

Dear Dr Jin-Lei Wang and reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript (Manuscript NO.: 81313, Case Report). These comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made corrections which we hope meet with approval. We would like to thank you for sparing the time to write so many detailed and useful comments. The corrections in the paper and the responses to the reviewer's comments are as following:

**reviewer #1 (Number ID: 105937432).**

**1. The review's comment:** The title should be more succinct as possible and highlights the result of the study. I make a suggested title as "*Acute pancreatitis as the initial presentation of acute myeloid leukemia (AML-M2 subtype): A case report*".

**The authors' answer:** Your comments are very helpful. I have revised the title as required as "*Acute pancreatitis as the initial presentation of acute myeloid leukemia (AML-M2 subtype): A case report*", and I agree that the revision suggestions given in the comments are the most suitable for the case report.

**2. The review's comment:** The abdominal CT showed diffuse pancreatitis. However, the site of the infiltrating lesion was not showed. Carefully review the CT images and you may find the infiltrating lesion.

**The authors' answer:** In view of this valuable suggestion, we have highlighted the infiltrating lesion on the abdominal contrast-enhanced CT image submitted this time. It is precisely because of your valuable comments that I further searched the relevant literature and found that there are many aspects of extramedullary invasions of the pancreas.

Some relevant reports of imaging of pancreatic infiltration revealed including diffuse swelling, stenosis or dilatation of the main pancreatic duct, patchy low density areas within pancreas and ascites. In our report, the pancreas was swollen with uneven enhancement, low density shadow and ascites, but no obvious abnormality of pancreatic duct was found.

**3. The review's comment:** You should describe which laboratory data suggested the presence of hematological diseases. This is the reason for you to perform specific laboratory examinations.

**The authors' answer:** Your comments are very thoughtful. The patient had a insidious onset, and the only related manifestations of the hematological were fever and abnormal platelet decrease. However, after pancreatitis related treatment, the overall condition of the patient improved, the platelet further decreased, accompanied by intermittent fever which could not be explained based on pancreatitis and infection. Thus, blood system diseases must be considered.

**4. The review's comment:** The diagnosis of leukemia is based on morphological, immunological, cytogenetic and molecular biological (MICM) analyses. Please complete the laboratory data. The identification of t(8;21) (q22;q22) translocation in cytogenetic analysis and AML::RUNX-1 fused gene in molecular biological analysis

is the definitive diagnosis of AML-M2. If the immunological, cytogenetic and molecular biological (MICM) analyses were not performed, please describe the reasons.

**The authors' answer:** We have added the relevant results of cytogenetic and molecular biological (MICM) analyses according to the reviewer's suggestion, and this patient has no t(8;21) (q22;q22) translocation, RUNX-1 fused gene was negative. I also added some other gene mutation tests about the myeloid malignancies that suggested negative prognostic.

**5.The review's comment:** In the pictures of morphological examinations, please describe the morphological features of marrow smears and blood smears, respectively. The increased hematopoietic progenitors were myeloblasts not progranulocytes. An increase in the percentage of progranulocytes with large granules that cover the nuclei is the morphological feature of AML-M3.

**The authors' answer:** In accordance with the requirements of the journal, we have carefully revised the paper format and corrected the grammatical errors. Thank you for your correction of the morphological of AML-M2. I have corrected the misused words and described the morphological features of marrow smears and blood smears respectively. Thank you again for your rigorous attitude towards scientific research.

**reviewer #3(Number ID:05655782)**

**1.The review's comment:** This case reports a rare case of acute pancreatitis with initial manifestation and final diagnosis of AML. AP is the extramedullary infiltration of AML. However, we hope to see the hematological examination results before and after AML diagnosis, whether the patient has regular follow-up. We have seen the CT diagnosis of pancreatitis, but there is no abdominal enhanced CT after AML treatment. Please add that the patient's treatment plan for pancreatitis in the text.

**The authors' answer:** The patient was treated for the hematologic disease and followed up at another hospital. I have done everything I can to establish contact with the doctor in charge. Bone marrow biopsy results associated with complete remission after chemotherapy were also obtained, and relevant examination results were improved in the report. But the patient did not undergo abdominal enhanced CT examination in the hematology department of the hospital, so I reconfirmed the pancreas infiltration had disappeared with the results of all the imaging reports, and performed the corresponding abdominal CT. The patient achieved a full recovery and complete remission with platelet recovery. He has been alive for 1 years since the initial development of AML. I have also contacted the patient, and there are no obvious limitations in daily life at present.

Overall we hope we have addressed the main points raised by the reviewers. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the corrections will meet approval. Once again we would like to thank you for the very useful input and we also found your summary most helpful.

Sincerely Yours,  
Jun-Cha, Gao