

**EPV0845****Psoriasiform rash after initiation of treatment with olanzapine and carbamazepine.**

M. Abdelkefi\*, F. Guermazi, H. Trigui, R. Masmoudi, I. Baati and J. Masmoudi

psychiatry A, Hedi Chaker university hospital, sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2148

**Introduction:** olanzapine and carbamazepine are effectively used in treatment of schizoaffective disorder but they can have numerous side effects including skin eruptions that can be severe sometimes.

**Objectives:** To study the relationship between toxidermia and treatment with Olanzapine and Carbamazepine.

**Methods:** We report the case of a patient who developed a psoriasiform skin rash following the intake of Olanzapine and Carbamazepine.

**Results:** Mrs SL, 46 years old, with no prior medical or surgical history, has been diagnosed with schizophrenia since the age of 26. She was initially treated with Haloperidol and Risperidone with an irregular follow-up. Then, due to the emergence of mood disorder symptoms, the patient was put on 20 mg/day of Olanzapine and 400 mg/day of carbamazepine. One month later, the patient presented a generalized rash requiring the discontinuation of the current medications. She was treated with corticosteroids, and then she was referred to our department to make the appropriate adjustment of her psychiatric treatment.

In view of the persistence of a dry erythroderma with erosive lesions of scratching and palmoplantar keratoderma, a skin biopsy was performed showing a psoriasiform and eosinophilic dermatosis that could be consistent with a toxidermia. The pharmacovigilance investigation concluded the incrimination of Olanzapine and carbamazepine in this symptomatology and recommended to avoid their prescription for this patient.

The need for a mood stabilizer presented us with a challenge, particularly in view of the potential risk of cross-toxicity. We opted for the reintroduction of Risperidone with strict monitoring of the skin condition.

**Conclusions:** Each prescribed drug must be considered as potentially capable of causing cutaneous reactions as an adverse effect. Both the prescriber and the patient must be made aware of this phenomenon.

**Disclosure of Interest:** None Declared

**EPV0846****Visual hallucinosis and Linezolid use: A case report.**

M. Fernández Fariña\*, C. E. Regueiro Martín-Albo, M. E. Expósito Durán, F. Mayor Sanabria and Í. Alberdi Páramo

Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2149

**Introduction:** We present the case of a 78-year-old man with multiple somatic pathologies and associated depressive symptoms,

under treatment with Citalopram 10mg, who was admitted due to cholangitis secondary to biliary prosthetic obstruction.

Empirical antibiotic treatment with Meropenem and Linezolid was started, along with an increase in the dose of Citalopram to 20mg due to mood worsening. The patient begins with symptoms consisting of complex and polymorphic visual hallucinosis, without any affective or behavioral repercussions. He does not present another semiology of the psychotic sphere.

**Objectives:** To highlight the importance of knowing the different interactions and adverse effects of drugs for good clinical management.

**Methods:** We collected the complete medical history of our patient and we carried out a review of the interactions and adverse effects described with the antibiotic drug Linezolid.

**Results:** As the onset of hallucinations was temporarily correlated with the use of medications, drug-induced hallucinations were suspected, resolving completely after 2 days after withdrawal of Linezolid treatment.

Linezolid is a nonselective inhibitor of MAO A and B, preventing the destruction of monoamine neurotransmitters like serotonin, dopamine, or norepinephrine. It has dopaminergic properties that may enhance the central nervous system effects of anticholinergics and co-prescription with serotonergic drugs increases the risk of serotonin syndrome.

**Conclusions:** This case highlights the importance of taking into account drug interactions and adverse effects to reduce the risk of drug induced symptoms and optimize their management.

The increase in resistance to antibiotic treatment allows us to anticipate that the use of Linezolid will increase in the coming years, and it is important to know its mechanism of action given the interactions with psychotropic drugs that we use in our usual clinical practice

**Disclosure of Interest:** None Declared

**EPV0847****Mydriasis caused by ESCITALOPRAM: A case report**

N. Bouattour\*, W. Bouattour, N. Messedi, F. Charfeddine, L. Aribi and J. Aloulou

Psychiatry B, Hedi Chaker University Hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2150

**Introduction:** Serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants thanks to the overall safety and tolerability spectrum. However, they can cause different side effects that not all of them are well identified.

**Objectives:** We intend to clarify the clinical presentation of mydriasis caused by Escitalopram.

**Methods:** Reporting the case of a patient suffering a major depressive disorder, that presented a mydriasis after adjusting her antidepressant medication. Then, we conducted a literature review using "PubMed" database and keywords "Mydriasis", "escitalopram", "SSRI", "side effects".

**Results:** A 29-year-old female with no past clinical history, presented in May 2021 a severe depression requiring an antidepressant treatment. Under 10 mg per day of escitalopram there was a partial remission of the symptoms, leading to increase the dose by another 10 mg. One month after taking 20 mg/day, she consults before the