## EPV0275

## Behavioral phenotype of Noonan-like syndrome with loose anagen hair

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**Introduction:** Noonan-like syndrome with loose anagen hair (NSLH MIM 607721) is associated to mutations in PTPN11, RAF1, BRAF and SHOC2 genes.
**Objectives:** Here, we report behavioral phenotype of a child suspected to have NSLH.
**Methods:** A 2-years-old Tunisian child harboring severe pulmonic valvular stenosis was referred to our genetic counselling for genetic assessment. Medical dysmorphology, cytogenetic analysis as well as genetic exploration of RAS-MAPK pathway genes were conducted.
**Results:** The child had short stature and ectodermal features including ichthyotic skin and thin-soft nails. He has specific hair appearance associated to NS features. In fact, he had a small nasal tip, thick lips and sticking-out rotated ears. He harbored typical nasal voice and loose anagen hair with ungrowing thin hair, sparse and pale scalp hair and eyebrows. He showed cognitive deficits with mental retardation and hyperactive behavior. Considered as having NSLH, cytogenetic analysis revealed a 46,XY formula, but molecular screening of PTPN11, RAF1, BRAF, RIT1 and SHOC2 genes was negative.
**Conclusions:** Mutations within the RAS-MAPK signaling pathway affect neurophysiologic activity in brain regions underlying attention and executive functions. Children with rasopathies demonstrated higher rates of attention deficit-hyperactivity (ADHD) and autism spectrum disorders. However, no studies have examined specifically the aspects of behavioral attention in the various types of Rasopathies. A recent study demonstrated that ADHD seems to be higher in children with NSLH and SHOC2 mutation, which is the case of our patient. We suggest that assessment of inattentive and hyperactivity symptoms in children should consider Rasopathies with specific molecular screening.

**Disclosure:** No significant relationships.
**Keywords:** Noonan-like syndrome with loose anagen hair; RAS-MAPK; attention deficit-hyperactivity disorder

## EPV0274

## Psychiatric comorbidity in epilepsy and difficulties in treatment: A case report.

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**Introduction:** We present the case of a 36-year-old male with depressive states, impulsive traits and fits of anger (including episodes of self and heteroagressiveness) since early childhood, in the context of traumatic family history and the beginning of an epileptic disease. These symptoms have been maintained over the years, in addition to other variable and recurrent symptoms, such as severe anxiety, somatizations or serious depressive symptoms.
**Objectives:** To highlight the possible influence of epilepsy in the course of mental illnesses, especially depression, as well as the increased difficulty in management.
**Methods:** We collected the complete medical history of a patient with an important history of mental health in addition to epileptic disease since childhood and we carried out a review of the comorbidity between these diseases and their treatment.
**Results:** The epileptic disease of our patient may have influenced the behavioural alterations and the depressive symptoms since childhood, as well as the personality traits with aggressiveness and impulsiveness. There is an added difficulty in treating this case given the possible interactions between antiepileptic and antidepressant medications.
**Conclusions:** This case highlights the importance of taking into account the influence of this comorbidity on the prognosis of patients. Knowing the interactions and side effects of drugs is essential for good clinical management.

**Disclosure:** No significant relationships.
**Keywords:** epilepsy; comorbidity; Depression; Impulsivity

## EPV0275

## Somatic Comorbidity of Anxious and Depressed Miners

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**Introduction:** Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease. The prevalence of depression is rising and it often co-occurs with other physical diseases.
**Objectives:** The research aims to determine the comorbidity of depression and anxiety disorders with chronic physical diseases among employees of the „Brown coal mine Banovici".
**Methods:** We conducted a retrospective study that included 117 employees from the disease registry who are being under the treatment of depression and anxiety disorder. We collected data from medical records of patients about sex, age, marital status, smoking status, physical diseases, types of antidepressants, and the other drugs they use.
**Results:** The study showed that there are 117 employees of the „Brown coal mine Banovici" who are under treatment of depression and anxiety-depressive disorder. 22 (18,8%) of them are females and 95 (81,2%) males in an average life span of 48,3 years. The most commonly used antidepressant is Escitalopram. 62 (53%) out of 117 patients with depression have comorbidity with diseases of the circulatory system, 24 (20,51%) have comorbidity with diseases of the musculoskeletal system and connective tissue, 16 (13,68%) have comorbidity with endocrine, nutritional and metabolic diseases. 25 (21,37%) patients are not suffering from any other chronic physical disease. The most commonly used drugs besides antidepressants are antihypertensives.
**Conclusions:** The comorbidity rate of depression and anxiety disorders with cardiovascular diseases among employees of the

„Brown coal mine Banovici“ is higher than with all other chronic physical diseases.

