Author's response to reviews

Title: Case report: low-titre anti-Yo reactivity in a female patient with psychotic syndrome and frontoparieto-cerebellar atrophy

Authors:

Dominique Endres (dominique.endres@uniklinik-freiburg.de)
Evgeniy Perlov (evgeniy.perlov@uniklinik-freiburg.de)
Oliver Stich (oliver.stich@uniklinik-freiburg.de)
Philipp Tobias Meyer (philipp.meyer@uniklinik-freiburg.de)
Niklas Lützen (niklas.luetzen@uniklinik-freiburg.de)
Ludger Tebartz van Elst (tebartzvanelst@uniklinik-freiburg.de)

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Author's response to reviews: see over
To the editors
of the journal
BMC Psychiatry

RE: MS: 7697012941591314 - Case report: low-titre anti-Yo reactivity in a female patient with psychotic syndrome and frontoparieto-cerebellar atrophy

Dear Editors,

Many thanks for the encouraging remarks in your recent review of our paper and for the opportunity to resubmit a revised version. We include point-by-point responses below and attach the revised version of our paper for publication in BMC Psychiatry.

Sincerely,

[Signature]

Prof. Dr. L. Tebartz van Elst
**Response to Reviewer Comments**

**Reviewer #1 (Comments to the Author): Level of interest:** “An article whose findings are important to those with closely related research interests."

- We are very grateful for this positive overall assessment of our paper and your suggestions for improvement.

1) “The authors describe that psychotic symptoms persisted despite drug abstinence. A more detailed time set should be provided as to highlight the issue of drug induced psychosis."

- The female patient reported short-term consumption of hallucinogenic mushrooms and rare but repeated low-dose cannabis abuse during a trip abroad five months before admission to our hospital. In the following five months, psychotic symptoms deteriorated despite drug abstinence. As summarized, the psychotic symptoms worsened over a five-month period of drug abstinence. We now specify: “The onset of symptoms was temporally related to short-term consumption of hallucinogenic mushrooms and rare but repeated low-dose cannabis abuse. The psychotic symptoms developed over a subsequent five-month period prior to admission to our hospital despite drug abstinence.”

- Symptoms declined quickly after treatment with risperidon and quetiapine. We now write: “Psychotic symptoms declined under medical treatment after one to two weeks.”

2) “The authors should discuss briefly the finding of a small arachnoidal cyst in the left temporopolar region and whether it should be related to psychosis presentation or not.”

- This is an important aspect. Because the small arachnoidal cyst in the left temporopolar region is an incidental finding without a substantial space-occupying effect, we believe that there is no relationship to clinical symptoms. We now specify: “In addition, a small arachnoidal cyst was detected in the left temporopolar region. The arachnoidal cyst is an incidental finding without a substantial space-occupying effect; therefore, it is not very likely that it leads to clinical symptoms.”
3) “Regarding treatment, the use of a combined pharmacological approach with risperidon (4 mg/day) and quetiapine (300 mg/day) was based entirely on clinical basis? Was it due to a specific treatment protocol?”

   • The combined therapy with risperidon and quetiapine was started on a solely clinical basis before the arrival of imaging, cerebro-spinal fluid, and antibody results. We treated with risperidon for psychotic symptoms. Quetiapine treatment was established because of possible antipsychotic, anti-depressive, sedative, and sleep-inducing effects. We did not use a specific treatment protocol for encephalopathies with intracellular antibodies. We now specify: “On a clinical basis, we started a combined therapy with risperidon (4 mg/day) and quetiapine (300 mg/day).”

4) “… Needs some language corrections before being published”.

   • Done. The article was corrected by a native speaker from an open available academic proofreading service (www.scribendi.com).

Reviewer #2 (Comments to the Author): “Accept without revisions: The case report is very well written. The case presentation is excellently elaborated, in particularly the diagnostic assessment and considerations about the differential diagnosis. The case report provides interesting insights of scientific and practical interest about possible relationships between structural brain changes, antineuronal antibody findings, and psychiatric (psychotic) symptoms. I have no further comments/revisions”. Level of interest: “An article of importance in its field.”

   • We are very grateful for this positive overall assessment of our paper.