EPV0102

Post-ictal psychosis: A case report

M. Turki*, R. Ouali, S. Ellouze, R. Charfi, W. Abid, T. Babbah, N. Halouani and J. Alouou

Psychiatry "b" Department, Hedi Chaker University hospital, sfax, Tunisia

*Corresponding author.
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Introduction: People suffering from chronic diseases, especially epilepsy, are more likely to suffer from neurobehavioral disorders, like psychotic states. Postictal psychosis (PIP) is one of these potentially serious complications, that classically follows exacerbations of seizures.
Objectives: The present paper aimed to study the clinical and therapeutic aspects of PIP.
Methods: We report a case of PIP, which involved a patient hospitalized in psychiatry department, and discuss it in light of the relevant literature.
Results: We report the case of a 27-year-old man, with medical history of generalized epilepsy which was well stabilized under treatment (carbamazepine 600 mg/day). The patient was hospitalized for dangerous behaviors after having experienced 2 episodes of seizure activity in context of poor therapeutic adherence. Psychiatric assessment revealed a psychomotor instability, a pressured speech and hallucinatory behavior. There were no delirium symptoms. Neurological examination showed no localization signs, and cerebral imaging was normal. The patient was treated with benzodiazepines (Diazepam), associated to antipsychotics (Haloperidol). His antiepileptic drug was quickly reintroduced. After 48 hours of treatment, psychiatric symptoms improved. The patient returned to its baseline condition after 7 days.
Conclusions: The short-term prognosis of PPI is often favorable, compared to other psychotic disorders. However, more severe psychiatric disorders can potentially develop in the long-term, raising diagnostic and therapeutic difficulties. Thus, a good collaboration between psychiatrists and neurologists is highly desirable in order to better adapt the treatment.

Disclosure: No significant relationships.
Keywords: post-ictal psychosis; Epilepsy

EPV0104

Cocaine bugs: A brief case report of cocaine-induced delusion of parasitosis

J. Quarenta[1]*, S. Martins[1], T. Teixeira[2] and J.P. Ribeiro[1]

[1]Psychiatry Department, Centro Hospitalar entre o Tamega e Sousa EPE, Penafiel, Portugal and [2]Departamento De Psiquiatria E Saúde Mental, Centro Hospitalar Tâmega e Sousa, Penafiel, Portugal

*Corresponding author.
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Introduction: Delusional parasitosis (DP), also know as Ekbom syndrome and in some cases as Morgellons, was first described in the late 17th century in France. It is an obsessive phobic state in which the patient believes that the is infested by parasites. In the hallucinatory state, they frequently remove parts of the skin, identifying them as parasites. The cause of DP is unknown. Evidence supporting the dopamine theory defend that the inhibition of dopamine reuptake (for example cocaine and amphetamines) induce symptoms such as formication.
Objectives: Through the description of the following clinical case, we emphasize its clinical features and complexities.
Methods: Review of DP in light of a clinical case
Results: A 48-year-old woman was brought to the psychiatric emergency due to psychotic symptoms following cocaine use. She had a history of drug abuse. She was apparently asymptomatic until October 2019, when, in the background of vague sensation of something crawling under his skin, she developed a sudden onset belief that she had been infested by insects that crawled under his skin. Previous medical observation found no reason for a skin infection or infestation. Skin examination revealed itch marks and skin excoriations in the abdomen. Mental status examination revealed anxious and depressive affect, delusion of parasitosis, tactile hallucination and impaired insight. Routine hemogram and urinalysis was unremarkable, except for the detection of cocaine.
Conclusions: Delusional parasitosis often presents to nonpsychiatric medical professionals. An awareness of such ilness, with an early recognition and timely referral are management cornerstones in order to successfully diagnose and treat patients.

Disclosure: No significant relationships.
Keywords: Ekbom; Delusional parasitosis

EPV0105

Gilles de la tourette's syndrome and psychosis: A family case study

K. Konstantinova*, K. Baidina and M. Losevich

Medicine, University of Latvia, Riga, Latvia

*Corresponding author.
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Introduction: Tourette's syndrome (ST) is a neuropsychiatric disorder that presents with combination of motor and vocal tics for at least one year time.Only few cases of comorbidity with psychotic disorder has been described.
Objectives: We present a case report of a patient with ST, obsessive compulsive disorder, posttraumatic stress disorder that resulted in chronic schizophrenia-like psychosis, and family hystory of tics and psychosis.
Methods: A case – based family study, literature review and statistic data analysis.
Results: The patient (male, born in 1997 otherwise healthy)presented at the age of 6 with spitting.He subsequently progressed with severe motor tics, vocalizations, coprolalia, impulsivity, destructivity, repetitive motor rituals.No treatment showed to be efficacious and safe. He dropped out of the school, the family has to move to the rural area; his social withdrawal was intensified by psychotrauma (assaulted by police officer due to seemingly disorderly conduct). At the age of late adolescence he started to make fantastic statements. Later on he admitted having visual and audial hallucinations and responding to them; the Kandinsky–Clérambault syndrome was detected. Symptoms and exitement are partially controlled by diazepam and clozapine; the patient needs assistance in all routines of self – care.The patient's mother has a mild form of motor tics; her