

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_80166
Title of the Manuscript:	Delta Fixation for High-Grade Spondylolisthesis: An uncommon surgical technique and case report
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p>	<p>Title – Delta Fixation for High-Grade Spondylolisthesis: Technique, Indications and an uncommon surgical technique and adult case report</p> <p>“Uncommon” – spondylolisthesis about 4% prevalence with HGS about 1/5 of spondylolisthesis cases. Most case reports in children, uncommon in adults.</p> <p>Abstract – too short with only 148 words, 250 words are permitted. In Introduction add in options for surgery are anterior, anterior-posterior, posterolateral bone-only fusion, PLIF/TLIF etc. The main challenge is not reduction but adequate decompression, stabilization and fusion as reduction risks neural injury (25-30%). No reduction needed if in sagittal balance. In Methods – We report a 62-year-old female...with left L5 sensory radiculopathy and no motor deficit. Conclusion –The 6-months follow-up is inadequate to report outcome, with 12 months minimum required.</p> <p>Manuscript – only 760 words, 2000 words are permitted.</p> <p>CASE REPORT – We report a 63... history of trauma to the lower back 18 years prior back Patient was a known case of Past history of Non-insulin dependent diabetes mellitus and was on regular medications. The patient's neurology was intact in both lower limbs (thus cannot state “with bilateral radiculopathy” in the Abstract).</p> <p>“MRI LS spine showed Grade III anterolisthesis of L4 over L5 vertebrae with diffuse disc bulge at L3L4 and L4L5.” (Incorrect- The axial T2 view shows moderate L4/5 stenosis).</p> <p>Lumbar brace duration is usually 3 months.</p> <p>The ‘Delta’ fixation technique by Abdu et al Spine (1994) needs to be described in detail. The triangular construct provides superior fixation strength. Posterior approach familiar to spine surgeons etc. Please describe high grade (HGS) as Meyerding Grade III and IV. Classically described for high grade spondylolisthesis at L5/S1, this case report describes an L4/5 slip. The caudal screw requires medial inclination of 20 degrees with cranial angulation for perforation of the superior endplate of L5 crossing the L4/5 disc and perforating the inferior endplate of L4 into the body of L4.</p> <p>Only 10 references, 20 references are permitted.</p> <p>Add: Abdu WA, Wilber RG, Emery SE: Pedicular transvertebral screw fixation of the lumbosacral spine in spondylolisthesis. A new technique for stabilization. Spine (Phila Pa 1976) 19:710–715, 1994</p> <p>Image guidance in transdiscal fixation for high-grade spondylolisthesis in adults with correct spinal balance Juan Delgado-Fernández, MD, Paloma Pulido, MD, PhD, María Ángeles García-Pallero, MD, Guillermo Blasco, MD, Natalia Frade-Porto, MD, and Rafael G. Sola, MD, PhD. Neurosurgical Focus 44 (1):E9,2018.</p>	<p>All the comments by the reviewer have been agreed upon and necessary corrections have been done in the manuscript. Corrections have been marked in yellow highlights. We appreciate your valued inputs.</p>
<p>Minor REVISION comments</p>	<p>Introduction - Symptomatic high-grade spondylolisthesis that are resistant to conservative treatment require surgical stabilization. “360 ° circumferential fusion methods...” – cannot commence a sentence with a number hence just say “Circumferential fusion methods...” In our case report, greater Superior mechanical stability...</p> <p>Bone only fusion techniques high risk of pseudoarthrosis (17-50%).</p> <p>it was found that there was less intraoperative time spent, less blood loss, and less there</p>	<p>All the comments by the reviewer have been agreed upon and necessary corrections have been done in the manuscript. We appreciate your valued inputs.</p>

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	<p>was reduced operative time, blood loss and perioperative anesthetic complications, with virtually equivalent postoperative outcomes.</p> <p>The lumbar spine was exposed by a midline approach Patient was positioned prone, with the lumbar spine exposed by a posterior midline approach</p> <p>2 bilateral pedicle pedicular transdiscal screws were inserted from the body of L5 vertebrae to the body of L4 through intervertebral space of L4L5 while maintaining a safe distance between two cancellous screws and avoiding exiting nerve roots. and Transpedicular screws were inserted in L3 and L4L5 vertebrae respectively. The polyaxial screw heads of L3, L4 and L5 were then connected with lordotic titanium rods.</p> <p>Was there posterolateral intertransverse bone graft inserted L3-5?</p> <p>The use of Image Guidance in transdiscal fixation must be discussed compared to fluoroscopy especially given main complications of Delta technique are screw misplacement/breakage, dural tear and infection.</p>	
<p>Optional/General comments</p>	<p>Fig 1) Pre-operative (not Pre-op)</p> <p>Conclusion The Delta fixation with transdiscal pedicle screws is a good option novel technique for adult long-standing high-grade spondylolisthesis with good sagittal balance. It is an easy familiar procedure that does not require the use of any special instrumentation but image guidance useful to reduce operative time and morbidity. Delta fixation is a better operative method for the treatment of high-grade listhesis, especially in high-risk patients as this procedure takes less time thus leading to fewer intraoperative and postoperative complications. [(10) - do not use references in conclusion]</p>	<p>All the comments by the reviewer have been agreed upon and necessary corrections have been done in the manuscript. We appreciate your valued inputs.</p>

PART 2:

	<p>Reviewer's comment</p>	<p>Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</p>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	