

Introduction: Paraneoplastic syndromes (PNS) can be expressed with a wide variety of neurological and psychiatric symptoms: alterations in consciousness, cognition, behaviour, mood or perception. Testicular tumours have been related to different expressions of PNS, but, to date, no relationship with bipolar disorder has been described.

On the other hand, the relationship between SARS-CoV2 infection and subsequent affective conditions has also been recently described. Between 30-40% of people affected by the infection present symptoms of depression in the following months.

Objectives: To describe a case of a 17-year-old patient with an atypical onset of bipolar disorder a few months after a SARS-CoV2 infection and a few months before a testicular germ cell tumour was detected.

Methods: Description of a clinical case, its differential diagnosis and the literature review associated.

Results: This is a 17-year-old adolescent with no previous psychiatric history, who is referred to a day centre after committing a suicide attempt. The patient presented an average premorbid functioning. Stands out, a SARS-CoV2 infection 3 months before the onset of symptoms. He presents repeated and self-limited episodes (maximum 3 weeks) of major depressive symptoms: autolytic ideation, hypothyria, asthenia, clinophilia, isolation, anhedonia, mutism, psychomotor retardation, lack of hygiene, hyporexia, hypersomnia; that alternates with periods of stability and with others of symptoms of hypomania (sudden improvement in mood, increased activity and plans), also lasting a few days. Paradoxical response to treatment with antidepressants, presenting irritability and exacerbation of suicide ideas. Good tolerance and response to treatment with low doses of aripiprazole and quetiapine. The patient was diagnosed as type II bipolar disorder with rapid cycling. A few days after definitive diagnosis, a testicular germ cell tumour was detected, for which he had to undergo surgical intervention and chemotherapy treatment. At this point, it is suggested that the symptoms could be included in a paraneoplastic condition prior to the tumour. Months after the remission of the cancer, the patient does not present symptoms of relapse or metastasis, but mood swings persist, of lesser intensity, every few weeks. Treatment with lamotrigine was started at increasing doses, with good response and tolerance from the start.

Conclusions: The onset of mental health disorders in adolescents can be complicated by the non-specific or atypical early or prodromal symptoms. This degree of complexity increases when somatic pathologies coexist and even more if those pathologies have yet to be fully understood and studied, such as paraneoplastic syndromes or SARS-CoV2 infections. It is necessary to continue investigating the interrelationship between somatic and psychiatric conditions in order to provide more specific and rapid clinical responses.

Disclosure of Interest: None Declared

EPV0271

Organizing Pneumonia as a side-effect of Na-valproate-a case report

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doi: 10.1192/j.eurpsy.2023.1621

Introduction: Organizing pneumonia (OP) is a clinical, radiological and histological entity that is classified as an Interstitial Lung Disease. It can be either cryptogenic (of unknown cause) or secondary to a lung injury such as infection, drug toxicity, inhalation of a pathogen or toxic gas, gastroesophageal reflux, collagenosis, organ transplant, or radiotherapy (B.J. Robertson, D.M. Hansell. Organizing pneumonia: a kaleidoscope of concepts and morphologies. *Eur Radiol*, 21 (2011), pp. 2244-2254). We were called for a psychiatric consultation for a 50 years old male patient who presented to Emergency service of our hospital with symptoms of acute respiratory failure and bilateral pneumonia. This was his fourth hospital admission within two months with the same symptoms. In previous stays, he was given four different antibiotics.

Objectives: The objective of our psychiatric consult was to determine whether the clinical presentation of bilateral pneumonia could in fact be a side effect of one of the psychiatric drugs he was taking.

Methods: We reviewed the patients prescribed medication and their side-effect profile. Additionally, the patient underwent a series of diagnostic tests, with the most important one being histology analysis of the biopsy samples.

Results: Upon reviewing the available medical sources, we were able to find a few articles that link organizing pneumonia and use of Na-valproate (Nanau RM, Neuman MG. Adverse drug reactions induced by valproic acid. *Clin Biochem*. 2013;46:1323-1338). The said medication was discontinued and the patient started receiving corticosteroids. After only a few days, his condition improved drastically and was discharged to home care.

Conclusions: The mutual cooperation between internal medicine specialists and liaison psychiatrists is vital in cases like this when there is a psychiatric patient presenting with unspecific somatic symptoms or is responding poorly to standard treatment. We must sensitize the staff to the specifics of care for a psychiatric patient and at the same time provide him with adequate medical assistance.

Disclosure of Interest: None Declared

EPV0272

Fahr's Disease: a case report of a patient with neuropsychiatric symptoms

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doi: 10.1192/j.eurpsy.2023.1622

Introduction: Fahr's disease (FD) is a rare disorder consisting of bilateral and symmetrical calcium deposits in basal ganglia and cerebral cortex. These lesions are associated with neurological and psychiatric symptoms such as a rigid hypokinetic syndrome, mood disorders and memory and concentration abnormalities. It can be idiopathic or secondary to endocrine disorders, infectious diseases or mitochondrial myopathies.

Objectives: To highlight the importance of considering organic causes when evaluating patients presenting atypical psychiatric symptoms and claim the role of neuroimaging.

