Methods: We recorded resting-state EEG in fourteen participants with high Beck Depression Inventory score (24.4 ± 9.7; 20.4 ± 1.5 y.o.; 14 females; 1 left-handed) and fourteen participants with a low score (6.8 ± 3.7; 21.3 ± 2.0 y.o.; 8 females; 1 left-handed). We applied weighted phase-lag index (wPLI) to construct functional networks at sensors and sources levels and computed characteristic path length (CPL), clustering coefficient (CC), index of modularity (Q), small-world index (SWI) in 4-8, 8-13, 13-30, and 4-30 Hz frequency bands. We used Mann-Whitney U-test ($p < 0.05$) to investigate between-group differences in the graph metrics.
Results: The depressive sample was characterized by increased CC and Q in the 4-30 Hz band networks and decreased CPL in the beta-band network (sensors-level for CPL and CC, and sources-level for Q).
Conclusions: Elevated CC and Q may relate to an increase of intramodular connectivity, and CPL reduction reflects the global connectivity increasing. We hypothesize that intramodular hyperconnectivity could explain the rise of global functional connectivity in participants with depressive symptoms. *Funding: This research has been supported by the Interdisciplinary Scientific and Educational School of Lomonosov Moscow State University 'Brain, Cognitive Systems, Artificial Intelligence'.*

Disclosure: No significant relationships.
Keywords: Depression; Resting-state EEG; Connectivity

EPP0265

Schizotypal Traits are Associated with Decreased Functional Connectivity between Medial Prefrontal Cortex and Cerebellum in a Non-clinical Sample

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Introduction: Schizotypy is associated with increased vulnerability to schizophrenia spectrum disorders. Therefore, investigation of its brain correlates seems prominent for better understanding of schizophrenia-spectrum continuum as well as for development of biological treatments for schizotypal personality disorder. Functional alterations of prefrontal cortex (PFC) and their associations with clinical symptoms are well-known to exist in schizophrenia. However, their relevance to schizotypy remains unclear.
Objectives: The aim of the study was to check for associations between schizotypal traits in a non-clinical sample and whole-brain functional connectivity (FC) of lateral as well as medial PFC (lPFC and mPFC, respectively).
Methods: Eighty-two healthy individuals (52 females, mean age 24.8±5.48) filled out the Schizotypal Personality Questionnaire (SPQ-74) and underwent resting-state fMRI (3T). Seeds in lPFC and mPFC were taken from frontoparietal and default mode networks (atlas by Yeo et al., 2011). We analyzed correlations between four schizotypal factors (cognitive/perceptual, paranoid, negative, and disorganization; Stefanis et al., 2004) and whole-brain FC of the seeds (statistical threshold: $p<.001$ voxelwise; p *[FDR]*$<.05$ clusterwise).
Results: Cognitive/perceptual factor ('Odd beliefs/magical thinking' and 'Unusual perceptual experiences' SPQ-74 subscales) is negatively correlated to FC of bilateral mPFC with a cluster in the right cerebellum (Crus 1, 2).
Conclusions: Prefrontal-cerebellar dysconnectivity may be one of the neurobiological factors underlying positive-symptoms-like schizotypal traits in non-clinical subjects. To some extent, it coincides with the data on associations between functional features of these brain structures and positive symptoms in schizophrenia (Pinheiro et al., 2021; Goghari et al., 2010).

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Keywords: resting-state fMRI; schizotypy; SPQ-74

EPP0266

Organic lesions and Psychiatry: "A sample on a pendant"

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Introduction: Brain lesions may induce psychiatric symptoms in some cases. Imaging tests are important to make a differential diagnosis, and therefore initiate an appropriate treatment.
Objectives: Presentation of a clinical case about a patient with psychiatric symptoms who presented an organic lesion.
Methods: Bibliographic review including the latest articles in Pubmed about psychiatric symptoms induced by organic lesions.
Results: We present a 51-year-old male patient, with adequate previous functionality, who attended psychiatric consultations due to changes in his character, with delusional mystical and megalomaniac ideation, verbiage, hypoprosexia, memory loss and insomnia (diagnosed with Bipolar Disorder type II, hypomanic episode). Eventually, a brain computed tomography scan was performed, in which meningioma was visualized. The patient underwent surgery, and he asked to keep a sample of his tumor to always carry it with him on a pendant. Psychiatric symptoms induced by organic lesions are highly variable, depending on the location and size of the lesion, and they may be the first and/or only symptom of a meningioma (up to 21% according to various studies), so it is important to perform imaging tests in some cases. At this time, the patient is under follow-up, he has remained euthymic and stable, and he refuses to take psychopharmacological medication.