Methods: Presentation of a patient's case and review of existing literature, in regards to encephalopathy caused by valproic acid as a result of ammonia elevation.
Results: In the case displayed here, the patient is diagnosed of hyperammonemic encephalopathy after being treated with valproic acid as treatment for borderline personality disorder.
Reviewing literature, cases of hyperammonemia are rarely reported as VPA-induced, probably because this increased level of ammonia in blood can vary between asymptomatic, and clinically relevant levels. Symptomatology due to VPA-induced hyperammonemia include: lethargy, impaired consciousness, focal neurological signs and symptoms and increased seizure frequency. More rare described symptoms are: aggression, ataxia, asterixis, vomiting and coma.
There are multiple treatment modalities for patients diagnosed with VHE, the primary treatment being the discontinuation of VPA. Other treatments frequently used are Lactulose and Carnitine.
Conclusions: VHE is a rare occurrence, however can have fatal outcomes if not recognized and managed in time. Physicians should be vigilant while initiating Valproate therapy to patients. Clinicians should consider the possibility of VHE in patients with unexplained altered mental status, regardless of the duration of VPA therapy. A timely diagnosis is essential to prompt effective treatment, thus ensuring the patient's safety and decreasing the length of hospitalisation and the cost of care in hospitals.

Disclosure of Interest: None Declared

EPV0827

A case report of Paliperidone palmitate-induced anaphylaxis

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Introduction: Paliperidone Palmitate (PP) is an atypical antipsychotic, approved by the FDA for acute and maintenance treatment of schizophrenia and schizoaffective disorder.
It has a relatively safety profile, and reported cases of paliperidone palmitate-induced angioedema or anaphylaxis are uncommon.
Objectives: We intend to present a case of paliperidone palmitate-induced anaphylaxis to alert clinicians regarding this rare, but possible complication.
Methods: Non-systematic review of the literature and report of a case study.
Results: Long-acting injectable Paliperidone Palmitate (LAIPP) is a safe and effective alternative to oral Paliperidone, with less incidence of disease relapse related to medication non-compliance.
Substance use disorder (SUD) is highly prevalent in first-episode psychosis (FEP), and it is associated to decreased treatment compliance, which impairs the outcomes of these patients. Therefore, several authors have been recommended long-acting injectable antipsychotics (LAI-AP), such the LAIPP, as a first line for treatment of FEP-SUD patients.
The most common side effects associated with LAIPP are injection site reactions, extrapyramidal symptoms, hyperprolactinemia, sedation, hypersalivation, orthostatic hypotension, tachycardia, and weight gain. Hypersensitivity reactions have rarely been reported and may be dose-dependent.
We report a case of a 20-year-old female, without medical history and no history of allergies, who was medicated with once-monthly LAIPP at dose 100 mg for the maintenance treatment of a first psychotic episode associated with cannabis abuse.
Approximately 24 hours after the first monthly injection dose, she was admitted in the emergency room (ER) presenting an increasing angioedema associated with stridor, requiring endotracheal intubation and administration of adrenaline, clemastine and hydrocortisone during the assessment in the ER.
After clinical stabilization, she was transferred to the internal medicine ward, and following a full recovery, she was discharged 6 days later while being medicated with Olanzapine 15 mg/day, Lorazepam 3 mg/day and Sertraline 50 mg/day. LAIPP was suspected as the etiology of the anaphylaxis reaction due to temporal relationship of its onset with therapy administration and by the exclusion of other potential causes. Consequently, LAIPP was discontinued at discharge.
Conclusions: This report shows the possibility of a late and potentially life-threatening anaphylactic reaction to LAIPP. So, all physicians should be aware of this potential complication, which requires timely recognition and management.

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EPV0828

Guanfacine in the Treatment of a Child Diagnosed with Tourette Syndrome: A Case Report

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Introduction: Tourette syndrome (TS) is a neurodevelopmental disorder characterized by the development of persistent and changing motor and phonic tics over time. The presence of at least two motor tics and one vocal tic that have persisted for at least a period of 1 year is required, and which developed before the age of 18. The most commonly used pharmacological treatment are antipsychotics, with a preference for atypical antipsychotics such as aripiprazole or risperidone. Clonidine and guanfacine have shown effectiveness in suppressing tics, and although generally less effective than antipsychotics, some authors are considering them as first-line treatments. The treatment is also influenced by any comorbidities the patient may present.
Objectives: To enumerate in a clinical case the pharmacological alternatives for TS, which vary according to the patient's comorbidities and the intensity of the tic symptoms.
Methods: Case study. Anamnesis of the patient and their family.
Results: A 12-year-old boy presenting simple motor and vocal tics for over a year. At the same time that a valuation is requested by child psychiatry, the mother also requests follow-up by neuropediatrics. Other causes are ruled out, an EEG is performed, and a TS diagnosis is made. The initial treatment was low-dose aripiprazole with partial effectiveness. After 3 months, he presents an