Universidad Tecnológica de Pereira

Revisión de la Literatura y Artículo de Revisión

Prof. Alfonso J. Rodriguez-Morales

THOMSON REUTERS WEB OF KNOWLEDGE℠

SCOPUS

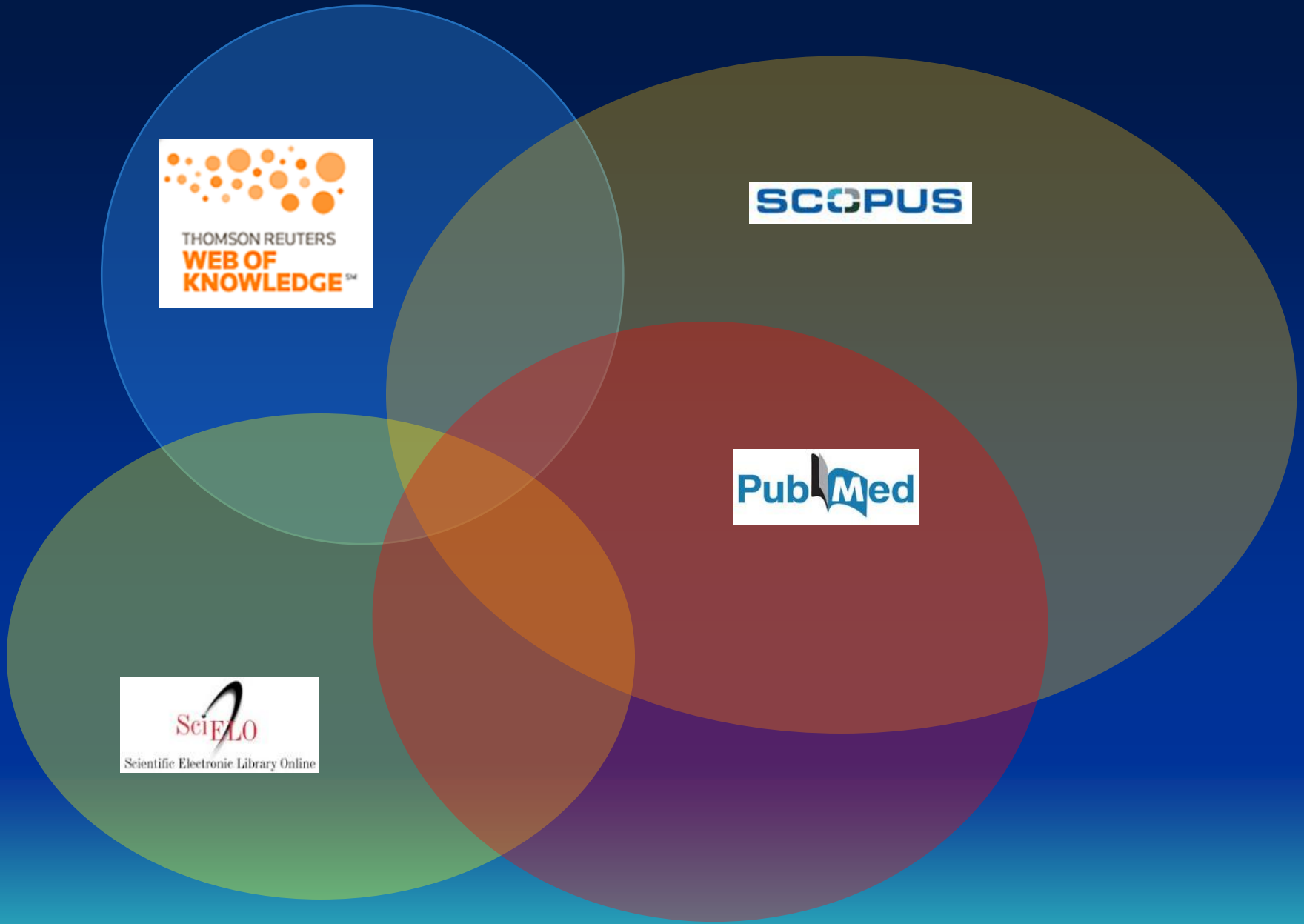
PubMed

ProQuest Start here.

SciELO Scientific Electronic Library Online

¿Qué busca hacer una revision de la literatura?

- Resumen el estado actual de la investigación hecha en un tema hasta el momento
- Es una investigación bibliográfica
- Diferentes fuentes opciones
- Debe ser lo más exhaustivo posible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Scientific Electronic Library Online

¿Dónde buscar?

- En todas las bases de datos a las cuales podamos acceder
- Tipos de Bases de Datos
  - Pagas (por suscripción, personal o institucional)
  - Libres (abiertas, sin cobro)

Revistas Electrónicas en Suscripcion

Usuario:
arodriguezı
@utp.edu.co
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Inducción

Catálogo

Guía para la presentación de Trabajos de Grado y Tesis

Recursos Electrónicos

- Bases de datos en demostración
- Bases de Datos
- Revistas Electronicas

Noticias

Última actualización: Martes, Febrero 04, 2014 11:23 AM

Sesiones de Capacitacion en Linea – EBSCO

EBSCO ofrece decenas de sesiones de formación totalmente gratuitas para sus clientes. Las misma, están destinadas a bibliotecarios, docentes e investigadores, que vayan hacer uso de las bases de datos y los servicios ofrecidos en las distintas interfaces y todos aquellos interesados en aprender más sobre el importante contenido que ofrece la biblioteca.Para registrarse, basta con hacer clic sobre Sesiones de Capacitación y así podrá seleccionar la sesión que desee y en el horario que mejor le convenga.

Al seguir este enlace, accederá a una página donde deberá seleccionar el país de su residencia o el más cercano acorde al huso horario de su país. Luego de este paso fundamental, el horario de cada sesión se presentará acorde a la hora de su país.

Finalmente, podrá acceder a todas las sesiones calendarizadas para este mes y registrarse a las que desee, dando un clic en Registrarse. Luego de que complete su información personal en los campos requeridos, usted recibirá un correo electrónico con un nuevo enlace que lo llevará directamente a la sesión el día y la hora calendarizada.

Es importante que siga las instrucciones de la plataforma y si tiene algún problema con los requerimientos, por favor verifíquelos en este enlace http://www.webex.com.mx/support/support-system-requirements.html

Revistas Electronicas en Suscripcion

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Salir

Inducción

Catálogo

Guía para la presentación de Trabajos de Grado y Tesis

Recursos Electrónicos

- Bases de datos en demostración
- Bases de Datos
- Revistas Electronicas
- Libros Electrónicos (ebooks)
- Normas técnicas
- Trabajos de Grado y Tesis UTP

Bases de Datos

[A-C] [D-F] [G-I] [J-L] [M-O] [P-R] [S-V] [W-Z]

El siguiente formulario permite hacer la busqueda de uno o mas articulos

Búsqueda Ir

S

Science Direct

Science Direct: Esta base de datos ofrece más de 890 Revistas (Journals) y 23 Enciclopedias (Books/Reference Works) en texto completo en el Paquete Health & Life Sciences; Más de 350 Revistas (Journals) y 8 en el Paquete Social.

Categoria: recursos_electronicos

Scopus

Scopus: Es la mayor base de datos de resumen y de citas de la literatura de investigación y fuentes web de calidad. Está diseñado para encontrar a los científicos la información que necesitan. Rápido, fácil e integral, Scopus proporciona un apoyo superior del proceso de investigación de la literatura. Actualizado diariamente.

Categoria: recursos_electronicos

¿Cómo empiezo?

- Debo definir mi pregunta de investigación y con base a eso establecer las palabras clave que emplearé

Ejemplo

- Vamos a investigar sobre la epidemiología de la malaria severa por *Plasmodium vivax* en el municipio Pueblo Rico, del departamento de Risaralda.

Figura 2. Casos de malaria en el departamento de Risaralda y sus municipios, 2007-2009.

Municipio	Casos de Malaria
Pueblo Rico	1839
Mistrató	369
Pereira	81
La Virginia	13
Santuario	12
Dosquebradas	2
Apía	0
Balboa	0
Belén de Umbría	0
Guática	0
La Celia	0
Marsella	0
Quinchía	0
Santa Rosa de Cabal	0

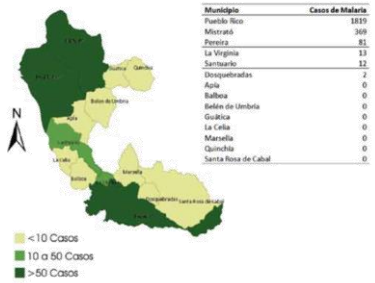
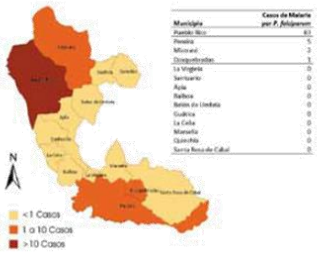
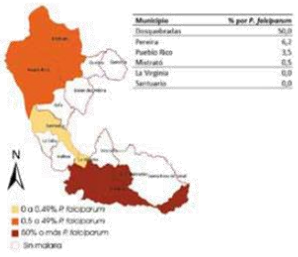


Figura 3. Casos de malaria por *P. falciparum* (izquierda) y proporción de casos por *P. falciparum* (%) del total de casos (derecha) en los municipios de Risaralda, 2007-2009.

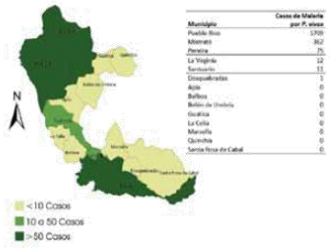


Municipio	Casos de Malaria por *P. falciparum*
Pueblo Rico	61
Pereira	5
Mistrató	2
Dosquebradas	1
La Virginia	0
Santuario	0
Apía	0
Balboa	0
Belén de Umbría	0
Guática	0
La Celia	0
Marsella	0
Quinchía	0
Santa Rosa de Cabal	0

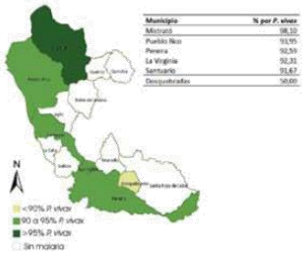


Municipio	% por *P. falciparum*
Dosquebradas	50,0
Pereira	6,2
Pueblo Rico	3,3
Mistrató	0,5
La Virginia	0,0
Santuario	0,0

Figura 4. Casos de malaria por *P. vivax* (izquierda) y proporción de casos por *P. vivax* (%) del total de casos (derecha) en los municipios de Risaralda, 2007-2009.



