developed nihilistic delusions, believing that her body was decaying and filled with poison. She was distressed and worried that the poison would spread to others around her. Risperidone was initiated and uptitrated, with limited improvement. As early surgical removal of the ovarian tumour was advised, it was essential that the patient's mental state be quickly stabilised. She was hence initiated on Electroconvulsive Therapy (ECT). The patient underwent a total of 11 sessions of ECT. She was initially started on daily sessions, and the frequency gradually tapered.
Results: The patient's mental state improved. She was then continued on oral medications, and discharged home well to proceed with her Gynaecological surgery.
Conclusions: This is a case of Major Depressive Disorder with psychotic symptoms that emerged after a diagnosis of malignancy. This case illustrates the importance of routine screening for psychotic symptoms, including nihilistic delusions, in elderly patients with Major Depressive Disorder who are newly diagnosed with cancer. It may be beneficial to consider early Electroconvulsive Therapy when treating such patients.

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EPV0662

LIVING IN A DOLL HOUSE: A CASE REPORT AND LITERATURE REVIEW OF REDUPLICATIVE PARAMNESIA

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Introduction: Reduplicative paramnesia (RP) is a very rare content-specific delusional misidentification syndrome (DMS). RP entails the delusion that a place, an object, or an event has been duplicated or exists in two different places at the same time. RP is thought to result from an organic rather than psychiatric cause distinguishing it from other DMS. It has been suggested that damage to the right frontal and temporal lobe plays a crucial role, although other areas involved in visuospatial processing have also been reported.
Objectives: The aim of this study is to review the literature and report a clinical case of RP.
Methods: We describe a case of an 81 year old woman admitted in a Neurology ward, with a 2 week clinical presentation of temporo-spatial disorientation, behavioural changes, persecutory delusions and reduplicative paramnesia phenomena concerning her house. She had previous history of a stroke 3 years prior to admission and, about one year before, the patient also started to present cognitive decline in the context of Parkinson's dementia. One month before admission, treatment with Rotigotine was started and later suspended when the aforementioned clinical manifestations started. Upon admission it was diagnosed an urinary tract infection and treatment with antibiotics was started. Two days afterwards, the patient recovered orientation and her usual behaviour, but persecutory delusions and RP persisted. She then started treatment with low dose Olanzapine. Following 2 weeks of treatment the psychotic symptoms fully remitted, including RP.
Results: We underline CT-scan and EEG relevant findings upon admission. In the CT-scan sequelar lesions in left frontoparietal junction, right posterior frontal cortex, left inferior occipital cortex, bilateral cerebellar hemispheres, left caudate nucleae and thalamus were identified. The EEG showed a preserved posterior alpha rhythm associated with slow discontinuous right temporal and mainly left parieto-temporo-occipital activity, indicating dysfunction in these locations.
Conclusions: In line with literature our patient had lesions in the right frontal and temporal lobe. She also presented lesions in other areas involved with visuospatial processing. Particularly the involvement of the left hemisphere reported in our case seems to be an exception. Other factors potentially played a role triggering this episode, namely the cognitive compromise due to dementia interposed with infectious disease, and the rotigotine treatment as well. Another aspect worth mentioning in our case was the remission of symptoms with the use of Olanzapine, even though only a few cases in literature have fully remitted with treatment with antipsychotics.

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Capgras delusion and auditory hallucinations in old age: a case of paraphrenia?

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Introduction: The term paraphrenia, as classically described by Kraepelin, characterizes a disorder that fits into the complex group of late onset psychoses and resembles schizophrenia, but with better preservation of affect and volition and less deterioration of personality. Over the last few decades, the concept has suffered several setbacks and is not currently recognised by the main manuals of mental disorders. However, there are several authors who argue that the diagnosis of paraphrenia has not lost its usefulness. In 1999, Munro and colleagues proposed a set of criteria to identify this entity and delimit it from the diagnoses of schizophrenia and delusional disorder.
Objectives: Based on a clinical case, we intend to discuss the applicability of the criteria proposed by Munro and the usefulness of the concept of paraphrenia nowadays.
Methods: Case report.
Results: A 71-year-old woman was taken to the emergency department for presenting a first psychotic episode characterized by auditory hallucinations, persecutory delusional ideation and Capgras delirium. The delirium was well structured and very dynamic, interfering in the patient's social and family spheres. Affects were preserved and adequate and no volitional alterations, thought forms or cognitive deficits were found. Organic pathology was also excluded. Thus, it was possible to make the diagnosis of paraphrenia in light of Munro's criteria.
Conclusions: The description of this case illustrates the definition and identification of paraphrenia, highlighting the usefulness of the proposed criteria and the importance of giving greater recognition to this entity in order to stimulate future research.

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