in neurotransmitter balance, oxidative stress, mitochondrial dysfunction and individual susceptibility to idiosyncratic reactions. Early diagnosis is challenging, necessitating a high clinical suspicion, neuroimaging and exclusion of other etiologies. Management strategies involve discontinuation of lithium, even when serum lithium levels are within the therapeutic range, supportive care, and, in severe cases, hemodialysis to reduce lithium levels rapidly.
Conclusions: Clinicians should maintain a high index of suspicion of lithium-induced encephalopathy, especially in patients presenting with neurological symptoms while on lithium treatment. Early recognition and intervention are essential for minimizing morbidity and preventing potentially irreversible neurological damage. Further research is needed to better understand the precise mechanisms underlying it, risk factors and to refine treatment strategies.

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EPV0110

Multifactorial etiology of manic episodes. About a case

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Introduction: Manic episodes have a multifactorial etiology, with frequent association with genetic factors, comorbidities such as systemic diseases or secondary to infectious diseases, and environmental exposure factors. The prevalence of bipolar disorder is markedly higher in patients with autoimmune disease. The risk of developing bipolar disorder in some studies has been seen to be higher among patients with rheumatoid arthritis, therefore chronic inflammation would be a potential mechanism and could be a modifiable risk factor for bipolar disorder. Growing evidence indicates that Sars-CoV-2 may also trigger the acute onset of mood disorders or psychotic symptoms.
Objectives: We present the case of a patient who presents symptoms compatible with an acute manic episode after an outbreak of rheumatoid arthritis and comorbid COVID infection.
Methods: 52-year-old patient. She went to the hospital emergency room presenting affective symptoms compatible with a manic episode and psychomotor agitation. Personal medical history: rheumatoid arthritis, antiphospholipid syndrome. Psychiatric personal history: Depressive disorder under follow-up by a private psychiatrist under treatment with antidepressants. During the interview, the patient presented accelerated speech, with great emotional incontinence. Saltigrade thought and tachypsychia. She verbalizes delusional ideas of megalomaniacal and mystical and religious characteristics. She verbalizes that she is the reincarnation of the holy spirit, that God has taken her body and speaks through her. In the emergency room, a Sars-CoV-2 infection that the patient was unaware of was diagnosed. She is admitted to the hospital in the mental health unit, in the first interviews the patient maintains speech with delusional ideas "I notice the stigmata of Christ on my body".
Results: The patient recovers after treatment for the COVID infection, remaining asymptomatic. It was decided to start lithium to stabilize mood and the patient presented good tolerance and treatment with antipsychotics. The patient presented a favorable response, remitting the psychotic symptoms of which she was critical and stabilizing the affective symptoms. The patient is diagnosed with Severe Manic Episode with Psychotic Symptoms, as the main diagnosis and we could conclude the diagnosis of Bipolar Disorder since she has presented 2 depressive episodes in the past that have required treatment and follow-up by psychiatry.
Conclusions: Manic episodes have a multifactorial etiology and require an individualized approach, and comorbid medical conditions must always be assessed in order to establish a therapeutic plan with patients.

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EPV0111

Carbamazepine-induced toxidermia: Case report and a literature review

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Introduction: Carbamazepine is effectively used in treatment of bipolar disorder for its thymoregulatory virtues, but it can induce numerous side effects, including skin eruptions that can be severe sometimes.
Objectives: To study the relationship between toxidermia and treatment with carbamazepine.
Methods: We report the case of a patient who developed a toxidermia following the intake of carbamazepine.
Results: Mr. AD, 19 years old, with medical history of diabetes, has been diagnosed with bipolar disorder since the age of 17. He was initially treated with risperidone with an irregular follow-up.
He was hospitalized in our department for a manic episode with psychotic features with agitation and refusal of treatment.
The patient was put on injectable treatment 15 mg/day of Haloperidol and 20 mg/day of diazepam.
After 5 days in hospital, we switched to the oral route, gradually increasing haloperidol doses to 30mg, reducing diazepam doses and introducing carbamazepine for thymoregulatory purposes.
Carbamazepine was progressively increased up to a dose of 800mg per day.
Fourteen days after the introduction of carbamazepine, the patient presented a generalized rash requiring the discontinuation of this medication. He was treated with an anti-histamine and local corticosteroids, on the advice of dermatologists.
In the days following discontinuation of carbamazepine, skin lesions regress and then disappear.
Biologically, we observed a rise in eosinophilic polynuclear cells to 580, followed by a gradual decrease after stopping the treatment.
A pharmacovigilance opinion was sought, concluding that carbamazepine was responsible for the toxidermia, given the delay in