

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 81699

**Title:** A CASE REPORT OF DELUSIONAL DISORDER WITH DEPRESSION AND HISTORY OF EARLY TRAUMA

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 01344350

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Germany

**Author's Country/Territory:** Philippines

**Manuscript submission date:** 2022-11-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-20 13:01

**Reviewer performed review:** 2022-11-23 15:17

**Review time:** 3 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

#### **SPECIFIC COMMENTS TO AUTHORS**

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. Criteria checklist: points 1-13 are o.k. Some minor points: 1. Please do not repeat of the same sentences in the absrtact and the introduction. 2. Case presentation: Not yearsprior bit years prior; dicussion: not monthofage but months of age ; what is "patientis"?; reference list: not Sigememund but Sigmund (Freud).

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**Reviewer's code:** 02445242

**Position:** Editorial Board

**Academic degree:** MAMS, MBBS, MD

**Professional title:** Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Philippines

**Manuscript submission date:** 2022-11-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-22 01:56

**Reviewer performed review:** 2022-11-30 04:13

**Review time:** 8 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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## SPECIFIC COMMENTS TO AUTHORS

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 focus of this report. 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. 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. 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),



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schizophrenic symptoms such as delusions of control and marked blunting of affect, and definite evidence of brain disease are all incompatible with this diagnosis. 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. There are no details of her treatment. The discussion is too long and for the most part not relevant to the presentation of psychotic illness in this patient. There are problems with the language of the report that need to be corrected. 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. The name of her husband/partner should not be used. 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.