

Introduction: Paraneoplastic syndromes (PNS) can be expressed with a wide variety of neurological and psychiatric symptoms: alterations in consciousness, cognition, behaviour, mood or perception. Testicular tumours have been related to different expressions of PNS, but, to date, no relationship with bipolar disorder has been described.

On the other hand, the relationship between SARS-CoV2 infection and subsequent affective conditions has also been recently described. Between 30-40% of people affected by the infection present symptoms of depression in the following months.

Objectives: To describe a case of a 17-year-old patient with an atypical onset of bipolar disorder a few months after a SARS-CoV2 infection and a few months before a testicular germ cell tumour was detected.

Methods: Description of a clinical case, its differential diagnosis and the literature review associated.

Results: This is a 17-year-old adolescent with no previous psychiatric history, who is referred to a day centre after committing a suicide attempt. The patient presented an average premorbid functioning. Stands out, a SARS-CoV2 infection 3 months before the onset of symptoms. He presents repeated and self-limited episodes (maximum 3 weeks) of major depressive symptoms: autolytic ideation, hypothyria, asthenia, clinophilia, isolation, anhedonia, mutism, psychomotor retardation, lack of hygiene, hyporexia, hypersomnia; that alternates with periods of stability and with others of symptoms of hypomania (sudden improvement in mood, increased activity and plans), also lasting a few days. Paradoxical response to treatment with antidepressants, presenting irritability and exacerbation of suicide ideas. Good tolerance and response to treatment with low doses of aripiprazole and quetiapine. The patient was diagnosed as type II bipolar disorder with rapid cycling. A few days after definitive diagnosis, a testicular germ cell tumour was detected, for which he had to undergo surgical intervention and chemotherapy treatment. At this point, it is suggested that the symptoms could be included in a paraneoplastic condition prior to the tumour. Months after the remission of the cancer, the patient does not present symptoms of relapse or metastasis, but mood swings persist, of lesser intensity, every few weeks. Treatment with lamotrigine was started at increasing doses, with good response and tolerance from the start.

Conclusions: The onset of mental health disorders in adolescents can be complicated by the non-specific or atypical early or prodromal symptoms. This degree of complexity increases when somatic pathologies coexist and even more if those pathologies have yet to be fully understood and studied, such as paraneoplastic syndromes or SARS-CoV2 infections. It is necessary to continue investigating the interrelationship between somatic and psychiatric conditions in order to provide more specific and rapid clinical responses.

Disclosure of Interest: None Declared

EPV0271

Organizing Pneumonia as a side-effect of Na-valproate- a case report

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Introduction: Organizing pneumonia (OP) is a clinical, radiological and histological entity that is classified as an Interstitial Lung Disease. It can be either cryptogenic (of unknown cause) or secondary to a lung injury such as infection, drug toxicity, inhalation of a pathogen or toxic gas, gastroesophageal reflux, collagenosis, organ transplant, or radiotherapy (B.J. Robertson, D.M. Hansell. Organizing pneumonia: a kaleidoscope of concepts and morphologies. *Eur Radiol*, 21 (2011), pp. 2244-2254). We were called for a psychiatric consultation for a 50 years old male patient who presented to Emergency service of our hospital with symptoms of acute respiratory failure and bilateral pneumonia. This was his fourth hospital admission within two months with the same symptoms. In previous stays, he was given four different antibiotics.

Objectives: The objective of our psychiatric consult was to determine whether the clinical presentation of bilateral pneumonia could in fact be a side effect of one of the psychiatric drugs he was taking.

Methods: We reviewed the patients prescribed medication and their side-effect profile. Additionally, the patient underwent a series of diagnostic tests, with the most important one being histology analysis of the biopsy samples.

Results: Upon reviewing the available medical sources, we were able to find a few articles that link organizing pneumonia and use of Na-valproate (Nanau RM, Neuman MG. Adverse drug reactions induced by valproic acid. *Clin Biochem*. 2013;46:1323-1338). The said medication was discontinued and the patient started receiving corticosteroids. After only a few days, his condition improved drastically and was discharged to home care.

Conclusions: The mutual cooperation between internal medicine specialists and liaison psychiatrists is vital in cases like this when there is a psychiatric patient presenting with unspecific somatic symptoms or is responding poorly to standard treatment. We must sensitize the staff to the specifics of care for a psychiatric patient and at the same time provide him with adequate medical assistance.

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EPV0272

Fahr's Disease: a case report of a patient with neuropsychiatric symptoms

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Introduction: Fahr's disease (FD) is a rare disorder consisting of bilateral and symmetrical calcium deposits in basal ganglia and cerebral cortex. These lesions are associated with neurological and psychiatric symptoms such as a rigid hypokinetic syndrome, mood disorders and memory and concentration abnormalities. It can be idiopathic or secondary to endocrine disorders, infectious diseases or mitochondrial myopathies.

Objectives: To highlight the importance of considering organic causes when evaluating patients presenting atypical psychiatric symptoms and claim the role of neuroimaging.