Author's response to reviews

Title: Porencephaly and psychosis: a case report and review of the literature

Authors:

Athanassios Douzenis (thandouz@med.uoa.gr)
Emanouil N Rizos (erizos@med.uoa.gr)
Athanassia Papadopoulou (ilias78@otenet.gr)
Matilda Paphathanassiou (matildapaphathanasiou@hotmail.com)
Lefteris Lykouras (panpsyclin@attikonhospital.gr)

Version: 3 Date: 17 December 2009

Author's response to reviews:

To the Editor

Thank you for your letter. The reviewers’ comments are greatly appreciated. Following their comments we have corrected extensively the language and our paper was read and corrected by a native English speaker. The changes are too many to point out one by one but if you wish we can send you the changes tracked as another attachment. The language problems were raised by all reviewers. We now hope that we have corrected this problem.

Regarding the points raised by the reviewers:

Reviewer Miguel Xavier:

We have added details in the clinical condition detailing her mental state upon admission (second paragraph on the case presentation) the phrases: Her thought content was characterized by delusions of persecution and reference. Her speech was interrupted and she appeared to experience thought blocking and Patient’s affect was subjectively anxious and fearful but objectively her affect was blunted and she did not display any insight into her condition. She had psychomotor retardation and her speech was slow. She was not suicidal.

We have also PANS scores that detail her mental state.

We have given a DSMIV differential diagnosis the phrase: The diagnosis is schizophrenia paranoid type or psychotic disorder due to a general medical condition. (DSM-IV TR).[9] was added on page 4 first paragraph (last line on the case presentation)

Reviewer J Wind

We have confirmed in the text that according to the radiographic findings our patients lesion is long standing and not progressive or of a new onset. We discuss the implications of this in the discussion section and the conclusions of our report. The phrase: “This radiographic finding is indicative of an old and non progressive lesion” in the case presentation section, and added the phrase: One
can assume that even old lesions on the left frontal and temporal lobes can be an additional risk factor for the development of the disorder in the conclusions.

The patients workup has been described in more detail including lab results, and psychiatric history, and family psychiatric history (which were absent) the phrase: Haematological and biochemistry blood test results, thyroid tests, toxicological tests, gonathotropins and cortizol levels were within normal range and did not reveal any other related medical condition was added in the case presentation (page 3) and the phrase: She had no past psychiatric history or family psychiatric history was added in the same section of our report.

Reviewer Murat Kuloglu

1. We mention the absence of previous MRI as well as that according to the radiologist this is an old and non progressive lesion. We have added the phrase: This radiographic finding is indicative of an old and non progressive lesion in the discussion section of our paper.

2. We describe in greater detail the lab tests we did during admission the phrase: Haematological and biochemistry blood test results, thyroid tests, toxicological tests, gonathotropins and cortizol levels were within normal range and did not reveal any other related medical condition was added in the case presentation (page 3).

3. We discuss the point raised by the reviewer and mention the neurosurgeon’s opinion about the need to operate. We also discuss the treatment strategies for porencephaly. We have added the paragraph on page 3: The patient never received antiepileptic treatment and no physiotherapy was ever suggested for her arm spasticity and movement difficulties. According to the relatives, neurosurgery assessment was never suggested to them. When inpatient a referral to the neurosurgeons was made but after inspecting her brain MRI and bearing in mind that there were no clinical signs of increased CSF pressure it was felt that no further assessment was needed. Generally, treatment of porencephaly aims at alleviating symptoms as there is no treatment to induce brain growth in the missiong sections and that can include antiepileptic medication, physiotherapy or a shunt to remove excess cerebrospinal fluid.[7]

4. The association between schizophrenia and temporal lobe is discussed and references added. The paragraph: Frontal and especially temporal lobe structure and function are consistently implicated in radiological imaging literature (brain imaging research) in schizophrenia [13]. In several MRI studies, medial temporal lobe structures, which include the amygdale, hippocampus, parahipoccampal gyrus and superior temporal gyrus, perform a lot of abnormalities [14]. Especially, deficit in left medial temporal lobe volume is one of the most frequent finding of Morfometry studies in schizophrenia [15] was added in the Discussion Review of the literature section.

5. We discuss in detail how we reached the decision to use Olanzapine. The paragraph: Antipsychotic agents which are strong blockers of D2 receptors were excluded because of her possible vulnerability to extrapyramidal symptoms due to the brain damage. Bearing in mind she was underweight, she was started on olanzapine 10 mg, which has been used successfully for the treatment of another
patient with porencephaly and psychosis according to the literature (8) on page
for (case presentation section)
Yours sincerely