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diagnosis of papilledema with positive PCR to VZV in CSF (which is exceptional). We remark the importance of the early diagnosis to start a prompt treatment with both systemic acyclovir and topical or systemic corticosteroids.
Disclosure: Nthing to disclose.

EPO-588

The intestinal epithelium is one of the loci where primary HIV occurs

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Background and aims: The intestinal epithelium is one of the loci where primary HIV occurs.
Methods: 746 children under the age of 18 were studied. The children were divided into 3 groups: the 1st group included 261 HIV-infected children with acute diarrhea, the 2nd group included 238 HIV-infected children without diarrhea, and the 3rd group included 247 children with acute diarrhea without HIV infection. The diagnosis was made on the basis of clinical, serological, bacteriological, immunological, virological research methods.
Results: Violation of the intestinal microbiocenosis was noted in all children of the 1st group, in 94.1% of the 2nd and in 88.7% of the 3rd group. Bacteroides spp., <1010cfu/g in most cases was observed in the 1st group, compared with the 1st group in the 2nd group by 1.5 times, and in the 3rd group 1.5 times less often (68, 6%, 57.9% and 38.8%, respectively, $p<0.05$). Indicators of Bifidobacterium spp. <109CFU/g, Lactobacillus spp.<107CFU/g and E. coli lac+ <107 CFU/g in comparable groups, there were no significant differences, only among the 1st and 3rd groups there were significant differences ($p>0.05$) .
Conclusion: In all HIV-infected children with acute diarrhea, a violation of the microbiocenosis of the intestine develops and profound changes are noted in the indicators of the obligate microflora.
Disclosure: Nothing to disclose.

EPO-589

Three-dose Pembrolizumab Treatment for Progressive Multifocal Leukoencephalopathy: a case report

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Background and aims: We report a case of Progressive Multifocal Leucoencephalopathy (PML) on a background of primary lymphopenia, treated with Pembrolizumab, a humanized monoclonal anti-programmed cell death protein 1 (PD-1) antibody.
Methods: A 67-year-old gentleman, previously independent, presented with rapid-worsening cognitive decline, bulbar weakness with severe dysarthria and dysphagia and marked upper and lower limb ataxia. His MRI-brain showed a confluent area of signal abnormality involving the posterior fossa structures, with marked low T1 signal, and without any mass effect, which were atypical for a neoplastic process. The patient received extensive diagnostic work up with CSF analysis including flow-cytometry. Paraneoplastic and autoimmune screen was negative in the CSF and bloods. He was found to be pan-lymphopenic attributed to a primary immunodeficiency. There was no lymphadenopathy or malignancy in the PET scan. Infective screen including HIV screen was negative. CSF was positive for JC-virus with low viral load (623 copies/ml).
Results: The patient continued to deteriorate despite prolonged treatment with steroids. To guide the diagnosis of PML, his CSF was tested for JCV antibodies, which were positive. The patient was diagnosed with PML and was treated with 3 doses of Pembrolizumab 1mg/kg with 6 weeks intervals. He had significant subjective and objective improvement 6 months in total after the first dose especially involving his finger-to-nose dysmetria and his dysarthria.
Conclusion: This is a case of PML in the context of idiopathic pan-lymphopaenia. Our results show that pembrolizumab is a promising treatment for PML and it should be further evaluated with randomised-controlled trials.
Disclosure: Nothing to disclose.