Dear Editors,

We thank you and the reviewers for taking the time to review our manuscript. We believe that your comments have helped us to improve the text greatly. We have addressed the reviewer comments provided as indicated in the list below and in the tracked changes version of the manuscript.

No.	Comments	Response	Page#
1	Reviewer #1: Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing) Conclusion: Major revision	Thank you for the ratings given to the manuscript. Noted comments for improvement.	Whole manuscript
2	Reviewer #1: I think that the story of this unfortunate lady is a fascinating example of what goes on in a person's life before the individual develops a mental illness and comes into contact with the psychiatric services. Her early childhood, religious upbringing, marriage to a man from a different sect, the delusion she developed, and its impact on her life have been described well. I believe that this should have been the	Thank you for the interest in the story of our case. Noted comment on the focus of the study	Whole manuscript

focus of this report.

	Reviewer 1, thank you for the comments on the case description!		
3	Reviewer #1: However, the authors have chosen to focus on the diagnosis and its somewhat uncertain links to early childhood trauma, genetics, traumatic brain injury, and PTSD. This appears to be somewhat misplaced.	I have considered changing the diagnosis to a delusional disorder.	Whole manuscript
4	Reviewer #1: Along the way they make some very contentious statements such as: "Though, schizophrenia is considered a non-affective psychotic disorder and has lesser prevalence of depressive disorder as comorbid. It may still occur however it must be relatively brief to the acute-phase of symptoms." In fact, depressive symptoms and depressive disorder are very frequent among patients with schizophrenia in any phase of the disorder including the pre-psychotic, acute psychotic, and post-psychotic phases.	I have considered the comment being appropriate hence I deleted such statement.	Page 14

5	Reviewer #1: Regarding the diagnosis and other details of the illness, I believe that a diagnosis of delusional disorder seems to be more likely rather than a diagnosis of schizophrenia. This extract from the ICD-10 will hopefully make this clear. Delusional disorder This group of disorders is characterized by the development either of a single delusion or of a set of related delusions which are usually persistent and sometimes lifelong. Other psychopathology is characteristically absent, but depressive symptoms may be present intermittently, and olfactory and tactile hallucinations may develop in some cases. (The delusions persist at times when there is no disturbance of mood.) Clear and persistent auditory hallucinations (voices), schizophrenic symptoms such as delusions of control and marked blunting of affect, and definite evidence of brain disease are all incompatible with this diagnosis.	I have considered the comment and hence changed by diagnosis.	Page 7
6	Reviewer #1: There are too few details to make a confident diagnosis of PTSD that probably occurred 17 years ago. I had problems with certain phenomenological descriptions such as - "Interval history revealed persistence of delusion of reference and foul body odour." I am not sure about the delusion of reference. The authors should clarify which symptom is being labelled as a delusion of reference.	I have added the PTSD basis in the narrative. I deleted by delusion of reference statement.	Page 4 Page 6
7	Reviewer #1: There are no details of her treatment.	I added the details of her treatement.	Page 7
Reviewer 1, thank you for the comment on discussion!			

8	Reviewer #1: The discussion is too long and for the most part not relevant to the presentation of psychotic illness in this patient.	Noted comment.	Whole manuscript
9	Reviewer #1: There are problems with the language of the report that need to be corrected.	Noted comment	Whole manuscript
10	Reviewer #1: The word/phrase "case of paranoid schizophrenia" needs to be avoided. Person-centric language such as person/individual/patient with schizophrenia should be used instead.	Noted comment	Page 3
11	Reviewer #1: The name of her husband/partner should not be used.	Noted comment	Pages 5, 6, 7, and 12
12	Reviewer #1: Overall, the merit of this report lies in the story of this person's life leading up to the onset of a psychotic illness and its impact on her life. If the authors can rewrite the report by correcting all the other lacunae, this story can still be told.	Noted comment. Thank you!	Whole manuscript
13	Reviewer #2: Scientific Quality: Grade B (Very good) Language Quality: Grade B (Minor language polishing) Conclusion: Minor revision	Thank you for the rating!	Whole manuscript

14	Reviewer #2: The authors describe the interesting case of a young adult female diagnosed with Paranoid schizophrenia with a history of Posttraumatic stress disorder (PTSD) and associated post psychotic depression.	Thank you for the comment!	Whole manuscript
15	Reviewer #2: Criteria checklist: points 1-13 are o.k.	Thank you for the comment!	Whole manuscript
16	Reviewer #2: Some minor points: 1. Please do not repeat of the same sentences in the absrtact and the introduction.	Thank you for the comment! Sentences repeated in the abstract are necessary.	Page 2
17	Reviewer #2: 2. Case presentation: Not yearsprior bit years prior; dicussion: not monthofage but months of age ; what is "patientis"?	Noted comment.	Whole manuscript
18	Reviewer #2: reference list: not Sigememund but Sigmund (Freud).	Noted comment	Whole manuscript
19	Science Editor: The manuscript has been peer-reviewed, and it' s ready for the first decision. Language Quality: Grade B (Minor language polishing) Scientific Quality: Grade C (Good)	Thank you for the evaluation!	Whole manuscript
20	Company Editor-in-Chief: I recommend the manuscript to be	Thank you for the	Whole manuscript

	published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript.	recommendation!	
21	To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.	Noted comment	Whole manuscript