

Conclusions Screening for PCHE levels in the pre-ECT assessments is efficacious in order to decrease the complications of the ECT procedure.

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Electroconvulsive therapy in drug-resistant paranoid schizophrenia on patient with transplanted kidney – Case study

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The 22-year-old female patient had her first direct encounter with a psychiatrist in 2009 due to low mood, anxiety, anhedonia, lack of energy and olfactory hallucinations. Diagnosed with delusional depression syndrome, she was treated with SSRI group, and then combined with LLP group. In 2009, she was hospitalized in the Ward of kidney diseases and dialysis due to severe

kidney failure, HA affecting the heart and the kidneys and facial nerve paralysis. In May 2012, she had a kidney transplanted from the deceased donor, which led to graft-versus-host disease. She received immunosuppressive therapy. In October 2012, she was diagnosed with paranoid syndrome. She was initially treated with levomepromazine 75 mg/d and amisulpride 800 mg/d (no results), then Olanzapine 20 mg/d and aripiprazole 15 mg/d (no results). After 10 week hospitalization she was discharged in a slightly improved mental state. Three weeks later, she was hospitalized again in a psychiatric institution where she received olanzapine 20 mg/d and haloperidol 6 mg/d (no results). Due to the severe mental condition, she was qualified for electroconvulsive therapy. In the end, the therapy met with the general positive reviews of consultants of different specialties. After 7 (of the 18) treatments the patient reached a significantly improved mental state with almost no sign of psychotic experiences and with a better day-to-day functioning. To the best of the authors' knowledge, it is the first case of ECT on the patient who was the subject of a kidney transplant, and is one of the very few that have taken place in the entire world.

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