complexities of management of children presenting with neurodevelopmental conditions and history of trauma.
Methods. This is a case of a fourteen-year-old girl with established diagnoses of Moderate Intellectual Disability, Childhood Autism, Foetal Alcohol Syndrome and childhood trauma. She was admitted to our CAMHS ID Assessment and Treatment Unit with a nine-year history of self-injurious behaviour, suicidal ideation and voice-hearing experiences – after failed treatment in the community and in-patient treatment (including under restrictions of long-term segregation) on generic CAMHS unit. Her current treatment includes a person-centred Trauma- Informed Positive Behaviour Support Plan; individual and family therapy psychology sessions based on the principles of trauma-informed care and consultation with staff on trauma-informed care. She also undertook ADHD assessment, and we are in the process of optimising ADHD medication.
Results. Trauma-Informed Positive Behaviour Support Plan was a new concept for the team. Therefore, this was supported by training and consultations with staff. The latter was introduced to create a psychologically oriented environment using trauma-informed care principals and helping the team understand what trauma means and how it affects the individual. ADHD assessment confirmed the diagnosis of ADHD which was followed by optimising ADHD medication.
Conclusion. Systemic and a person-centred approach is used for this child with concerning presentation and history of neurodevelopmental disorder and childhood trauma.

Surviving Fifty Years With Shrapnel Within the Brain

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Aims. Traumatic brain injury during the war by shrapnel or bullet is lethal and life-threatening. The mortality rate from traumatic brain injury is more than 90%. Mrs. N (70) of Bangladesh is an exceptional and one of the luckiest women of the world. She is a war victim and has been living with shrapnel within her brain for the last 50 years.
Methods. According to the patient attendant, half a century ago, during the Liberation War of Bangladesh, one shell accidentally exploded in their backyard. Unfortunately, a few pieces of shrapnel penetrated her arm, leg and right side of the head. She lost her consciousness and immediately treated at war hospital as per level best. She forgets details of her treatment and has no treatment records. Last 50 years, she has been surviving with movement difficulties, weaknesses of the upper and lower limbs and occasional convulsions. Her sufferings have intensified day by day. Last few years she has been experiencing headaches, dizziness, vomiting and forgetfulness. Two months back, she drank some insecticide mistakenly. She also suffering insomnia and she often cried out from deep sleep. She complains about hearing unknown voices. The voices were talking about her. She also started to suspect her family members. She claims that her family members were conspiring to kill her. She has history of convulsions three times in the last 50 years, which were generalized and tonic clonic in nature. She didn't take any medication for convulsion. As her suspicion, irrelevant talk and oddity in behavior worsened, her family members took her to me for treatment. Considering her past traumatic brain injury, an X-ray skull was advised. Surprisingly, it showed a metallic foreign body (shrapnel) within her skull. Furthermore, a CT scan of the brain was done, and it showed there was an irregular bony gap at right parietal area, a shrapnel at right frontal area with extensive encephalomalacic Porencephaly communicating with lateral ventricle. Her thyroid and liver function are normal. She is non-diabetic, non-hypertensive. She was advised to take risperidone 2 mg daily at night. With this low dose antipsychotic medication her psychosis controlled.
Results. Surviving with shrapnel within the brain followed by traumatic brain injury is very much rare. Shrapnel gradually damages the brain parenchyma and creates a large porencephaly.
Conclusion. Traumatic brain injury by bullet or shrapnel is always fatal. It is very much rare in medical to survive fifty years with shrapnel within the brain after shrapnel injury.

Lithium Induced Parkinsonism: A Case Report

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Aims. Lithium is an effective mood stabiliser for the treatment of the bipolar disorder. Its utility is not restricted to acute mania and prophylactic treatment of the bipolar disorder. Another well-known indication for its use is the treatment of refractory depression. Lithium can cause several adverse effects, and typically the side effects are dose-related. Unlike antipsychotic medications, lithium is rarely associated with drug-induced Parkinsonism.
Methods. We present a case of 78 years old gentleman who was assessed due to complaints suggestive of cognitive impairment. His past psychiatric history revealed that he was admitted to a psychiatric inpatient unit with a diagnosis of treatment-resistant depression in 1991. Lithium therapy was commenced during this admission, and he remained on lithium for 27 years. The patient was clinically stable in terms of the symptoms of depression; however, he reported bilateral postural tremors 20 years after the initiation of lithium therapy. Initially, he was diagnosed with lithium-induced tremor; however, in the following months, his symptoms had worsened, and he developed new motor disturbances, although the serum levels of lithium were within the therapeutic range. On examination, he had classic parkinsonian signs of shuffling gait, muscle rigidity in all four limbs and freezing of gait. DaT-SPECT imaging clarified the diagnosis as drug-induced Parkinsonism. As the daily lithium dosage was stopped, the patient's motor symptoms improved significantly; nevertheless, some of the symptoms persisted.
Results. The pathophysiological mechanism behind lithium-induced Parkinsonism is unclear. The condition may develop with or without frank lithium toxicity and have diverse presentations. Literature suggests that the risk factors for lithium-induced Parkinsonism appear to be the patients' age, duration of lithium therapy, and serum lithium levels. It has been suggested that older patients have a more permeable blood-brain barrier and decreased renal clearance; hence, serum lithium levels can appear therapeutic, but brain lithium levels may be much higher. Pharmacokinetic drug-drug interactions might also contribute; thus, careful monitoring is essential.

Drug-induced Parkinsonism improves with discontinuation of the offending medication; however, 10% of patients will develop a persistent and progressive parkinsonian syndrome.
Conclusion. This report aims to emphasise the need to consider lithium-induced Parkinsonism when Parkinson Disease symptoms appear in chronic lithium users and close monitoring of lithium levels in geriatric populations. It is essential to recognise the condition, avoid misdiagnosis and prevent inappropriate use of anti-dopaminergic medications.

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