Poster Abstracts:

Students from Community Of Support

COS-1 to COS-5

Booklet pages 221-226
ACCURACY OF DIAGNOSTICS IN TEGUMENTARY LEISHMANIASIS: A SYSTEMATIC REVIEW

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Introduction: Tegumentary leishmaniasis (TL) is characterized by cutaneous and mucocutaneous ulcerative skin lesions, caused by Leishmania parasites, that can potentially disfigure the midface. The clinical presentation of TL is similar to that of fungal and mycobacterial infections, thereby necessitating confirmatory diagnostics to inform appropriate treatment.

Objective: We aim to determine optimal methods to accurately and efficiently diagnose TL to improve diagnostic stewardship.

Methods: We searched five databases from inception to July 16, 2018 including Ovid MEDLINE, Embase, LILACS, Cochrane Library and Scopus with the following search terms: (“cut* leish*” OR “muc* leish*” OR “teg* leish*”) AND (diagnosis OR diagnostic accuracy OR sensitivity OR specificity OR stard OR test*) AND NOT (viscer*). All systematic reviews, diagnostic trials and observational studies were included. Titles, abstracts and full-texts are systematically double-screened by two reviewers with a tertiary arbitrator. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and Quality Assessment of Diagnostic Accuracy Studies (QUADAS) will be employed.

Results: 6745 papers were identified from the five databases and 4669 were retained after removing duplicates. 1278 papers remained for abstract evaluation (3391 removed) after title screening, where non-human, non-TL, non-diagnostic and case report articles were excluded. Abstract and full-text screening will be conducted. Data will be extracted from full-texts and assessed using QUADAS for selection and information bias.

Conclusion: TL cannot be distinguished from competing infectious etiologies clinically, thus necessitating confirmatory diagnostics. A knowledge synthesis of accurate diagnostic assays can provide insight into the optimal approach for TL confirmation and subsequently guide therapy.