December 2022 to sub-baseline by the end of January 2023. He also started regular mild exercise and daily use of tDCS (Sooma and Flow).
Conclusion. We conclude that genetic testing can be a useful clinical tool and can be helpful in deciding which treatments may benefit.

Psychosis Prompts Detection of Early Stage Angioimmunoblastic T-Cell Lymphoma

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Aims. Angioimmunoblastic T-cell lymphoma (AITL) is a rare (2%) and aggressive form of Non-Hodgkin lymphoma, with poor prognosis and median overall survival under 3 years. Most patients with AITL present at an advanced stage (3 or 4). Neuropsychiatric manifestations of lymphoma, though rare, have been reported as associated symptoms. We present a case of successfully treated Stage 2 AITL, whose rare presentation, of florid affective and atypical psychotic phenomena without neurological deficit, eluded clinical detection of AITL for months.
Methods. A 58 year-old gentleman with a history of Major Depressive Disorder, presented to hospital with a second episode of generalised tonic clonic seizure, following 4 months of manic disorganised behaviour and multimodal hallucinations.

Atypical psychotic features (preserved insight, multimodal hallucinations resistant to high dose anti-psychotics) and new systemic symptoms prompted suspicion of underlying organic pathology. CT Thorax Abdomen and Pelvis uncovered enlarged bilateral common iliac and external iliac lymph nodes, and small sub-centimetre retroperitoneal nodes. Eventually, Stage 2 Angioimmunoblastic T-cell lymphoma (Pattern 1 & 2), with concomitant psychosis with atypical features, was diagnosed.

Olanzapine 10mg ON and 2.5mg OD PRN, Sodium Valproate EPILIM CHRONO 300mg BD and Diazepam 10mg ON were continued over 6 rounds of chemotherapy and autologous stem cell transplant. The patient remains in remission.
Results. Neuropsychiatric manifestations of lymphoma are rare and usually associated with Central Nervous system (CNS) lymphoma. Here, we observe Stage 2 AITL (without CNS involvement), can present with neuropsychiatric symptoms in the absence of neurological deficits.

We found the combination of Olanzapine, Sodium Valproate and Diazepam to be effective in managing secondary neuropsychiatric symptoms.

Limbic Encephalitis is an important consideration for similar cases despite this patient not meeting the qualifying criteria (unremarkable neuroimaging and EEG).

This case highlights the importance of a thorough history, documenting and understanding the patient's psychopathology (both reported and observed), and differentiating atypical psychotic features which raise suspicions for underlying organic pathology.
Conclusion. This case is an an eye-opener for psychiatric and non-psychiatric clinicians. It reminds us to remain vigilant in such florid psychiatric presentations and highlights the importance of thorough organic workup and psychiatric medications that may be used to successfully address psychosis secondary to lymphoma.

We hope to contribute to the increasing awareness and broadening literature of psychiatric disturbance as initial manifestations of malignant illnesses, and the association between psychiatric manifestations and the rare form of lymphoma, AITL.

Sertraline-Induced Urinary Incontinence in Adolescent: A Case Report

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Aims. Serotonin reuptake inhibitors (SSRIs) are commonly used to treat obsessive-compulsive disorder (OCD). In the UK, sertraline and fluvoxamine are the only SSRIs licensed for use in young patients with OCD. There is currently limited evidence suggesting an increased risk of urinary incontinence with SSRI use. Literature in children and adolescents is even more scarce, with only a few published case reports of SSRI-induced urinary symptoms. This case report adds to the pre-existing evidence in support of the previous suggestion on sertraline-induced urinary incontinence.
Methods. A 14-year-old girl with a diagnosis of OCD was treated with a combination of cognitive behavioural therapy (CBT) and sertraline, which was gradually titrated in steps of 25 mg fortnightly. There was a noticeable improvement in her OCD symptoms soon after the medication was initiated. However, a few days after sertraline was increased to 100 mg, she started to report urinary incontinence, urgency, and frequency, both daytime and nighttime, which significantly impacted her quality of life. She denied other urinary symptoms or change in fluid intake. Investigations for diabetes mellitus and urinary tract infection were negative. It was therefore concluded that her urinary incontinence was related to an increase in sertraline dosage, and she was advised to take an alternating dose of 75 mg and 100 mg daily. The symptoms resolved shortly afterwards, and sertraline was subsequently titrated up to 150 mg daily without any issues.
Results. Due to its rare encounter, the association between the use of sertraline and urinary incontinence has only been quantified in a single retrospective study with an adjusted risk ratio of 2.76 (95% CI 1.47–5.21). A clear temporal relationship of symptoms, its occurrence after the dosage increase, and rapid resolution after dose reduction confirmed the role of sertraline in the development of urinary incontinence in this case. Consistent with a previous case report, the dose-dependent effect was also implied. This phenomenon might be explained pharmacologically by sertraline's serotonergic activation, which can potentiate neuromuscular cholinergic transmission in the detrusor muscle, and dopaminergic activation, which can stimulate urine micturition. However, the exact mechanism remains unclear.
Conclusion. Although sertraline-induced urinary side effects occur relatively infrequently, clinicians should be aware of and actively look for these side effects, especially in patients who are prescribed SSRIs at higher doses. It is also important to exclude other causes that may contribute to urinary incontinence.