

Lumbar degenerative spondylolisthesis (LDS) is ~~an~~the acquired slippage of ~~one~~a lumbar vertebra ~~on~~over the lower one ~~as the result~~because of degenerative instability, in the absence of a defect in the pars interarticularis. ~~The disease~~It is frequently ~~seen~~observed in middle-aged and older-aged females, ~~and patients with or without may have no~~ clinical symptoms.

~~Most of the time~~Typically, ~~the~~ symptomatic patients respond well to non-surgical treatments, ~~such as~~which include lifestyle modification (reducing environmental pain generators), medication, physical therapy, weight reduction, multidisciplinary pain ~~clinics~~management, or epidural injections.

In refractory ~~cases~~patients with intolerable symptoms (a dramatic decline in quality of life, ~~unresponsive to a reasonable trial of >3 months conservative treatment~~, rest pain, progressive neurological deficit, or sphincter disturbances) ~~or patients who are nonresponsive to a reasonable trial of >3 months of conservative treatment~~, surgery may be necessary. At ~~the~~

present ~~time~~, 70-~~%~~80% of ~~the~~ surgically treated patients ~~have a report~~ satisfactory outcomes, but ~~due to~~because of the continuing degeneration ~~on~~ve process, the ~~results~~outcomes

~~get worse~~worsen over time. ~~Common~~Poor prognostic factors ~~commonly quoted for the~~ patients ~~with~~undergoing surgical treatment, include age > 65 years, chronicity of symptoms > 24 months, instrumentation > 4 levels, inability to restore sagittal balance, comorbidities > 4, more preoperative back pain ~~more~~ than leg pain, posterolateral ~~versus~~ 360° fusion ~~versus~~

~~360 degrees~~, intermittent claudication after walking for more than several hundred meters, previous surgery, and inability to fuse. ~~A range of~~Many surgical techniques ~~has~~have been used ~~for surgical to treatment of LDS~~. ~~These include~~, e.g., indirect reduction ~~alone~~,

decompression ~~alone~~, decompression plus lumbar fusion with or without instrumentation, and

decompression and slip reduction plus instrumented fusion. In this study, we aimed to

Comment [Editor1]: In this context, "cases" was revised to "patients" as cases cannot have symptoms, but patients can.

Comment [A2]: An en dash (–) is generally used instead of a hyphen (-) to denote a range.

Comment [A3]: In academic writing, maintaining consistency in word choice is important for better reader comprehension. Here, "results" has been revised to "outcomes" to maintain consistency with the verbiage used at other instances in the text.

evaluate the surgical outcomes of ~~degenerative spondylolisthesis~~LDS with neural decompression, pedicular screw fixation, and posterolateral fusion.

Comment [Editor4]: Abbreviations are usually spelt out once at their first mention in the text, and the abbreviated form is used consistently thereafter. As LDS has already been defined above as "lumbar degenerative spondylolisthesis," only the abbreviation has been used at this instance.

SAMPLE