Results: She has a history of daily consumption of at least 2 units of cannabis per day. She presents high emotional distress secondary to academic failure, consuming the substance as a coping strategy. Due to prohibition and control by her parents, the patient stopped taking the substance, presenting severe depressive symptoms, self-injury and suicide ideation. For this reason she is admitted to the inpatient psychiatric unit. The electrocardiogram performed on admission shows a corrected QT index of 524. Exploring physical symptoms, she recognized episodes of syncope and palpitations. Coordination was made with cardiology, who performed an echocardiogram with normal results and began follow-up with them without prescribing medication. It was agreed not to use drugs that could prolong the QT index. Evaluating the clinical situation, it was decided to start treatment with Vortioxetine up to 10 mg. With this treatment there was no worsening of the electrocardiogram and the patient's mood improved, anxiety and ideas of death were remitted
Conclusions: This work aims to show how vortioxetine has been effective and safe at the cardiological level in the case of moderate-severe depression in an adolescent with prolonged QT index

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EPV0170

Psychopharmacological management in patients with Di George syndrome

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Introduction: It is widely described in the scientific literature that patients who suffer from some type of congenital syndrome such as Di George Syndrome are more likely to present some type of psychopathological alteration during their development that may require intervention and treatment by infant and juvenile mental health teams in coordination with neuropediatrics (1). On this occasion, we will present the clinical case of a patient who regularly attends psychiatry consultations for management of anxious symptoms with impulse control deficits associated with intellectual disability, diagnosed since childhood with tetralogy of Fallot and later with Di George syndrome. In this type of case, treatment is usually considered taking into account possible comorbidities at the organic level (since there may be cardiological involvement, which can be an added difficulty when taking into account the adverse effects of some psychotropic drugs) (2).
Objectives: This is followed by the presentation of the clinical case, which can serve to exemplify this type of case and clarify any doubts that may arise regarding treatment.
Methods: Presentation of the clinical case and review of updated scientific literature on the subject.
Results: Patient who first came to the infantile-junior consultations at the age of 8 years due to delay in the acquisition of verbal language and impulsivity. The patient had a history of pediatric follow-up since birth for different physical symptoms that finally led to the diagnosis of Di George syndrome.
Given the difficulties he presented both at home and at school, different psychometric tests were performed and it was determined that it could be beneficial to initiate treatment with extended-release methylphenidate. Prior to treatment, psychomotor restlessness (without aggressiveness) and difficulty in concentration prevailed, which improved significantly after upward adjustment of the dose to a guideline corresponding to his age and weight. It was not necessary in this case to administer other treatments (the possibility of starting Aripiprazole in case of episodes of agitation was considered, but it was not necessary). The patient has continued to be monitored by cardiology to assess the possible side effects of the treatment (since it can increase heart rate and blood pressure (3), but so far no complications have been detected).
Thanks to psychotherapeutic and educational intervention, language acquisition was achieved, although to date he still requires support due to the difficulties he still presents.
Conclusions: It is important to take into account the possible side effects of psychopharmacological treatment in patients with an associated congenital syndrome. Intensive and comprehensive follow-up by psychiatry and pediatrics (and later by their primary care physician) should be performed.

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EPV0171

Case-study: Patient with acquired epileptic aphasia in childhood

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Introduction: Acquired epileptic aphasia or Landau-Kleffner syndrome (LKS) is a disorder with onset in the childhood between the ages of 2 and 8 years. The main defining psychopathological symptom of Landau-Kleffner syndrome is the acquired aphasia with epileptiform electroencephalographic abnormalities. The aphasia has both receptive and expressive features. The onset is usually subacute and the course is usually progressive with spontaneous improvements and exacerbations. The electroencephalographic abnormalities include pathological findings in the temporal and parieto-occipital brain regions.
Objectives: An 11 year old girl with generalized tonic-clonic and partial seizures is referred to our child and adolescence outpatient service due to language impairment. Her first generalized seizure has been at the age of 11 months old, caused by high temperature. The presence of articulation difficulties has raised suspicion for intellectual disabilities. She has been diagnosed with Epilepsy, grand mal seizures and has had continuous treatment with sodium valproate since the age of 3 years.