

59796 Answering reviewers.

1. Review 1 : ID 02916655

Thank you for your review and comments.

1) The patient has underlying disease, PIS and pneumothorax, and the correlation between alcoholism and this situation needs further explanation.

-> Excessive alcohol ingestion may also be counted among the major predisposing factors of PIS ^[4]. According to the Dietary Guidelines for Americans, moderate alcohol consumption is one drink per day for women and two drinks per day for men. A standard drink contains approximately 14 grams of pure alcohol. He drank 180ml of 17% alcohol (Soju) three times a week. The amount of alcohol he drank per day was 13.1 g. So he is not included in moderate alcohol consumption. However it seems difficult to say that it has not worked as a risk factor for this disease. I added this explanation. (line 101-102, 173-175)

2. Review 3 : ID 02482060

Thank you for your review and comments.

1) This is an article regarding a patient of pyogenic infectious spondylitis presenting with chest pain and dyspnea documented on chest radiograph as pneumothorax. These initial presentations occur two months before final diagnosis.

-> I modified pyogenic infectious spondylitis to thoracic pyogenic infectious spondylitis. (line 7, 36, 56, 206, 211)

2) The authors may have to explain why this patient sought help from orthopedic clinic first since the initial presentations were chest pain and dyspnea.

-> It seems that the patient visited a nearby hospital where x-rays could be taken quickly in Korean medical situation. I modified the orthopedic clinic to primary health care institution to avoid confusion of understanding. (line 118)

3) I don't think that the date such as November 19 is relevant in this report. It would be more appropriate to tell readers how many days or weeks after the initial presentation for the narration.

-> I modified the date to "three months after the first symptom". (line 129, 153)

4) Line 149 "tehrapy" is a wrong spelling. Line 150, "...transferred the department.." could be a typo error.

-> I modified these wrong spelling and expression to 'therapy' and 'transferred to'. (line 154-155)

5) Figure legends must include the description of all arrow labels.

-> I added all arrow labels to describe figure legends.

6) Figure one should be a standing or erect chest radiograph. We seldom call it a simple radiograph.

-> I modified it to an erect posteroanterior chest radiography. (line 41, 116, 273)

7) I could identify a spinal epidural abscess at posterior aspect of the canal but could not understand why authors tried to relate the significant unusual anterior epidural abscess in the discussion section.

-> In the first MRI image, a T8/9 anterior paravertebral abscess invades the disc, right rib and anterior epidural space (I added empty arrowhead on figure3 B.).

A second MRI scan revealed a new abscess in the posterior epidural space at the T4-T7 level causing additional neurologic signs and symptoms on the lower extremities (figure 3 C,D).

I modified the sentence to avoid confusion of understanding. (line 67-68, 188-191)

I thought that the first identified anterior paravertebral abscess and epidural abscess at anterior aspect was connected to pleural effusion and it caused pneumothorax. And it was considered an important part because it was highly related to the symptoms that the patient complained of. In the second MRI, epidural abscess occurred in the posterior aspect, which occurred later and is thought to have occurred because the canal is connected.