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Name of Journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 25185

Manuscript Type: Case Report

We thank the editor and reviewers' for investing their time with our manuscript and providing insightful comments. We appreciate their time and efforts they have put in. Appended below are our responses to the comments below:

Comment 1:

World Journal of : Offer

Manuscript Type: Offer

Response: We have provide the journal name and manuscript type within the manuscript as follows:

World Journal of Orthopedics and Manuscript Type: Case Report

Comment 2:

Authors' full names should be given first, then the complete name of institution, country, city, province and postcode.

Yoichi Aota, Department of Orthopedic Surgery, Yokohama Stroke and Brain Center, Japan

Response: We have provided the city, province and postal code as requested and now the full details are as follows:

Yoichi Aota, Department of Orthopedic Surgery, Yokohama Stroke and Brain Center, Takigashira, 1-2-1, Isogo-ku, Yokohama, 235-0012, Japan

Comment 3:

All the authors' work should be given in this section. Thank you! For example: Author contributions: Jethwa P and Naqvi M performed the majority of experiments; Hardy RG, Hotchin NA, and Roberts S provided vital reagents and analytical tools and were also involved in editing the manuscript; Spychal R co-ordinated and provided the collection of all the human material in addition to providing financial support for this work; Tselepis C designed the study and wrote the manuscript.

Author contributions:

Response: We have revised the author contributions section as requested. Please note that all authors have been mentioned:

Hironori T performed acquisition of data, analyses and interpretation of data and drafted the manuscript. Yoichi A conceptualized and designed the study and also critical revised the manuscript. Tomoyuki S approve the final version fo the manuscript.

Comment 4:

Institutional review board statement

Any article describing a study (basic research, clinical research, and case report) involving human and/or animal subjects is required to have the institutional review board (IRB) name, whether institutional (part of the author(s)' academic/medical institution, such as the Oak Grove Children's Hospital Institutional Review Board) or commercial/independent/private (contracted for-profit organizations, such as the Clinic Care Coalition for Human Rights Institutional Review Board), stated explicitly in the title page. In addition, a copy of any ethic approval document(s)/letter(s) or waiver should be provided to the BPG in PDF format.

Please offer a signed pdf file with all the authors. Thank you!

Institutional review board statement: This study has been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments.

Informed Consent Statement: Written informed consent was obtained from all patients.

Conflict-of-interest statement: The authors report no conflicts of interest concerning the materials or methods used in this study or the findings specified in this paper.

Response: We have appropriately revised the institutional review board statement and provided information about ethics approval. Additionally, we have described what type of consent was obtained from the participant, as requested. Also as requested we have provided copies of the three statements, signed by all authors.

Comment 5:

Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Audio Core Tip

Please offer the audio core tip, the requirement are as follows:

In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

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To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0

Response: As with previous submission, we provided a core tip of less than 100 words which has been included here as well:

Laminar screw fixation is often used at the C2 and C7 levels, however, only few previous case reports have presented the use of laminar screws at the C3–C6 levels. In this article, the authors describe a novel fixation method involving the use of laminar screws in the subaxial spine with adequate spinal rigidity, which was achieved without complications.

Response: Regarding audio core tip, we have included this with the revised submission as requested.

Comment 6:

Case characteristics

Clinical diagnosis

Differential diagnosis

Laboratory diagnosis

Imaging diagnosis

Pathological diagnosis

Treatment

Related reports

Term explanation

Experiences and lessons

Peer-review

Please write the comments. Writing requirement see the file named “Format of Case Report“

Response: Thank you for your comment. We have accordingly included this section within the manuscript and appropriately filled it in.

Comment 7:

Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.

Such as: 1 Nayak S, Rath S, Kar BR. Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. Ophthal Plast Reconstr Surg 2011: e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]

Response: Thank you for your comment and example provided. We have added PubMed citation numbers and DOI citation for all references.

General Comments:

1) Please update the manuscript according to the Guidelines and Requirements for Manuscript Revision-Case Report. You can find the Guidelines and Requirements for Manuscript Revision-Case Report.

Response: Thank you for your comment. We have revised the manuscript as per the guidelines and requirements for a case report.

2) This is a good case report with medium term result in one patient and will add to the body of literature for posterior cervical fusion. The photographs were however not very clear and I would suggest getting better quality images in the publication.

Response: Thank you for your comment. As requested, we have provided better quality of the images for publication. If required, we would be happy to provide individual files for figures.

3) Please subject the manuscript to CrossCheck analysis and the final title to Google Scholar search, and store screenshot images of the results. CrossCheck powered by iThenticate (document checking software) is an initiative started by CrossRef to help its members actively engage in efforts to prevent scholarly and professional plagiarism. We strongly suggest that you perform a check of your revised manuscript before resubmission using the CrossCheck program available at <http://www.crossref.org/crosscheck/index.html> and of the final title using Google Scholar at <http://scholar.google.com/>.

Response: We have conducted CrossCheck and included a similarity report as part of this resubmission. Additionally, we have done a search of the final title using Google Scholar and included two snapshots of this search below.

