

mobilize in that work context, expressing “So I tried when the tourist managed to capture my attention I started explaining about the...” (P4). That these dimensions are high indicates that there is a close relationship between role and identity.

Conclusions: If identity is read from the social positions that are recognized by others (Scheibe, 1999), particularly the findings of this research showed that characters such as family, tourists, co-workers and friends intervene significantly in the recognition of the roles assumed, which makes the young person stay in this activity and market, as well as find satisfaction in it. Through the dimensions of the role, it was evidenced that at work it is possible to configure the identity of young people. For Lucena et al. (2018) when a person who does part of this type of work and refers to it, is talking about himself.

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EPV0720

A rare case of trauma related dissociative identity disorder

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Introduction: Dissociative identity disorder (DID) is a debilitating and controversial psychiatric disorder with a lifetime prevalence estimated around 1,5%. It remains underdiagnosed despite recognition in international classification of mental disorders. In fact, based on the DSM-5 criteria, DID is characterised by two or more distinct personality states that coincide, with fluctuating consciousness and changing access to autobiographical memory. The aetiology of DID has long been debated with recent neuroimaging evidence supporting the trauma model of this condition.

Objectives: The aim of this presentation is to describe the case of a young female diagnosed with DID related to childhood trauma.

Methods: We also conducted a literature review in order to discuss the aetiology of the disorder. The following keywords were searched through the pubmed website: dissociative identity disorder, trauma, aetiology.

Results: We report the case of a 20 years old female with no past medical, nor psychiatric history. However, she had a family history of an uncle and an aunt with chronic psychosis. Her father died when she was 8, thus she lived with her mother and her brother and two sisters. She was a brilliant student and started engineering studies. She has no particular personality trait. She was raised within a strict religious family with little time dedicated to leisure activities. Importantly, since the age of 10, she was exposed to her mother's religious extremist and threatening discourses, related to death and “grave's torture” and comprising many cultural beliefs. She seeks for psychiatric care complaining of “soliloquy” that became remarkable by her relatives. On psychiatric evaluation she presented daily fluctuating consciousness during at least one hour, in which she switches identity toward the daughter of a famous singer. This alter was having pleasant activity with her mother and was singing and hanging out most of the time. No particular triggers were identified. The trouble started by the age of

14 then worsened gradually and became an involuntary phenomenon with significant distress. She had no depressive nor psychotic nor anxiety or obsessive symptoms. Her sleep and appetite were not disturbed. She met DSM-5 diagnostic criteria for DID and was referred to a trained psychiatrist for adequate psychotherapy management.

Conclusions: We exposed a rare case of a young student complaining of soliloquy since the age of 14 that was diagnosed with DID subsequent to a particular childhood trauma which consisted in exposure to threatening religious and cultural beliefs about life after death told by her mother. This unique case emphasises the trauma model of DID, where the nature of the trauma influences the clinical expression of DID. Given the recent neuroimaging evidence, DID can be framed as a chronic psychiatric disorder based on neurobiological, cognitive, and interpersonal non-integration as a response to unbearable stress.

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EPV0721

Cognitive impairments in Moroccan man with a frontal anaplastic oligodendroglioma : Case study

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Introduction: Oligodendroglioma is a rare form of glioma developing in oligodendrocytes which are glial cells. Oligodendrogliomas are divided into two types; benign oligodendrogliomas and anaplastic oligodendrogliomas; the malignant form.

Objectives: The aim of our study is to detect the cognitive troubles caused by a frontal anaplastic oligodendroglioma in a man admitted to the neurosurgery department at the Specialties Hospital, Rabat, Morocco.

Methods: A case study was realized among a man aged of 46 years, suffering from frontal right anaplastic oligodendroglioma, with no medical and surgical history and who presented since two months headaches and forgetfulness, and presented two hours ago a fortuitous epileptic seizure followed by notion of amnesia for 5 min. At the admission, the patient was conscious, the glasgow score was of 15 and did not present a motor deficit. Cognitively, the patient was confused. We decided then to make him pass the MOCA test to evaluate his cognitive state as soon as he was admitted to our service and before the surgical act.

Results: After passing the MOCA Test, our patient had a score of 4/30. The results in detail gave 0/5 in the visuospatial/executive part, 3/3 in the naming part, 0/6 in the attention part, 1/3 in the language part, 0/2 in the abstraction part, 0/5 in the memory part and 0/6 in the orientation part. The score of 4/30 is less than 10/30 and shows a severe cognitive impairment.

According to his wife, his cognitive state was normal before the epileptic seizure and had a normal life.

Conclusions: The frontal anaplastic oligodendroglioma in this patient case deteriorated his cognitive state rapidly. 13 days after surgery and excision of this tumor, the patient's cognitive state improved, the Moca score became 12/30, which is in the area of