lumbar Discectomy and Open Lumbar Microdiscectomy for Young Adults: A Retrospective Matched Cohort Study. *World Neurosurg*. 2016 Feb;86:250-8. doi: 10.1016/j.wneu.2015.09.047. Epub 2015 Sep 25.]

We also included a table summarizing indications, contraindications, advantages and disadvantages.

Response to Reviewer #2: No need for changes.

Response to Reviewer #3: The procedure is already described step by step. However, we added few more information and an extra image.

We enriched the report of complications/risks that a beginner may encounter according to the recent literature.

Actually, TPED is a combination of two interventional approaches involving the percutaneous and the endoscopic aspect. Thus, the spine surgeon should be fully expertised and experienced on both in order to avoid the complications mentioned.

We also added a hand-made illustration depicting Kambin's triangle.