Municipio	Casos de Malaria por *P. vivax*
Mistrató	367
Pereira	76
Pueblo Rico	12
La Virginia	11
Santuario	1
Dosquebradas	1
Apía	0
Balboa	0
Belén de Umbría	0
Guática	0
La Celia	0
Marsella	0
Quinchía	0
Santa Rosa de Cabal	0



Municipio	% por *P. vivax*
Mistrató	98,10
Pueblo Rico	93,95
Pereira	92,59
La Virginia	92,31
Santuario	91,67
Dosquebradas	50,00

Rodríguez-Morales AJ, Jimenez-Canizales CE, Herrera AC, Medina A, Martínez JW. Patrones de comportamiento de la malaria en el departamento de Risaralda, Colombia, 2007-2009 Revista Médica de Risaralda 2012; 18(1):65-71.

Ejemplo

- ¿Cuál será la frecuencia con la cual se presenta la malaria severa en los pacientes con malaria por *P. vivax* en Pueblo Rico?
- ¿Será menor, igual o mayor que la observada en los pacientes con malaria por *P. falciparum*?
- ¿Algún tipo de manifestación (e.j. SDRA, trombocitopenia severa) tendrá mayor predominio?

Ejemplo

- ¿Cuál será la frecuencia con la cual se presenta la malaria severa en los pacientes con malaria por *P. vivax* en Pueblo Rico?
- ¿Será menor, igual o mayor que la observada en los pacientes con malaria por *P. falciparum*?
- ¿Algún tipo de manifestación (e.j. coma, trombocitopenia severa) tendrá mayor predominio?

Palabras Clave Potenciales

- malaria severa
- *Plasmodium vivax*
- *Plasmodium falciparum*
- coma
- trombocitopenia severa

Palabras Clave Potenciales

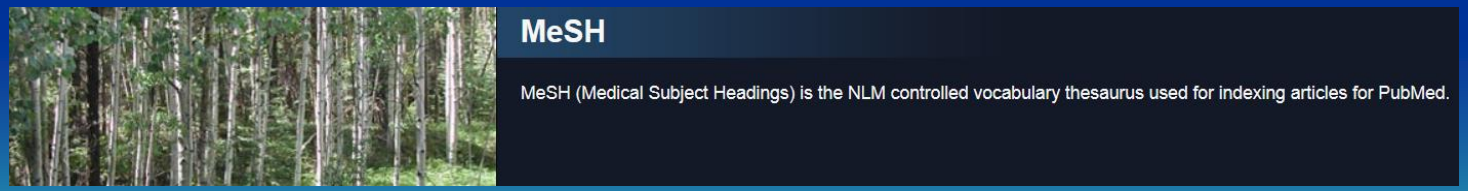
- malaria severa
- *Plasmodium vivax*
- *Plasmodium falciparum*
- coma
- trombocitopenia severa

¿Existen?

Debo verificarlas

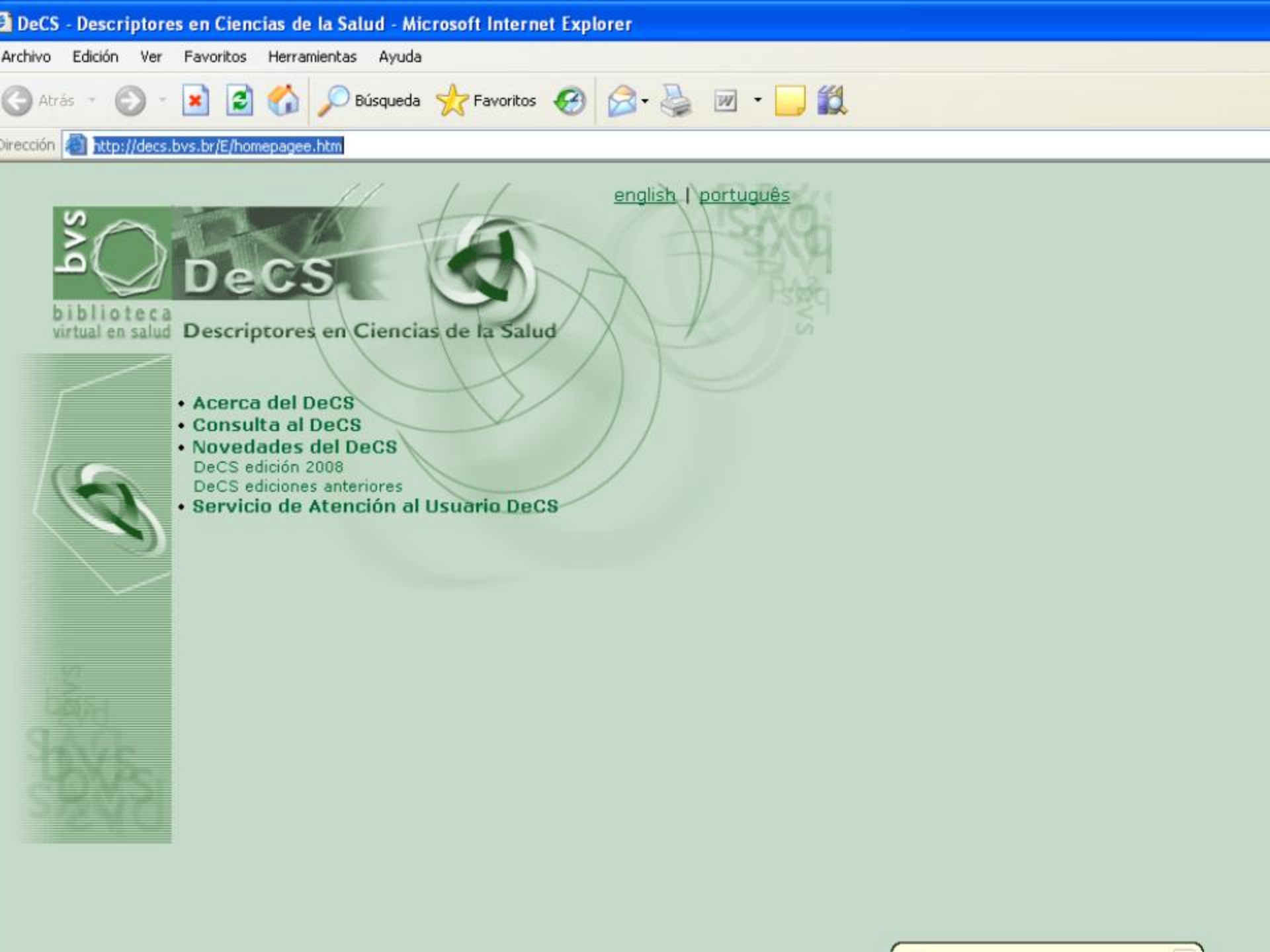
- Bases de datos de palabras clave:
  - DeCS (Descriptores en Ciencias de la Salud)
    - BIREME-OPS-OMS (Español, Inglés y Portugués)

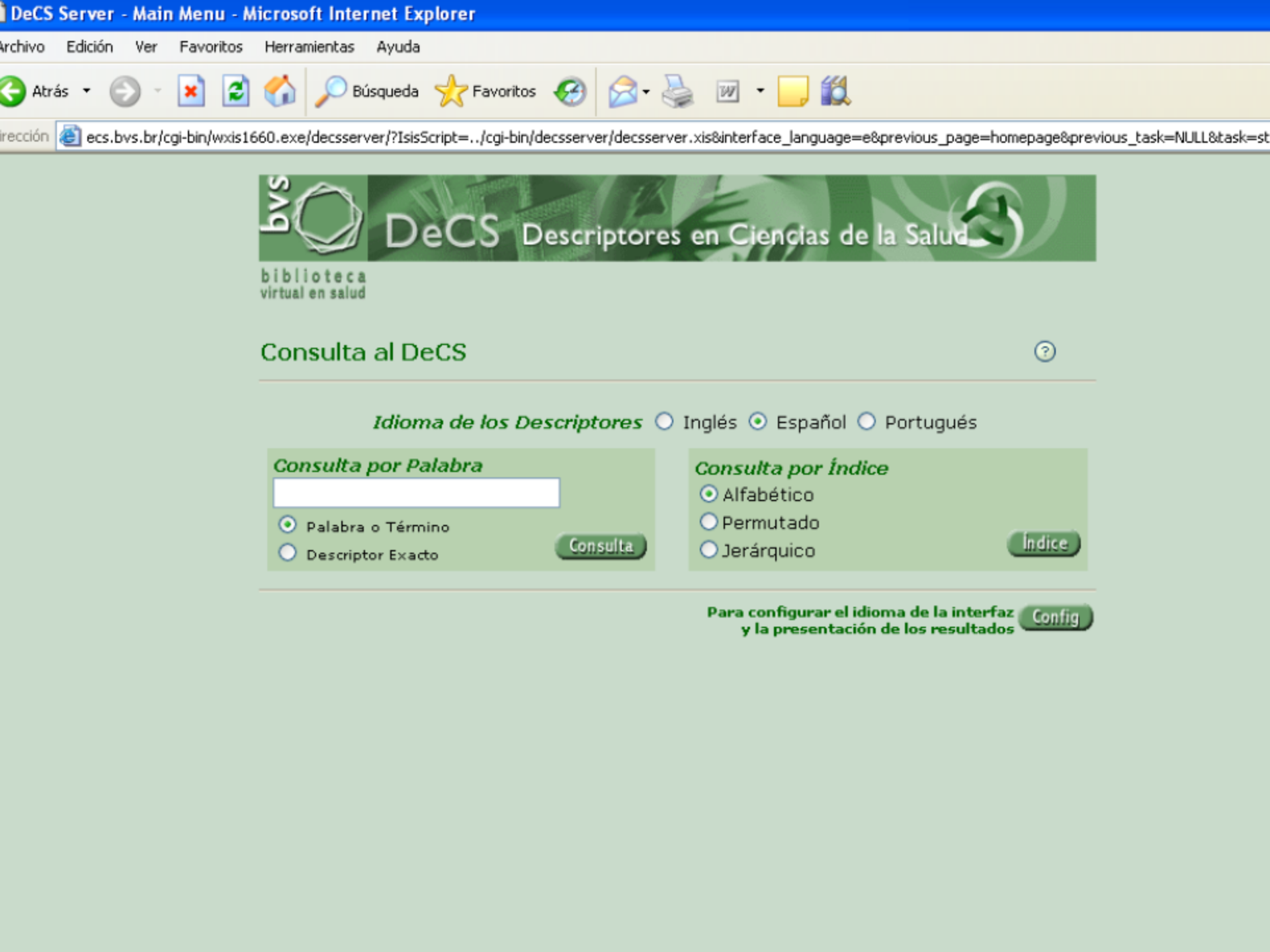
  - MeSH (Medical Subject Headings)
    - National Library of Medicine-Medline (Inglés)



Uso e Idioma

- Bases de datos de palabras clave:
  - DeCS (Descriptores en Ciencias de la Salud)
    - Servirán para su uso en bases de datos en español, inglés y portugués.
  - MeSH (Medical Subject Headings)
    - Servirán para su uso en Medline y en otras bases de datos en inglés.


