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Introduction: We present the case of a 34-year-old female patient with no prior psychiatric record who was treated in our outpatient department due to persecutory delusions of recent onset. The patient had a history of refractory temporal epilepsy since adolescence and underwent a temporal lobe resection 4 month prior to the appearance of her symptoms.

Objectives: Temporal lobe resection is a well-established technique to treat refractory temporal lobe epilepsy in which psychotic symptoms are an infrequent complication; the most frequent being cognitive sequelae, visual field defects and depression. According to several sources, this symptomatology may be underdiagnosed and underreported and there have been a number of case reports and series of cases which describe the aforementioned entity.

Methods: A case report is presented alongside a review of the relevant literature regarding cases of secondary psychosis after brain surgery.

Results: During her treatment we administered olanzapine up to doses of 7.5mg per day because of the risk of reducing the convulsive threshold. We observed a marked improvement and the disappearance of the delusions. The dose of olanzapine has been maintained for a year with no important side-effects and without a relapse in symptoms.

Conclusions: Psychotic symptoms as a complication of temporal lobe resection may be more frequent than what was thought in the past. It is important to study this phenomenon more in-depth because the symptoms may remain undetected and present worse outcomes given that there are effective treatments which could ameliorate the condition.

Disclosure: No significant relationships.

Keywords: temporal lobe resection; secondary psychosis; temporal lobe epilepsy

EPV0545

Electroconvulsive therapy after conservative treatment of vertebral fractures

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Introduction: Electroconvulsive therapy (ECT) remains a valuable treatment for major depression with psychotic symptoms. However, it is necessary to pay special attention when there is a history of fractures.

Objectives: Through the description of the following clinical case, we will emphasize the importance of screening for vertebral fractures within ECT and the different procedures that must be taken if that occurs.

Methods: We undertook a narrative literature review by performing a search on PubMed for English-written articles. The query used was "Electroconvulsive Therapy" AND "Vertebral Fractures".

Results: A 71-year-old woman was admitted with an episode of psychotic depression. Basic tests were performed and were all

normal. After not responding to pharmacologic treatment, she was referred for ECT. The patient had a full recovery after 4 weeks of biweekly sessions. She was discharged and proposed for maintenance ECT. However, she started complaining of back pain after falling and did an X-ray and CT scan which revealed fractured L1 and L2. It was suggested conservative treatment with a Jewett orthosis. Within this period, the ECT was suspended and after a 4-week treatment, the fracture was consolidated. As there was no risk of neurological compression, the treatment was restarted with the same dosage of succinylcholine, and it was achieved complete muscular relaxation. The patient fully recovered without any orthopedic sequel.

Conclusions: Electroconvulsive therapy can be safely performed after conservative treatment of vertebral fractures, if special attention is provided to complete muscular relaxation. For this effect, the dosage of succinylcholine can be adjusted.

Disclosure: No significant relationships.

Keywords: ECT; Electroconvulsive Therapy; Fractures

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Looking beyond electroconvulsive therapy: A case report

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Introduction: Electroconvulsive therapy (ECT) is considered a gold-standard treatment of severe and treatment-resistant depression. Lack of response to ECT often causes distress in psychiatrists regarding the next therapeutic decisions.

Objectives: To present a case report of a patient with psychotic depression with partial response to ECT.

Methods: Clinical interviews and review of literature using the Pubmed platform.

Results: The authors present a case of a 60 year-old woman admitted for severe depressive episode with psychotic symptoms. Due to lack of response to multiple antidepressive and antipsychotic treatments, 15 sessions of ECT were performed with improvement of behavioral and psychotic symptoms. However, endogenous depressive symptoms with functional impairment persisted. It was then initiated Bupropion 300mg/day resulting in vast improvements on drive, energy and activity levels with restored functionality. Previously to ECT, Bupropion was not considered a valid option due to the psychomotor restlessness that was present. This case exposes the limitations of ECT and the therapeutic conundrums that arise when there is partial response. The symptoms expressed in the patient after ECT course correlate with deficits in noradrenergic and dopaminergic pathways that are involved in endogenous depression. The use of Bupropion, with its effect on noradrenaline and dopamine receptors, may offer a therapeutic lifeline in these cases.

Conclusions: ECT still stands as a gold-standard for severe depressive disorder, especially when several psychopharmacological therapies have failed. In cases of partial response to ECT, the neurobiological correlates of clinical presentation can guide the therapeutic management towards improved outcomes.