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Response to: Computed Tomography-Guided Biopsy for Potts Disease: An Institutional Experience from an Endemic Developing Country

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Dear Editor,

Thanks you to you and the reviewers for comments made on our article “Computed Tomography-Guided Biopsy for Potts Disease: An Institutional Experience from an Endemic Developing Country” [1]. Some very relevant points were raised, which we have addressed below.

Of the 22 patients with inconclusive biopsy only 2 had a cervical lesion. Thirteen patients had dorsal lesion while the remainder had involvement of the lumbar spine. Of all 91 cases of biopsy, only 10 procedures involved the cervical spine. Because of the large discrepancy in the number of patients in each anatomical group, we are unable to comment on an association.

In cases where the sampling was inconclusive, an overall clinical picture was considered including history, radiological picture, erythrocyte sedimentation rate and initial response to antituberculosis therapy both clinically and radiologically.

We normally use Jamshidi for bone biopsy. Since we do not have a lot of experience with other needles we cannot

comment on the whether the choice of needle effects the success rates of biopsy.

The authors have rightfully pointed out the statistical inconsistency with correct explanation.

Thank you again for the helpful review of our manuscript.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Reference

1. Waqas M, Qadeer M, Faiz F, Alvi MA, Bari ME. Tomography-guided biopsy for potts disease: an institutional experience from an endemic developing country. *Asian Spine J* 2015;9:394-8.

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