Reviewer’s report

Title: Unilateral hippocampal infarction revealed following an attempted suicide: A case report

Version: 2  Date: 15 February 2014

Reviewer: Hideki Azuma

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

When the initial stage on the admission the patient showed the TGA like symptom and gradually became delirious, these TGA like symptom and delirium were considered to be due to the left hippocampal infarction. The delirium gradually improved. This case was thought to be difficult to be judged whether the gradual psychiatric symptom change from the TGA like symptom to the delirium resulted in the overdose of ‘round up’ or the left hippocampal infarction. After the improvement of the delirium and the treatment of the infarction, the verbal memory deficits also slightly improved.

This case is interesting, because the patient showed the psychiatric symptom with the rare left hippocampal infarction. These symptoms were needed to be judged with the symptom after the overdose of ‘round up’.
There are some points in this patient’s symptom and the data for the confirmation.

On admission, the authors describe that the patient was acknowledged. How was the time orientation and was there the result of the MMSE on admission?

After that the patient became delirious. How long did it take to be delirious?

Generally speaking, when the patient is delirious, the memory deficits are seen. The patient with delirium has no consciousness of the memory impairment and the disorientation. However the patient with TGA is embarrassed with the conscious of the memory impairment and does not have the agitation with the delirium. Did the patient have the consciousness of the memory impairment at each time point after the admission?

The score of the WMSR improved in the verbal, general, attention and delayed memory. How was the patient’s time orientation in the points at the three weeks and two months? Were there the results of the time orientation or MMSE score at both time points?

The authors need to write the time course according to her symptom and the test results concisely.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests.