

**Methods:** Case report and brief literature review.

**Results:** A 41-year-old patient with a diagnosis of bipolar disorder, previously on lithium 900mg/day, was admitted to the emergency department with symptoms suggestive of a manic episode. One month prior, the patient had discontinued treatment with lithium due to her desire to pursue pregnancy and interrupt treatment while trying to conceive. The patient had a history of postpartum psychosis followed by various depressive and manic episodes with psychotic symptoms, leading to a bipolar disorder diagnosis and commencing treatment with lithium. Her consultant psychiatrist had informed her of the individualised risks of interrupting treatment with lithium and had advised to continue treatment alongside frequent follow-up due to the high-risk of relapse. Despite her consultant's recommendation, she decided to interrupt treatment and hence a personalised lithium tapering regime and advice to continue treatment with quetiapine 200mg/day was given.

During the ED stay, treatment with olanzapine was introduced which helped to stabilise her symptoms. Lithium levels were subtherapeutic (lithium serum level 0.11 mmol/L). Inpatient psychiatric admission was avoided due to rapid symptom improvement, strong social support in the community and her preference for ambulatory care. Lithium was gradually reintroduced and antipsychotic treatment was adjusted at follow up appointments, which ultimately led to the resolution of symptoms and stabilisation.

**Conclusions:** This case highlights the significance of considering continuing lithium treatment in bipolar disorder during pregnancy planning. Decisions about medication in pregnancy are multifaceted, making appropriate risk stratification imperative in order to inform individualised care plans to minimise the risk of relapse in these patients.

**Disclosure of Interest:** None Declared

## EPV0098

### Neuropsychiatric symptoms and arachnoid cysts: tracing the association regarding a case report

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**Introduction:** In the review of recent literature, we found very few presentations of case reports in which the presumed association between psychiatric disorders and arachnoid cysts is discussed. Arachnoid cysts are rare brain tumors with little apparent symptomatic impact and in most cases, they are diagnosed incidentally. We present the case of a 15-year-old adolescent with a personal history of a previous severe depressive episode, as well as suspicion of serious mental pathology in the family. It presents a subacute onset episode, in the context of regular cannabis consumption, consisting of intense emotional lability and psychomotor restlessness, a tendency toward irritability, decreased sleep needs, and the appearance of delusional ideas of harm and self-referential interruption. During the study of the case, and incidentally, the cranial magnetic resonance imaging revealed the presence of an arachnoid

cyst located in the left frontotemporal location, approximately 4 cm in diameter.

**Objectives:** (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced. (2) To review current scientific evidence regarding the possible association between neuropsychiatric symptoms and arachnoid cysts.

**Methods:** A review of the patient's clinical history was carried out and complementary tests were performed. Likewise, a review of the available scientific literature was also performed in relation to the appearance of neuropsychiatric symptoms associated with the presence of arachnoid cysts.

**Results:** The literature regarding the possible association between psychosis and arachnoid cysts is scarce. However, it is proposed that arachnoid cysts may be associated with various neuropsychiatric alterations, such as affective alterations, schizophrenia-like psychosis or amnesic symptoms. The atypicality in the symptoms sometimes leads us to suspect an organic origin of the condition, with some features such as associated memory deficits, emotional incontinence, movement disorders or neurological focal data; some of which are present in the case at hand.

**Conclusions:** There is controversy among different sources regarding the role of the cyst in the development of symptoms or, on the contrary, its presentation only as a chance finding. Further investigation focusing on clinical observations and neuroimaging is needed.

**Disclosure of Interest:** None Declared

## EPV0099

### Lithium nephropathy in Bipolar Disorder: a clinical challenge

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**Introduction:** Lithium nephropathy can occur in long-term lithium-treated bipolar disorder patients. Key risk factors include duration of lithium exposure, cumulative dose, acute intoxication episodes, advanced age, and comorbidities such as hypertension, diabetes mellitus, hyperparathyroidism, and hyperuricemia, along with concurrent use of antipsychotics. The clinical presentation is gradual, with mild proteinuria, often accompanied by arginine vasopressin resistance. Histological studies show a correlation between interstitial fibrosis and cumulative lithium duration. Approximately 15 to 25 per cent of exposed patients may experience a gradual decline in glomerular filtration rate. The outcome after lithium discontinuation varies.

**Objectives:** This case study aims to analyze and document the clinical presentation, diagnosis, and management of lithium nephropathy in a patient with Bipolar Disorder.

**Methods:** We gathered data on the medical history, lab results, and treatment approach for a patient with Bipolar Disorder.

**Results:** The patient, a 50-year-old woman, had been under the care of Psychiatry since 2008 due to a diagnosis of Bipolar Disorder Type I. During this time, she had experienced depressive and manic episodes but had not presented significant symptom