

Dear Editor-in-Chief,

We thank both the reviewers for their time and effort. We deeply appreciate their contribution in improving our work. We have addressed the reviewers' comments and concerns. All changes in the manuscript are highlighted with red fonts. Below you will find a detailed response to each reviewer:

Reviewer #1

*High level paper. I would add to the title: acute and hematogenous. Introduction is too long, diagnosis is not directly related to this review. Modular parts should be changed when possible. Especially in countries where implants are not available the same of the reoperation, please see the Consensus. There is no consensus on how long intravenous antibiotics should be administered after an I & D.*

We thank the reviewer for his/her remarks. We have accordingly modified the manuscript's title. We have also removed specific details referring to diagnostic criteria and imaging modalities from the introduction section. We have also added remarks regarding the feasibility of modular parts exchange and duration of postoperative antibiotic treatment according to the recent International Consensus Meeting on Periprosthetic Joint Infection.

Reviewer #2

*This is a review of a vary important and complicated issue in the arthroplasty field. Unfortunately this paper is written in a "boring" fashion, and it does not provide an up to date coverage of this thema , rather than a general guidelines. There are new tools for better diagnosis of infected joint prosthesis which are not mentioned. The success rate of two stage revision is high so vary good reasons should be not to follow this way of treatment.*

We thank the reviewer for his/her remarks. The manuscript was prepared based on the latest evidence in the literature, as summarized in the table. In the introduction section, we have added a mention to novel biomarkers used for PJI diagnosis (highlighted in red fonts), however as this paper's focus is not PJI diagnosis, we have not elaborated on this subject. With regards to the reviewer's remark on whether the approach differs depending on the pathogen, in the following sections discussing I&D of the hip and the knee, we do mention that certain pathogens (antibiotic-resistant strains) are associated

with inferior outcomes and a more aggressive strategy should be employed (again, additions have been highlighted with red fonts). We have also elaborated on certain predictive factors for I&D of the hip, in accordance to the reviewer's comment.