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Schizophrenia and Mega cisterna magna: a Case report

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Introduction: Mega cisterna magna is a developmental malformation of the posterior fossa, the cisterna magna is larger than normal, and the vermis and cerebellar hemispheres are morphologically normal. (Zimmer EZ et al. *Obstet* 2007; 276:487-490.) Although the relationship between this anomaly and psychiatric disorders is emphasized, its nature has not fully understood.

Objectives: In this abstract, we report a case of schizophrenia with mega cisterna magna. We aimed to draw attention to the relationship between congenital malformations and schizophrenia since studies on congenital malformations were mostly conducted with epilepsy in the literature. (Lishman's *Organic Psychiatry: A Textbook of Neuropsychiatry*, Fourth Edition, Chapter 6, 2009.)

Methods: The patient is a 28-year-old male, single, secondary school graduate and unemployed. The patient known to has used volatile substance, cannabinoids and synthetic cannabinoids between the ages of 15-22 and has a psychiatric history of approximately 8 years. He had a total of 5 hospitalizations, the last of which was in our clinic 2 years ago. The patient, who was known to have no substance use for 6 years, had negative symptoms for about 4 years. According to the information received from the patient's relatives, he was admitted to our clinic with complaints of decreased mobility, decreased communication, refusal to eat and drink, decreased sleep, self-talk, standing for a long time and looking at a single point; which had started in the last 10 days after non-compliance of treatment for the last 3 weeks.

Results: The physical and the neurologic examinations were unremarkable. In the psychiatric examination, he was conscious, oriented, and cooperative. Self-care and psychomotor activity were decreased. His mood and affect were dysphoric and limited. His speech rate, spontaneity and intonation were decreased. His thought content couldn't be evaluated properly because of the mutism. His attention was decreased. Laboratory studies were unremarkable. Non-contrast brain CT and MRI showed an appearance compatible with mega cisterna magna in the mid-left parasagittal area in the retrocerebellar region. There was a history of staying in NICU for 8 days when he was a newborn. There was no family history of psychiatric illness.

Conclusions: The relationship between psychosis and clinical significance of MCM has not defined completely yet. Although the case we selected is rarely seen, there is one more example in the literature. (Karayilan S et al. *Anatolian Psychiatry Journal*; Sivas Vol. 14, Iss. 1, (Mar 2013):90-92.) Maybe the reason why there is so limited information in the literature on this topic is that congenital malformations are presented at a much younger age than psychosis with neurological diseases such as epilepsy. In conclusion, perhaps more detailed clinical follow-ups of these cases will enable new reports.

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Paraphrenia - forgotten or undiagnosable psychosis?

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Introduction: Paraphrenia is a chronic psychosis that has generally lost its status as an independent nosological entity, not being included in DSM-5. From the perspective of the particular psychopathological picture and the impact of the disease on the patient's functioning in roles, paraphrenia remains a challenge for the clinician in terms of nosological classification and the correct therapeutic approach.

Objectives: We take into account a patient who presents the classic diagnostic criteria of paraphrenia with a clinical and evolutionary picture followed for 15 years, with the aim of bringing the paraphrenic phenomenology back to the fore.

Methods: The case presentation will focus on the richness and absurdity of the delusional ideas that are in great contrast with the good insertion into reality of the subject and the preservation of the core of the personality. We will also describe the main landmarks of positive and differential diagnosis.

Results: We believe that paraphrenia deserves to be differentiated from other psychotic disorders through the particular variant of insight that also explains the significant capacities of dissimulation and as a result of insertion into the roles of life. This attribute also explains the increased potential for danger and unpredictability of the paraphrenic patient.

Conclusions: Our approach is an argument for the psychopathological understanding of paraphrenic psychotic phenomenology independent of different nosographic classification systems. We are trying to contribute to increasing the quality of differential diagnosis in psychoses.

Keywords: psychosis, paraphrenia, differential diagnosis**Disclosure of Interest:** None Declared

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Relation between Negative Symptoms and Core Stability as an Indicator of Functional Exercise Capacity in SchizophreniaE. I. Hoşgelen^{1*}, N. Bozbıyık², Ö. Akgül³, F. Şimşek⁴, N. Gelecek⁵ and K. Alptekin⁶¹Neurosciences, Dokuz Eylül University; ²Physiotherapy, Izmir Bakırçay University; ³Department of Psychology, İzmir Democracy University; ⁴Psychiatry, Bakırçay University Education and Research Hospital, Community Mental Health Service; ⁵Musculoskeletal Physiotherapy Department, Dokuz Eylül University Physical Therapy and Rehabilitation and ⁶Department of Psychiatry, Dokuz Eylül University School of Medicine, İzmir, Türkiye

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Introduction: The core refers to the lumbo-pelvic complex located at the center of gravity of the body. Core stability has a crucial role in sudden balance change and body movements (Zemkova et al. *Front.*