

Methods: Collection of clinical information from the patient described below. Review of the literature about SS.

Results: A 21-year-old woman presented to the Psychiatry Emergency Department in November 2021 for complaints of sadness, anhedonia and emotional lability, with one month of evolution. She also had insomnia and confusional periods, so she stopped driving and quit her work as a storekeeper. She was given sertraline 50mg/day and trazodone 50mg/day. In the past two weeks, the patient had episodes of headache and vomiting, with 8 kg weight loss. She started a fever (38.5°C) two days before observation. The patient had a prior history of depressive symptomatology four years earlier related to her father's grief and her medical and surgical history was unremarkable. She was brought in a wheelchair by her mother and was using diapers because she was confined to bed for the past week. Objectively, the patient was somnolent, tearful and confused, with scarce speech and psychomotor slowing. No focal signs were found on neurological examination. Collaboration of Neurology was asked. Routine laboratory studies showed a slight increase in leucocyte count (12 500/mm³) and CRP (17mg/dL). Cerebrospinal fluid analysis showed 15 cells/uL and protein of 2.64 g/L. Cerebral MRI showed multiple striatocapsular periventricular lesions involving the thalamus, the left midbrain, and the medulla oblongata, as well as focal bilateral hemispherical and cerebellar subcortical lesions. The lesions presented high signal in T2 and showed restriction in the diffusion study. She was admitted to the Neurology inpatient department and treated with pulse methylprednisolone 1000 mg/day for five consecutive days, after which cognitive function improved. Ophthalmology observation found cotton-wool exudate and arteriolar interruption in the right eye, supporting the diagnosis of SS.

Conclusions: This syndrome represents the importance of diligent cooperation among different medical specialties to improve diagnosis-making, treatment and recovery. Psychiatric symptoms are frequent in neurological syndromes, so a high degree of suspicion is needed.

Disclosure of Interest: None Declared

EPV0810

Features of the immune status in patients with functional disorders of the gastrointestinal tract with non-psychotic mental disorders.

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Introduction: Актуальность исследования накопления данных о исключении иммунологического статуса у больных с

выраженными расстройствами желудочно-кишечного тракта (ФЖКТ), характерных не психотических заболеваний легких.

Objectives: изучение взаимосвязи и появление признаков иммунологического и психовегетативного статуса больных у ФЖИР

Methods: Проанализированы и рассчитаны результаты ПВ-А-обследования (тест ММПИ) с иммунологическим статусом 57 больных (средний возраст 35,36 ± 14,43 года, мужчины-18, женщины-39) с ФАД в динамике с группой здоровых лиц 34 человека, среднего возраста 28,63±9,54 года

Results: У больных с тревожной депрессией [средний профиль: пик по шкале 2 + ☒ 7-8 и ☒ 9 шкал] оценочное увеличение относительного значения Т-хелперов CD3+CD4+ (58,0 и 55,0% p = 0,015) при снижении относительного количества Т-цитотоксических лимфоцитов CD3+CD8+ (0,312 и 0,372, p=0,023; 14,0 и 19,0, p=0,001) соответственно, увеличение иммунорегуляторного индекса: Т-хелперы/Т-цитотоксические CD3+ CD4+/CD3+ CD8+ (4,143 и 2,600, p=0,001); снижение относительного количества НК-клеток CD3-CD16+CD56+ (6% и 8%, p=0,01).

У больных с преобладанием соматизированной анестезии [ведущий пик по шкале 1]: основные выявлены в относительно сниженном CD3+ Т-лимфоцитов (53,0 и 60,0, p=0,001); снижение Т-хелперов: CD3+CD4+ (28,0% и 31,0%, p=0,001); повышение ЭКГ: CD3-CD16+CD56+ (34% и 26,0%, p=0,01; 1153 и 470, p=0,01) по сравнению со здоровыми людьми.

Выявленные изменения показателей иммунитета выявлялись в период обострения заболевания и носили транзиторный характер.

Conclusions: Анализ данных с позиций клинко-динамического выявления вклада иммунобиологических регуляторов организма в клиническое затяжное течение и участие иммунной системы в механизме реализации психоэмоционального контроля стресса. .

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EPV0811

Anti NMDAR encephalitis masked by symptoms of postpartum depression

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Introduction: Anti NMDAR encephalitis is a relatively common autoimmune encephalitis characterized by complex neuropsychiatric features and the presence of Immunoglobulin G antibodies against the NR1 subunit of the NMDA receptors in the central nervous system. It causes psychiatric features, confusion, memory