DeCS - Descriptores en Ciencias de la Salud - Microsoft Internet Explorer
Archivo Edición Ver Favoritos Herramientas Ayuda
Atrás
Búsqueda
Favoritos
Dirección
http://decs.bvs.br/E/homepagee.htm
english | português
bvs
DeCS
biblioteca virtual en salud
Descriptores en Ciencias de la Salud
• Acerca del DeCS
• Consulta al DeCS
• Novedades del DeCS
DeCS edición 2008
DeCS ediciones anteriores
• Servicio de Atención al Usuario DeCS


DeCS Server - Main Menu - Microsoft Internet Explorer
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Atrás
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Favoritos
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bvs
DeCS Descriptores en Ciencias de la Salud
biblioteca virtual en salud
Consulta al DeCS
Idioma de los Descriptores
Inglés
Español
Portugués
Consulta por Palabra
Palabra o Término
Descriptor Exacto
Consulta
Consulta por Índice
Alfabético
Permutado
Jerárquico
Índice
Para configurar el idioma de la interfaz y la presentación de los resultados
Config

Consulta al DeCS

Idioma de los Descriptores ○ Inglés ◉ Español ○ Portugués

Consulta por Palabra

malaria

○ Palabra o Término

◉ Descriptor Exacto

Consulta

Consulta por Índice

◉ Alfabético

○ Permutado

○ Jerárquico

Índice

Config

Para configurar el idioma de la interfaz y la presentación de los resultados

Expresión de búsqueda: MALARIA
Descriptores Encontrados: 1
Mostrando: 1 .. 1

1 / 1 **DeCS**

Descriptor *Inglés*: **Malaria**

Descriptor *Español*: **Malaria**

Descriptor *Portugués*: **Malária**

Sinónimos *Español*:
Paludismo
Fiebre de los Marjales
Fiebre Malárica
Infecciones por Plasmodium
Fiebre Remitente

Categoría:
C03.752.530
C23.996.660
SP4.001.012.118.094

Definición *Español*: Enfermedad protozoaria producida en humanos por cuatro especies del género PLASMODIUM: PLASMODIUM FALCIPARUM, PLASMODIUM VIVAX, PLASMODIUM OVALE y PLASMODIUM MALARIAE y que se trasmite por la picadura de un mosquito hembra infectado del género ANOPHELES. La malaria es endémica en partes de Asia, África, América Central y del Sur, Oceanía y ciertas islas del Caribe. Se caracteriza por cansancio extremo asociado con paroxismos de FIEBRE alta, SUDORACIÓN, ESCALOFRIOS con temblores y ANEMIA. La malaria en ANIMALES es producida por otras especies de plasmodios.

DeCS

Descriptor *Inglés*:	**Plasmodium vivax**
Descriptor *Español*:	**Plasmodium vivax**
Descriptor *Portugués*:	**Plasmodium vivax**
Categoría:	B01.043.075.380.611.761

DeCS

Descriptor *Inglés*:	**Coma**
Descriptor *Español*:	**Coma**
Descriptor *Portugués*:	**Coma**
Sinónimos *Español*:	Comatoso Seudocoma Pseudocoma
Categoría:	C10.597.606.358.800.200 C23.888.592.604.359.800.200

DeCS

Descriptor *Inglés*:	**Plasmodium falciparum**
Descriptor *Español*:	**Plasmodium falciparum**
Descriptor *Portugués*:	**Plasmodium falciparum**
Categoría:	B01.043.075.380.611.561

DeCS

Descriptor *Inglés*:	**Thrombocytopenia**
Descriptor *Español*:	**Trombocitopenia**
Descriptor *Portugués*:	**Trombocitopenia**
Sinónimos *Español*:	Trombopenia
Categoría:	C15.378.140.855

MeSH

MeSH

malaria

Limits Advanced

MeSH

MeSH (Medical Subject Headings) is the NLM controlled

Using MeSH

Help

Tutorials

More Resources

E-Utilities

NLM MeSH Homepage

MeSH | MeSH | malaria

Save search | Limits | Advanced

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Results: 9

1. **Malaria**
   A protozoan disease caused in humans by four species of the PLASMODIUM genus: PLASMODIUM FALCIPARUM; PLASMODIUM VIVAX; PLASMODIUM OVALE; and PLASMODIUM MALARIAE; and transmitted by the bite of an infected female mosquito of the genus ANOPHELES. **Malaria** is endemic in parts of Asia, Africa, Central and South America, Oceania, and certain Caribbean islands. It is characterized by extreme exhaustion associated with paroxysms of high FEVER; SWEATING; shaking CHILLS; and ANEMIA. **Malaria** in ANIMALS is caused by other species of plasmodia.
   Year introduced: **MALARIA** CONTROL was heading 1963-1966

2. **Malaria** Vaccines
   Vaccines made from antigens arising from any of the four strains of Plasmodium which cause **malaria** in humans, or from P. berghei which causes **malaria** in rodents.
   Year introduced: 1994

3. **Malaria**, Vivax
   Malaria caused by PLASMODIUM VIVAX. This form of **malaria** is less severe than **MALARIA**, FALCIPARUM, but there is a higher probability for relapses to occur. Febrile paroxysms often occur every other day.
   Year introduced: 1992

4. **Malaria**, Cerebral
   A condition characterized by somnolence or coma in the presence of an acute infection with PLASMODIUM FALCIPARUM (and rarely other Plasmodium species). Initial clinical manifestations include HEADACHES; SEIZURES; and alterations of mentation followed by a rapid progression to COMA. Pathologic features include cerebral capillaries filled with parasitized erythrocytes and multiple small foci of cortical and subcortical necrosis. (From Adams et al., Principles of Neurology, 6th ed, p136)
   Year introduced: 1992

5. **Malaria**, Falciparum
   Malaria caused by PLASMODIUM FALCIPARUM. This is the severest form of **malaria** and is associated with the highest levels of parasites in the blood. This disease is characterized by irregularly recurring febrile paroxysms that in extreme cases occur with acute cerebral, renal, or gastrointestinal manifestations.
   Year introduced: 1992

Palabras Clave Verificadas

- **malaria severa** √
- ***Plasmodium vivax*** √
- ***Plasmodium falciparum*** √
- **coma** √
- **trombocitopenia severa** √

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed malaria

RSS Save search Advanced

Show additional filters

Article types
Clinical Trial
Review
More ...

Text availability
Abstract available
Free full text available
Full text available

PubMed Commons
Reader comments

Publication dates
5 years
10 years
Custom range...

Species
Humans
Other Animals

Clear all

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Display Settings: Summary, 20 per page, Sorted by Recently Added **Send to:**

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<< First < Prev Page 1 of 3429 Next > Last >>

1. HIV/AIDS Monitoring and Evaluation Systems Strengthening for the National AIDS Program in Albania.
Rjepaj K, Bani R.
Mater Sociomed. 2013 Dec;25(4):273-276. Epub 2013 Nov 24. Review.
PMID: 24511274 [PubMed - as supplied by publisher]
Related citations

2. Clinical development of intramuscular electroporation: providing a "boost" for DNA vaccines.
Khan AS, Broderick KE, Sardesai NY.
Methods Mol Biol. 2014;1121:279-89. doi: 10.1007/978-1-4614-9632-8_25.
PMID: 24510832 [PubMed - in process]
Related citations

3. Two Plasmodium 6-Cys family-related proteins have distinct and critical roles in liver-stage development.
Annoura T, van Schaijk BC, Ploemen IH, Sajid M, Lin JW, Vos MW, Dinmohamed AG, Inaoka DK, Rijpma SR, van Gemert GJ, Chevalley-Maurel S, Kielbasa SM, Scheltinga F, Franke-Fayard B, Klop O, Hermsen CC, Kita K, Gego A, Franetich JF, Mazier D, Hoffman SL, Janse CJ, Sauerwein RW, Khan SM.
FASEB J. 2014 Feb 7. [Epub ahead of print]
PMID: 24509910 [PubMed - as supplied by publisher]
Related citations

NCBI Resources How To

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US National Library of Medicine
National Institutes of Health

PubMed | malaria plasmodium vivax

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Review
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Text availability
Abstract available
Free full text available
Full text available

Publication dates
5 years
10 years
Custom range...

Species
Humans
Other Animals

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<< First < Prev Page 1 of 321 Next > Last >>

1. Persistence and activation of **malaria** hypnozoites in long-term primary hepatocyte cultures.
Dembélé L, Franetich JF, Lorthiois A, Gego A, Zeeman AM, Kocken CH, Le Grand R, Dereuddre-Bosquet N, van Gemert GJ, Sauerwein R, Vaillant JC, Hannoun L, Fuchter MJ, Diagana TT, Malmquist NA, Scherf A, Snounou G, Mazier D.
Nat Med. 2014 Feb 9. doi: 10.1038/nm.3461. [Epub ahead of print]
PMID: 24509527 [PubMed - as supplied by publisher]
Related citations

2. Duffy blood group genotypes among **malaria Plasmodium vivax** patients of Baoulch population in southeastern Iran.
Miri-Moghaddam E, Bameri Z, Mohamadi M.
Asian Pac J Trop Med. 2014 Mar;7(3):206-7. doi: 10.1016/S1995-7645(14)60021-3.
PMID: 24507640 [PubMed - in process]
Related citations

3. Clinical profile of severe **malaria**: study from a tertiary care center in north India.
Nandwani S, Pande A, Saluja M.
J Parasit Dis. 2014 Mar;38(1):11-5. doi: 10.1007/s12639-012-0208-y. Epub 2012 Nov 21.
PMID: 24505170 [PubMed]
Related citations

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US National Library of Medicine
National Institutes of Health

PubMed | malaria plasmodium vivax severe

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Clinical Trial
Review
More ...

