Introduction: G6PD is essential for the production of NADPH, which is a cofactor for many enzymes involved in antioxidant defense and neurotransmitter synthesis. A deficiency in this enzyme could lead to increased oxidative stress, impaired neurotransmitter and immune function. The latter have been implicated in the pathophysiology of schizophrenia.
Objectives: The present case is presented to underscore the infrequent and uncharacteristic manifestation of this condition, in the context of clinical symptoms and the trajectory of evolution of schizophrenia when associated with G6PD Deficiency. Moreover, it sheds light on the challenges clinicians encounter in the management of such cases.
Methods: A case report of a patient who was admitted to the Psychiatry Department ("Ibn Omrane") of Razi Hospital".
Results: Mr. M.T is a 26 year-old unmarried man. He comes from a non-consanguineous marriage and has an educational level of a bachelor's degree plus three additional years of study. He has a significant family medical history. His maternal uncle is under treatment for a chronic psychotic disorder. He has a personal history of G6PD deficiency and no specific habits to note. At the age of 24, he insidiously developed anxiety with incoherent statements of persecution accompanied by behavioral manifestations leading to mistrust and social isolation. He discontinued his studies for a year and began verbalizing suicidal thoughts accompanied by self-harm behaviors.
The family sought help from a psychiatrist who prescribed 5 mg of olanzapine, which was covertly administered to the patient.
At the age of 28, after a suicide attempt, he was involuntarily admitted to Razi Hospital. The clinical presentation was dominated by disorganization, with a partial response to treatment.
Conclusions: More research is needed to confirm the association between G6PD deficiency and schizophrenia and to determine the underlying mechanisms. Larger studies with well-defined populations and methodologies are needed. It is also important to study the interaction between G6PD deficiency and other genetic and environmental factors that contribute to schizophrenia.

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EPV0270

Spiritual awakening. Substance abuse, dual pathology

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Introduction: Kambó is considered an "ancestral medicine" by the indigenous tribes of the western region of the Amazon.
Objectives: Through this clinical case, the aim is to present the particularities of the symptoms and management of patients with consumption of not so common substances, such as Kambo or salvia divinorum, as well as the evolution that will occur in a patient with a previous diagnosis of a Depressive Episode.
Methods: We present the case of a 23-year-old male, Gestalt therapy student. History of tobacco, THC, and recent use of salvia divinorum and Kambo. He began follow-up by psychiatry in a private setting three years ago due to a severe depressive episode, having required treatment with antidepressants, antipsychotics and benzodiazepines, and having been triggered by a serious assault. The episode is resolved and follow-up is discontinued. Family history of depressive syndrome and suicide.
He resumed contact through the Emergency Department, requiring hospital admission due to symptoms compatible with a manic episode with psychotic symptoms. It begins with behavioral alterations and global insomnia that are related to the consumption of some substance, initially unknown to them, making the skin lesions they presented suspect the consumption of kambo.
Results: We assess the risk of consuming these substances, which are sometimes used as alternative therapies, and especially in this type of patient, who is more vulnerable and perhaps seeks a way out of the problems they present.
Conclusions: In our case, it triggered a manic episode with psychotic symptoms, which consisted of delusional ideation of mystical content accompanied by auditory hallucinations. The episode took about a month to subside, despite treatment. Subsequently, there have been more episodes with similar characteristics, and they have not been associated with the consumption of kambó, but have been linked to the consumption of "natural medicinal substances."

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Consultation Liaison Psychiatry and Psychosomatics

EPV0274

Atypical psychosis in a patient with intracranial hypertension: clinical case and review

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Introduction: Several neurologic conditions can produce or mimic psychotic symptoms. It is important to make an exhaustive differential diagnosis between a psychiatric manifestation of an underlying neurological condition and a primary psychiatric one. We explore through the present clinical case of a young woman admitted to neurology the relationship between intracranial hypertension and a case of atypical psychosis that resolved itself with the treatment of the intracranial hypertension, without the need for antipsychotic medication.
Objectives: To explore through the presented clinical case and the concerning literature the concept and management of psychotic-like symptoms in patients with intracranial hypertension.
Methods: We present a clinical case and a review of the existing literature concerning atypical psychosis or psychosis-like symptoms in cases of intracranial hypertension.
Results: We report the case of a 24 year old woman with no relevant medical history hospitalised in the neurology unit due to suspected encephalitis. Native to New Zealand, she is brought from the airport due to behavioural alterations. During the last few days before admission she had presented with incoherent speech, derailment, religious and persecutory delusions, and erotomania towards her cousin. She described feelings of strangeness with her surroundings and of time moving at a different speed than usual, either faster or slower. She also had a headache and visual alterations, as well as

