Methods: This was a prospective study among patients with SCZ, SCA and BD according to DSM-5 criteria. Patients, from the "C" psychiatry department of Hedi Chaker University Hospital in Sfax, were assessed during both acute and remission phases in their illness. The acute phase (T0) assessment was made in drug-free patients from june 2016 to july 2018. As for the remission phase (T1), it was made between november 2019 and march 2020. Blood tests were performed in the Laboratory of Biochemistry at Habib Bourguiba University Hospital in Sfax. Clinical and biological parameters of patients were compared with those of healthy controls. Biological assessment consisted mainly in Aspartate Aminotransferase (AST), Alanine Aminotransferase (ALT) and Albumine.
Results: Thirty patients were included in our study. Their mean age was 35.83 ± 12.24 years and they were all males. They suffered from SCZ in 33.33% of cases, from SCA in 26.66% of cases and from BD in 40% of cases. Psychoactive substance use was common among 80% of patients. In the remission phase, 90% were polymedicated with use of antipsychotics in 83% of cases and mood stabilisers in 53% of cases. Table 1 shows the evolution of the studied liver function markers in our patients.

Table 1: evolution of some liver function markers in patients

Markers		*T0*	*T1*	*p*
AST (UI/L)	**Patients**	33,22 ± 23,18	19,34 ± 4,97	**<0,001**
	Controls	22,27±6,91	**<0,05[e,b]**	
ALT (UI/L)	**Patients**	19,59 ± 13,2	13,17 ± 11,39	**0,003**
	Controls	20,63±11,08	**<0,05[e,a,b]**	
Albumine (g/l)	**Patients**	42,35±4,86	47,79±3,18	**<0,001**
	Controls	46,19±3,95	>0,05	

[a]: significant difference between patients with SCZ (T1) and controls; b: significant difference between patients with BD (T1) and controls; e: significant difference between patients (T1) and controls

Conclusions: Our results showed an improvement of liver function in patients with SCZ and BD after treatment. This suggests that liver function alterations are due to these diseases rather than the medication.

Disclosure of Interest: None Declared

EPV0633

Intracranial hemorrhage in a patient with depressive anxiety disorder about a case

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Introduction: We present the case of a 69-year-old patient who went to the emergency department due to an episode of aggressiveness and behavioral alteration, presenting irritability and nervousness, of about 2 days of evolution according to her family member. Given that the patient had previously presented chronic behavioral disorders and had previously been followed up in psychiatric consultations, psychiatry was notified after an initial evaluation by the emergency physician.
Objectives: Somatic personal history: NAMC. HTA. Not DM, not DL. Former smoker of 20 cigarettes/day. Recurrent intracranial hemorrhage secondary to amyloid angiopathy and suspected amyloid vasculitis. Last admission to the neurology service in June 2022, also presenting symptomatic epileptic seizures and secondary behavioral alterations. Mastocytosis. Post-traumatic vertebral fracture. Non-anticoagulated paroxysmal atrial fibrillation. Surgical: Left ear surgery. appendectomy. Hysterectomy + oophorectomy.
Personal psychiatric history: In follow-up since May 2021 referred from neurology for emotional lability, episodes of anger and fear. Diagnosed with anxiety-depressive disorder secondary to a medical illness.
Current psychiatric treatment: Oxcarbazepine 800mg 0-0-1, trazodone 100mg 0-0-1, aripiprazole 10mg 1-0-0.
Methods: Current illness: The patient goes to the emergency room brought by her husband. During the interview she minimizes her aggressive behaviors or even does not remember them. She is disoriented in time, with very striking memory failures. Her husband comments verbal aggressiveness if he contradicts her in something, sometimes even presenting physical aggressiveness with her relatives. They report that in the last psychiatric consultation a little over 1 month ago, aripiprazole was withdrawn due to an increased risk of cardiovascular events.
After the examination of the patient, she was referred back to the emergency department for a new assessment and to rule out the organicity of the current condition, given that the patient had cardiovascular risk factors, due to the suspicion of a new episode of intracranial hemorrhage.
Results: sychopathological examination: Vigil, conscious, disoriented in time, partially in space. Collaborative, calm during the interview. Coherent, structured speech, with obvious memory failures. Labile, irritable mood. Verbal and physical heteroaggressiveness at home, not during the interview. No structured or planned autolytic ideation at this time. Appetite and sleep preserved.
Conclusions: An urgent head CT was requested, with the result of a small intraparenchymal bleeding in the left frontal location, and she was admitted to the neurology department, with a diagnosis at discharge of: small left frontal haematoma, suspected amyloid vasculitis, and secondary behavioral alteration (vascular dementia).

Disclosure of Interest: None Declared

EPV0634

Cyst of Septum Pellucidum in mental disorders: Schizophrenia and Mental Retardation: Two case reports

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Introduction: A septum pellucidum cyst is defined as a fluid collection between the lateral ventricles whose walls have a lateral