individuals. Although the gastrointestinal tract is the target of autoimmune insult, celiac disease is also associated with extra-intestinal problems: autoimmune disorders, malignancies, dermatologic conditions, rheumatologic conditions, neurologic and psychiatric disorders. The psychological symptoms are one of the most interesting and unexpected presentations, which may be the result of nutrient malabsorption or increased levels of proinflammatory cytokines.

Case report We present the case of a 15 year old adolescent girl with a history of autoimmune thyroiditis on replacement therapy with levothyroxine, who was hospitalised because of behaviour disorders and oligobradimenorrhea. On clinical examination the patient presented drowsiness, sudden behavioural changes, learning problems, bradylalia and a tendency to isolate herself. Blood tests showed positive anti-TG2 antibodies (>10x normal) and EMA antibodies. HLA typing was also performed and was positive for HLA-DQ2 cisi: DQA1*05 - DQB1*02 - DRB1*03. On the psychiatric consult she was diagnosed with a minor depressive syndrome. She was immediately started on a gluten free diet. Although she showed low compliance to the diet on the follow-up examinations, removing gluten resulted in positive effects on the psychiatric symptomatology. We would also like to add that the patient refused the oesophagogastroduodenoscopy and psychological counselling.

Conclusion Recent studies have shown an association between celiac disease and psychiatric conditions, especially depression. Medical personnel should be aware of this atypical presentation of the disease in order to correctly diagnose and treat celiac disease. Also, psychiatric patients who are resistant to traditional therapy should be investigated for celiac disease in case they also present symptoms of CD or if a positive family history exists.

**P123** MATERNAL PERNICIOUS ANAEMIA ASSOCIATED WITH ANOREXIA AND KETOTIC HYPOGLYCAEMIA IN A CHILD WITH METHYLMALONIC ACID AND OROTIC ACID EXCRETION IN THE URINE – A CASE REPORT

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A 5 year old boy presented to the Emergency Department with a 1 day history of evolving right sided hemiparesis and drooling on a background of primary varicella infection 3 months previously. No other significant medical history. No significant family history.

On examination GSC 15/15, vitals were stable. Cardiovascular, respiratory, gastrointestinal, ENT examinations were unremarkable. Neurological examination; speech was normal, on mobilizing hiright leg dragged along floor. No ataxia or foot drop were noted. Cranial nerves II – XII grossly intact. Muscle bulk, tone and reflexes all normal. Reduced power 3/5 in the right upper and lower limbs.

Investigations FBC, U+E, LFT, Coagulation all normal. CSF VZA DNA detected, VZV IgG>100 mIU/ml. CT and MRA brain

No abnormality identified. MRI Brain: Acute Left sided ischemic stroke – affecting the left subinsular region and the posterior limb of the left internal capsule.

Diagnosis Arterial ischaemic stroke secondary to varicella vasculitis

**P124** ARTERIAL ISCHAEMIC STROKE SECONDARY TO VARICELLA VASCULITIS

Catherine Covre*. Galway University Hospital, Galway, Ireland

A 5 year old boy presented to the Emergency Department with a 1 day history of evolving right sided hemiparesis and drooling on a background of primary varicella infection 3 months previously. No other significant medical history. No significant family history.

On examination GSC 15/15, vitals were stable. Cardiovascular, respiratory, gastrointestinal, ENT examinations were unremarkable. Neurological examination; speech was normal, on mobilizing hiright leg dragged along floor. No ataxia or foot drop were noted. Cranial nerves II – XII grossly intact. Muscle bulk, tone and reflexes all normal. Reduced power 3/5 in the right upper and lower limbs.

Investigations FBC, U+E, LFT, Coagulation all normal. CSF VZA DNA detected, VZV IgG>100 mIU/ml. CT and MRA brain

No abnormality identified. MRI Brain: Acute Left sided ischemic stroke – affecting the left subinsular region and the posterior limb of the left internal capsule.

Diagnosis Arterial ischaemic stroke secondary to varicella vasculitis