**Disclosure:** No significant relationships.
**Keywords:** Antidepressants; Depression; miners; comorbidity

## EPV0277

## Functional Neurological Symptom Disorder In A Prolonged Grief Disorder Or In Depression?

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**Introduction:** Functional neurological symptom disorder (FND) is characterized by the ideogenic neurologic presentation deriving from unconscious stressors or conflicts. The symptoms of FND usually begin with a psychiatric illness—most commonly depression, but with the release of the latest version of International Classification of Diseases-11 (ICD-11), a new favoring factor comes to our mind: prolonged grief disorder (PGD), the newcomer to psychopathology.
**Objectives:** The purpose of this case-report is to highlight the several key differences between PGD and depression, and the role of PGD in the onset of FND.
**Methods:** The authors report the case of a 22 years old woman with a history of frequent seizures with loss of consciousness and the absence of stimulus-response, which started soon after the death of her 31 years old brother. Psychologically, the patient presented sustained interest in the deceased, self-blame, confusion, emptiness and low mood. On a physical exam, the patient showed periocular hyperpigmentation.
**Results:** The emergent symptoms and signs were resistant, failed to resolve with medication alone and continued to persist across all settings. The neurological dysfunction remained present and interfered with the patient’s functioning, until applying grief-oriented psychotherapy, which was the most efficient approach.
**Conclusions:** In conclusion, PGD represents a favoring condition for the onset of FND and it is most often mistaken with depression. Therefore, it is crucial to distinguish between these two disorders, as there is solid evidence that treatment for depression is far less helpful than targeted grief treatment.

**Disclosure:** No significant relationships.
**Keywords:** Depression; Functional Neurological Symptom Disorder; Prolonged Grief Disorder; grief-oriented psychotherapy

## EPV0280

## Paraphilic Disorder and Gender Dysphoria in a Case with High-Functioning Autism Spectrum Disorder

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**Introduction:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized with difficulties in social interaction/communication, restricted interests, and repetitive behaviors. Sexual issues such as paraphilic behaviors in ASD have gained attention in recent years, however there is still a great paucity of research regarding this issue.
**Objectives:** The aim of this presentation is to draw attention to a crucial dimension through a case of ASD with paraphilic disorder (pedophilic tendencies) and gender dysphoria.
**Methods:** One case from an inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be reported.
**Results:** Case: An 18-year-old male was referred to our acute psychiatric ward due to suicidal thoughts and other depressive symptoms. In further examination, he stated that he had pedophilic phantasies which he was trying to satisfy by using child pornography in the darknet. He had never been involved in any sexual relationship with a child and described this behavior as an addiction that he wanted to get rid of. Detailed psychiatric examination and developmental history yielded the diagnosis of high-functioning ASD. The compulsory paraphilic engagement is classified as a restrictive-repetitive interest in terms of ASD. In addition, the patient presented gender incongruence with moderate gender dysphoria, dressed in a skirt and wanted to be perceived and named rather gender-neutral, which was supported through the whole course.
**Conclusions:** Through systemic understanding of the high-functioning ASD structure and complex symptomatology, socio- and psychotherapeutic approaches were implemented which yielded an apparent stabilization. The detailed therapeutic process in the light of the present literature will be discussed.

**Disclosure:** No significant relationships.
**Keywords:** Gender Dysphoria; Autismus Spectrum Disorder; paraphilic disorders

## EPV0282

## A possible explanation for resistance in schizophrenia

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**Introduction:** Arachnoid cyst is a neurological tumor. It’s rare and benign. Its association to psychosis has been described in literature.
**Objectives:** Through a case report and a review of the literature we hypothesize that arachnoid cyst is the cause of resistance in a patient with schizoaffective disorder.
**Methods:** Starting from a case report, we conducted a literature review on “PubMed”, using key words “arachnoid cyst”, “arachnoid cyst a psychiatry”, “arachnoid cyst and schizoaffective disorder”, “arachnoid cyst and schizophrenia”
**Results:** Mr. AA is 50 years old, has diabetes treated with metformin, hypercholesterolemia and celiac disease under gluten free diet.