Answer to the letter to the editor of Hong-Bin Guo et al. entitled “Anterior versus posterior approach for treatment of thoracolumbar burst fractures: a meta-analysis” by Gui Jun Xu, Zhi Jun Li, Jian Xiong Ma, Tao Zhang, Xin Fu, Xin Long Ma (2013); Eur Spine J (2013) 22:2176–2183

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Dear Dr. Guo,

We appreciate your interest in our manuscript.

1. We also feel it is a weakness to include three studies with quality-assessment scores of below 14. It may influence the reliability of our meta-analysis. However, we tried our best to conduct this meta-analysis with the limited resources. We will update our results if new high-quality randomized studies would be available as soon as possible.
2. Random-effects meta-analysis described by DerSimonian and Laird [1] has an attraction that the calcula-

tions are straightforward. However, it has a theoretical disadvantage that the confidence intervals are slightly too narrow to encompass full uncertainty resulting from having estimated the degree of heterogeneity. Because only few studies were included, it is difficult to analyze the heterogeneity. Therefore, we just made the meta-analysis with guide of the Cochrane Handbook for Systematic Reviews of Interventions [2].

3. It is our mistake that we did not provide more information from Esses et al. We make a correction here:

G. Xu and Z. Li have contributed equally to this study.

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Reports	Group	Number	Age (years)	Gender		Level of the fractures						Lost	Follow-up (months)	QAS
				Male	Female	~T10	T11	T12	L1	L2	L3~			
Bin Lin (2011)	Anterior	32	38	14	18	0	3	10	14	5	0	0	45 (24–72)	22
	Posterior	32	39	16	16	0	2	9	17	4	0	0		
Marin. F (2001)	Anterior	13	36	7	6	0	0	1	10	2	0	0	>12	20
	Posterior	12	35	8	4	0	0	2	9	2		0		
Rick. C (2006)	Anterior	40	37	29	11	0	38				2	3	31 (9–89)	13
	Posterior	13	34	10	3	0	0	4	6	2	1	0		
Wood. K. B (2005)	Anterior	22	38	12	8	0	1	1	10	8	0	2	44 (24–108)	21
	Posterior	21	42	13	5	0	0	4	11	3	0	3		
Esses. S. I (1990)	Anterior	18	34	13	5	1	0	5	22	9	3	2	20 (12–34)	19
	Posterior	22		12	10							0		
Patrick. W (2006)	Anterior	38	42	26	12	0	1	13	18	6	0	0	33 (6–96)	10
	Posterior	25	42	19	6	0	1	3	12	9	0	0		
Olumide. A (1995)	Anterior	16	35	11	5	0	0	1	13	2	0	0	27 (6–54)	12
	Posterior	27	38	19	8	0	0	8	16	3	0	0		

In their study, the age for two groups was 34.8 and 34.2. We just give the average age 34. There was not more accurate information about the fracture level in two different groups. Therefore, we just show the whole number

Thanks again for your kind heart to give us these suggestions. We hope that our replies could contribute to more accurate elaboration and substantiation of our original results.

Conflict of interest None.

References

1. DerSimonian R, Laird N (1986) Meta-analysis in clinical trials. *Control Clin Trials* 7(3):177–188
2. Higgins JPT, Green S (eds) *Cochrane handbook for systematic reviews of interventions* version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. Available from <http://www.cochrane-handbook.org>