Text availability
Abstract available
Free full text available
Full text available

Publication dates
5 years
10 years
Custom range...

Species
Humans
Other Animals

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<< First < Prev Page 1 of 27 Next > Last >>

1. Clinical profile of **severe malaria**: study from a tertiary care center in north India.
Nandwani S, Pande A, Saluja M.
J Parasit Dis. 2014 Mar;38(1):11-5. doi: 10.1007/s12639-012-0208-y. Epub 2012 Nov 21.
PMID: 24505170 [PubMed]
Related citations

2. Mass primaquine treatment to eliminate **vivax malaria**: lessons from the past.
Kondrashin A, Baranova AM, Ashley EA, Recht J, White NJ, Sergiev VP.
Malar J. 2014 Feb 7;13(1):51. [Epub ahead of print]
PMID: 24502194 [PubMed - as supplied by publisher] **Free Article**
Related citations

3. Hemophagocytic syndrome associated with **severe Plasmodium vivax malaria** in a child in Bikaner (northwestern India).
Tanwar GS, Lahoti A, Tanwar P, Agrawal R, Khatri PC, Kochar DK.
J Vector Borne Dis. 2013 Dec;50(4):318-20. No abstract available.
PMID: 24499858 [PubMed - in process]
Related citations

4. Assessing the association of **severe malaria** infection and ABO blood groups in northwestern Ethiopia.
Tadesse H, Tadesse K.
J Vector Borne Dis. 2013 Dec;50(4):292-6.
PMID: 24499852 [PubMed - in process]
Related citations

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US National Library of Medicine
National Institutes of Health

PubMed | malaria plasmodium vivax severe colombia

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Abstract available
Free full text available
Full text available

Publication dates
5 years
10 years
Custom range...

Species
Humans
Other Animals

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See 1 citation found by title matching your search:
[Report of five cases of **severe** neonatal **Plasmodium vivax malaria** in Urabá, **Colombia**]. Piñeros-Jiménez JG et al. Biomedica. (2008)

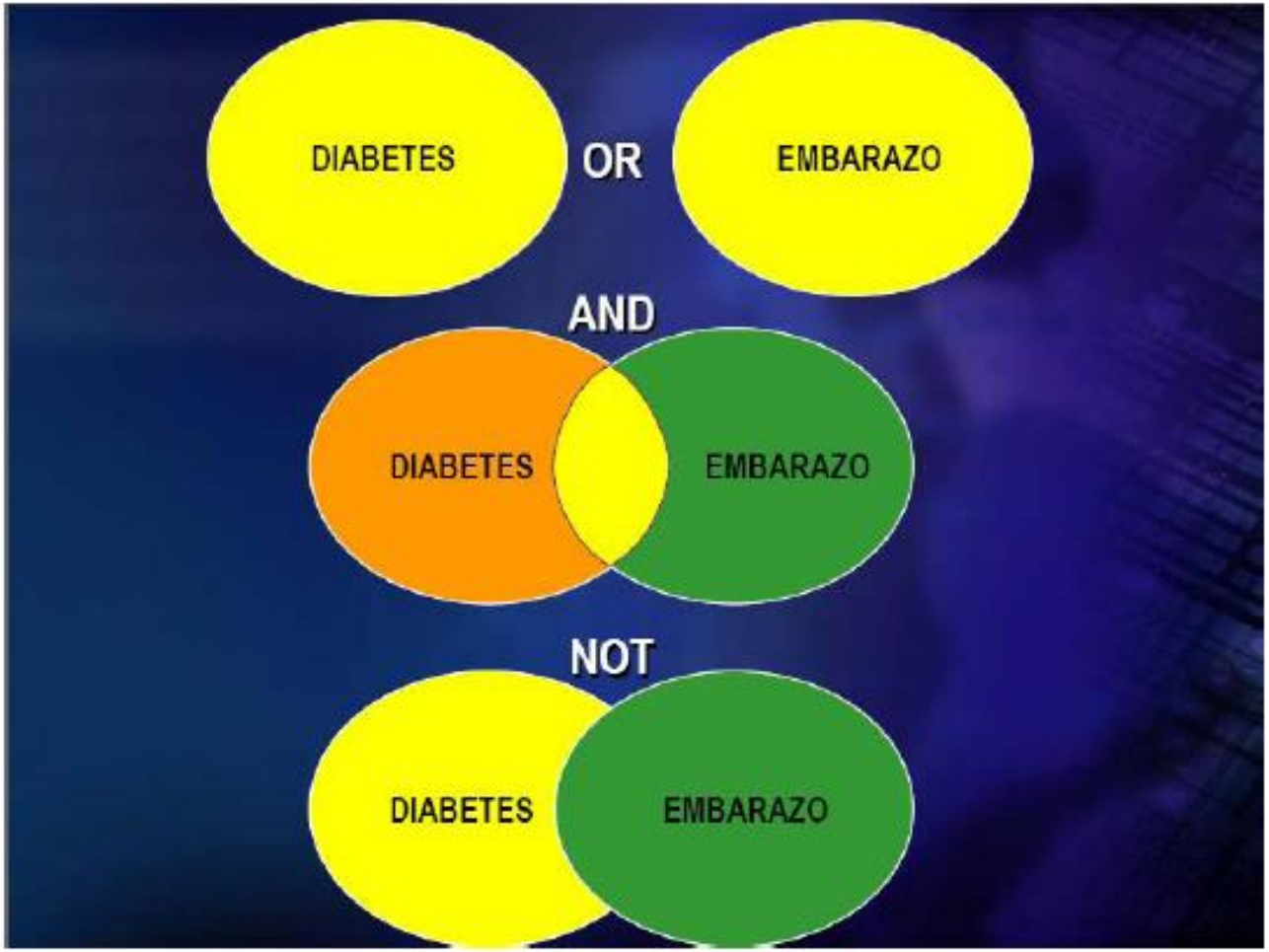
Results: 16

1. Adherence to human lung microvascular endothelial cells (HMVEC-L) of **Plasmodium vivax** isolates from **Colombia**.
De las Salas B, Segura C, Pabón A, Lopes SC, Costa FT, Blair S.
Malar J. 2013 Sep 30;12:347. doi: 10.1186/1475-2875-12-347.
PMID: 24080027 [PubMed - in process] **Free PMC Article**
Related citations

2. Maternal clinical findings in **malaria** in pregnancy in a region of northwestern **Colombia**.
Piñeros JG, Tobon-Castaño A, Alvarez G, Portilla C, Blair S.
Am J Trop Med Hyg. 2013 Sep;89(3):520-6. doi: 10.4269/ajtmh.12-0205. Epub 2013 Jul 29.
PMID: 23897991 [PubMed - indexed for MEDLINE]
Related citations

3. **Plasmodium vivax** cerebral **malaria** complicated with venous sinus thrombosis in **Colombia**.
Pinzón MA, Pineda JC, Rosso F, Shinchi M, Bonilla-Abadía F.
Asian Pac J Trop Med. 2013 May 13;6(5):413-5. doi: 10.1016/S1995-7645(13)60050-4.
PMID: 23608385 [PubMed - in process]
Related citations

A BUSCAR....


DIABETES
OR
EMBARAZO
AND
DIABETES
EMBARAZO
NOT
DIABETES
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1. # Adherence to human lung microvascular endothelial cells (HMVEC-L) of Plasmodium vivax isolates from Colombia.

De las Salas B, Segura C, Pabón A, Lopes SC, Costa FT, Blair S.

Author information

Abstract

BACKGROUND: For years Plasmodium vivax has been considered the cause of benign malaria. Nevertheless, it has been observed that this parasite can produce a severe disease comparable to Plasmodium falciparum. It has been suggested that some physiopathogenic processes might be shared by these two species, such as cytoadherence. Recently, it has been demonstrated that P. vivax-infected erythrocytes (Pv-iEs) have the capacity to adhere to endothelial cells, in which intercellular adhesion molecule-1 (ICAM-1) seems to be involved in this process.

METHODS: Adherence capacity of 21 Colombian isolates, from patients with P. vivax mono-infection to a microvascular line of human lung endothelium (HMVEC-L) was assessed in static conditions and binding was evaluated at basal levels or in tumor necrosis factor (TNF) stimulated cells. The adherence specificity for the ICAM-1 receptor was determined through inhibition with an anti-CD54 monoclonal antibody.

RESULTS: The majority of P. vivax isolates, 13 out of 21 (61.9%), adhered to the HMVEC-L cells, but P. vivax adherence was at least seven times lower when compared to the four P. falciparum isolates. Moreover, HMVEC-L stimulation with TNF led to an increase of 1.6-fold in P. vivax cytoadhesion, similar to P. falciparum isolates (1.8-fold) at comparable conditions. Also, blockage of ICAM-1 receptor with specific antibodies showed a significant 50% adherence reduction.

CONCLUSIONS: Plasmodium vivax isolates found in Colombia are also capable of adhering specifically in vitro to lung endothelial cells, via ICAM-1 cell receptor, both at basal state and after cell stimulation with TNF. Collectively, these findings reinforce the concept of cytoadherence for P. vivax, but here, to a different endothelial cell line and using geographical distinct isolates, thus contributing to understanding P. vivax biology.

