

Table 3. Analysis of characteristics and interventions in clinical cases

#N	Authors and Year	Associated Comorbidities	Primary Etiology	Diagnostic Tests Used	Therapeutic Approach	Clinical Outcome
01	Schroeter et al. (2020) [18]	Posterior Cortical Atrophy (PCA)/Alzheimer's; Balint's Syndrome; Depression.	Neurodegenerative Organic (Alzheimer's Disease - PCA variant).	MRI: Progressive atrophy. PET: Typical Alzheimer's pattern. Lumbar puncture: Abnormal. MMSE: 24 → 4	Galantamine + Quetiapine + Valproate (for seizures) + Rehabilitation.	Dementia progression. Capgras delusion resolved after 8 years.
02	Watanabe et al. (2024) [19]	Dementia with Lewy Bodies (DLB); Primary Sjögren's Syndrome; Burning Mouth Syndrome.	Neurodegenerative Organic (DLB).	MRI/EEG: Normal. SPECT: Atypical hypoperfusion. Cognitive assessment (MMSE/HDSR).	Pharmacological: Rivastigmine + Amitriptyline + Mirtazapine.	Good prognosis for pain. DLB with mild progression.
03	Ben Ammar et al. (2021) [20]	Schizoaffective Disorder; Delusions; adherence. Chronic Non-	Psychiatric (Schizoaffective Disorder).	MRI, EEG, biological tests: All normal.	(The focus of the article was forensic evaluation, not subsequent treatment).	Patient deemed legally non-responsible. Case illustrates violence risk in SIDs.
04	Revilla et al. (2021) [21]	Treatment-resistant schizophrenia; concomitant Cotard syndrome.	Psychiatric (Schizophrenia).	Brain CT scan: Normal. PANSS: 125 → 51.	Previous failure: Multiple antipsychotics + ECT. Success: Clozapine (650 mg/day).	Significant improvement in symptoms. Marked reduction in the PANSS score.

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05	O'Brien et al. (2023) [22]	Treatment-resistant schizophrenia; mild intellectual disability.	Psychiatric (Schizophrenia).	Brain MRI: Normal. PANSS: 146 (on admission) → 45.	Previous failure: Risperidone, Olanzapine. Success: Clozapine (550 mg/day) + multidisciplinary therapy	Complete resolution of delusions. Improvement in social functioning.
06	Castro et al. (2022) [23]	Chronic cannabis use (8 years); aggressive behavior.	Organic/Substance-related (Cannabis use).	Toxicology: THC positive. MRI: Mild prominence of the cerebellar folia.	Clozapine (500 mg/day) + Valproic acid + Pipotiazine (IM).	Complete resolution in 2 months. Discharged with follow-up.
07	Shaw et al. (2024) [24]	First episode of psychosis. Advanced age (70 years).	Psychiatric (Functional) – Psychosis. Trigger: isolation during the COVID-19 pandemic (auditory/telephone-only contact with her husband).	Neuroimaging and extensive laboratory workup (including autoantibodies): No abnormalities.	Psychotropic medication (not specified). Diagnostic workup to rule out an organic cause.	Resolution of the delusion after in-person contact.
08	Quarenta et al. (2022) [25]	PEP; Cannabis use disorder (daily use, 10 years).	Psychiatric/Substance-related (Cannabis-induced psychosis).	Toxicology: THC positive. Brain CT scan: Normal.	Paliperidone (9 mg) + Lorazepam + psychosocial interventions (TCC, family support).	Complete remission in 7 days. Adherence issues during follow-up..

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09	Connors et al. (2024) [26]	Psychiatric/neurological disorders; perinatal period.	Psychiatric/presumed organic (e.g., dementia, traumatic brain injury, substance use).	Neuroimaging (MRI, CT), EEG, neuropsychological testing..	Pharmacological: Quetiapine (up to 400 mg/day). Psychosocial: Admission to a perinatal unit, psychoeducation.	Complete and sustained remission (>3 years). Functional adaptation to motherhood.
10	Ghannadi et al. (2024) [27]	Severe trauma history (kidnapping, abuse). Substance use disorder (in remission). Suicide attempts.	Psychiatric (Fregoli delusion). Factors: trauma and neurodevelopmental anomaly..	Neuroimaging: Enlarged ventricles (nonspecific developmental anomaly).	Integrated: Risperidone (antipsychotic) + trauma-focused CBT.	Aim: remission and improved quality of life. Ongoing monitoring required.
11	Gramling et al. (2024) [28]	History of traumatic brain injury; cannabis use; family history of schizophrenia.	Organic (encephalomalacia due to traumatic brain injury). Trigger: cannabis.	CT scan: Left frontal encephalomalacia. Urine toxicology: Positive for cannabinoids.	Olanzapine (15 mg/day).	Significant improvement within 3 days. Discharged for outpatient follow-up.

Source: The authors.

Caption: **DLB:** Dementia with Lewy Bodies. **DISs:** Delusional Identification Syndrome. **ECT:** Electroconvulsive Therapy. **IM:** Intramuscular. **MMSE:** Mini-Mental State Examination. **PANSS:** Positive and Negative Syndrome Scale. **PCA:** Posterior Cortical Atrophy. **FEP:** First Psychotic Episode. **CBT:** Cognitive Behavioral Therapy. **TBI:** Traumatic Brain Injury. **EEG:** Electroencephalogram. **PET:** Positron Emission Tomography. **MRI:** Magnetic Resonance Imaging. **SPECT:** Single Photon Emission Computed Tomography. **CT:** Computed Tomography