memory errors concerning recent events, clouding of consciousness and inattention.
No fever or other relevant physical symptoms. A lumbar puncture is done, which shows an opening pressure of 37mmHg but no other anomalies. Body CT scan shows no relevant findings. Empirical treatment with dexamethasone is initiated for suspected encephalitis, progressively reducing the dosage until suspension in the following days. During her stay at the hospital she is assessed by ophthalmology, which finds no abnormalities in the eye fundus examination, and psychiatry. A second evacuating lumbar punture is done to reduce intracraneal hypertension. No antipsychotic treatment is initiated: the symptomatology remitted with the lowering of intracranial pressure. At time of discharge, the patient remained asymptomatic without treatment and was able to return home to continue outpatient neurologic study of the etiology of the intracranial hypertension.
Finally, we conduct a review ot the existing literature concerning psychotic and psychosis-like symptoms in patients with intracranial hypertension, to explore the diagnostic and management options of this rare finding.
Conclusions: Our findings point to the existing relationship between intracranial hypertension and psychosis-like symptoms. Further studies on pathogenic mechanisms and therapeutic management are required.

Disclosure of Interest: None Declared

EPV0275

Hepatic encephalopathy in cirrhosis and alcohol dependence: complex clinical challenges and multidisciplinary management

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Introduction: Liver cirrhosis, a chronic liver disease, can be closely linked to chronic alcohol abuse, posing a significant medical challenge. Hepatic encephalopathy (HE), a neuropsychiatric condition resulting from liver dysfunction, commonly occurs in cirrhotic patients due to the accumulation of neurotoxic substances like ammonia and manganese in the body. Managing cirrhosis and alcohol addiction is crucial to enhancing the quality of life for these patients, as HE can manifest in various ways and with varying degrees of severity.
Objectives: To emphasize the importance of recognizing and treating hepatic encephalopathy as a potential complication of liver cirrhosis and sedatives during alcohol withdrawal.
Methods: We compiled clinical data, medical history, neuroimaging tests, and therapeutic interventions applied.
Results: A 55-year-old man with a complex medical history, including Child-Pugh B liver cirrhosis, portal hypertension, hypertension, diabetes mellitus, and chronic alcohol abuse with numerous prior hospitalizations for acute pancreatitis and severe head trauma related to alcohol consumption, presented to the emergency department with symptoms of alcohol withdrawal and suicidal thoughts, leading to lorazepam administration and a recommendation for admission to a specialized Therapeutic Community. After 72 hours, he developed hepatic encephalopathy with symptoms such as confusion, sleep disturbance, sweet-smelling breath, abnormal hand movements, conjunctival icterus, and urinary difficulties.
An EEG revealed a globally attenuated and disorganized bioelectrical activity with triphasic waves. The magnetic resonance imaging showed signs of hepato-cerebral degeneration, including T1-weighted hyperintensity in the lentiform and mesencephalic nuclei due to manganese deposition. Treatment was adjusted to reduce sedative use, and therapy with Rifaximin and Lactulose was initiated to control blood ammonia levels. After a week, the patient exhibited significant neurological improvement, underscoring the importance of appropriate management in patients with hepatic encephalopathy related to liver cirrhosis and chronic alcohol abuse.
Conclusions: This case underscores the complexity of HE in patients with liver cirrhosis and alcohol dependence. HE can present in various ways, from subtle symptoms to severe episodes of confusion and coma. Findings on EEG, such as triphasic waves, are characteristic of HE and reflect brain dysfunction. Furthermore, manganese accumulation in the brain, as evidenced by magnetic resonance imaging, may contribute to neurological symptoms in cirrhotic patients. In this context, the early recognition and multidisciplinary treatment are emphasized to improve the quality of life and prevent the progression of this neuropsychiatric complication. EEG and magnetic resonance imaging findings play an essential role in the evaluation of these patients.

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EPV0276

Management of Acute Organic Change of Character cases by Liaison Psychiatry Unit

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Introduction: The Acute Organic Change of Character (AOCC) is an organic mental disorder subtype in which perception, thought, mood and personality impairment predominate. It consists in a change in the individual's general behaviour or attitude, which is shown to be closely associated with or caused by an underlying organic process, and which is rapidly resolved when the organic noxious agent is eliminated (Pintor et al. Journal of Psychiatry and Psychiatric Disorders 4 (2020): 354-358).
Objectives: To describe the importance of taking AOCC diagnosis into consideration and the role of liaison psychiatrists in AOCC management by presenting two AOCC cases admitted to the Hospital Clinic of Barcelona.
Methods: We retrospectively reviewed two AOCC cases in patients followed by our hospital's liaison psychiatry unit during the summer of 2023. We also searched for previous case reports of AOCC using a PubMed query.