

Decision Letter (JCQ-2025-0035)

From:

To:

CC:

BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0035

Body: 28-Nov-2025

Dear Dr Yang,

Manuscript ID JCQ-2025-0035 entitled "Remote Cerebellar Hemorrhage Following Surgery for Ossification of the Ligamentum Flavum at the Upper Thoracic Spine: A Case Report and Literature Review" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.

1. Access to <https://mc.manuscriptcentral.com/jcq> and log into the site.

2. Click "Author" at the top left of the screen at "Home" page.

3. Click "Manuscripts with Decisions" on Author Dashboard page.

4. Click "create a revision" on the manuscript you are going to revise.

5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Richard Isaacs
Editor in Chief
Journal of Clinical Question

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author

This case report covers an unusually rare complication, remote cerebellar hemorrhage (RCH) after upper thoracic OLF surgery in a patient with DISH. Overall, the manuscript is clear, well-structured, and supported with relevant imaging and references. Since RCH in this context is extremely uncommon, the report provides useful clinical insight. That said, a few areas would benefit from clarification or strengthening.

The literature review section needs a bit more transparency (Comment 1). It would help to clearly state what search terms were used, what inclusion or exclusion criteria were applied, the timeframe of the search, and whether the screening and data extraction were done independently by more than one author. Adding these details makes the review easier for readers to understand and reproduce.

Although the narrative description of the patient's clinical course is detailed, the flow would be even clearer with a simple table or figure summarizing the timeline (Comment 2). A chronological overview, from aspirin discontinuation, to surgery, to postoperative events, detection of RCH, and follow-up, would allow readers to grasp the sequence at a glance.

Regarding aspirin management, the manuscript mentions that aspirin was stopped 5 days before surgery, but it's not entirely clear whether this had any potential relationship with the hemorrhage. It would also be helpful to specify whether restarting aspirin was delayed because of the RCH, and if so, what the reasoning or protocol was.

There are a few minor edits that would improve the manuscript's readability.

On page 5, "leading CSF leakage" should be changed to "leading to CSF leakage."

On page 7, "DISH s observed" should be revised to "DISH is observed."

And please make sure all abbreviations, such as CBH, are defined the first time they appear.

Reviewer: 2

Comments to the Author

This is an interesting and well-prepared case report describing a rare presentation of RCH following upper thoracic OLF decompression in a patient with DISH. The manuscript is generally readable and supported by well-chosen imaging. With a few refinements, it has the potential to be a strong contribution to the literature.

1. Consider providing a clearer summary of the clinical timeline, highlighting the key turning points in the patient's course. A concise table or figure could help readers follow the sequence more easily.

2. It would be helpful to describe whether recognizing the CSF leakage posed any diagnostic difficulty initially, and if so, what factors contributed to the delay or uncertainty.

3. The section on follow-up evaluations could be expanded to give readers a better understanding of how recovery was monitored and what parameters were assessed.

4. Please explain how postoperative restrictions and rehabilitation compliance were monitored or evaluated. This information adds context for interpreting the patient's recovery.

5. Consider replacing phrases such as "the patient reported that..." with more formal clinical wording to maintain consistency and professionalism throughout the manuscript.

Date Sent: 28-Nov-2025

Author's Response to Decision Letter for (JCQ-2025-0035)**Remote Cerebellar Hemorrhage Following Surgery for Ossification of the Ligamentum Flavum at the Upper Thoracic Spine: A Case Report and Literature Review**

Dear Reviewers,

We sincerely appreciate the time and effort the reviewers have dedicated to evaluating our manuscript. We are grateful for the insightful, constructive, and encouraging comments, which have greatly improved the clarity and overall quality of our work. We have carefully revised the manuscript in accordance with all suggestions and provided detailed responses to each point below. All modifications have been incorporated into the revised version and are clearly marked.

Reviewer 1

Comments to the Author

This case report covers an unusually rare complication, remote cerebellar hemorrhage (RCH) after upper thoracic OLF surgery in a patient with DISH. Overall, the manuscript is clear, well-structured, and supported with relevant imaging and references. Since RCH in this context is extremely uncommon, the report provides useful clinical insight. That said, a few areas would benefit from clarification or strengthening.

Comment 1. The literature review section needs a bit more transparency. It would help to clearly state what search terms were used, what inclusion or exclusion criteria were applied, the timeframe of the search, and whether the screening and data extraction were done independently by more than one author. Adding these details makes the review easier for readers to understand and reproduce.

Response: We appreciate the reviewer's thoughtful comment regarding the transparency of our literature review. We have now clarified the methodology in the revised manuscript.

Specifically, our systematic search was conducted up to September 15, 2025, using the terms "remote cerebellar hemorrhage" and "spinal surgery." Because no controlled studies were available, we included all case reports that provided outcome information. Furthermore, two authors independently performed the screening and data extraction to ensure accuracy and reduce potential bias.

