Author's response to reviews

Title: Acute psychosis as an initial manifestation of hypothyroidism: case report

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Author's response to reviews: see over
Author’s response to reviews

Title: Acute psychosis as an initial manifestation of hypothyroidism: case report

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Version: 2 Date: 16 June 2015

Author’s response to reviews: see over
Reviewer's report

Title: Acute psychosis as an initial manifestation of hypothyroidism: case report

Version: 2 Date: 16 August 2015

Reviewer: Bawo James

Reviewer's point

Provide coherent timelines from admission to discharge to guide the reader. Specify on what day after admission (Day 0), investigations were requested, medications started, symptom improvement noted.

The dates has been changed as the reviewer indicates.
Reviewer's report

Title: Acute psychosis as an initial manifestation of hypothyroidism: case report

Version: 2  Date: 17 August 2015

Reviewer: Rajshekhar Bipeta

Reviewer's point

1) 'Hypothyroidism is one of the most relevant causes of treatable dementia' Comment: better to say 'most important causes of treatable dementia'.

2) Hallucinations mentioned in abstract; but, not explained in text.

3) 'On the admission, his general conditions were unremarkable, but the body CT examination revealed a pleural effusion and ascites, and blood investigation revealed that he had hypothyroidism.'

Comment: Please consider rewriting as follows:

"On admission, general physical examination was unremarkable. However, blood investigation showed the presence of hypothyroidism and computed tomography revealed pleural effusion and ascites."

We have now included this sentence as the reviewer indicates.

1) The qualifications and current designation of each author should be explicitly stated in the published version of the manuscript.

We have now included this sentence as the reviewer indicates.
2) It is rare for a person to present with hypothyroidism so late in life. The presence of pleural effusion and ascites raises possibility of other underlying disorder. Another point worth noting is that the improvement of thyroid functions did not improve psychosis. All these point to the need for evaluation of other causes..

We are talking about the other causes of effusion, but We didn’t try to examine other inspection. Thus, no change to the manuscript.

3) Please also mention the sequence of referrals. Did the patient directly report to Neurology, or did he first consult other specialist?

He consulted directly to Neurology.
Reviewer's report

Title: Acute psychosis as an initial manifestation of hypothyroidism: case report

Version: 2 Date: 2 August 2015

Reviewer: Bernardo Barahona-Correa

Reviewer's point

The authors should describe the patient's psychotic symptoms in more detail, specifying, for example, in which sensory modality the patient was experiencing hallucinations, what was the content of his delusional beliefs (if any), how was his mood.

The authors also should describe the patients cognitive assessment in more detail. Was a formal neuropsychological evaluation performed? Did the authors use any of the universally available and well validated quantitative - Addenbrook Cognitive Examination, MMSE, Frontal Assessment Battery, Montreal Cognitive Assessment, etc? This is an essential piece of information in terms of differential diagnosis.

The image description is not clear. What is the nature of this subdural "effusion"? How do the authors explain its presence? Did the patient suffer a recent head trauma?

No information is provided on other causes of reversible dementia or acute delirium: folic acid or vitamin B12 deficiency, tiamin deficiency, etc

In the second paragraph of their case description the authors say that EEG activity "improved" (a better term would be
became normalized), however they did not mention the EEG before, except in the abstract

**We have now included this sentence as the reviewer indicates.**

The authors must discuss, at least briefly, other possible (and likely) explanations for this case, namely:

1. frontal-temporal dementia (possibly behavioral variant) - this typically presents with behavioral changes and occasionally with late-onset psychosis, a typical finding is frontal lobe hypometabolism. The fact that the patient was allegedly working recently is no proof that he was cognitively well.

2. head trauma with subdural bleeding or subdural hygroma

Any of these two conditions could have been exacerbated by the hypothyroidism, eventually leading to an acute change in mental state. To discuss the differential diagnosis adequately, the authors must provide more details on the patient's cognitive state and recent history (reports of falls, etc)

**We have now included this sentence as the reviewer indicates.**

But we didn’t identify the history of head trauma, Thus, no change to the manuscript.