

Reactivation of Tegumentary Leishmaniasis following Iatrogenic Immunosuppression: A Systematic Review of Secondary Prophylaxis

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Introduction

- Leishmaniasis is a neglected parasitic disease found in many parts of the world including the Middle East, the Mediterranean basin, the Arabian Peninsula, Africa and the Indian Subcontinent.
- Recent increases in human migration, travel and urbanization have caused importation into non-endemic areas.
- Immunosuppressive drugs prescribed to this patient population may favor reactivation and dissemination of *Leishmania* and poses a potential problem for rapid diagnosis and treatment for immune-related disorders or solid organ transplants in patients with a prior history of Leishmaniasis.¹

Objective: We aim to synthesize available information to guide clinical management of patients with latent Leishmaniasis undergoing planned iatrogenic immunosuppressive treatment.

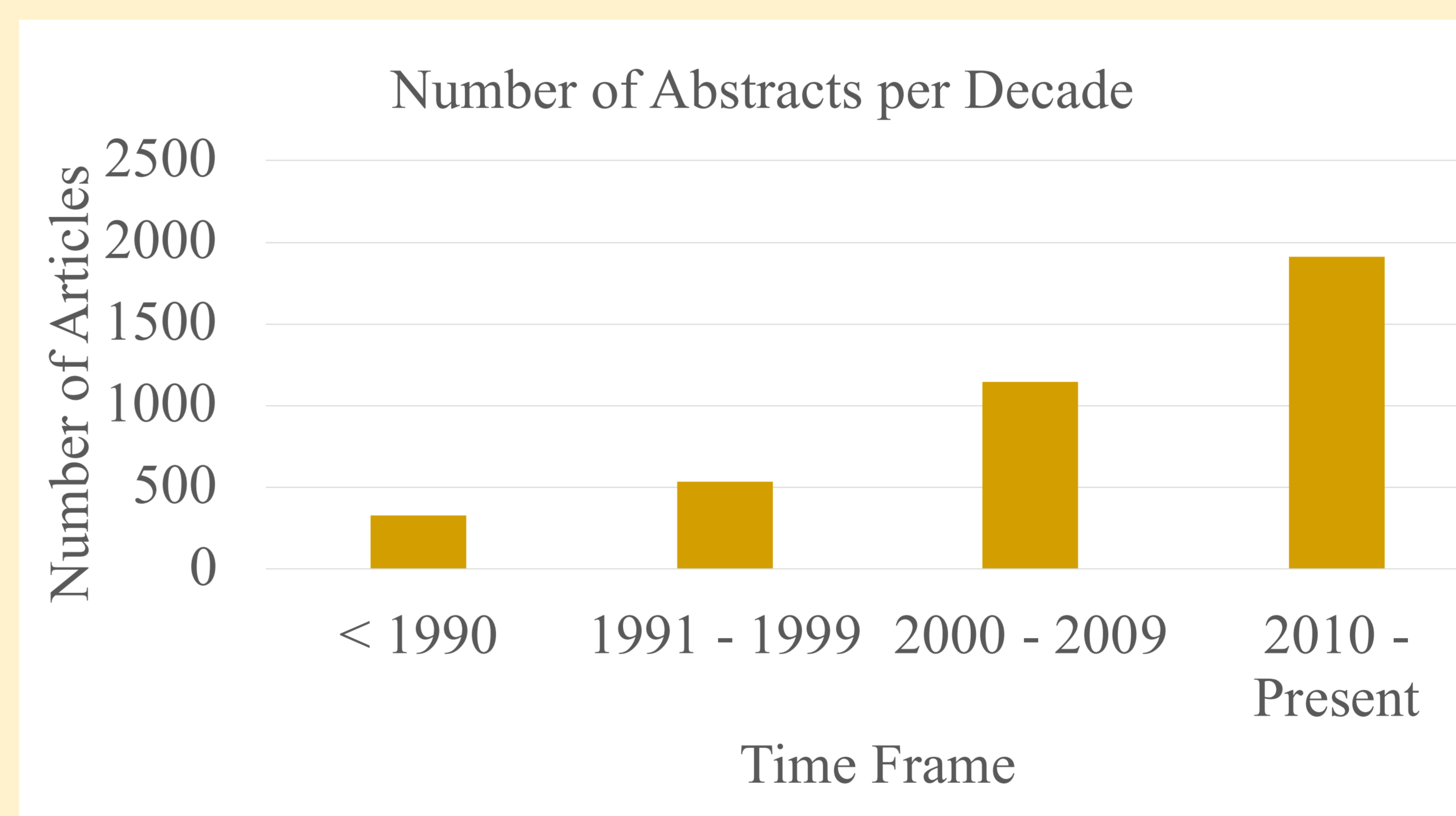
Methods

- PubMed (NCBI), Medline (OVID), Embase (OVID), Web of Science (BioSIS) and LILACS (VHL) were searched for between inception to July 10, 2019 with combinations of the search terms “Leishmania reactivation”, “Leishmaniasis” and “Immunotherapy”.
- The systematic review will include case series, case reports, cohort studies, clinical trials and relevant systematic reviews and meta-analyses.
- To assess the quality of the studies reporting therapeutic interventions, the GRADE approach will be utilized.²
- LILACS articles will be assessed by Spanish speaking individuals to ensure accurate rating of the inclusion and exclusion criteria.

Results



Figure 1: Workflow highlighting deduplication for title and abstract screening .



Coincident with increasing rates of iatrogenic immunosuppression, “diseases of affluence” are increasingly diagnosed in *Leishmania* endemic areas (eg. Cancer). An increasing body of literature is accumulating around this topic

Figure 2: Abstracts by time frame.

Discussion & Conclusions

- 4019 abstracts will be analyzed by immunosuppressive treatments and clinical outcome (Figure 1 and 2).
- Alterations to immunological control of latent protozoal infections through immunosuppression may lead to worse health outcomes and increased risks of visceralizing disease in those with initially benign *Leishmania* infections.
- Synthesizing current evidence on the effects of immunosuppressive treatments on active or latent Leishmaniasis can advance our understanding of the management of patients who are undergoing emergency or planned immunosuppression.

References

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