



## Answer to the letter to the editor of L. Zhao et al. concerning “The correlation of intraoperative distraction of intervertebral disc with the postoperative canal and foramen expansion following oblique lumbar interbody fusion” by Lin G-X, et al. (Eur Spine J. 2021; 30(1):151–163)

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Thank you for giving us the opportunity to answer the questions raised in this letter.

Reply to 1:

Thank you for your comments. Sorry for these mistakes, it should be (1) the p-value was more than 0.05; (2) slightly more significant improvements in HR, DH, FH, CSAC, and CSAF (on both sides) were noted in group B compared to those in group A; and (3) The improvement in SLA was more significant in group A than that in group B.

- (1) A slightly more significant improvements in decompression parameters were noted in 22-mm width group compared to those in the 18 mm, without statistical significance between the two ( $p > 0.05$ ). Moreover, slightly more significant improvements in decompression parameters were noted in the 12-degree lordotic group than those in the 6-degree lordotic group, without showing a statistical significance between the two ( $p > 0.05$ ).
- (2) As shown in Table 7, slightly more significant HR, DH, FH, CSAC, and CSAF (on both sides) were noted in

group B than those in group A, without showing a statistical significance between the two.

- (3) The improvement in SLA was more significant in group A than in group B, although the difference between the two groups did not reach statistical significance ( $p = 0.65$ ).

Reply to 2:

Thank you for asking about this issue. There are 5 cases performed 2-level surgery, and 5 cases performed 3-level. For your confusion, it is challenging for patients undergoing multi-level surgery to determine the specific impact of cage size and position of each level on the LLA. However, LLA as a reference indicator can show us some helpful information. Still, LLA is not the protagonist in this paper, and we also give a lot of useful parameter data in this study. If necessary, we can describe this statement in the limitation section.

Reply to 3:

Thank you so much. We also have the same opinion as you about the impact of cage size on indirect decompression. Unfortunately, because the early clinical experience in this paper did not have enough cases of big cages, I guess this paper did not reach out to the significant difference in the ratio of decompression parameter improvements concerning the cage height. Although recently, we have had more cases of big cages, once we have enough patients, we will be able to the meaningful results.

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