Image 2:

Date	BFCRS Screening	BFCRS Severity	Treatment	Comments
Mar 2025 (pre-treatment)	10	18	None	Initial catatonia identification
Mar 2025 (Day 3)	4	8	Lorazepam 1 mg TID + Quetiapine 25 mg BID	Partial improvement
Mar 2025 (Day 5)	3	5	Same treatment continued	≥50% clinical improvement

Table 3. Catatonia Progression (BFCRS)

Image 3:

Study	Findings
Brain MRI (Dec 2024 - Mar 2025)	Mild cortical atrophy; bilateral temporal FLAIR hyperintensities
EEG (Feb–Mar 2025)	Generalized delta slowing; left temporal sharp waves
CSF (Jan–Mar 2025)	Elevated proteins (up to 69 mg/dL), no pleocytosis, negative cultures
Serology	Positive anti-LGI1 antibodies (March 2025)

Table 2. Diagnostic Workup Summary

Conclusions: This case highlights the importance of considering autoimmune encephalitis in patients with atypical psychiatric-symptoms and poor response to psychotropics. Early neurological evaluation and systematic screening forcatatonia can significantly improve diagnostic accuracy and outcomes. Multidisciplinary collaboration is crucial foridentifying catatonia as a possible manifestation of underlying neuroinflammatory disorders.

Disclosure of Interest: None Declared

EPV416

Escitalopram Associated Pancreatitis: A Case Report

S. N. Erdem Cihan*, H. Kaya and E. Göka

Department of Psychiatry, Ankara Bilkent City Hospital, Ankara, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11063

Introduction: Acute pancreatitis (AP) is an acute process of inflammation and cellular injury of the pancreas. Drug-induced pancreatitis (DIP) accounts for approximately 0.1% to 3.4% of acute pancreatitis attacks. DIP should always be considered in recurrent and idiopathic cases.
Objectives: SSRIs have rarely been associated with DIP, whereas the evidence for antipsychotics is largely weak. We aimed to consider psychotropic drugs in cases of acute pancreatitis with unknown etiology.
Methods: Verbal consent has been obtained from the patient for case reporting.
Results: A 79-year-old male patient, who had been using escitalopram 10 mg/day for approximately one year with intermittent adjunctive risperidone 2 mg/day, experienced three episodes of pancreatitis during the same period. He had no history of pancreatitis prior to SSRI initiation. In his most recent episode, elevated lipase (1282 U/L) and amylase (785 U/L) levels were detected, accompanied by typical epigastric pain. Abdominal ultrasound and MRCP showed no evidence of gallstones or sludge. The patient had no history of alcohol use; laboratory results revealed triglyceride level of 56 mg/dL and calcium level of 9.1 mg/dL. In the etiological evaluation, hyperparathyroidism, IgG4-related disease, infection and trauma were excluded. Abdominal CT revealed reticular density increase consistent with acute pancreatitis. In the absence of other medications that could be associated with pancreatitis, DIP was suspected. One week after discontinuation of escitalopram and risperidone, amylase levels decreased to 240 U/L and lipase levels to 383 U/L, with marked clinical improvement. Notably, in previous episodes of pancreatitis, clinical improvement had also been observed even without discontinuation of psychotropic medications.
Conclusions: The diagnosis of drug-induced pancreatitis is most often based on rechallenge with the suspected agent. However, in many cases, the diagnosis can be made solely on the history of drug exposure and exclusion of other etiologies. In this patient, the careful exclusion of alternative causes and the clinical improvement following drug discontinuation support the likelihood of DIP. The Naranjo score was calculated as 5, indicating a "possible" causal relationship. The Badalov classification is used to assess the likelihood of an association between drugs and acute pancreatitis. According to this classification, escitalopram and risperidone are categorized as Class 2 and Class 4, respectively. In our case, the recurrent attacks during long-term SSRI use, the exclusion of other causes and the improvement after drug withdrawal strongly implicate escitalopram as the primary suspect. Risperidone, on the other

hand, is considered a concomitant but less likely contributing factor. In unexplained recurrent cases of pancreatitis, SSRIs should always be reconsidered, and clinical/enzymatic responses should be closely monitored following drug discontinuation.

