

## EPV0167

## Post-Colectomy Cacosmia: The Role of Anxiety and Sensory Distortion in Postoperative Recovery

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**Introduction:** Cacosmia, the perception of neutral odors as foul, is an unusual and distressing postoperative complication. This case focuses on a 66-year-old female who experienced cacosmia after a colectomy, raising questions about the role of anxiety in postoperative sensory distortions. While colectomy is commonly associated with physiological complications, emerging research indicates that psychological factors, particularly anxiety, may influence sensory processing. Addressing these interactions is crucial for improving outcomes in patients with psychiatric comorbidities undergoing surgery.

**Objectives:**

1. To examine the influence of pre-existing anxiety on the development of sensory distortions, specifically cacosmia, following colectomy.
2. To investigate the relationship between the gut-brain axis and psychological factors, including anxiety, in the context of postoperative recovery.
3. To highlight the gaps in the literature regarding sensory distortions in surgical patients and to propose potential areas for future research.

**Methods: Patient:** A 66-year-old female with a history of anxiety disorder developed cacosmia two weeks after undergoing colectomy.

**Symptoms:** She reported that food smelled like feces despite normal postoperative recovery and the absence of physical abnormalities.

**Literature Review:** a search was conducted using databases such as PubMed and Scopus with terms like *cacosmia*, *postoperative sensory distortion*, *anxiety and surgery*, and *gut-brain axis*. Articles exploring the relationship between anxiety and sensory distortions in surgical patients were included.

**Results: Gut-Brain Axis:** The gut-brain axis is essential in regulating emotions and sensory processing. Disruptions from surgery can affect neurotransmitters, contributing to both anxiety and sensory misinterpretations like cacosmia. **Anxiety's Role:** Anxiety is known to heighten sensory perception. The patient's pre-existing anxiety likely amplified her awareness of sensory stimuli, leading to distorted odor perceptions.

**Literature Gap:** While the role of anxiety in surgical recovery is recognized, there is a lack of research specifically addressing sensory distortions like cacosmia in the postoperative period.

**Conclusions:** This case underscores the importance of considering psychological factors, especially anxiety, in postoperative sensory distortions like cacosmia. The interaction between the gut-brain axis and sensory perception in anxious patients highlights the need for a more comprehensive, multidisciplinary approach to postoperative care. Current gaps in the literature suggest a need for future research on how anxiety and sensory processing intersect after surgery. Investigating preoperative interventions such as cognitive-behavioral therapy (CBT) or pharmacotherapy may help mitigate sensory distortions and improve postoperative recovery outcomes in patients with anxiety.

**Disclosure of Interest:** None Declared

## EPV0166

## A Case of Emetophobia Responding to Selective Serotonin Reuptake Inhibitors: Implications for Treatment

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**Introduction:** Emetophobia, an intense and disproportionate fear of vomiting, is a chronic and debilitating condition characterized by the avoidance of situations or activities that may increase the perceived risk of vomiting. It is often accompanied by an overwhelming fear of losing control, becoming severely ill, or being perceived as repulsive by others. Treating emetophobia is particularly challenging, primarily due to the difficulties in implementing exposure-based interventions effectively. Data on the pharmacological management of emetophobia is limited, with only a few case reports in the literature suggesting potential benefits from selective serotonin reuptake inhibitors (SSRIs).

**Objectives:** With this case report we aim to describe a case of emetophobia treated with an SSRI.

**Methods:** Description of a clinical case of a patient with emetophobia observed in a psychiatric outpatient consultation.

**Results:** We present the case of a 21-year-old male with a one-year history of emetophobia. At the time of consultation, he was unemployed, having recently completed a computer engineering degree. He had no relevant past medical history and was not on any regular medication. The patient was referred for psychiatric evaluation after three years of psychotherapeutic treatment for generalized anxiety disorder. His anxiety symptoms worsened one year prior after an episode of vomiting, which triggered a fear of recurrence. This fear led to restrictive eating, resulting in a 10 kg weight loss over the preceding year (current weight: 63 kg), and significant social avoidance due to the fear of vomiting in public. Physical and neurological examinations revealed no abnormalities. Routine blood tests, urinalysis, and urine drug screening showed normal results. Given the limited efficacy of prior psychotherapeutic interventions, pharmacotherapy with escitalopram 10 mg daily was initiated. After one year of follow-up, the patient reported substantial improvement in anxiety symptoms and avoidance behaviors related to his fear of vomiting. He was able to resume normal eating patterns and gained 5 kg during this period.

**Conclusions:** This case highlights the potential efficacy of SSRIs, specifically escitalopram, in the treatment of emetophobia. After one year, the patient showed significant improvement, with the return of normal eating patterns and weight gain. While exposure-based interventions remain a cornerstone of treatment for specific phobias, pharmacological options like SSRIs can serve as a valuable adjunct, especially in cases with comorbid anxiety disorders. Further research is needed to better understand SSRIs' role in managing emetophobia and refine treatment strategies for this complex condition.

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