EPV0478

Gardner-Diamond Syndrome: A Comprehensive Review of Pathophysiology, Diagnosis, and Treatment

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Introduction: Gardner-Diamond Syndrome (GDS), also known as psychogenic purpura, is an uncommon psychosomatic disorder characterized by painful, ecchymotic, purpuric lesions that typically appear after a period of stress, surgical operations or hard physical work, predominantly affecting women. The pathophysiology of GDS is still poorly understood, and diagnosis is often challenging due to its overlap with other hematological, dermatological, or psychosomatic disorders. Appropriate diagnosis is essential for symptom management and patient risk reduction.
Objectives: This review aims to synthesize the current knowledge on GDS, encompassing its etiology, clinical presentation, diagnostic criteria, and treatment approaches while identifying areas for future research.
Methods: We performed a narrative literature review by searching PubMed, Google Scholar, and ScienceDirect articles written in English. Relevant studies, case reports, and reviews published from 1955 to 2023 were included.
Results: Gardner-Diamond Syndrome predominantly affects middle-aged women, but the literature has also published reports concerning men and children. It is often associated with psychological stress, anxiety, or depression. Many authors suggest the presence of histrionic personality traits and a tendency toward somatic reactions in affected individuals. In 1955, Frank Gardner and Louis Diamond identified and described Gardner-Diamond Syndrome after observing four women who experienced recurrent bruising, accompanied by localized pain, erythema, and swelling, following minimal or no trauma. The spontaneous bruising observed in GDS lacks a hematological cause, with most studies suggesting a psychosomatic origin. The diagnosis is made with a detailed medical and psychiatric history, physical examination, laboratory examination, and exclusion of other possible causes. Psychological therapies, such as cognitive-behavioral therapy, alongside pharmacological treatments, have shown variable success in symptom management. However, most patients experience long-term cycles of remission and relapse, and a standardized treatment protocol has yet to be established.
Conclusions: Gardner-Diamond Syndrome represents a complex interaction of psychological and somatic factors, highlighting the importance of a multidisciplinary approach to both diagnosis and treatment. Diagnostic challenges persist due to the absence of definitive biomarkers and reliance on exclusionary criteria. Also, GDS lacks treatment options. While psychological interventions play a central role in management, further research is needed to clarify the underlying pathophysiology and improve therapeutic outcomes. Most patients benefit from a combination of cognitive behavioral therapy and antidepressant treatment. Increasing clinician awareness may help reduce diagnostic delays and improve the quality of life for patients.

Disclosure of Interest: None Declared

EPV0479

Late onset mixed delirium after reconstructive breast operation revealed pituitary macroadenoma: a rare case report

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Introduction: Delirium has been considered a reflection of diffuse cerebral metabolic insufficiency, and the pathophysiology of underlying delirium is quite diverse.
Objectives: We present a rare case of mixed delirium with shifting activity level between the hyperactive and hypoactive delirium types as the only manifestation in a 42-year-old woman presented with psychotic symptoms without any prior psychiatric history, one month after a reconstructive breast cancer operation.
Methods: To provide an overview, describe the clinical features and differential diagnosis, as psychiatric conditions are among the most difficult to differentiate from delirium, and finally review the clinical management.
Results: Presentation of a 42-year-old female with a history of right breast cancer with triple negative B5b invasive carcinoma, twice operated after local recurrence (first operation 4 years ago), and a second reconstructive operation one month ago, with no past psychiatric history, who presented with symptoms of mixed delirium. During the clinical and laboratorial investigation, exams revealed hyperprolactinemia. The patient showed no other clinical signs or symptoms compatible with adrenal insufficiency and displayed normal ACTH and serum cortisol concentrations. Brain magnetic resonance imaging revealed pituitary macroadenoma without any brain metastasis. The patient was treated with antipsychotics and not corticosteroids, resulting in rapid remission of the psychotic symptoms.
Conclusions: Clouded sensorium and behavioral dysregulation in delirium can be easily mistaken as thought and behavioral disorganization in acute psychotic episodes, and detailed evaluation of precipitating factors is required to differentiate delirium.

