

and right frontotemporal epileptic-like features while the patient was free of clinical seizures. Carbamazepine was initiated and titrated up to 1200mg daily leading to the full remission of the initial clinical symptoms along with the EEG findings' improvement. The patient remained stable with his functionality at its utmost recovery during the two-years follow-up evaluations.

**Conclusions:** TBI induced epilepsy might be under-diagnosed in the absence of clinical seizures leading to the mistreatment of the associated psychiatric disorders that could be the only clinical presentation of the underlying pathology.

**Disclosure:** No significant relationships.

**Keywords:** epilepsy; TBI; carbamazepine; affective disorders

## EPV0245

### Characterization of neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.

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**Introduction:** Huntington's disease (HD) is a rare (1-9/100 000), inherited disease characterized by an elongated CAG repeat on chromosome 4p, leading to a degeneration of neurons. Also, psychiatric symptoms are very common in the early stage and may appear before motor symptoms.

**Objectives:** To characterize neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.

**Methods:** Data obtained from clinical records of individuals with HD (motor-manifest or pre-motor with triplets count) evaluated for ENROLL-HD project in the Group of Neuroscience of Antioquia. We explored variables related to substances abuse, neuropsychiatric symptoms, the respective age of onset, sex, and triplet count when available.

**Results:** Twenty-six (53%) were women, 8% had a familiar history of psychotic illness in a first-degree relative and 88% presented motor symptoms. Also, 59% had a history of depression, 53% irritability, 57% aggressiveness, 34% apathy, 29% perseverative/obsessive behavior, 14% psychosis, and 30% mild cognitive impairment. Ten individuals (20%) had motor without neuropsychiatric symptoms. Also, thirty-seven individuals (76%) presented motor and neuropsychiatric symptoms; of these, 41% had neuropsychiatric symptoms before motor symptoms. No psychiatric symptoms were associated with the use of alcohol, cigarettes, or drugs of abuse.

**Conclusions:** Neuropsychiatric symptoms are highly prevalent among individuals with HD and studies oriented to create relevant knowledge for the development of advice oriented to people with this disease are necessary.

**Disclosure:** No significant relationships.

**Keywords:** Huntington's disease; Motor symptoms; Neuropsychiatric symptoms; Chorea

## EPV0246

### Wernicke Encephalopathy: A case report.

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**Introduction:** We report a case of a 56-year old woman with a history of depressive disorder between 2012 and 2017 achieving full remission after treatment with antidepressants and anxiolytics. In the year 2021 was presented to the emergency department manifesting alteration of behavioral patterns, ataxia, mental confusion and horizontal nystagmus. A chronic alcohol abuse was also discovered while interviewing. She also exhibited low mood, anterograde amnesia and confabulations that improved rapidly after following treatment with thiamine.

**Objectives:** Reviewing clinical manifestations and treatment of Wernicke encephalopathy and the development of Korsakoff syndrome.

**Methods:** We systematically reviewed articles using PubMed.

**Results:** Wernicke encephalopathy is a well-known complication of thiamine deficiency, mostly associated with alcohol use disorder. Classically, the syndrome comprises changes in mental status, gait ataxia and ophthalmoplegia. However, the full triad has been described in only 10-17 % of cases, which in our the case is report. After the diagnosis was established and was treated with thiamine, a rapid improvement in the patient's clinical status was observed. Cognitive impairment was later identified, taking into account the possibility of a Korsakoff syndrome characterized by irreversible brain damage and subsequent loss of anterograde memory. In our patient, this specific diagnosis was dismissed due to the clinical improvement after thiamine treatment.

**Conclusions:** It is relevant to emphasize the importance of a precise diagnosis and treatment of patients with Wernicke Encephalopathy to avoid the development of a Korsakoff syndrome.

**Disclosure:** No significant relationships.

**Keywords:** Wernicke; Korsakoff; alcohol; thiamine

## EPV0247

### Behavioural Variant of Frontotemporal Dementia or Mood Disorder?

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**Introduction:** The behavioural variant of frontotemporal dementia (bvFTD) is a devastating neurodegenerative syndrome with its peak in the early sixties at about 13 per 100,00. The diagnosis of bvFTD relies on clinical assessment as patients present executive and behavioural deficits, like apathy, loss of motivation and personality changes. Current diagnosis criteria lack specificity and symptomatic overlap between bvFTD and primary psychiatric disorders