

EPV0102

Post-ictal psychosis: A case report

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Introduction: People suffering from chronic diseases, especially epilepsy, are more likely to suffer from neurobehavioral disorders, like psychotic states. Postictal psychosis (PIP) is one of these potentially serious complications, that classically follows exacerbations of seizures.

Objectives: The present paper aimed to study the clinical and therapeutic aspects of PIP.

Methods: We report a case of PIP, which involved a patient hospitalized in psychiatry department, and discuss it in light of the relevant literature.

Results: We report the case of a 27-year-old man, with medical history of generalized epilepsy which was well stabilized under treatment (carbamazepine 600 mg/day). The patient was hospitalized for dangerous behaviors after having experienced 2 episodes of seizure activity in context of poor therapeutic adherence. Psychiatric assessment revealed a psychomotor instability, a pressured speech and hallucinatory behavior. There were no delirium symptoms. Neurological examination showed no localization signs, and cerebral imaging was normal. The patient was treated with benzodiazepines (Diazepam), associated to antipsychotics (Haloperidol). His antiepileptic drug was quickly reintroduced. After 48 hours of treatment, psychiatric symptoms improved. The patient returned to its baseline condition after 7 days.

Conclusions: The short-term prognosis of PPI is often favorable, compared to other psychotic disorders. However, more severe psychiatric disorders can potentially develop in the long-term, raising diagnostic and therapeutic difficulties. Thus, a good collaboration between psychiatrists and neurologists is highly desirable in order to better adapt the treatment.

Disclosure: No significant relationships.

Keywords: post-ictal psychosis; Epilepsy

EPV0104

Cocaine bugs: A brief case report of cocaine-induced delusion of parasitosis

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Introduction: Delusional parasitosis (DP), also known as Ekbom syndrome and in some cases as Morgellons, was first described in the late 17th century in France. It is an obsessive phobic state in which the patient believes that they are infested by parasites. In the hallucinatory state, they frequently remove parts of the skin,

identifying them as parasites. The cause of DP is unknown. Evidence supporting the dopamine theory defends that the inhibition of dopamine reuptake (for example cocaine and amphetamines) induce symptoms such as formication.

Objectives: Through the description of the following clinical case, we emphasize its clinical features and complexities.

Methods: Review of DP in light of a clinical case

Results: A 48-year-old woman was brought to the psychiatric emergency due to psychotic symptoms following cocaine use. She had a history of drug abuse. She was apparently asymptomatic until October 2019, when, in the background of vague sensation of something crawling under his skin, she developed a sudden onset belief that she had been infested by insects that crawled under his skin. Previous medical observation found no reason for a skin infection or infestation. Skin examination revealed itch marks and skin excoriations in the abdomen. Mental status examination revealed anxious and depressive affect, delusion of parasitosis, tactile hallucination and impaired insight. Routine hemogram and urinalysis was unremarkable, except for the detection of cocaine.

Conclusions: Delusional parasitosis often presents to nonpsychiatric medical professionals. An awareness of such illness, with an early recognition and timely referral are management cornerstones in order to successfully diagnose and treat patients.

Disclosure: No significant relationships.

Keywords: Ekbom; Delusional parasitosis

EPV0105

Gilles de la tourette's syndrome and psychosis: A family case study

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Introduction: Tourette's syndrome (ST) is a neuropsychiatric disorder that presents with combination of motor and vocal tics for at least one year time. Only few cases of comorbidity with psychotic disorder has been described.

Objectives: We present a case report of a patient with ST, obsessive compulsive disorder, posttraumatic stress disorder that resulted in chronic schizophrenia-like psychosis, and family history of tics and psychosis.

Methods: A case – based family study, literature review and statistic data analysis.

Results: The patient (male, born in 1997 otherwise healthy) presented at the age of 6 with spitting. He subsequently progressed with severe motor tics, vocalizations, coprolalia, impulsivity, destructivity, repetitive motor rituals. No treatment showed to be efficacious and safe. He dropped out of the school, the family has to move to the rural area; his social withdrawal was intensified by psychotrauma (assaulted by police officer due to seemingly disorderly conduct). At the age of late adolescence he started to make fantastic statements. Later on he admitted having visual and audial hallucinations and responding to them; the Kandinsky–Clérambault syndrome was detected. Symptoms and excitement are partially controlled by diazepam and clozapine; the patient needs assistance in all routines of self – care. The patient's mother has a mild form of motor tics; her

mother developed persistent delusions in her late thirties (without disorders of perception and social disfunction).

