

<sup>1</sup> Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Vila Real, Portugal

<sup>2</sup> Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Psiquiatria, Vila Real, Portugal

<sup>3</sup> Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Neuropsicologia, Vila Real, Portugal

<sup>4</sup> Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurorradiologia, Vila Real, Portugal

\* Corresponding author.

**Introduction** Cavernomas are clusters of abnormal blood vessels found in the brain and spinal cord. The familiar form is an autosomal dominant disorder associated with the presence of multiple cavernomas in both locations.

**Clinical Case** A 84-year-old man was admitted in our neurologic department for a sudden onset of difficulty in walking associated with loss of urinary sphincter control. Past history included a major depressive disorder with psychotic features since youth, epilepsy since 33 years old and, at 77 years old, he had a hemorrhagic stroke resulting from cavernous malformation haemorrhage. Medication consisted of clopidogrel 75 mg id, risperidone 3 mg id, venlafaxine 37.5 mg bid and clobazam 10 mg id. On neurological examination, he showed psychomotor slowing, dysexecutive syndrome, paraparesis and hypoesthesia with sensitive level by D10. Blood test was normal. Dorsolumbar spine-TC showed intradural hyperdensity by D12–L1, probably because of a hemorrhage lesion, that MRI revealed to be a cavernoma. Brain-MRI demonstrated 3 massive cavernomas in cortical-subcortical right occipital lobe, left lenticular nucleus and left pre-central gyrus and countless small infratentorial and supratentorial cavernomas. We inquired his family and we found out that one of his daughters also had multiple brain cavernomas, diagnosed after a hemorrhagic stroke when she was 55 years old.

**Conclusion** Familiar multiple cavernomatosis is associated with neuropsychiatric disorders. We enhance the impact that such a diffuse form of the disease has on the brain network causing atypical psychocognitive symptoms. In all cases a detailed neuropsychiatric family history should be sought and all should be followed regularly clinically and by MRI.

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## EW140

### Parkinson disease psychosis – A case report

M.D.C. Ferreira<sup>1,\*</sup>, S. Varanda<sup>2</sup>, G. Carneiro<sup>2</sup>, B. Santos<sup>1</sup>, Á. Machado<sup>2</sup>

<sup>1</sup> Hospital de Braga, Psychiatry, Braga, Portugal

<sup>2</sup> Hospital de Braga, Neurology, Braga, Portugal

\* Corresponding author.

**Introduction** Psychosis is one of the most prevalent non-motor complications in Parkinson's disease (PD). Risk factors for PD psychosis are advancing age, longer disease duration, severe motor symptoms, presence of dementia, sleep disorders, depression and autonomic dysfunction. Treatment is challenging in this setting because antipsychotic medications are known to worsen motor symptoms.

**Objectives** To highlight the therapeutic difficulties in PD-related psychosis.

**Methods** Case description and literature review.

**Results** We report a case of a 74-year-old woman with a 9-year history of PD, who presented a complex psychotic disorder consisting in auditory, olfactory and visual (gulliverian and lilliputian) hallucinations, persecutory and sexual delusions. Additionally, the patient presented euthymic mood, without evidence of cognitive impairment or impulse-control disorder. These symptoms began after dopamine agonist therapy (ropinirole 4 mg/day). Other medical conditions that could justify these symptoms were excluded.

Initially, ropinirole was removed, but without psychotic remission. Then, she was treated with antipsychotic medication (clozapine 25 mg/day) with full psychotic remission and without significant worsening of motor symptoms.

**Conclusions** Clozapine treatment is frequently delayed, mainly for fear of its side effects, particularly agranulocytosis. However, this antipsychotic drug presents many benefits regarding the management of PD-related psychosis, namely few motor effects and even improvement of motor fluctuations.

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## EW141

### Surgery-first or orthognathic surgery approach: Psychosocial and physical changes

E. Gambaro<sup>1,\*</sup>, C. Vecchi<sup>2</sup>, C. Gramaglia<sup>2</sup>, A. Losa<sup>2</sup>, M. Giarda<sup>3</sup>, E. Broccardo<sup>3</sup>, A. Benech<sup>3</sup>, P. Zeppego<sup>2</sup>

<sup>1</sup> Azienda Ospedaliera Universitaria Maggiore della Carità di Novara, Novara, Italy

<sup>2</sup> Università del Piemonte Orientale, Medicina Traslazionale, Novara, Italy

<sup>3</sup> Università del Piemonte Orientale, Testa e Collo, Novara, Italy

\* Corresponding author.

**Introduction** Two surgical approaches exist for malocclusion: in the surgery-first approach the orthognathic surgery precedes the orthodontic treatment, treating facial esthetics first and then occlusion, whereas in the conventional approach (the orthodontics-first approach) the orthodontic treatment precedes the orthognathic surgery, treating occlusion first and then facial esthetics. The advantages of the surgery-first approach include the fact that patient's dental function, and facial esthetics are restored and improved soon after the beginning of treatment. Moreover, the entire treatment lasts only 1 to 1.5 years or less and orthodontic management is easier to achieve.

**Aims** Our study aims to compare patients undergoing surgery-first or orthognathic surgery approach as for as self-esteem, satisfaction with their appearance in the pre- and postoperative care, quality of life and psychosocial changes, are concerned.

**Methods** We recruited 50 patients undergoing surgery-first or orthognathic surgery approach at SC Maxillo-Facciale of Novara between October 2014 and December 2017. Assessment were performed at baseline (T0) and at follow-up (T1: 5 weeks; T2: 5–6 months), with Rosenberg Self-Esteem Scale (RSES), Temperament and Character Inventory (TCI: only at T0), Short Form Health Survey 36 (SF-36), Beck Depression Inventory (BDI-II), Resilience Scale for Adult (RSA), Psychosocial Impact of Dental Aesthetics Questionnaire (PIDAQ), Oral Health Impact Profile (OHIP-14).

**Results** Data collection is still ongoing. We expect to find a better quality of life and higher self-esteem in patients undergoing surgery first approach.

**Conclusion** Satisfaction is crucial for patients' adherence to treatment and to avoid revolving door. Clinical implications will be discussed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW142

### Descriptive study of hypothyroidism in an acute psychiatric unit in Barcelona

G. Hurtado\*, E. Carrió, A.L. Palomo, M. Campillo, G. Mateu, A. Farre, J. Marti, R. Sanchez, J.R. Fortuny