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LETTER TO THE EDITORS

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Answers from the authors

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Thank you very much for your comments about our article (Shiraishi et al. 2004) where we suggest that dynamic or acute change in visual acuity (lowering visual acuity) but not static or chronic visual impairment (low visual acuity) has a greater impact on the onset of Charles Bonnet syndrome (CBS) in some patients. With respect to our suggestion, Tan & Sabel (2005) propose that denervation hypersensitivity following lowering visual acuity triggers visual hallucinations and recovery process including visual system plasticity eliminates visual hallucinations. We agree with their proposal, although this hypothesis should be investigated by functional brain studies longitudinally.

Furthermore, Tan & Sabel (2005) indicate that CBS may in fact be a good thing since hallucinations may correlate with adaptive neuroplasticity and periods when visual functions are recovering. We cannot agree with their indication because CBS has various causes (Terao, 2002) and some patients with CBS may develop dementia with Lewy bodies (DLB). That is to say, there is a subtype of CBS which is later proven to be a prodromal symptom of DLB. Of course, hallucinations of DLB are not CBS, but apparent CBS may occur in the early stage of DLB (Terao & Collinson, 2000). One of the reasons for this conflicting situation is that existent diagnostic criteria for CBS do not necessitate optic pathology, and another reason is that all the criteria are exclusively based on cross-sectional observations (Terao, 2002).

In conclusion, Tan & Sabel's (2005) hypothesis can be probably applied to some patients with CBS but not to all CBS patients. CBS is not always a good thing because some patients may develop DLB.

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