Result Ongoing bodily feelings of disintegration/violation and nothingness/mechanization (e.g. one's body experienced as a object-like mechanism) are the most typical experiences in people with schizophrenia whereas major depressives are not able to detach themselves from the experience of bodily failure or chrematization (from chrema = corpse, i.e., feeling like a corpse) and therefore, feel worthless, guilty, or decaying. They feel chrematized in their very self.
Conclusion These experiences might be considered as specific and they can contribute to differential diagnosis of somatic complaints in schizophrenia and in major depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV983

Psychosis in a blindness patient: A case report

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Introduction Using a clinical case as illustration, the present work engages the different psychopathologic alterations that blindness patients could present.
Methods The presentation and discussion of a clinical case of psychosis in a blind patient are addressed. The scientific documentation used as support was obtained from PubMed/Medline search engines using as keywords blindness and psychosis.
Results A 43-years-old male patient, with a medical history of arterial hypertension, heroine dependence (presently with methadone schema) and bilateral blindness caused by a bilateral retinal detachment 20 years ago, was admitted in the psychiatric ward. The patient's historical record includes a previous personality with paranoid characteristics, as well as a hospitalization due to persecutory and auto-reference ideas and kinaesthetic hallucinations with 1 month of evolution, coincident with address changes. Lab tests revealed the following results: haemoglobin 13.8; Leucocytosis 13,400; CRP: 6.2; ALT > AST. Positive results were obtained in the drug tests for cannabinoids, as well as for the anti-HCV antibody (IgG). Finally, the patient was medicated with an antipsychotic and humour stabilizer, achieving a significant improvement after 10 days of hospitalization.
Conclusions Although studies reveal that mental and behavioural disorders, especially those with symptoms of psychosis and mental retardation, are common among people with congenital blindness, more knowledge of the prevalence and aetiology of mental and behavioural disorders among people suffering from blindness is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV984

Cycloid psychosis: A case report

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Introduction Episodes of time-limited acute psychosis, with full recovery in between, are categorized as acute polymorphic psychotic or brief psychotic disorders. Leonhard described the three forms of cycloid psychosis (CP). Perry considers it a separate entity.
Case report We report the case of a 54-year-old male, with a 9-year history of brief psychotic disorders. He was admitted to an inpatient unit after a 4-day episode of persecutory delusion, leading to high emotional repercussions and isolation at home. Euthymia was present. Previous admissions, 9 and 5 years before, presented similar clinical pictures. Treatment with low dose paliperidone during 6-month periods had led to the complete resolution of the episodes (restitutio ad integrum: no psychotic manifestations and the ability to run his business). In this episode, 8 days after the reintroduction of 12 mg of paliperidone per day, cessation of the symptoms took place. Careful reconstruction of the clinical history showed no stressors or drug consumption. And immediately previous 5-day phase of insomnia, hyperactivity and expenditure was described by the patient's wife.
Discussion Three inpatient admissions, a careful clinical history and a thorough review of the evidence regarding Perris criteria led to a diagnosis of CP.
Conclusion CP, a classical nosological approach, is helpful in a clinical setting, as it might imply different prognosis and treatment. Recognition of CP, not included as an entity by the major diagnostic systems, requires a high index of suspicion.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cryptococcal meningitis in acute onset psychosis: A case-study

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Introduction Cryptococcal meningitis is a frequently observed opportunistic infection in patients with late-stage HIV-infection, especially among people living in South-East Asia and Central Africa. The worldwide incidence is estimated at one million cases. The worldwide mortality of HIV-associated cryptococcal meningitis remains high (10–30%), due to the inadequacy of antifungal treatments and complications of increased intracranial pressure. Clinical symptoms of cryptococcal meningitis are fever, headache, vomiting, and altered mental status. Neck stiffness, papiledema, and focal neurological symptoms are sometimes present.
Objectives We describe the case of a patient who first developed a delirium, and a few months later an acute-onset psychosis, after a past cryptococcal infection.
Aims To report a case-study describing acute-onset psychosis as a neuropsychiatric consequence of HIV-infection.
Methods A case-study is presented and discussed, followed by a literature review.
Results A 49-year-old African-born male was admitted to hospital with an acute psychosis. He had been treated by an internist after being found to have HIV. As a result of non-compliance over a period of about four months, his cd4-count had dropped to 40. Six months earlier he had developed cryptococcal meningitis, which left him a number of neurological and psychiatric symptoms. During his stay in hospital, there had to be good collaboration with the specialist in internal medicine whose dual task was to manage the patient's dramatically low cd4-count as well as his psychosis.
Conclusion Cryptococcal meningitis is a risk factor for psychiatric disorders and mortality in HIV-infected persons.
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