Author's response to reviews

Title: Clinical picture and treatment implication in a child with Capgras Syndrome: a case report

Authors:

Luigi Mazzone (gigimazzzone@yahoo.it)
Francesco De Maria (decrescenzo.franco@gmail.com)
Stefano Vicari (gigimazzzone@yahoo.it)
Francesco De Crescenzo (francesco.demaria@opbg.net)
Marco Armando (marco.armando@opbg.net)
Giovanni Valri (giovanni.valeri@opbg.net)

Version: 4 Date: 8 October 2012

Author's response to reviews:

Dear Editor,

We are grateful for your comments and for those of the reviewers. We have modified the manuscript according the comments below.

Reviewer's 1
Comments to authors:
The English expression still contains many minor inaccuracies that need to be corrected.
Reply: We have edited the text.

Reviewer's 2
Comments to authors:
The revised manuscript is much improved but there are still some linguistic problems that should be resolved (e.g. "best known" for "most known", "in details" for "in more detail" "despite both Risperidone and SSRIs have been shown to cause severe adverse effects" for "despite the fact that Risperidone"
Reply: We have edited the text as suggested.

The positive and negative syndrome scales (PANSS) should be the positive and negative symptom scale (PANSS).
Reply: We have edited the name of the PANSS scale as suggested.

Perhaps one of the most comprehensive studies that demonstrated the contribution of organic factors to the pathogenesis of the syndrome of Capgras is the one published in June 1977 in the British Journal of Psychiatry (Christodoulou G.N., The Syndrome of Capgras, 130 : 556-564, 1977). I believe it is worth reading and quoting.
Reply: According to the reviewer’s suggestion we have quoted this study in our discussion and we have added it in the references.

The second paragraph in the Discussion part of the paper is difficult to understand. I suggest replacing it with the following:

"It has been reported that when the Syndrome occurs in a depressive setting its prognosis follows the comparatively better prognosis of depression as compared to that of schizophrenia (13,14). It is possible that the depressive component in the clinical picture of our patient contributed to the better outcome"

Reply: We would like to thank the reviewer for the help to improve the discussion. As suggested, we have added this edited sentence in the manuscript.

The emotional relationship of the parents to the patient is important but of greater clinical importance is the relationship of the patient to the parents. Some authors have attached aetiological significance to it. So, what was the long-standing emotional relationship of the patient to the parents BEFORE the onset of the illness? Positive? Negative? Ambivalent?

Indifferent? Reserved? Unstable?

Reply: We have clarified the relationship of the patient to the parents before the onset of the illness.

The 3rd paragraph of the “case presentation” section now reads: “The patient had normal learning abilities and good social skills before the onset of psychiatric symptoms, even if she was always described as “shy” with low social initiative and with reserved and unstable emotional relationship toward her parents, who in turn describe behavioural modifications with reduction of interests and social withdrawal few months before the beginning of delusional symptoms”