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Adherence to human lung microvascular endothelial cells (HMVEC-L) of *Plasmodium vivax* isolates from Colombia

Briegel De las salas[1], **Cesar Segura**[1], **Adriana Pabón**[1,2], **Stefanie CP Lopes**[3], **Fabio TM Costa**[3] and **Silvia Blair**[1*]

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[3] Departamento de Genética, Evolução e Bioagentes, Universidade Estadual de Campinas (UNICAMP), Campinas, SP, Brazil

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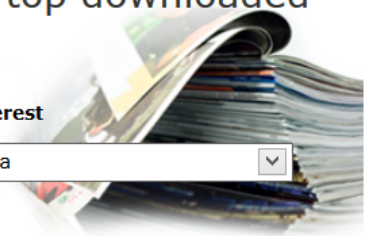

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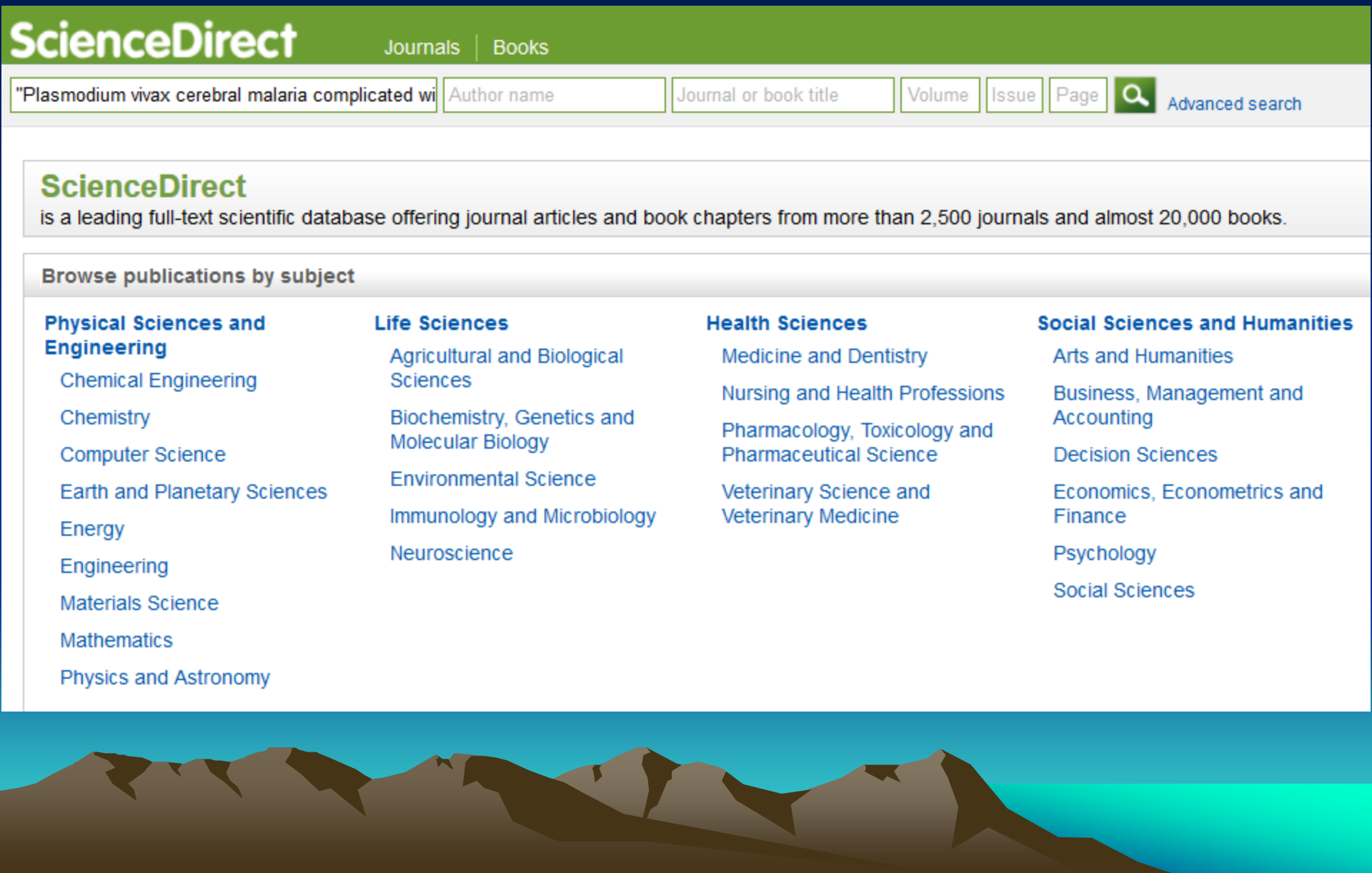
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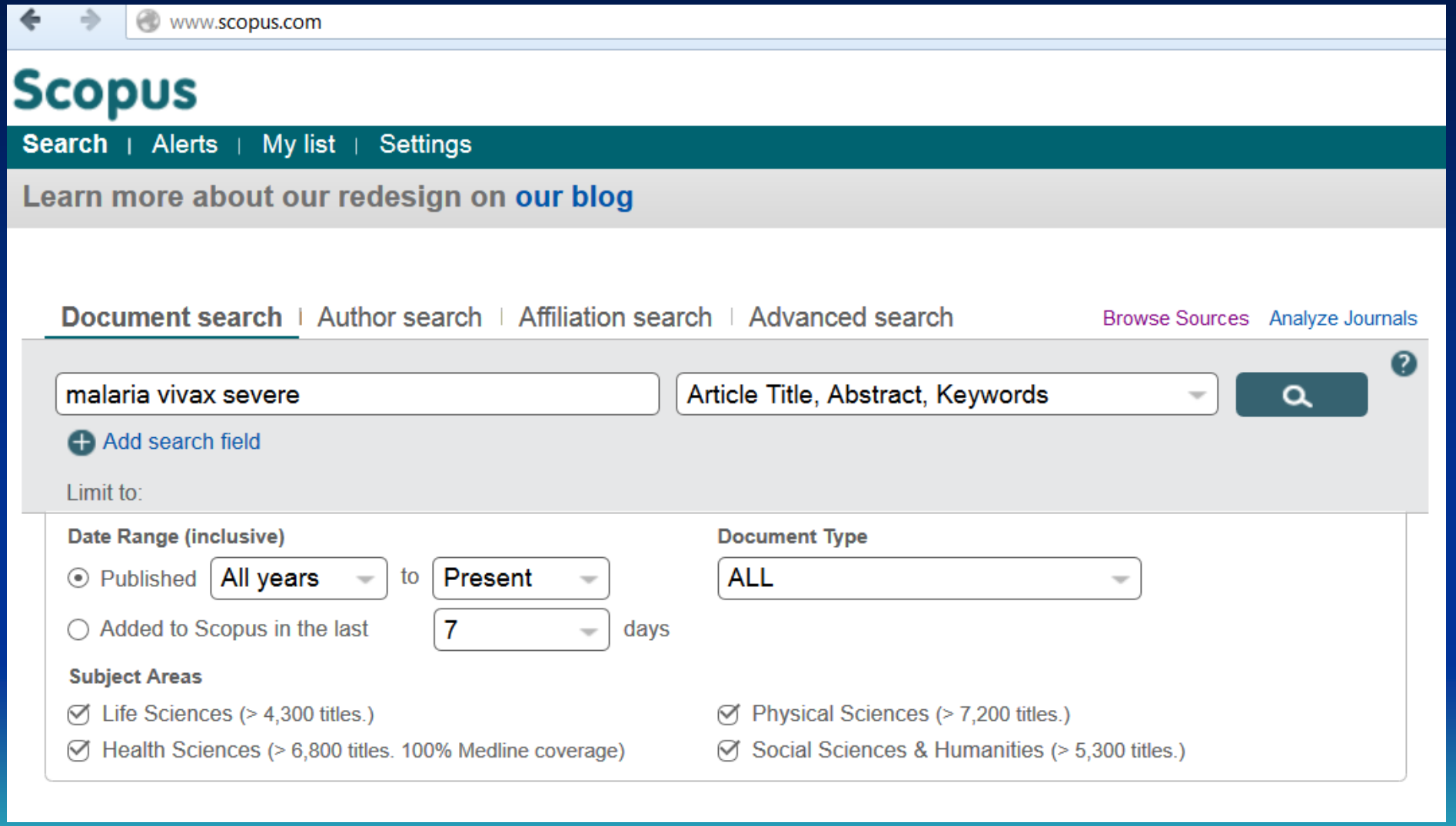
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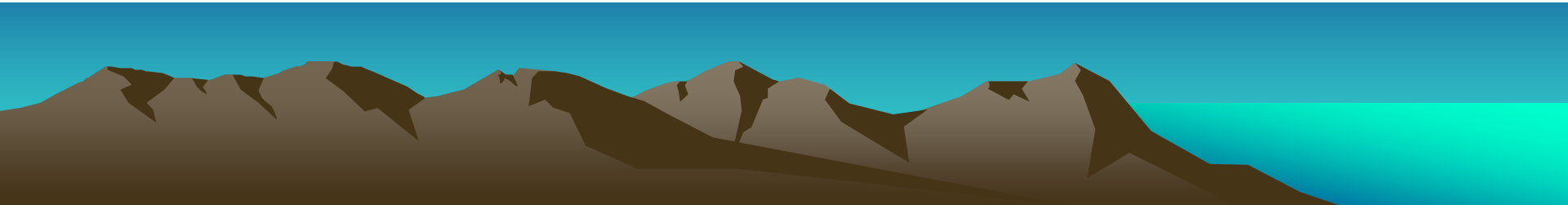

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- 2011 (9)
- 2010 (3)
- 2009 (3)

Author Name

- Lacerda, M.V.G. (7)
- Siqueira, A.M. (6)
- Arevalo-Herrera, M. (5)
- Herrera, S. (4)
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Malaria Journal
Volume 12, Issue 1, 2013, Article number 347

Adherence to human lung microvascular endothelial cells (HMVEC-L) of Plasmodium vivax isolates from Colombia

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Abstract

Background: For years Plasmodium **vivax** has been considered the cause of benign **malaria**. Nevertheless, it has been observed that this parasite can produce a **severe** disease comparable to Plasmodium falciparum. It has been suggested that some physiopathogenic processes might be shared by these two species, such as cytoadherence. Recently, it has been demonstrated that P. **vivax**-infected erythrocytes (Pv-iEs) have the capacity to adhere to endothelial cells, in which intercellular adhesion molecule-1 (ICAM-1) seems to be involved in this process. Methods. Adherence capacity of 21 Colombian isolates, from patients with P. **vivax** mono-infection to a microvascular line of human lung endothelium (HMVEC-L) was assessed in static conditions and binding was evaluated at basal levels or in tumor necrosis factor (TNF) stimulated cells. The adherence specificity for the ICAM-1 receptor was determined through inhibition with an anti-CD54 monoclonal antibody. Results: The majority of P. **vivax** isolates, 13 out of 21 (61.9%), adhered to the HMVEC-L cells, but P. **vivax** adherence was at least seven times lower when compared to the four P. falciparum isolates. Moreover, HMVEC-L stimulation with TNF led to an increase of 1.6-fold in P. **vivax** cytoadhesion, similar to P. falciparum isolates (1.8-fold) at comparable conditions. Also, blockage of ICAM-1 receptor with specific antibodies showed a significant 50% adherence reduction. Conclusions: Plasmodium **vivax** isolates found in **Colombia** are also capable of adhering specifically in vitro to lung endothelial cells, via ICAM-1 cell receptor, both at basal state and after cell stimulation with TNF. Collectively, these findings reinforce the concept of cytoadherence for P. **vivax**, but here, to a different endothelial cell line and using geographical distinct isolates, thus contributing to understanding P. **vivax** biology. © 2013 De las salas et al.; licensee BioMed Central Ltd.