Conclusions: The study demonstrates genetic interconnecting between TS, tics and psychosis; hyperactivity in the dopaminergic system of the brain may be involved in all three disorders. National statistics of TS have to be reviewed and improved.

Disclosure: No significant relationships.

Keywords: family case; comorbidities; psychosis; Gilles de la Tourette's syndrome

EPV0106

Which antipsychotics can we use for obsessive-compulsive symptoms in schizophrenia?

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Introduction: Obsessive-compulsive symptoms (OCS) are common in schizophrenia, with a prevalence ranging from 12 to 25%. They affect negatively disease outcome. Patients with comorbid OCS present more frequently resistant psychotic symptoms. Besides, the appearance and aggravation of OCS are more commonly reported with atypical antipsychotics.

Objectives: To present through a clinical case and a brief literature review the treatment challenge of obsessive-compulsive symptoms in schizophrenia.

Methods: We reported the case of Mr. M.S., treated in our department since 2008 for comorbid schizophrenia and OCS, and discussed therapeutic alternatives through a literature review.

Results: Mr. M.S. a 34-year-old male diagnosed with comorbid schizophrenia and OCS at age 20. To control psychotic symptoms, the patient received several trials of anti-psychotics with little improvement. We concluded that it was resistant schizophrenia. The introduction of clozapine reaching 300 mg daily led to significant improvement of psychotic symptoms but worsened OCS. The adjunction of fluoxetine and cognitive-behavioral therapy (CBT) was unsuccessful to manage obsessive symptoms. We opted for the association of aripiprazole 20 mg daily and clozapine, the doses of which were gradually tapered down to 150 mg daily. This association has guaranteed the improvement of both psychotic and obsessive symptoms.

Conclusions: Conclusion This clinical vignette highlights the need for clinical awareness about the possible exacerbation of OCS with atypical antipsychotics in schizophrenia.

Disclosure: No significant relationships.

Keywords: comorbidity; atypical antipsychotics; Obsessive-compulsive symptoms; schizophrenia

EPV0107

Slamming sex and psychotic symptoms. A case report

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Introduction: Chemsex is the term used to describe the use of psychoactive drugs to practice sex, mostly among men who have sex with other men. When drugs are administered by intravenously it is known as slamming or slamsex. Mephedrone is drug more used to this practice, in combination with other as amfetamines. This practice has been associated with a lot of psychiatric and organic complications. **Objectives:** Describe a case about one of chemsex complications such as drug-induced psychosis. Moreover, show the multiple medical complications associated with this practice.

Methods: Patient's data is obtained from medical history, psychiatric interviews carried out during his hospitalizations and his psychological follow-up in CAID.

Results: 45 year-old man patient was admitted into a psychiatric unit due to paranoid ideation, behavioral disturbances and hetero-aggressive behavior after mephedrone, amphetamines and other drugs intoxication in the context of slamsex practice. He has a history of two previous autolytic attempts but no psychotic episodes. After one week of hospitalization and antipsychotic treatment psychotic symptoms disappear. Concerning his medical history, he was infected for HIV, syphilis, hepatitis A, visceral Leishmania.

Conclusions: It is necessary to be aware of the increased in chemsex and slamsex rates and therefore of the comorbidities that have associated. Rapid detection is important in order to reduce and control the severe addiction they entail (especially intravenous consumption).

Disclosure: No significant relationships.

Keywords: psychotic symptoms; chemsex; slamsex; drugs-induced psychosis

EPV0108

Emotional, personal, cognitive and other mental disorders after removal of the tumor of the diencephalic region (in the long-term period)

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Introduction: In the literature, there are conflicting data regarding the recovery of mental disorders, in particular, pathologies of the emotional, personality, behavioral and cognitive spheres, in patients after surgical treatment of tumors of the diencephalic region.

Objectives: To evaluate the dynamics of psychopathological disorders after removal of a craniopharyngioma.

Methods: 45 patients (18–68 y.o.), operated through transcranial access. The follow-up period ranged from 3 months to 9 years (on average 2.8 ± 0.4). The main method is psychopathological, supplemented by rating scales and questionnaires.