catatonic signs (negativism and psychomotor retardation) happened before the dysautonomic signs. Also, it is uncommon that a serotonin syndrome persisted more than 3-5 days after the suspension of antidepressants. Consultation and liaison psychiatrists can help for the differential diagnosis and management of patients with suspected catatonia in medical wards.

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EPV0277

A Case of Severe Somatized Depression in a Young Adult: Diagnostic Challenges

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Introduction: Depressive disorders in adolescence and young adulthood have always been and remain an urgent problem due to their fairly high prevalence among the population, serious difficulties in diagnosis and untimely treatment. Timely diagnosis and adequate treatment can have a powerful impact on the future life of a person in a positive context. This process requires both standardized mechanisms, and an individual detailed study of each case, as the future of the individual depends on it.
Objectives: A young adult M., 20 years old, a university student, from a socially prosperous family, approached us.
Main complaints: headaches that have been going on for almost 4 years. Pains did not depend on loads, both physical and mental, were of various characteristic and different localization. Nonsteroidal anti-inflammatory drugs, as well as anti-migraine drugs, have little effect on the pathological experiences.
Methods: Our main method of examination was clinical interview. In the complex assessment detailed neurological and ophtalmological examination included.
Results: The parents referred patient for a medical examination about a year ago, because they noticed persistent mydriasis in him. During the year, the patient underwent a detailed examination (consultations of a therapist, endocrinologist, neurologist, ophthalmologist, MRI, EEG, dopplerography). Doctors expressed various assumptions about the diagnosis, because all the studies did not reveal any pathology that could explain the indicated complaints and mydriasis.
During the initial interview, a high level of intelligence and knowledge was revealed, as well as a sufficient ability to learn. Examining the emotional-volitional sphere, a slight level of emotional instability, mild irritability, anhedonia and a slight degree of hypobulia (which can be explained by long-lasting and persistent pathological somatic experiences in the form of headaches) were found. Incomplete Protopopov's triad was revealed.
The patient was referred for repeated neurological and ophthalmological examination. Specialists with a high qualification level discovered the A. Athanassio symptom in him.
He was diagnosed with recurrent depressive disorder, a current episode of severe depression with somatic symptoms, and appropriate treatment was prescribed.
Conclusions:
1. Depressive disorders in adolescence and young adulthood require special attention from specialists of all medical specialties.
2. The need for a detailed medical examination and modern neuroimaging methods is beyond doubt.
3. Psychiatric examination cannot be limited to assessment of mental status only, and assessment of Protopopov's triad should be part of psychiatric examination.
4. Neurological and ophthalmological examination must necessarily include an assessment of neuro-ophthalmological symptoms.
5. Individual selection of treatment should be carried out by a psychiatrist.

Sorry to say, Professor Mykola Pityk died 27.12.2020

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EPV0278

Psychosis in a Patient with Muscular Dystrophy : Case Report and Literature Review

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Introduction: Knowledge about muscular dystrophies and in particular X-linked inherited disorders such as Duchenne and Becker Muscular Dystrophy has been gradually acquired as more research studies have been conducted to better understand the pathogenesis, management and prognosis of these conditions. However, little is known about a probable correlation between muscular dystrophies and neuropsychiatric disorders. We present the case of a 41-year-old male with history of a mild rare form of muscular dystrophy and elevated CPK level, who presents with psychotic symptoms that resolve with proper management of the underlying medical condition.
Objectives: The purpose of this case report is to emphasize the importance of being mindful when diagnosing patients with a psychiatric illness as psychotic symptoms could also result from underlying rare muscular dystrophies.
Methods: A comprehensive review of literature using databases, such as PubMed and Google Scholar was conducted to gain a better understanding of this specific disorder and to rule out conditions that present in a similar way. Keywords used were Muscular Dystrophy, Elevated CPK, Psychosis, Becker, Duchenne.
Results: Data shows that patients with these muscular dystrophies have mutations that affect Dp71 expression. Moreover, Dp71 is expressed in postsynaptic membranes in the glutaminergic pathway whose alteration might contribute to neuropsychiatric disorders. As there is growing body of evidence of rhabdomyolysis encountered in patients treated with antipsychotics, there is less data available about a possible causal relationship between rhabdomyolysis and subsequently elevated CPK inducing psychosis.
Conclusions: Further studies could be helpful to explore a possible correlation between an elevated CPK level and psychotic symptoms as demonstrated by this case report. A thorough history taking, psychiatric and medical evaluations would prevent misdiagnosis of psychiatric disorders and would lead to proper management of these rare cases.

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