Subjects and methods: The cross-sectional part of the study investigates the patterns of sensory abnormalities in 50 children with ASDs (age 2.5 to 5 years) assessed with the Sensory Profile questionnaire. As secondary outcomes, we are looking for differences between these patterns in the severity of social and communication symptoms (social affect score in the ADOS, Vineland Adaptive Behavior Scale) and in the global development impairment (PEP-R). Among these children, those aging 2.5 to 3.5 years will be enrolled in a follow-up study. The different measures will be repeated after two years, to show whether different clinical trajectories can be observed and whether they are associated with different sensory patterns in the initial clinical presentation.

Results: First results of the cross-sectional part reveal that different patterns of sensory anomalies are correlated to different degrees in the severity of ASDs and tend to discriminate different populations in children with ASDs.

Conclusions: Sensory anomalies are core symptoms of ASDs and are an essential parameter in the early evaluation process of very young children with ASDs.

Keywords: autism – sensory – severity - early signs

NEUROLEPTIC MALIGNANT-LIKE SYNDROME AFTER SURGERY IN A PATIENT TAKING LEVODOPA

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Background: We present a case of a patient with symptoms indicative of neuroleptic malignant syndrome after sudden dopaminergic agents withdrawal.

Subjects and methods: A search of the literature up to December 2013 was performed using the MEDLINE search engine. English-language articles, with no restriction regarding the type of articles, were identified using the search terms: levodopa withdrawal, neuroleptic malignant-like syndrome, neuroleptic malignant syndrome, Parkinson's disease.

Results: A 85-years old male patient with an history of Parkinson's disease was admitted via the emergency department for an Acute abdomen and subsequently found to have appedicitis. Following the emergent Appendectomy his usual dopaminergic agents (l-dopa - pramipexole) were held due to complications following the surgery. The consultation/liaison psychiatrist was called following agitation and acute confusion. Upon examination the patient was found to have acute confusion, fever of 39°C, rigidity, elevated creatinine kinase (>2000 Ul/L) and acute renal impairment due to rhabdomyolysis. The symptoms were consistent with neuroleptic malignant-like syndrome (NMLS) likely associated to L-dopa withdrawal. The patient was immediately transferred to the Intensive Care Unit were Nasogastric L-Dopa was the therapy that was initiated.

Conclusions: We want to underline the importance of the pathophysiological mechanism that implies the reduction of availability of dopamine for the D-2 receptors, that can follow the interruption of dopaminergic medication in patients suffering of Parkinson's disease. Early recognition and quick decision making can increase the outcomes of a condition that still has a fatal potential. We believe that this can be a useful tool for consultation/liaison psychiatrists in the general hospital.

Key words: levodopa - neuroleptic malignant-like syndrome - substance withdrawal syndrome