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EPV0483

Screening for neurodevelopmental disorders in preterm Infants

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Introduction: Early detection of neurodevelopmental disorders (NDD) allows for timely intervention and tailored support to address behavioral and learning issues and reduce the impact of

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severe disabilities. Certain populations of newborns, particularly premature infants, are at higher risk for developing such disorders; identifying them enables the establishment of preventive monitoring and screening.
Objectives: to evaluate the frequency of neurodevelopmental disorders (NDD) in preterm children seen at the outpatient Neonatology department
Methods: Our study was a descriptive cross-sectional study conducted on 193 premature infants hospitalized in the Neonatology service. All children underwent at least two psychiatric assessments evaluating child development, early interactions, and behavioral problems. These assessments were conducted at the Neonatology outpatient department by a child psychiatrist in the presence of at least one parent, from 2016 to June 2024. Sociodemographic and clinical data were collected from their medical records.
Results: In our sample, the average age of infants was 2 years, with a range from 10 months to 3 years. The sex ratio was 1:1. According to the psychiatric interview and clinical examination, we found that 74.1% of children exhibited psychomotor developmental delays, 15% of them have global developmental delays, 11.4% of children have language delays, and 6.7% of them have been diagnosed with autism spectrum disorder, according to DSM-5 criteria. Among the assessed children, 6.7% showed behavioral issues, and 2.5% presented with reactive attachment disorders. Among the examined children, 24.4% were referred for regular follow-up at the outpatient child psychiatry clinic.
Conclusions: Our study indicates that preterm infants are at a high risk of developing neurodevelopmental disorders due to the immaturity and vulnerability of their brains during critical developmental periods. These findings underscore the importance of Child Psychiatry examination for this population.

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EPV0484

A Case of Iatrogenic Panhypopituitarism: Exploring Psychological Symptoms and Psychiatric Interventions

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Introduction: Panhypopituitarism is a rare and life-threatening endocrine condition characterized by the loss of pituitary hormone function. Literature mentions the very rare occurrence of iatrogenic panhypopituitarism caused by neurosurgical operations, radiotherapy, and pharmacotherapy – long-term use of corticosteroids can suppress the HPA axis, leading to secondary cortisol insufficiency, which, in very rare cases, progresses to global panhypopituitarism. Psychological symptoms are often present but are unfortunately rarely recognized.
Objectives: A case of a patient with psychological symptoms due to panhypopituitarism is presented.
Methods: A case report is presented with a literature review.
Results: A 37-year-old patient, has experienced fatigue, tremors, loss of sexual desire, blood pressure and glucose fluctuations, and impaired temperature and pain sensation. Endocrinological testing revealed insufficiency of all pituitary hormones. Multiple MRI scans of the brain showed a normal appearance of the pituitary gland. It was discovered that he had a severe car accident with a head injury 10 years ago. Since then, he has been taking high doses of corticosteroids on his initiative due to severe spinal pain. It is believed that the condition developed iatrogenically due to corticosteroid medication. His psychological condition significantly worsened after one of the adrenal crises. He describes an experience of "encountering death" during one of the adrenal crises. Furthermore, he describes that after this adrenal crisis, his corticosteroid dosage was significantly increased, resulting in feelings of excessive energy, worse anxiety, insomnia, and irritability. Because of this, he began self-reducing the corticosteroid dose, leading to a "vicious cycle" where he fears another crisis. In complex patients like this one, it is crucial to develop a comprehensive treatment plan and ensure good collaboration with somatic physicians. This patient presents with depressive and anxiety symptoms within the context of an adjustment disorder. Additionally, corticosteroid therapy contributes to emotional instability, and the patient also exhibits symptoms of PTSD due to a near-death experience. Also, the patient's complex psychodynamic profile presents significant challenges to treatment. The therapeutic goals for this patient are: mood stabilization and anxiety reduction, sleep regulation, and breaking the "vicious cycle". CBT is the treatment of choice for addressing the patient's anxiety, fear of adrenal crisis, and self-reduction of corticosteroid doses. The patient's complex psychodynamics and high cognitive functioning make him an excellent candidate for long-term psychodynamic psychotherapy.
Conclusions: The psychiatrist plays a crucial role in treating such complex patients, and close collaboration with somatic physicians, along with an adequate and thorough therapeutic treatment plan, is necessary.

Disclosure of Interest: None Declared

EPV0485

Depression and compliance in hemodialysis patients: pilot study

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Introduction: Lack of compliance is well-known limiting factor in achievement of the therapeutic targets in medical care. The frequency of noncompliance as well as the factors contributing to this condition are currently not well understood. In hemodialyzed patients lack of precise adherence to medical recommendations is particularly important for long time survival. Depression occurrence may have an adverse impact on the medical compliance of these patients.
Objectives: The aim of this study was to analyze prevalence of depression symptoms and its impact on compliance to medical recommendations in patients on chronic hemodialysis.
Methods: Forty (M=26;F=14) patients undergoing routine hemodialysis session have taken part in a two-part survey

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