We truly appreciate the editors and reviewers for the positive view, kind reminder and useful suggestion for our work. According to the recommendations from the editors and reviewers, we have carefully amended the manuscript point-by-point. Changes in the manuscript were marked in red type. The whole revised manuscript has been sent to a professional English language editing company with a new language certificate. All the requirements or comments of the reviewers and editors were answered or stressed as follows:

Responses to reviewers:

Reviewer #1

1.The manuscript had some spelling and grammar mistakes, please read through the whole text and make corrections.

All the spelling and grammar mistakes have been corrected.

2.It is better to add a figure to histopathologic appearance of the case if possible.

A figure showing the histopathologic appearance of this case has been added as Figure 1.

3.In all references appearing within the text, delete abbreviation like this “R” & add et al if the authors are more than 2 in number.

The format of the references within the text has been corrected.

Reviewer #2

1.This manuscript is well written but improvements need to be made in the discussion because the author includes various theories but lacks in discussing the case that the author analyzes.

A paragraph discussing our case has been added in the “DISCUSSION” section (line 252-265).

2.The author does not include limitations in this manuscript. The future of this topic is described as the basis for further research on the potential of vulvovaginal myeloid sarcoma with massive pelvic floor infiltration compared to its vaginal appearance alone. This is certainly heavy for women's quality of life. In clinical practice, these findings support efforts to detect early pelvic floor sarcoma expansion. The question is how to specifically distinguish this differential diagnosis precisely so that further research is needed.

The limitation of this case has been added in the “DISCUSSION” section (line 284-286). And the differential diagnosis has been analyzed in the “DISCUSSION” section (line 254-261 and line 263-265).

Responses to science editor:

1.In the CONCLISION of the abstract, the author proposes that "MS should be considered in the differential diagnosis of a newly developed T2-hyperintense, homogeneously enhanced vulvovaginal mass", but the basis for this conclusion is not explained in the CASE SUMMARY, please briefly in the CASE SUMMARY Replenish.

The basis for this conclusion has been stressed and explained in both the “DISCUSSION” (line 236-242 and line 259-261) and the “CASE SUMMARY” section (line 32 and 33).

2.The author did not describe the bone marrow cytology features with diagnostic

significance. The rationale for the diagnosis of myeloid sarcoma (MS) and acute myeloid leukemia (AML)-M2 has also not been fully articulated.

The rationale for the diagnosis of MS and AML-M2, including the bone marrow cytology features and histopathologic appearance of the vaginal biopsy have been added in the “Laboratory examinations” section (line 110-118).

3.What is the patient's regimen for induction chemotherapy? What kind of allogeneic hematopoietic stem cell transplantation was received? (Was it peripheral blood hematopoietic stem cell transplantation? Or bone marrow hematopoietic stem cell transplantation? Was it an unrelated donor or a related donor? How was the histocompatibility?).

The regimen for induction chemotherapy and details of allogeneic hematopoietic stem cell transplantation have been added in the “TREATMENT” section(line142-148 and line 151-154).

4.The description of the effects of induction chemotherapy and allogeneic hematopoietic stem cell transplantation is too simple, especially since the evaluation basis is insufficient, and the occurrence of related side effects is not introduced.

The effects of induction chemotherapy and allogeneic hematopoietic stem cell transplantation have been described further, and related side effects were added in the “TREATMENT” section (line 143-147 and line 154-160).

5.The author mainly reviewed the relevant literature in DISCUSSION, but did not conduct an in-depth analysis and summary of this case. What does the author experience in this case? How to avoid missed diagnosis and misdiagnosis of such rare cases? What lessons can this case teach readers?

A paragraph discussing our own case, and analyzing our experience and differential diagnosis has been added in the “DISCUSSION” section (line 252-265).