EPV0992

Haloperidol induced Pisa syndrome in a patient with treatment resistant schizophrenia

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Introduction: Acute dystonia, an adverse effect of neuroleptics, is linked to D2 neuronal receptor hypersensitivity or neurotoxicity due to oxidative stress mechanisms. Pisa syndrome (PS) or Pleurothotonus, a relatively uncommon condition, manifests as dystonia of the trunk and is potentially reversible with early intervention.
Objectives: To describe PS following haloperidol decanoate injection in a treatment-resistant schizophrenia (TRS) patient, identify associated risk factors, and present therapeutic options.
Methods: We provide a comprehensive case description and perform a PubMed database search using the following keywords: "Pisa syndrome," "dystonia," "schizophrenia," and "antipsychotic".
Results: A 54-year-old man with TRS, previously treated with 100 mg of haloperidol decanoate and 10 mg of olanzapine due to clozapine-induced myocarditis, exhibited hallucinatory delusional syndrome and behavioral disturbances. Neurological examination, lab tests, and brain imaging confirmed a psychotic relapse. Haloperidol decanoate dosage was increased to 150 mg. Four days later, the patient developed a trunk tilt that resolved after receiving anticholinergic treatment.Despite PS being more common in females and associated with brain conditions, this patient presented multiple risk factors, including prolonged typical antipsychotic treatment, advanced age, and an increase in antipsychotic doses. Discontinuing the causative antipsychotic or adding synthetic anticholinergics led to symptom reversibility.
Conclusions: PS is a rare occurrence. Understanding associated risk factors and frequently implicated medications is crucial for elucidating the phenomenon and managing the disorder

Disclosure of Interest: None Declared

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Relationship between circadian rhythm and Malondialdehyde serum levels in acute and stabilized schizophrenic patients

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Introduction: Malondialdehyde (MDA) is a product of polyunsaturated fatty acid peroxidation (Del Rio D, et al. A review of recent studies on MDA as toxic molecule and biological marker of oxidative stress. Nutr Metab Cardiovasc Dis. 2005;15:316-28). It is a biomarker of oxidative stress and is involved in the pathophysiology of schizophrenia (Goh et al. Asian J Psychiatr. 2022;67:102932). Schizofrenia is linked to disrupted oxidative balance and inflammation (Więdłocha et al. Brain Sci. 2023;13:490). Prior research has shown connections between biomarkers and circadian rhythms in schizophrenia (Morera & Abreu. Acta Physiol Scand. 2007;43:313-14) and diabetes type 2 (Kanabrocki EL, et al. Circadian variation in oxidative stress biomarkers in healthy and type II diabetic men. Chronobiol Int. 2002;19:423-39). To determinate if MDA levels have a role in schizophrenia and follow a circadian rhythm may be useful.
Objectives: The aim of our study is to compare diurnal and nocturnal MDA serum levels in patients in acute and stabilized phases of schizophrenia according to CIE-10 to find out if there are variations related with circadian rhythms
Methods: 47 patients were included in our study in two clinical phases: acute episode and stabilization. Blood samples were collected at 12:00h and at 00:00h. MDA serum levels were measured twice: when patients were decompensated (admission) and at clinical stabilization (discharge). The relationship between quantitative variables at both times was analysed by T-Student test
Results: There is no significative difference between night and day MDA levels in the acute phase of the schizophrenia (2.22±1.352 vs. 1.93±1.530, $p<0.09$). There is statistical significance between 12:00 and 00:00 (1.90±1.136 vs. 1.34±0.868, $p<0.001$) at discharge: it was observed that levels decreased. This result can be interpreted as there is circadian rhythm in stabilized phases.
Conclusions: MDA levels in patients with schizophrenia do not follow a circadian rhythm in the acute episode. When they are clinically stabilized present a circadian change. These patients lose the circadian rhythm in acute episodes. MDA circadian rhythm may help diagnose the clinical phase and its severity. It is necessary to perform more studies to know its utility as an oxidative biomarker

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"Ekbom syndrome: delirium engraved on the skin"

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Introduction: Ekbom syndrome also known as Morgellons syndrome or delirium of parasitosis is a psychiatric condition where the patient has the absolute conviction of being infested in spite of medical evidence. Patients may even mutilate themselves or apply toxic substances in order to get rid of these hypothetical organisms. Sometimes they bring samples of these hypothetical parasites to the office to prove their existence, which is known as the "matchbox sign", a pathognomonic finding.
Objectives: The aim of this clinical case is to make visible the impact that this psychiatric condition can have on the patient's quality of life