Thank you for the opportunity to review this manuscript and I appreciate your efforts to present this information to the ANJR readership. The manuscript is generally well-written, easy to understand, and interesting, with a valid research design.

As you have referenced, there is existing literature regarding this subject, including a meta-analysis which pooled data from 36 articles. In this meta-analysis, it was determined that biopsy of the disk/paravertebral soft tissues offers a higher sensitivity for organism identification (64.8%) compared to a biopsy of the bone/end-plate biopsy (45.5%). Your manuscript shows a similar result, that a disc biopsy is superior compared to a bone biopsy, but with overall lower sensitivity rates. In its current state, the manuscript offers little novel information and would not contribute to the existing literature in a significant way.

One way to potentially improve on this manuscript might be as follows:

There is a variable appearance of discitis-osteomyelitis. There are cases in which there is significant edema and enhancement in the bone with endplate erosions while only a small amount of fluid and enhancement are present in the disc. And vice versa, there are cases in which there is significant fluid and enhancement in the disc with only minor bone marrow edema and enhancement.

An interesting topic to pursue would be to determine whether there is a relationship between the appearance and the positivity rate of the biopsy. For example, at your institution, what was the motivation to biopsy the bone instead of the disc? Was it due to the fact that the bone had significant edema and enhancement to the extent that the Neurointerventionalist felt that it was more likely to yield a positive result? And conversely, what was the motivation to biopsy the disc? Were those cases in which the disc appeared more infected than the adjacent bone and might offer a higher likelihood of a positive biopsy? Though the overall positivity rate is higher for disc/soft tissue biopsies, is there a subset of patients when a bone biopsy may offer a higher yield, potentially based on the imaging appearance? Without both bone biopsy and disc biopsy data for the same patient, it's difficult to know whether patients that had a negative biopsy from one approach might have had a positive biopsy from the other approach. One could consider a prospective trial comparing both approaches.