Objectives: We report the case of a 21 year old male with no prior history of psychiatric disorders who presented to the emergency room with acute psychomotor agitation and incoherent speech .
Methods: Psychiatric assessment confirmed a first psychotic episode consistent with schizophrenia.
Clinical and radiological evaluation revealed situs incersus and bronchiectasis leading to the diagnosis of kartagener's syndrome. No prior family psychiatric history or substance abuse was identified .
Results: To our knowledge, this is among the very few reported cases of comorbidity between Kartagener syndrome and schizophrenia. Possible explanatory pathways include shared genetic susceptibilities, immune-inflammatory dysregulation, or neurodevelopmental effects linked to ciliary dysfunction. This case highlights the need to explore whether primary ciliary dyskinesia may predispose to psychiatric vulnerability, particularly psychotic disorders.
Conclusions: This report emphasizes the importance of considering rare somatic comorbidities such as Kartagener syndrome in the evaluation of first-episode psychosis. Further studies are warranted to investigate potential pathophysiological overlaps between ciliary dysfunction and schizophrenia.

Disclosure of Interest: None Declared

EPV375

Beyond Physical Sequelae: Job Satisfaction after Occupational Injuries

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Introduction: Occupational injuries remain a major concern in occupational health, as they may compromise both physical recovery and professional reintegration. Job satisfaction is a key determinant of return-to-work and long-term employability.
Objectives: The aim of this study was to evaluated the psychological outcomes of work-related hand injury among private sector employees
Methods: A cross-sectional study was conducted between January 2021 and December 2022 among private sector employees who had sustained work-related hand injuries. Data collection relied on a structured questionnaire addressing sociodemographic and occupational characteristics, details of the occupational injury and relevant medical information. Job satisfaction was assessed using a 0–10 visual analog scale (VAS). Disability was measured using the QuickDASH, and psychological distress using the Kessler Psychological Distress Scale (K6).
Results: Seventy-nine injured workers were included, with a sex ratio (Male/Female) of 3.9. The mean age was 41.3 ± 11.2 years. Current smoking was reported by 38% and alcohol use by 9% of participants. Median smoking exposure was 10 pack-years [IQR 4–20]. The mean QuickDASH score was 34.2 ± 23.2. The mean K6 score was 9.3 ± 6.4, with 31.6% of participants experiencing a high level of psychological distress. The mean job satisfaction score was 5.8 ± 2.5. Job satisfaction was negatively correlated with functional limitation (QuickDASH, r = –0.236, p = 0.039), psychological distress (K6, r = –0.347, p = 0.002), and smoking exposure (pack-years, r = –0.362, p = 0.025).
Conclusions: Job satisfaction after occupational hand injuries was moderate and mainly influenced by functional limitations, psychological distress, and smoking exposure. These findings underline the need for rehabilitation programs that incorporate psychosocial support, smoking cessation, and workplace adaptations to promote job satisfaction and sustainable return-to-work.

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EPV376

When Antipsychotics Fail and Carbamazepine Heals: A Case of Hallucinatory Psychosis Revealing a Partial Epilepsy

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Introduction: Epilepsy, can manifest primarily with psychiatric symptoms, sometimes in the absence of overt seizures. These symptoms may include hallucinations, or delusional thinking, which can resemble closely schizophrenia.
Objectives: We aims to call attention to psychiatric symptoms as a potential manifestations of partial epilepsy
Methods: We report a case of a woman,with no personal history of epilepsy, initially diagnosed with resistant schizophrenia who experienced a resolution of symptoms after introduction of Carbamazepine, raising the hypothesis of an undiagnosed epilepsy.
Results: The case is of a 49-year-old female, unmarried, with no personal history of epilepsy. She had no family psychiatric history. She was admitted to our psychiatric unit for management of persistent auditory hallucinations with command content, evolving over several years. She describes the hallucinations as hearing many voices talking together at the same time, inside her head.
Prior to hospitalisation, the patient received numerous antipsychotic treatments. She exhibited no clinical improvement. A diagnosis of treatment-resistant schizophrenia was confirmed, and she was referred to our unit for clozapine initiation.
As part of the pre-treatment assessment, several investigations were conducted. Brain imaging revealed bilateral fronto-parieto-temporal calcified subdural hematomas, while the electroencephalogram (EEG) showed no epileptiform activity.
As his length of stay in the hospital extended, there were increasingly frequent occasions when she became extremely agitated. She would hit her own head and state that she wanted to die.
Later she would apologize for her behavior. Following most of these episodes, she revealed that she had experienced auditory hallucinations during them. These hallucinations were including commands such as "bang your head against the wall" or " kill yourself ».
A trial of clozapine was initiated and cautiously titrated, but it led to a worsening of hallucinations. The resistance to antipsychotics and