Disclosure of Interest: None Declared

EPV417

Beyond the hippocampus: outstanding academic achievements despite significant memory impairments. A case report on temporal epilepsy

L. C. Rocha-Reza[‡1], M. Larrayoz-Iribarren[‡2] and E. Fernández-Jiménez[3,4,5*]

[1]Servicios de Atención Psiquiátrica, Hospital Psiquiátrico Fray Bernardino Álvarez, Ciudad de México, Mexico; [2]Servicio Navarro de Salud-Osasunbidea, Pamplona; [3]Department of Child and Adolescent Psychiatry, La Paz University Hospital; [4]Hospital La Paz Institute for Health Research (IdiPAZ), Madrid and [5]Faculty of Law, Education and Humanities, Universidad Europea de Madrid, Villaviciosa de Odón (Madrid), Spain
*Corresponding author.
‡ *These authors contributed equally to this work and share the first authorship.*
doi: 10.1192/j.eurpsy.2026.11062

Introduction: Mesial temporal structures, particularly the hippocampus, play an important role in memory formation and retrieval. Therefore, if there is hippocampal injury, there is supposed to be a significant dysfunction in daily activities and/or academic/work performance that requires a greater memory load. Also, if this brain damage occurs in the early stages of neurodevelopment, it may result in significant deviations from the expected milestones compared to the reference age group.
Objectives: To present the neuropsychological findings and academic performance of a child with temporal epilepsy and bitemporal mesial sclerosis.
Methods: This case report included the patient´s clinical history, brain MRI and neuropsychological assessment at two measurement points with a 24-month interval. The main outcomes of neuropsychological testing included the Spain-Complutense Verbal Learning Test for Children (TAVECI), which is a Spanish test based on the California Verbal Learning Test; the Rey-Osterrieth Complex Figure (ROCF); the *Vocabulary* subtest of the Wechsler Intelligence Scale for Children, fifth edition (WISC-V); and the *Digit Span* subtest of the WISC-V.
Results: An 8 years-old female patient, with bitemporal mesial sclerosis and temporal epilepsy, which was diagnosed when she was 6 years old. Neuroimaging revealed anatomical damage to the mesial temporal structures in both lobes. The results of the neuropsychological assessments indicated significant memory impairments longitudinally. In particular, short- and long-term impairments were observed in both visuo-constructive and verbal memory. However, improvement was identified in verbal recognition, although she still had a very low performance. In contrast, auditory working memory levels were stable and within the normotypic range. Interestingly, improvements were observed in semantic memory, reaching slightly higher-than-normal levels. Despite these indicators, the patient had outstanding academic achievements.
Conclusions: Temporal epilepsy is strongly associated with mesial temporal sclerosis and memory impairments, which have important dysfunctions in daily activities and other functional domains. In this patient, the neuropsychological and neuroimaging (hippocampal damage) findings converge, in contrast to the fact that this child has outstanding academic performance (cortical preservation). We hypothesise that these findings are likely attributable to cognitive compensation strategies, such as persistent repetition, which the patient spontaneously employs, and are further supported by her other preserved cognitive functions, such as auditory working memory. Further research is essential to develop improved strategies for children with memory impairments, aiming to enhancing their daily functioning and academic performance.

Disclosure of Interest: None Declared

EPV418

Objective performance and parent-reported executive functioning before and after paediatric transplantation

J. Garrido-Bolton[1,2] and E. Fernández-Jiménez[2,3,4*]

[1]Department of Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital; [2]Hospital La Paz Institute for Health Research (IdiPAZ); [3]Department of Child and Adolescent Psychiatry, La Paz University Hospital, Madrid and [4]Faculty of Social Sciences and Communication, Universidad Europea de Madrid, Villaviciosa de Odón (Madrid), Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11061

Introduction: A longitudinal neuropsychological assessment is recommended in pediatric patients with serious illnesses before and after solid organ or hematopoietic stem cell transplantation, due to the cognitive deficits they experience, especially in executive functioning. In addition, comparing objective performance with parent-reported performance in executive functioning is essential to adjust expectations about the clinical evolution of patients between both informants.
Objectives: This study aimed to assess objective and parent-reported executive functioning in paediatric patients before and after the transplant.
Methods: A total of 50 patients (54% male) aged between 6 and 18 years (M = 11.4, $S.D.$ = 3.5) were recruited from La Paz University Hospital (Madrid, Spain). Patients were evaluated both in the pre-transplant phase, while awaiting various types of organ transplants (kidney: 26, heart: 4, lung: 4, hepato-renal: 4, or liver: 2 patients) or haematopoietic stem cells (10 patients), and 6 months after the transplant. Patients were assessed using the *Backward* and *Sequencing* subscales of the *Digit Span* subtest (WISC-V or WAIS-IV version), the *Phonological* and *Excluded-letter* subscales of the *Verbal Fluency Test*, the *Commissions* score from the K-CPT 2 or CPT 3, and using the Spanish parent-reported version of the *Behavior Rating Inventory of Executive Function*, Second Edition (BRIEF-2) with age- and sex-adjusted norms from the Spanish general population. The paired Student's t-test or Wilcoxon test was calculated depending on whether the assumption of statistical normality was met. Statistical significance was set at $p \leq 0.05$.
Results: The only statistically significant change was observed in the *Backward* subscale of the *Digit Span* subtest (Wilcoxon's Z =