

Reviewer 1

Overall, this case report presentation represents a new method and well organized. Regarding the provided check list, I would like you to refer to the following points: Title, key words and background are acceptable.

1. In the abstract (P3, line77), it is notified as the first case used this method, while in the P 5, line 131, you mentioned that " few studies have reported ultrasound-guided LRB", please elaborate it more.

Reply: Thank you for the comment. As far as I know, the studies on ultrasound-guided Lateral recess block (LRB) are limited, this is probably because there is no recognized standard method for ultrasound scanning. In order to explore the standard method for ultrasound-guided LRB, we reported a novel ultrasound-guided LRB approach in this case. Therefore, this case is the first report study on the LRS treatment with ultrasound-guided LRB from the contralateral spinous process along the inner side of the articular process by out-plane technique. I modified the two sentences in the P 3, line 77-79 and P 5, line 131-133 of the revised manuscript.

2. P6, line 147, what does Acid Pain mean?

Reply: The acid pain means soreness. I amended this sentence in P 6, line 147-148 of the revised manuscript.

3. P6, line 160, it seems there is a discrepancy between VAS and ODI. Please explain more.

Reply: The patient's lumbocrural pain assessment is 8 out of 10 on VAS scale and 4 out of 5 on ODI scale. In addition, the patient was taking oral sleeping pill at the time of survey, the pain had little to no effect on his sleep, so the item 7 was given a score of 1. Meanwhile, the item 8 was ignored because the patient is an old man with no sex life. Please find attached in the email for the original Oswestry Disability Index recorded.

4. P7, line 177, the probe frequency was typed 6-1, is it correct. Also, would not it better if you used a linear probe instead.

Reply: No, it is wrong. Thant you for your advice, we corrected the probe frequency in P7, line 177. The probe frequency was 5-2 MHz. This is because our target injection point was about 5cm into the skin and the convex probe (5-2 MHz) allows imaging up to 8cm depth. In comparison, the linear probe can only be used up to 4cm which is too shallow for our application.

5. For illustrations, it could be better to put some pictures of the patient position, right place of probe position and needle insertion.

Reply: The picture of the patient position was shown in figure 3, the right place of probe position and needle insertion were shown in picture 4.

6. References: few of them are too old. (ie. Reference #4)

Reply: I updated the reference on number 4, 10 and 17.

List

1. Audio Core Tip
2. 如何修改通讯作者