


### CR51 The effect of art therapy on the degree of depression and the outcomes of Parkinson's disease treatment

Lorena Loje<sup>a</sup>, Tea Kržak<sup>a</sup>, Srđana Telarović<sup>a,b</sup>

<sup>a</sup> School of Medicine, University of Zagreb, Zagreb, Croatia

<sup>b</sup> Department of neurodegenerative diseases, Department of Neurology, University Hospital Centre Zagreb, Zagreb, Croatia

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 Lorena Loje 0009-0004-5081-3090, Tea Kržak 0000-0001-8897-5838, Srđana Telarović 0000-0002-1287-6144

**KEYWORDS:** art therapy; depression; multimodal approach; Parkinson's disease

**INTRODUCTION/OBJECTIVES:** According to various studies, depression occurs in a large percentage of patients diagnosed with Parkinson's disease (PD). In some cases, it appears as the first symptom and significantly impairs the patient's quality of life.

**CASE PRESENTATION:** A 55-year-old patient presents for the first time to the Outpatient Clinic for Extrapyrimal Diseases with clumsiness and tremors of the right limbs, along with a change in handwriting and motorical ineptness. Upon the diagnosis of PD, the patient is assessed as having 2.5 degrees of severity on the Hoehn&Yahr (H-Y) scale and scored a result of 34 on the Beck Depression Inventory (BDI) II scale which suggests a severe depressive state. The treatment for depression was started with maprotiline chloride, and PD treatment with ropinirole, amantadine, and selegiline, and in the later course with the addition of levodopa/benserazide, alongside a recommendation for art therapy. In the same year, the patient begins painting daily. The patient attended her control examinations regularly. Five years later, subjective and objective improvement is noted - 10 points on the BDI II scale and 2 with H-Y which confirms significant improvement in her mental and neurological state. The patient continued with art therapy, which further developed into work and occupational therapy, and there is no longer need for pharmacological therapy for depression.

**CONCLUSION:** Art therapy has proven to be a significant complementary tool in the treatment of depression in patients with PD, and as part of a multimodal approach enables comprehensive care.


### CR52 Left ventricular pseudoaneurysm of the inferior wall with thrombus: diagnosis and management

Laura Carla Kraljević<sup>a</sup>, Matija Marković<sup>b</sup>

<sup>a</sup> School of Medicine, University of Zagreb, Zagreb, Croatia

<sup>b</sup> Department of Cardiology, University Clinical Hospital Merkur, Zagreb, Croatia

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 Laura Carla Kraljević 0009-0002-9049-0236, Matija Marković 0000-0002-2852-3730

**KEYWORDS:** diagnosis; heart aneurysm; thrombus

**INTRODUCTION/OBJECTIVES:** Left ventricular pseudoaneurysm is rare and life-threatening condition which can happen after untreated myocardial infarction, cardiac surgery, infection or trauma. It is formed when cardiac wall rupture is contained by adherent pericardium, scar tissue or thrombus and is prone to rapid enlargement and rupture. The diagnosis is difficult and it carries a high mortality rate.

**CASE PRESENTATION:** A 82-year-old woman with hypertension came to the emergency care and presented with a two week history of difficulty breathing, orthopnea and stenocardia a week before symptoms started. The electrocardiogram (ECG) showed sinus rhythm, ST-elevation and Q-wave in inferior leads. The patient presented with a regular pulse rate of 91 bpm and blood pressure of 130/90 mmHg. The transthoracic echocardiography showed dilated right heart with severe pulmonary hypertension and left ventricular pseudoaneurysm of the inferior wall with thrombus. Multi-slice chest computed tomography (MSCT) excluded pulmonary embolism but confirmed signs of pulmonary hypertension. The patient was hospitalized for heart failure and left ventricular pseudoaneurysm treatment. She was treated with diuretic, ACEi, beta-blocker, low-molecular-weight heparin with a gradual introduction of warfarin. With this treatment, her clinical condition improved, and she was stable, both hemodynamically and respiratory. She refused surgical treatment of pseudoaneurysm.

**CONCLUSION:** Left ventricular pseudoaneurysm is rare condition nowadays in the era of good treatment of myocardial infarctions, but it shouldn't be overlooked. Prompt diagnosis, prevention of complication and heart team evaluation is crucial. Surgical treatment bears high mortality rate, and in rare cases even conservative approach is possible after shared decision making with the patient.