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Posterior C2 **fixation** using bilateral, crossing C2 **laminar screws**: case series and technical note
 NM Wright - Journal of **spinal disorders & techniques**, 2004 - journals.lww.com
 ... C2 **screw fixation** have been reported using independent C1 **lateral mass screws** and C2 ... As all relevant structures are directly visualized during C2 **lamina screw** placement, intra ... One potential drawback to this technique would be unrecognized **lamina screw** breakout ventrally ...
 Cited by 362 Related articles All 7 versions Cite Save

Cervical pedicle **screws** versus **lateral mass screws**: anatomic feasibility and biomechanical comparison
 EL Jones, JG Heller, DH Silcox, WC Hutton - **Spine**, 1997 - journals.lww.com
 ... Transpedicular **screw fixation** and combined anterior plating and posterior wiring provided comparable stability for onelevel ... orientation that would appear to preclude the use of a standard **screw** entry point or direction, such as have been proposed for **lateral mass screws** ...
 Cited by 438 Related articles All 5 versions Cite Save

Complications of pedicle **screw fixation** in reconstructive surgery of the **cervical spine** [PDF] from medtronic.com
 K Abumi, Y Shono, M Ito, H Taneichi, Y Kotani... - **Spine**, 2000 - journals.lww.com
 ... A drill bit was never used to penetrate the cortex of the **lateral mass** or to make a hole for ... There were **three** patients (1.7% of the patients; 0.4% of the inserted **cervical pedicle screws**) with neurovascular complications ... Complications Not Directly Attributable to **Screw** Insertion. ...
 Cited by 462 Related articles All 8 versions Cite Save

Posterior C1–C2 fusion with polyaxial **screw** and rod **fixation**
 J Harms, RP Melcher - **Spine**, 2001 - journals.lww.com
 ... The size of the caudal part of the **lateral mass** of C1 is sufficient to safely accommodate a 3.5 ... After **screw** placement in C1 and C2, a reduction maneuver can be carried out, either by ... The polyaxial **screws** can be incorporated as part of a modular system for fusions to the occiput ...
 Cited by 1119 Related articles All 6 versions Cite Save

Morphometric evaluation of **screw fixation** in atlas via posterior arch and **lateral mass**
 M Tan, H Wang, Y Wang, G Zhang, P Yi, Z Li, H Wei... - **Spine**, 2003 - journals.lww.com
 ... 11 To reduce these shortages, Harms placed **screws** in atlas and axis, respectively; as a result, the postoperative stability was achieved and long-term fusion ... Therefore, the **screw fixation** via posterior arch and **lateral mass** in atlas resembling pedicle **screw fixation** can be ...
 Cited by 278 Related articles All 7 versions Cite Save

Posterior **cervical lateral mass screw fixation**: analysis of 1026 consecutive **screws** in 143 patients
 LHS Sekhon - Clinical **Spine Surgery**, 2005 - journals.lww.com
 ... As a result, stripping of the **screw** thread was not as big an issue as lateral breakout of the **lateral mass** cortex. ... Twenty **screws** (1.9%) breached the foramen transversarium by 0-1 mm. No **screw** violated the foramen transversarium by >1 mm. ...
 Cited by 87 Related articles All 7 versions Cite Save

Lateral mass screw-rod fixation of the **cervical spine**: a prospective clinical series with 1-year follow-up
 HG Deen, BD Birch, RE Wharen, R Reimer - The **Spine Journal**, 2003 - Elsevier
 ... the plate constrains **screw** positioning and may require that the surgeon place **screws** in less ... 17] and biomechanical [18] data demonstrating the utility of **screw-rod fixation** for posterior ... This allows for **lateral mass screw fixation** in the **cervical spine** and standard pedicle **screw** or ...
 Cited by 109 Related articles All 6 versions Cite Save

Atlantoaxial **fixation** using plate and **screw** method: a report of 160 treated patients
 A Goel, KI Desai, DP Muzumdar - Neurosurgery, 2002 - journals.lww.com
 ... in the adequately prepared receptor area of the posterior arch of the atlas and the **lamina** of the ... cases, the pars of the axis and the atlantoaxial joint could be dissected, but the **lateral mass** of the ... The caudal end was affixed with a **screw** in the pars of the axis, and the occipital ...
 Cited by 439 Related articles All 5 versions Cite Save

Anatomic consideration of C2 pedicle **screw** placement
 N Ebraheim, JR Rollins Jr, R Xu, WT Jackson - **Spine**, 1996 - journals.lww.com
 ... Using a Cobb elevator, soft tissue was removed to expose the **lamina**, **lateral mass**, and medial aspect of the ... C2 pedicle chosen was about 5 mm inferior to the superior border of C2 **lamina** and 7 ... 3. Jeanneret B, Gebhard JS, Magerl F. Transpedicular **screw fixation** of articular ...
 Cited by 242 Related articles All 4 versions Cite Save

Cervical pedicle **screw fixation** in 100 cases of unstable **cervical** injuries: pedicle axis views [PDF] from researchgate.net obtained using fluoroscopy
 Y Yukawa, F Kato, H Yoshihara, M Yanase... - ... of Neurosurgery, **Spine**, 2006 - thejns.org
 ... 9 Jones EL, Heller JG, Silcox DH, Hutton WC. **Cervical pedicle screws** versus **lateral mass screws** ... R, Ruther W, Schneider E, Linke B. Biomechanical analysis of transpedicular **screw fixation** in the ... RA, Vaccaro AR, Foley KF, Albert TJ. Placement of pedicle **screws** in the ...
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4) Please provide the approved grant application form(s) or funding agency copy of any approval document(s)/letter(s).

Response: We have included information regarding funding as a separate and signed document.

5) Please revise the language of your manuscript. For manuscripts submitted by Non-Native Speakers of English, the authors are required to provide a language editing certificate, which will serve to verify that the language of the manuscript.

Response: We have had this manuscript checked and edited by an English editing company and included an English language certificate with this submission.

6) Please sign the Copyright Assignment form. The Copyright Assignment form can be downloaded from the ESPS; you may find it under the "Files Download" area (please click on the “+” in front of the manuscript number to view the Files

Response: We have signed the copyright assignment form and included with this submission.