child health and future life, personal health and future life, and acceptance. Significant moderate associations were found between reported concerns and other constructs that are consistently related to this variable in the literature, namely the importance of parenting and symptoms of anxiety and depression.
Conclusions: The original structure of the scale was not corroborated. However, this study suggests the promising character of the Portuguese version of the RCAC-M as a reliable and valid tool for assessing the reproductive concerns of male cancer survivors.

Disclosure of Interest: None Declared

EPP0535

A case of steroid induced psychosis in a patient with mediastinal lymphoma

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Introduction: Corticosteroids are a key part of many cancer treatment regimens and neuropsychiatric side effects have long been recognised. Steroid-induced psychosis is a disorder classified under substance or medication-induced psychosis in the *Diagnostic and Statistical Manual of Mental Disorder, 5th edition.* Management strategies include treatment with antipsychotic medication and reducing corticosteroid dosage.
Objectives: To describe the case of steroid induced psychosis in a patient with mediastinal lymphoma and provide a concise literature review.
Methods: Clinical case report and brief literature review.
Results: 27-year-old male with a diagnosis of Stage IV Primary Mediastinal Lymphoma according to the Ann Arbor classification was admitted to the Haematology ward for chemotherapy treatment (R-DA EPOCH). Two days after admission the patient developed acute psychotic symptoms consisting of thought block, kinaesthetic hallucinations, and delusions. Prior to admission, the patient had been on corticosteroid treatment for two months (up to 8mg/day of dexamethasone), with a significant dose increase (up to 200mg/day of prednisone) at the beginning of chemotherapy treatment two days prior to symptom development. The patient had no personal or family history of mental health issues, no substance misuse and had not received any psychopharmacological treatment prior to admission.
Medical evaluations including a cranial CT scan, an MRI, EEG, blood tests and lumber puncture were all within normal parameters, discounting organic or metastatic causes for the symptoms.
Considering a potential episode of steroid-induced psychosis, the patient was started on olanzapine at a dosage of 10mg per day. The patient exhibited a positive response, with symptoms alleviating within 24 hours of the initial dose. In terms of corticosteroid therapy, haematologists adjusted the prednisone regimen to 100mg per day, and due to the encouraging progress, the olanzapine dosage was subsequently reduced to 5mg per day.
Conclusions: This case underscores the importance of considering the possibility of steroid induced psychosis as a differential diagnosis specially in patients on high dose steroids presenting with psychotic symptoms. A multidisciplinary approach is crucial to ensure optimum treatment and care.

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EPP0536

I smell something weird - Ictal olfactory hallucinations in patients with primary brain tumors

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Introduction: Ictal olfactory hallucinations (the experience of a smell due to a focal seizure in the absence of an environmental stimulus for the sensation) are rare. They often appear in a context of a brain tumor located in the orbitofrontal or mesotemporal region. However, their accurate prevalence, etiology and anatomical origin remains unclear, as few studies focused on this type of seizures specifically.
Objectives: To evaluate the clinical, neurophysiological and imaging characteristics of patients with brain tumors and olfactory seizures.
Methods: We present a 3-year retrospective patient record study carried out at the Portuguese Institute of Oncology in Lisbon. Clinical records of 572 patients admitted due to a primary Central Nervous System (CNS) tumor, for their first neuro-oncology appointment, between July 2020 and July 2023, were reviewed.
Results: 8 patients with olfactory seizures were identified. Five were men. The mean age was 57.75 (ages between 15 and 70 years old). In seven patients, olfactory seizures constituted the initial clinical presentation of the tumor. In two patients, focal olfactory seizures had progression to bilateral tonic clonic. Most seizures were perceived as unpleasant (smells of metal, ammonia, "hot blood", "dead bodies" were described). Tumors involved the temporal lobe in all patients, the insula in two of them and, for the majority, the lesion was right-sided. Six patients were diagnosed with Glioblastoma IDH wildtype (Grade 4, WHO), one patient with Oligodendroglioma, IDH-mutated and 1p/19q-codeleted (Grade 2, WHO) and the pediatric patient with a diffuse pediatric type high-grade glioma, H3 and IDH wildtype. The average follow-up time was 6.8 months, two patients died.
Conclusions: This is the first retrospective study carried out in Portugal that documents the prevalence of olfactory seizures in patients with primary CNS tumors. Given the scarce literary evidence, we consider that olfactory seizures may be more frequent than documented, particularly in the presentation of brain tumors. As so, active semiological investigation may contribute to an earlier diagnosis.

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