correlated with vertebral destruction, for this reason, patients with this finding should be more carefully follow-up.

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**SAT0402**  
LEISHMANIASIS IN PATIENTS ON TUMOUR NECROSIS FACTOR INHIBITORS TREATMENT

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**Background:** Tumour necrosis factor (TNF) plays a major role in defense against leishmaniasis. Despite widespread use of TNF inhibitors (anti-TNF) for several diseases, leishmaniasis has been a rare infectious complication so far in these patients. Recently, an increased prevalence of leishmaniasis in patients on TNF inhibitors has been reported.

**Objectives:** To describe a recent multicenter case series of leishmaniasis in patients with chronic inflammatory diseases treated with anti-TNF.

**Methods:** We reviewed the clinical history of a multicentric series of patients with chronic inflammatory diseases treated with anti-TNF, who were diagnosed with leishmaniasis between January 2013 and December 2017. Patients came from Rheumatology, Digestive and Dermatology departments of several hospitals in Valencia and Cataluña region. Demographic (age, sex) and clinical (inflammatory disease, comorbidities, current treatment, year of infection and leishmaniasis form) variables were collected. Anti-TNF withdraw, subsequent reintroduction and recurrence rate were recorded in two hospitals. Biologic drug dispensation trends from 2013 to 2016 and epidemiological data published by the Regional Ministry of Health of Valencia for the area where cases were most incident were analysed.

**Results:** 25 cases of leishmaniasis in patients treated with immunomodulators were identified: 7 on DMARD, 1 on tocilizumab and 17 on anti-TNF (7 infliximab, 4 adalimumab, 3 golimumab, 2 certolizumab, 1 etanercept). Regarding patients on anti-TNF, 2 cases were collected in 2014, 4 in 2015, 4 in 2016 and 7 in 2017. Three patients developed the visceral form, 13 the cutaneous form and 1 presented visceral and cutaneous involvement. Seven patients were males and 10 females, with an average age of 50 (SD14) years. One patient presented rheumatoid arthritis, 4 psoriatic arthritis, 1 undifferentiated spondyloarthropathy, 2 ankylosing spondylitis, 1 uveitis, 6 Crohn’s disease and 2 ulcerative colitis. Six patients presented other chronic disease (1 latent tuberculosis, 1 pyoderma gangrenosum, 1 psoriasis and 3 diabetes mellitus). In two hospitals (15 patients), anti-TNF treatment was withdrawn in 10 cases, and it was reintroduced after treating the infection in 5 cases. No infection recurrences have been indentified. Focusing on the area with the highest incidence of cases, despite the increase in anti-TNF use over the last years, its consumption was not parallel to the rise of leishmaniasis cases reported.

**Conclusions:** The disproportionate increase of leishmaniasis cases in patients with anti-TNF suggests the necessity to investigate and control other possible factors involved.

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**SAT0403**  
BLOOD B CELL SUBSET PROFILE DISTURBANCE IN WHIPPLE’S DISEASE

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**Background:** Technological advances have improved phenotypical characterisation of blood cells, and flow cytometry is currently used in haematology, infectious disease, systemic auto-immune diseases. Abnormalities of blood B cell subset profile might provide a useful diagnostic tool in systemic auto-immune diseases, especially for primary Sjögren’s Syndrome in which the activated B cells to memory B cells ratio is increased. Nevertheless, we observed that some patients suffering from chronic infection had lymphocytes disturbances similar to those observed in primary Sjögren’s Syndrome.

**Objectives:** Whipple’s disease (WD) is a rare, systemic, disease caused by intraacellular gram positive bacterium, *Tropheryma Whipplei* (TW). No previous study evaluated the role of B cells in WD. The aim of this study was to analyse whether the circulating blood B cell subset disturbances is characteristic of WD.

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