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Adherence to human lung microvascular endothelial cells (HMVEC-L) of *Plasmodium vivax* isolates from Colombia

Briegel De las salas[1], Cesar Segura[1], Adriana Pabón[1,2], Stefanie CP Lopes[3], Fabio TM Costa[3] and Silvia Blair[1*]

Abstract

Background: For years *Plasmodium vivax* has been considered the cause of benign malaria. Nevertheless, it has been observed that this parasite can produce a severe disease comparable to *Plasmodium falciparum*. It has been suggested that some physiopathogenic processes might be shared by these two species, such as cytoadherence. Recently, it has been demonstrated that *P. vivax*-infected erythrocytes (*Pv*-iEs) have the capacity to adhere to endothelial cells, in which intercellular adhesion molecule-1 (ICAM-1) seems to be involved in this process.

Methods: Adherence capacity of 21 Colombian isolates, from patients with *P. vivax* mono-infection to a microvascular line of human lung endothelium (HMVEC-L) was assessed in static conditions and binding was evaluated at basal levels or in tumor necrosis factor (TNF) stimulated cells. The adherence specificity for the ICAM-1 receptor was determined through inhibition with an anti-CD54 monoclonal antibody.

Results: The majority of *P. vivax* isolates, 13 out of 21 (61.9%), adhered to the HMVEC-L cells, but *P. vivax* adherence was at least seven times lower when compared to the four *P. falciparum* isolates. Moreover, HMVEC-L stimulation with TNF led to an increase of 1.6-fold in *P. vivax* cytoadhesion, similar to *P. falciparum* isolates (1.8-fold) at comparable conditions. Also, blockage of ICAM-1 receptor with specific antibodies showed a significant 50% adherence reduction.

Conclusions: *Plasmodium vivax* isolates found in Colombia are also capable of adhering specifically *in vitro* to lung endothelial cells, via ICAM-1 cell receptor, both at basal state and after cell stimulation with TNF. Collectively, these findings reinforce the concept of cytoadherence for *P. vivax*, but here, to a different endothelial cell line and using geographical distinct isolates, thus contributing to understanding *P. vivax* biology.

Keywords: Cytoadherence, *Plasmodium vivax*, Malaria, ICAM-1, Microvascular line of human lung endothelium, Colombia

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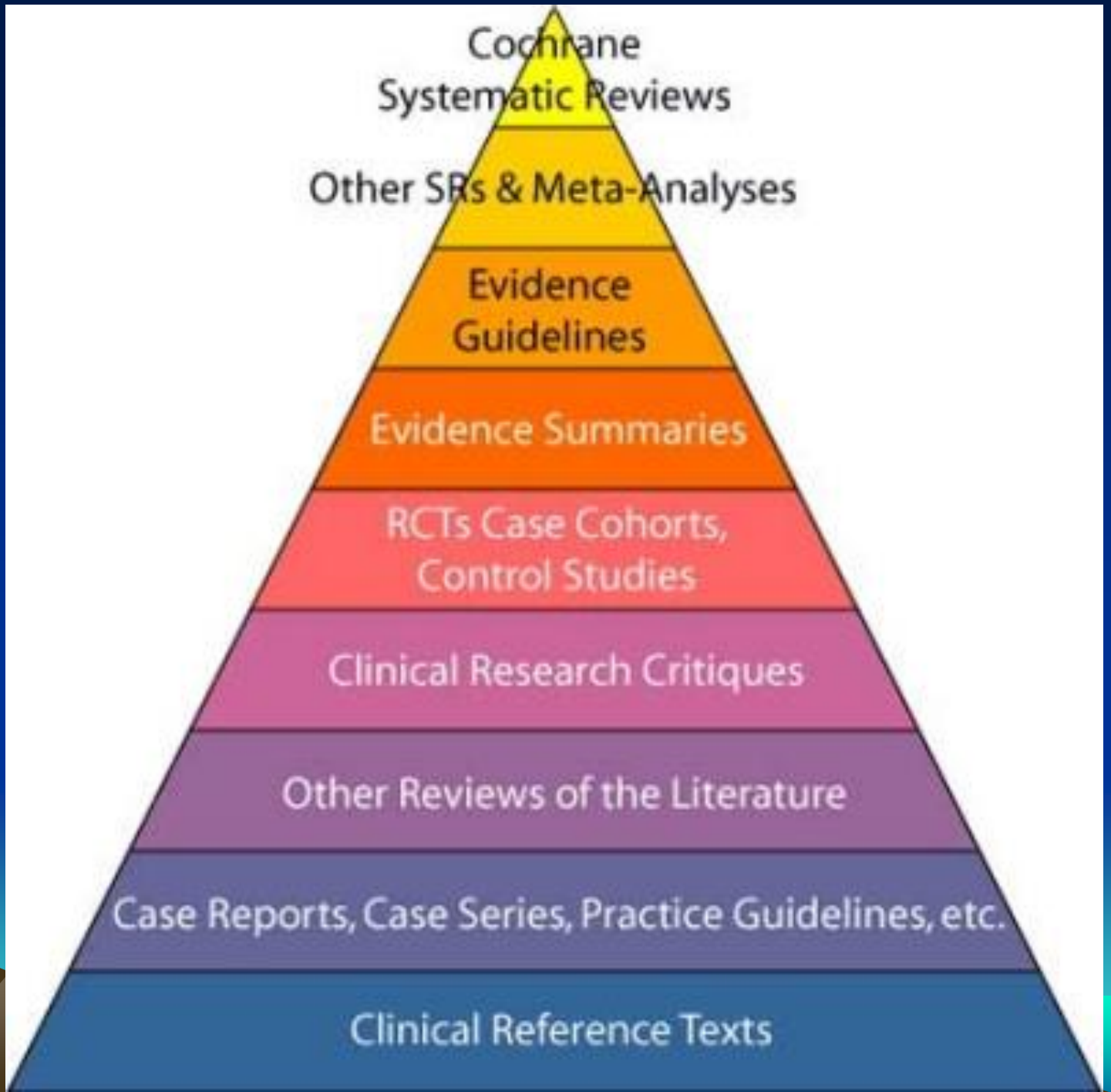
- Depende del tema
- Deben priorizarse las referencias de mayor evidencia científica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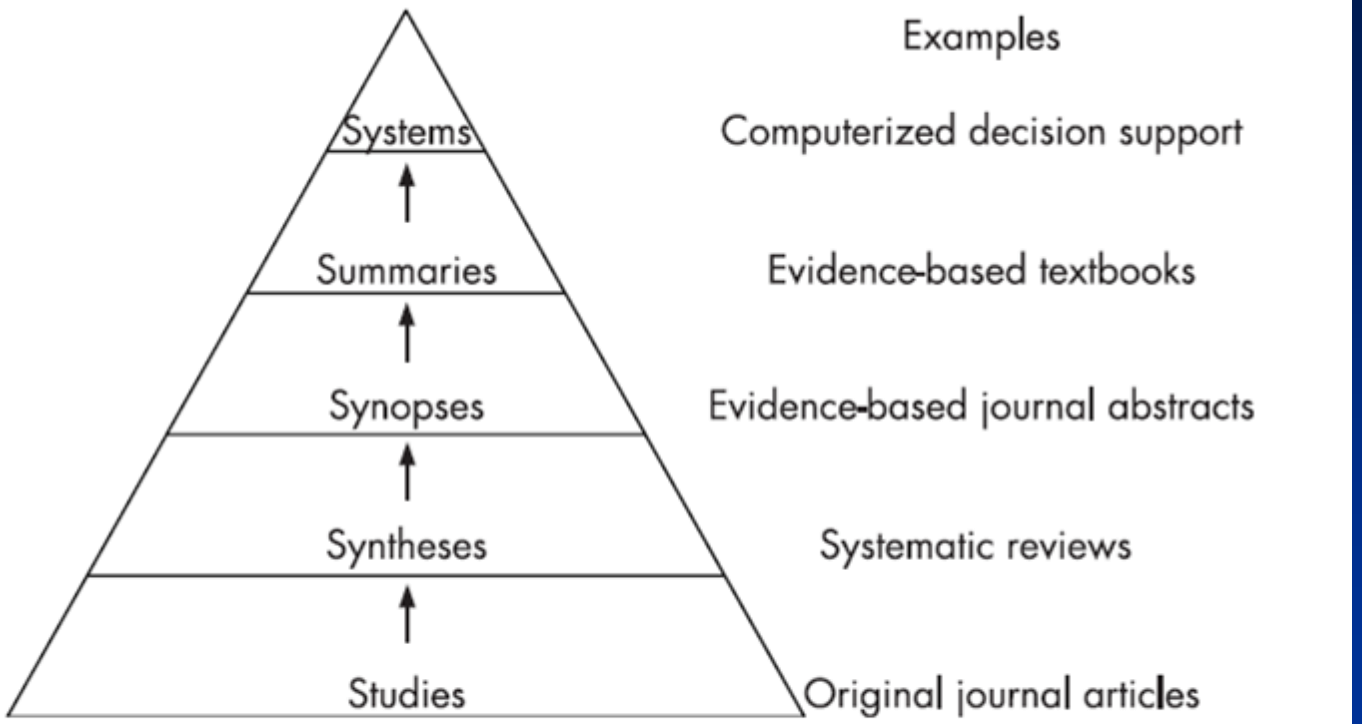
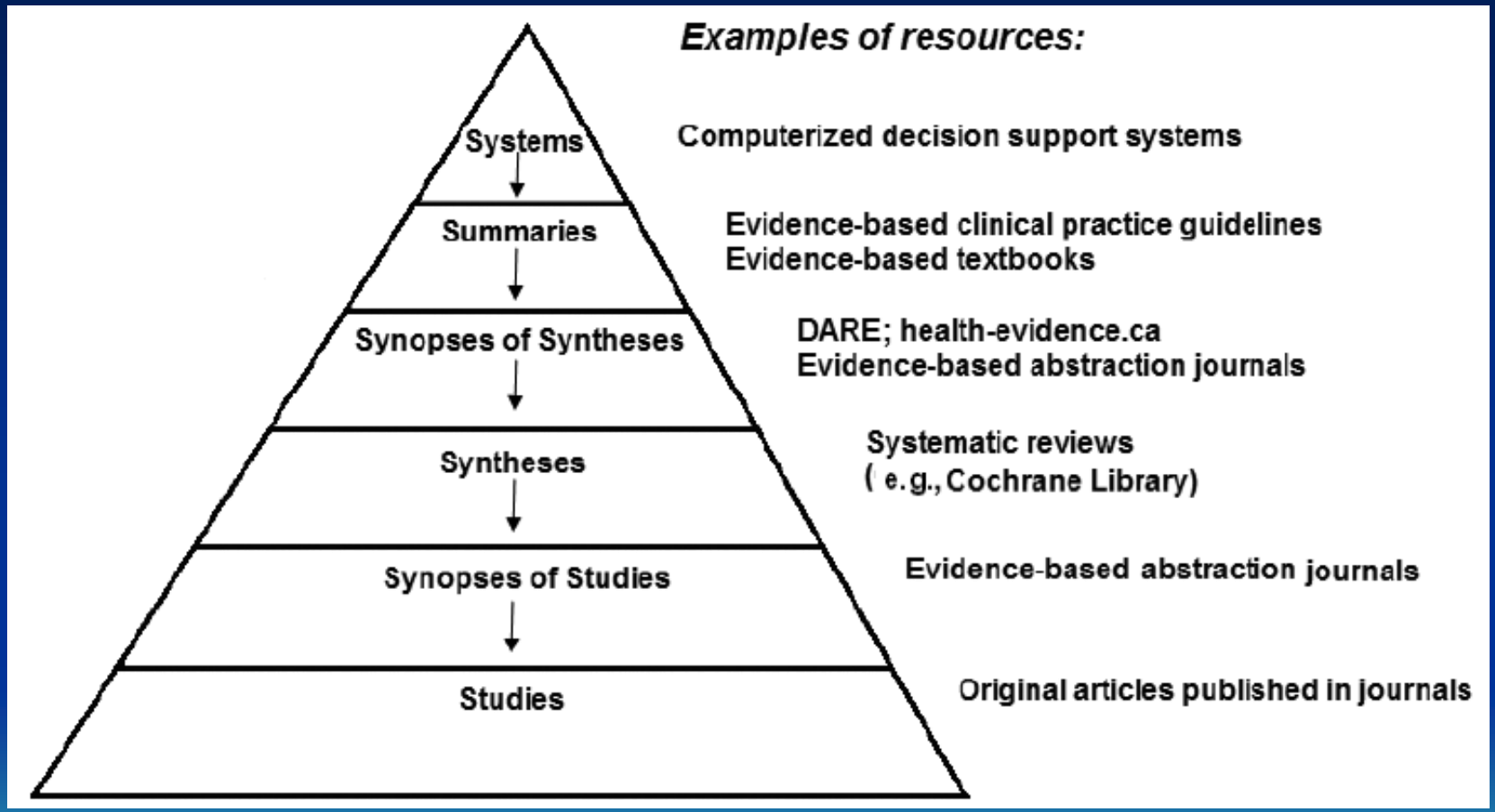