Comment 2. Although the narrative description of the patient's clinical course is detailed, the flow would be even clearer with a simple table or figure summarizing the timeline. A chronological overview, from aspirin discontinuation to surgery, to postoperative events, detection of RCH, and follow-up, would allow readers to grasp the sequence at a glance.

Response: We appreciate the suggestion to enhance the chronological flow of the clinical course. We have accordingly added a comprehensive timeline (Table S1) detailing the entire management period, from the very early stage after surgery to the discharge. We think it could provide a clearer, at-a-glance visualization of the sequence of events during the whole treatment.

Comment 3. Regarding aspirin management, the manuscript mentions that aspirin was stopped 5 days before surgery, but it's not entirely clear whether this had any potential relationship with the hemorrhage. It would also be helpful to specify whether restarting aspirin was delayed because of the RCH, and if so, what the reasoning or protocol was.

Response: Due to a silent lacunar infarction, the patient was prescribed aspirin to prevent cerebral infarction. Aspirin was discontinued preoperatively to mitigate the risk of intraoperative and immediate postoperative hemorrhage. Based on our hospital protocol, aspirin should be stopped 7 days before surgery; however, due to scheduling constraints, it was stopped 5 days before surgery. We do not believe aspirin directly contributed to intracranial hemorrhage in this case. After the hemorrhage, aspirin was withheld to prevent potentially catastrophic recurrent intracranial bleeding, considering the patient's background, and this decision was made in consultation with a neurosurgeon.

Comment 4. There are a few minor edits that would improve the manuscript's readability. On page 5, "leading CSF leakage" should be changed to "leading to CSF leakage." On page 7, "DISH s observed" should be revised to "DISH is observed." And please make sure all abbreviations, such as CBH, are defined the first time they appear.

Response: Thank you for highlighting these essential minor mistakes. We have reviewed the entire manuscript and have implemented all the suggested corrections.

Reviewer 2

Comments to the Author

This is an interesting and well-prepared case report describing a rare presentation of RCH following upper thoracic OLF decompression in a patient with DISH. The manuscript is generally readable and supported by well-chosen imaging. With a few refinements, it has the potential to be a strong contribution to the literature.

1. Consider providing a clearer summary of the clinical timeline, highlighting the key turning points in the patient's course. A concise table or figure could help readers follow the sequence more easily.

Response: We appreciate the suggestion regarding the clinical timeline. To enhance clarity and reader comprehension, we have added Table S1, which provides a detailed, chronological summary of the treatment course, highlighting all critical turning points through the entire treatment.

2. It would be helpful to describe whether recognizing the CSF leakage posed any diagnostic difficulty initially, and if so, what factors contributed to the delay or uncertainty.

Response: We acknowledge the importance of clarifying the initial diagnostic course. Recognizing the CSF leakage was indeed challenging in the immediate postoperative period. Firstly, the bloody drainage in the immediate hours following surgery initially obscured the clear identification of CSF leakage through the drain tube. Secondly, the output volume of drainage was still within expected limits at the 4-hour postoperative assessment. These two factors delayed the recognition of CSF leakage. Although we did a pressure reduction at 2 hours postoperatively, it was an empirical adjustment based on the operator's experiences.

3. The section on follow-up evaluations could be expanded to give readers a better understanding of how recovery was monitored and what parameters were assessed.

Response: We agree that detailing the follow-up is essential. Before discharge, the symptoms regarding both OLF and RCH had fully recovered. At the 18-month follow-up, the patient remained entirely asymptomatic.

4. Please explain how postoperative restrictions and rehabilitation compliance were monitored or evaluated. This information adds context for interpreting the patient's recovery.

Response: Postoperative rehabilitation was carefully staged and adjusted based on the patient's neurological and pain status. Initial Phase (First 10 days): Due to a severe headache, the patient was kept on strict bedside rehabilitation to minimize postural changes. Progression Phase: Once the headache severity had subsided, the patient was safely advanced to sitting balance and progressive ambulation training and achieved a full recovery at the time of discharge.

5. Consider replacing phrases such as "the patient reported that..." with more formal clinical wording to maintain consistency of professionalism throughout the manuscript.

Response: We fully agree that maintaining consistent clinical professionalism is paramount for the manuscript. We have conducted a thorough review of the text and replaced all instances of conversational phrases as you mentioned.

We would like to once again express our sincere gratitude to the reviewers and the editorial team for their thoughtful feedback. The revisions prompted by your comments have substantially strengthened our manuscript. We hope that the changes meet your expectations and that the revised manuscript is now suitable for publication. We remain happy to provide any additional information or further revisions if needed.

Sincerely,

Baofeng Yang

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