Dear editor:

I am very honored and happy to receive your comments on the revision of the article. After careful consideration, I made the following revisions to the article:

1) In case summary,diagnosis-related points have been streamlined and prognostic records have been added

2) In conclusion; "Diagnosis and differential diagnosis can be made" had be written as: Diagnosis can be reached out.

3) "EF is rare" had been deleted

4) "Currently, the disease is generally believed to be associated with abnormalities of the immune system, and no clear diagnosis and classification criteria exist. Among the existing reported cases, an increase in eosinophils precedes the development of the characteristic skin lesions" ,a new reference-- The First reference has been added here

5) I had made a separate paragraphs for patient1and patient 2

6) the subtitle: Imaging examinations – Patient 1 had been placed above the correct paragraph, see for details in CASE PRESENTATION

7)I had revised the discussion section

8)I had discussed carefully peripheral eosinophilia in both cases,added detailed discussion and revised as follows:The existing criteria for diagnosis of EF are incomplete. The EF diagnostic criteria proposed by Pinal-Fernandez *et al.*[4] in 2014 and the Japanese classification criteria proposed in 2017[5] are the most commonly used, but typical clinical symptoms, imaging examinations, laboratory indicators, and pathological changes are still required for accurate determination. Patients with EF often show increased peripheral blood eosinophil counts, which can be decreased after effective treatment. In patient 1's peripheral blood eosinophil percentage: 21.3%; eosinophil count: 2.3 × 10^9/L, in patient 2's peripheral blood eosinophil percentage: 15.2%; eosinophil count: 1.4 × 10^9/L. Both are required Significantly higher than the range of eosinophil percentage 0.7-7.8% and eosinophil count 0.04-0.49*10^9/L in the peripheral blood of normal people.The eosinophil count and percentage in the peripheral blood of the two patients in this study were both significantly increased(), and they showed a downward trend after hormone combined with immunosuppressive therapy.

9)Regarding the follow-up management after treatment, I have already recounted:For treatment, hormone and immunosuppressant therapy with glucocorticoids and cyclosporine, respectively, are recommended for multifocal and multitargeted therapy, as these drugs are effective for most patients with EF. When hormones and related immunosuppressive agents are used, it is crucial to adjust the drug administration according to the patient's condition and markers indicating their systemic state. However, due to its rarity, knowledge of EF is still limited, and more samples are still required for systematic studies to improve its diagnosis and treatment.

10)I had put the authors names of this reference:Rechelle Tull MD, William D Hoover III MD et al. Eosinophilic fasciitis: A case series with an emphasis on therapy and induction of remission

11)The general conditions of the pathological pictures used in the article have been revised as required,Specific information can be found in the file:67498-figures.