Figure 1 The "5S" levels of organisation of evidence from healthcare research.

Haynes B.Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based healthcare decisions. Evid Based Nurs. 2007 Jan;10(1):6-7

The 6S model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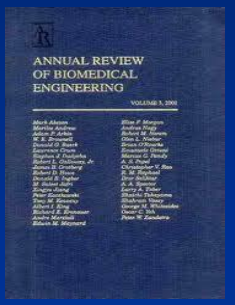

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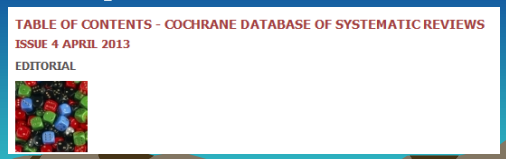

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BOLETÍN
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Vol. XLIX, Nº 1, Enero-Julio, 2009

Revisiones

Aspectos clínico-epidemiológicos de la toxocariasis: una enfermedad desatendida en Venezuela y América Latina

Olinda Delgado* & Alfonso J. Rodríguez-Morales

La toxocariasis es una enfermedad zoonótica de gran importancia en términos de la morbilidad que puede producir en el ser humano y por lo difícil que puede resultar su control para la salud pública. Recientes hallazgos en cuanto a su asociación con otras patologías, el avance en técnicas diagnósticas y nuevos descubrimientos terapéuticos generan la inquietud de revisar un tópico de actualidad que puede ser considerado olvidado y desatendido por la escasez de estudios nacionales y latinos. En el presente artículo se hace una revisión de diferentes aspectos relacionados a la biología del parásito *Toxocara canis* y su relevancia clínico-epidemiológica en el ser humano, con énfasis en Venezuela y América Latina.

Palabras clave: Toxocariasis, *Toxocara canis, Toxocara cati,* Epidemiología, Venezuela, América Latina.

Delgado O, **Rodríguez-Morales AJ. Aspectos clínico-epidemiológicos de la toxocariasis: una enfermedad desatendida en Venezuela y América Latina**. *Boletín de Malariología y Salud Ambiental* 2009 Ene/Jul; 49(1):1-33.

Tabla I. Estudios epidemiológicos latinoamericanos publicados sobre toxocariasis.

País	Prevalencia y Seroprevalencia (año) (Referencia)
Argentina	Prevalencia: 9% a 19% de perros en el Gran Buenos Aires (1999) (Rubel *et al.*, 2003) 11% de perros domésticos en la zona sur de Buenos Aires (2003 a 2004) (Fontanarrosa *et al.*, 2006) 13,2% de muestras de suelo de lugares públicos, La Plata (2000) (Fonrouge *et al.*, 2000) 17,4% de muestras de suelo en la provincia de Chubut (2000) (Zunino *et al.*, 2000) 35,1%, muestras de suelo, zonas rurales, Chubut, Neuquen, y Rio Negro (2007) (Fillaux *et al.*, 2007) Seroprevalencia: 10,6% en donantes de sangre en Gualeguaychu (1998) (Minvielle *et al.*, 2000) 22,1% de la comunidad aborigen Wichi del norte de Salta (2000) (Taranto *et al.*, 2003) 23% de personas en la zona rural de La Plata (2006) (Chiodo et al., 2006) 31,6% de personas, zonas rurales, Chubut, Neuquen, y Rio Negro (2007) (Fillaux *et al.*, 2007) 37,9% de niños en Resistencia (2000) (Alonso *et al.*, 2000)
Bolivia	Toxacara cati identificado en muchas especies de animales salvajes (Chaco Boliviano, 2001 a 2003) (Fiorello *et al.*, 2006) Seroprevalencia: 27% en población general, Mora, y 42%, Zanja Honda, Santa Cruz (1998) (Cancrini *et al.*, 1998)
Brasil	Prevalencia: 5% de perros en el estado de Sao Paulo (2002) (Oliveira-Sequeira *et al.*, 2002) 9,3% de heces caninas, área central de playa Cassino, Río Grande do Sul (2003) (Scaini *et al.*, 2003) 12,3% a 14,0% de muestras de suelo en Campinas (1999) 14,5% de muestras fecales de perros de Itapema, Santa Catarina (2005) (Blazius *et al.*, 2005) 25,2% de gatos de la región metropolitana de Río de Janeiro (2004) (Labarthe *et al.*, 2004) 39,0% de perros y 29,7% de muestras de suelo, San Remo, Sao Paulo (2005) (Muradian *et al.*, 2005) Seroprevalencia: 8,7% de niños de 1 a 15 años hospitalizados en Uberlandia, Minas Gerais (2006) (Teixeira *et al.*, 2006) 12,1% de escolares en el Recife suburbano (2005) (De Andrade Lima Coelho *et al.*, 2005) 21,5% de niños de 6 meses a 5 años en el nordeste de Brasil (2007) (Ferreira *et al.*, 2007) 21,8% de niños de clase baja, y 3% de niños de clase alta del DF 23,9% de personas en Campinas (1999); 26,9% de niños en San Remo, São Paulo (2005) (Muradian *et al.*, 2005) 38,8% de escolares en la región Butanta de São Paulo Estudio anatomopatológico encuentra granulomas por SLMV hepático en 3,2% de autopsias en niños de 1 a 15 años de edad. Anticuerpos anti-Toxacara detectados en 30 a 39% de estos niños, Vitoria (2007) (Musso *et al.*, 2007)

Se realizó una búsqueda sistemática de la literatura, en las bases de datos bibliográficas *Index Medicus/Medline, Web of Science* (ISI), *Index Medicus Latinoamericano*/Lilacs, SciELO e IMBIOMED. La búsqueda se ejecutó inicialmente con el descriptor *imported malaria*, que mostró 89 artículos de revisión de los cuales se seleccionó 23, considerando su relación con el tema de estudio. Asimismo, se introdujo los descriptores *imported malaria + social factors* y se obtuvo ocho artículos de revisión. Luego, se introdujo *imported malaria + public policy* y no se encontró ninguna publicación, Finalmente, de los 48 artículos de revisión mostrados de los descriptores *malaria + public policy*, se seleccionó sólo tres. La mayoría de las publicaciones encontradas en esta búsqueda apuntan a los factores epidemiológicos y clínicos de la malaria en general, y específicamente de la malaria Importada. Esto refuerza la poca importancia que se le ha dado a este aspecto sanitario como problema de salud pública y su incipiente exploración desde el ámbito académico. Más aun, en muchas ocasiones, los grupos de investigación de países desarrollados describen y reportan estimaciones y descripciones de las zonas de incidencia de la malaria y otras enfermedades tropicales para nuestra y otras regiones como áreas endémicas, que no necesariamente obedecen a la verdadera situación de estas entidades [6], y mucho menos a su posible compresión en términos sociales.

Rodriguez-Morales AJ, López-Zambrano MA, Harter-Griep R, Vilca-Yengle LM, Cárdenas R. Aspectos Sociales de la Malaria Importada en Latinoamérica. Rev Peru Med Exp Salud Publica 2008 Abr-Jun; 25(2):208-16.

