bridge, short nose, anteverted nares, short columella, and long philtrum. The genetic defect is represented by missense variants of *CREBBP* gene, located on exons 30 or 31. There are only around 30 cases reported by now.
Objectives: The aim of the paper is to report a new case of MHS.
Methods: The case is a 3-year-old boy admitted in our department for developmental delay. The clinical examination revealed dysmorphic features; severe speech delay, mild intellectual disability, autistic behaviour.The patient had a personal history of recurrent respiratory infections, visual defect and bilateral sensorineural hearing loss. Other investigations included EEG, abdominal echography, and cerebral MRI all were normal. The genetic studies included array CGH and WES.
Results: The array CGH was normal. WES identified a pathogenic heterozygote variant c.5600G>A in the exon 31 of CREBBP gene, confirming MHS.
Conclusions: Overall, the features of our patient are consistent with those reported in the previous reports, including developmental and speech delay, autistic behavior, dysmorphic features, recurrent upper way infections, sensorineural hearing loss, and visual defects. Other common features, such as growth delay and microcephaly were not present in our patient. Our case contributes to the clinical characterisation of the new syndrome. Funding: The research leading to these results has received funding from the EEA Grant 2014-2021, under the project contract No 6/2019.

Disclosure: No significant relationships.
Keywords: developmentaldelay; Menke-Hennekamsyndrome; dysmorphicfeatures; autisticbehaviour

EPV0191

The Line between Psychosis and Schizotypy: a case report.

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Introduction: Since Kraepelin and Bleuler, schizotypy was understood as a mild expression of psychosis, a latent form with the same trajectory but different severity. They pointed characteristics such as being eccentric, unreasonable, supersticious or hipersensitive, interpersonal aversiveness (often related to suspiciousness and expectation of rejection), ambivalence, anhedonia,… and psychosis-like features that don't usually lead to help-seeking.
Objectives: To do a case review
Methods: We report a case of a 17 years old boy with a childhood trauma history who started psychiatric consultations a year and a half ago because his "usual" (as his mother referred) strange behaviour got worse, which was perceived by his
ENT specialist. During the appointments, the patient showed suspiciousness, odd speech, inappropriate affect, tendency to social withdrawal, obsessive ruminations with sexual content and occasional perceptual experiences (such as depersonalization, derealization and auditory hallucinations).
Results: Psychosis and schizotypy are linked historically and phenomenologically, which is evidenced by their placement in non-affective psychosis in the ICD-10 and DSM-5, and it is known that the direct observation (by clinicians or family members) during the childhood and adolescence are key for a correct diagnosis. In fact, this construct reflects a phenotypic expression of vulnerability to schizophrenia, and during childhood or adolescence it may be understood as an early mental risk state.
Conclusions: In contrast to models of psychosis that mainly rely on positive features and assume a progression of them, the positive traits of schizotypy seem to be beneficial and related to a "benign or happy schizotypy" according to the articles we reviewed.

Disclosure: No significant relationships.
Keywords: schizotypydisorder

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Self injuries in adolescence, an unusual clinical presentation of autism.

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Introduction: Although autism is only twice more common in men than women in general population, in clinical samples women are underrepresented. This difference may be due to a poor sensitivity of current diagnostic criteria of autism related to females. We present a 13-year-old woman referred to the adolescent psychiatric unit for anxiety, self injuries and suicidal ideation. After careful assessment of current symptoms and neurodevelopmental milestones, deficits in emotional-comunicational reciprocity, nonverbal comunication and relationships emerged, as well as inflexible adherence to routines and restricted interests. The diagnose of autism spectrum disorder was made and the patient started a specific treatment.
Objectives: To review the clinical features of autism spectrum disorders in adolescent females and its differential diagnosis.
Methods: Review of the literature on autism spectrum disorders in female and its specific features.
Results: The "Female Autism Phenotype" is a group features that are more common in autistic women, as opposed to the classic symptoms of autism in men. Some of these differential characteristics are: fewer social impairments and higher levels of social motivation; more age and gender appropriate restricted and repetitive interests; more internalizing rather than externalizing symptoms; and a tendency towards camouflaging
Conclusions: - Autism in women is frequently underdiagnosed. - Females express autism in ways that not allways meet the current diagnostic criteria. - The "Female Autism Phenotype" has been proposed as an specific way of expression of autism in females.

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Keywords: Adolescents; Autism Spectrum Disorder; Female autism phenotipe