Methods: Case report and non-systematic review of literature: sources obtained from Pubmed database.

Results: A 69-year-old man, native of Syracuse (Italy), was admitted to the Psychiatry Unit in February 2022 presenting behavioural disturbances and irritability. In July 2021 he presented the same symptoms, being mistakenly diagnosed with Bipolar Disease type I. He has no previous psychiatric history. He started with changes in his personality, short-term memory loss, aggressiveness and disorganized behaviour at the age of 66. At admission he was talkative and hyperfamiliar, presenting delusions of grandiosity, exalted affectivity and insomnia. Neurological examination showed short-term memory problems, signs of frontal disinhibition and abnormal glabellar tap sign. Blood tests, CT brain and MRI were performed to rule out organic underlying causes. Neuro-imaging found bilateral and symmetric calcifications in globus pallidus, thalamus and corpus striatum, in favour of FD. Secondary causes (abnormalities in the PTH, vitamin disorders and infectious diseases such as HIV, brucellosis or neurosyphilis) were discarded, allowing us to conclude it was probably a primary case of FD. Valproate was started as a mood stabilizer and anticonvulsant. Genetic tests were indicated.

Conclusions: FD should be considered as a differential diagnosis in the evaluation of psychiatric symptoms, especially when atypical and/or presented with neurological symptoms. The role of neuroimaging is essential.

Disclosure of Interest: None Declared

EPV0273

Diagnostic Overshadowing of Post-ictal Psychosis in the ED– A Case Series

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doi: 10.1192/j.eurpsy.2023.1623

Introduction: Diagnostic overshadowing is established as a mechanism by which physical symptoms are misattributed to mental disorder, hence under-diagnosing and under-treating medical pathology. We report a case series of adult males with established neurological disorders who presented to the ED with visual hallucinations in the postictal period. The phenomena of postictal psychosis is long established in neuropsychiatric literature, with reported rates of postictal psychosis in epilepsy of 2%. Patients visual hallucinations resolve with anticonvulsant stabilisation and rarely require antipsychotic augmentation.

Objectives: To illustrate diagnostic overshadowing in a case series of postictal psychosis

Methods: Retrospective case series

Results: Case 1:

A 36-year-old man self-presented to the ED 24hrs post tonic-clonic seizure of 15minutes duration. Medical history was significant for hydrocephalus as an infant with 29 surgical revisions of in-situ ventriculoperitoneal shunt since initial placement. Secondary epilepsy was reported to be poorly controlled with an estimated 50 ED attendances in the past year for management of seizure activity. On assessment new symptomatology of non-threatening visual hallucinations with associated low mood was elicited. A diagnosis of postictal psychosis was advised following psychiatric assessment

and medical admission with anticonvulsant titration recommended. Despite this characteristic presentation there were repeated requests to admit this patient to the psychiatric unit and a perceived lack of understanding of his acute medical needs.

Case 2:

A 45-year-old man self-presented to the ED <24hours post discharge following medical admission for management of seizure. Medical history was significant for a right parieto-temporal infarct one year prior, with acceptable return to functioning following rehabilitation. The man had recently been diagnosed with secondary epilepsy and titration of sodium valproate commenced. The patient presented as distressed in the context of new onset visual hallucinations and palinopsia. Medical admission with urgent neurology input and anticonvulsant titration was advised following psychiatric assessment. ED physician repeatedly stated this patient's presentation was stress related and requested psychiatric admission. Following medical admission the patient was managed by neurology. Sodium valproate was augmented with clobazam and the patient's psychopathology resolved in full.

Conclusions: Diagnostic overshadowing is prevalent in the ED. Despite established medical diagnoses there may be a reluctance for medical teams to acknowledge or treat organic psychopathology. Psychiatrists must keep abreast of medical comorbidities and physical treatment guidelines of neuropsychiatric disorders in order to advocate appropriately for due medical input. Postictal psychosis is effectively managed by neurological input for effective seizure control with collaborative neuropsychiatry input.

Disclosure of Interest: None Declared

EPV0274

Self-harming behaviour in liaison psychiatry : Case series and literature review

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doi: 10.1192/j.eurpsy.2023.1624

Introduction: Self-harm (SH) is common, in particular among young people. It can be seen in a wide range of psychiatric disorders, ranging from anti-social personality disorders to schizophrenia and mood disorders. In the extreme, self-harm can be functionally life-threatening. Such is the case of phlebotomy, emasculations and self-amputation. The severity of certain damage and the urgency of an initial somatic treatment contribute to make self-harm one of the most frequent reasons for intervention in liaison psychiatry.

Objectives: Through our case series and a literature review, we tried to describe the socio-demographic and psychopathological characteristics of the self-harmers and to identify the specificities of their management in liaison psychiatry.

Methods: It is a descriptive cross-sectional study, in the psychiatric department of a general hospital in Rabat, concerning patients evaluated for SH with or without other psychiatric manifestations. The data collected are analysed using the statistical software 'JAMOVI'. Patients seen in psychiatric consultations, in medical-surgical emergencies or in liaison psychiatry for SH were included. Patients already hospitalized in psychiatry were excluded.