

Answering to Reviewer #1:

Reviewer's Comment:

1 Authors should also indicate their research in terms of MDS etiology (such as genetic abnormalities, viral studies...)

We have revised the first paragraph of Discussion section and succinctly described our researches in MDS etiology and the transformation process. The paragraph was revised as "In this manuscript, we describe an episode of reversible aplastic crisis in a patient with advanced MDS. The patient was definitively diagnosed with MDS-EB-1 primarily based on an increase in the percentage of myeloblasts on morphological examination of bone marrow smears and slices and the identification of unfavorable somatic mutations in myeloid neoplasm-associated genes, the two most significant parameters in the diagnosis and risk stratification of MDS^[1-4]. Initially, the bone marrow was hypercellular. With the development of an inflammatory episode during hypomethylation therapy, the bone marrow became aplastic, with the infiltration of morphologically atypical lymphocytes. Meanwhile, the leukemic cells regressed. Immunotyping analysis of the atypical lymphocytes revealed high CD3, CD8, CD5, CD16, CD56 and CD57 expression. Disseminated tuberculosis was suspected in the search for an inflammatory niche. Tentative treatment with antitubercotics resulted in the reversion of bone marrow cellularity, disappearance of atypical lymphocytes and reappearance of leukemic clones, providing strong evidence for disseminated tuberculosis as the contributor to the phenotypic transformations. This case study revealed the following attractive points:" (Reflected in page 14 line 16 to page 15 line 3)

2 They should indicate which agents they use in the treatment of hypomethylation.

We have added the hypomethylation treatment modalities prior to (Reflected in page 7 line 10-13) and post aplastic crisis (Reflected in page 13 line 9-11).

3 The intended use of cyclosporine should be clearly emphasized and cited.

We have added the purpose of using cyclosporine in this patient and marked the cited references (Reflected in page 10 line 29 to page 12 line 10-11)

Answering to Reviewer #2:

1 In some parts, please explain the abbreviations listed

We have carefully examined the manuscript and explained the abbreviations in the manuscript.

2 How long was the antibiotic and anti-tuberculosis therapy given?

We have added the treatment regimens of antibiotics and anti-tuberculosis agents (Reflected in page 12 line 5-10).

3 What is the follow-up of the patient after hypomethylation therapy for 19 months?

The patient had transformed to acute myeloid leukemia. After the transformation, the patient denied further antileukemic treatment and eventually died of disease progression and an overwhelming infectious episode (Reflected in page 13 line 12-14)

Answering to editors

1 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

After the revision finished, we sent the manuscript to a professional agent as you proposed for language editing. In submitting the revised manuscript, we submit the language editing certificate simultaneously.

2 ABBREVIATIONS

We have carefully examined the manuscript and explained the abbreviations in the manuscript.