The purpose of this review is to present a general overview of key tropical infectious diseases (parasitic, viral, bacterial, and fungal) that are increasingly identified in transplant recipients. We also briefly discuss some infectious pathogens occurring in transplant recipients that are traditionally considered tropical infections but that are also transmitted – albeit less frequently - in non-tropical settings. We searched PubMed with the keywords transplantation, tropical infections, and specifying particular pathogens (viral, bacterial, fungal, and parasitic) and matching them to keywords 'transplant' or 'transplantation'. We also cross-referenced among the different sections and topics. We reviewed 250 references; only 135 of the most relevant references chosen by disease frequency and clinical impact among transplant recipients have been included in this review.

Franco-Paredes C, Jacob JT, Hidron A, Rodriguez-Morales AJ, Kuhar D, Caliendo AM. Transplantation and Tropical Infectious Diseases. Int J Infect Dis 2010 Mar; 14(3):e189-e196.

hybrid situation is present. In fact, several mutations have been reported recently in sJIA[6]. Thus, as in other infection-associated hyperinflammatory syndromes[7-10], activation of receptors and cells of the innate immunity system is likely to play a major role in HLH.

The most typical presenting signs and symptoms are fever, hepatosplenomegaly, and cytopenias. Less frequently observed clinical findings are neurological symptoms, lymphadenopathy, edema, skin rash, and jaundice[11,12]. Common laboratory findings include hypertriglyceridemia, hyperferritinemia, a coagulopathy with hypofibrinogemia, and elevated aminotransferases[11,12]. However, HLH is diagnosed using clinical criteria developed by the HLH Study Group of the Histiocyte Society[13,14] (Table I).

Literature Review

PubMed search of human cases of HLH occurring during zoonotic diseases was performed combining the terms (haemophagocytic, or haemophagocytosis, or hemophagocytosis, or hemophagocytic, or erythrophagocytosis, or macrophage activation syndrome) with each one of the etiological agents of zoonoses and/or one of the diseases indicated in Tables II and III for the period January 1950 to August 2012. A study was considered eligible for inclusion in the systematic review if it reported data on patients with zoonotic diseases who had microscopic signs of hemophagocytosis and/or fulfilled the diagnostic criteria of the HLH Study Group of the Histiocyte Society.

Results

The PubMed search identified 1157 papers. Duplicate publications or papers not reporting clinical cases were excluded. After a scrupulous analysis, 153 papers were further evaluated. In the Table

Cascio A, Pernice LM, Barberi G, Delfino D, Biondo C, Beninati C, Mancuso G, Rodriguez-Morales AJ, Iaria C. Secondary hemophagocytic lymphohistiocytosis in zoonoses. A systematic review. Eur Rev Med Pharmacol Sci 2012 Oct; 16(10):1324-1337.

En el presente artículo se ha realizado una búsqueda sistemática de información en las bases de datos Index Medicus/MEDLINE (www.pubmed.com), Scopus (www.scopus.com), SciELO (www.scielo.org), IMBIOMED (www.imbiomed.com) y LILACS (www.bireme.br), bajo los términos (en inglés Medical Subject Headings, MeSH; en español Descriptores en Ciencias de la Salud, DeCS) "toxocariasis", "Toxocara", "cardiac", "cardiovascular", sin restricción inicial del lenguaje, considerando particularmente artículos en inglés, español y portugués, con el fin de revisar los principales aspectos clínico-patológicos de las manifestaciones cardiovasculares de la toxocariasis inclusive su fisiopatología, hallazgos de laboratorio y opciones terapéuticas, con el objeto de llamar la atención acerca de la importancia de esta zoonosis y su relevancia para la medicina cardiovascular en adultos y en niños, en especial porque hasta donde nosotros sabemos no existen artículos de revisión previos sobre estas manifestaciones.

Al hacer la búsqueda en MEDLINE se encontraron inicialmente 91 artículos, de los cuales se seleccionaron 40 que correspondían exclusivamente con seres humanos. Al buscar en Scopus se encontraron 15 referencias adicionales, de las cuales se seleccionaron cinco artículos. En SciELO se localizaron 20 referencias, pero no se encontraron referencias adicionales, distintas a las ya seleccionadas en la base MEDLINE. En IMBIOMED de un total de 17 referencias no se seleccionó ninguna para la revisión. Al final se seleccionaron 45 artículos para su detallada revisión e inclusión en el presente trabajo, de los cuales 22 conciernen a los aspectos cardiovasculares de la toxocariasis. Además se tomaron en cuenta otras referencias complementarias generales sobre los aspectos clínicos, epidemiológicos, diagnósticos, terapéuticos y preventivos de la toxocariasis.[14-83]

Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013 Apr-Jun;83(2):120-9.

Hallazgos de la Revisión

Table II. Clinical significant agents of zoonoses found associated with secondary HLH.

Bacteria	References and notes
Anaplasma phagocytophilum	[15]Review
Bartonella sp.	[16]Renal transplant recipients
Borrelia sp.	[17]Lyme disease
Brucella sp.	[18]Analysis of children with brucellosis associated with pancytopenia, Turkey; [19]8 year-old male, Turkey; [20]84 year-old female, antilymphoma chemotherapy; [21]Multicenter retrospective study, Turkey; [22]Retrospective study, 3 patients, Turkey; [23]11 year-old boy, Turkey; [24]5 patients, Spain; [25,26]disseminated intravascular coagulation, Spain; [27,28]; Retrospective study, Saudi Arabia; [29,30]Two and half years old female, India; [31]Pulmonary involvement, Iran; [32]Bone marrow biopsy findings in brucellosis patients with hematologic abnormalities, China;
Campylobacter sp.	[33]*Campylobacter fetus*, AIDS, USA
Capnocytophaga sp	[34]Sudden Sensorineural Hearing Loss, Japan
Clostridium sp.	[35]AIDS; [36]Pancreatic carcinoma
Coxiella burnetii	[37,38,39,37,38,40]
Ehrlichia chaffeensis and *Ehrlichia ewingii*	[41]Two children, USA; [42]Case report, USA; [43]Fatal case, USA; [44]67 year-old white man, disseminated intravascular coagulopathy, USA
Leptospira sp.	India [45,46]Fatal case, Taiwan:
Listeria sp.	[47]*L. monocytogenes*, bone marrow transplant recipient, France
Mycobacterium avium	[48]*M. avium*, AIDS; [49]*M. avium*, Lupus erythematosus
Orientia tsutsugamushi	[50-53]

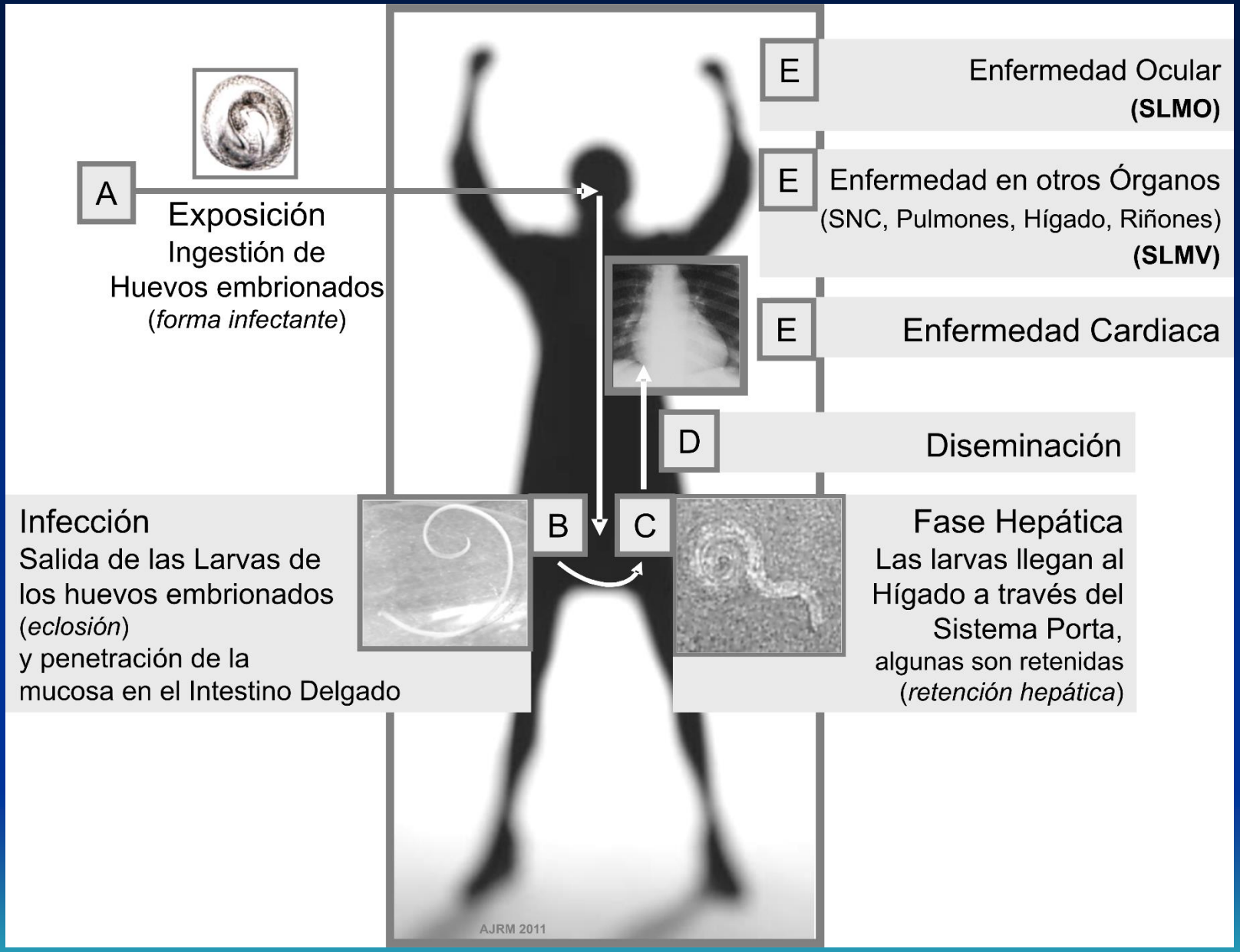
Cascio A, Pernice LM, Barberi G, Delfino D, Biondo C, Beninati C, Mancuso G, Rodriguez-Morales AJ, Iaria C. Secondary hemophagocytic lymphohistiocytosis in zoonoses. A systematic review. Eur Rev Med Pharmacol Sci 2012 Oct; 16(10):1324-1337.

Tabla 1. Manifestaciones cardiovasculares de la toxocariasis.

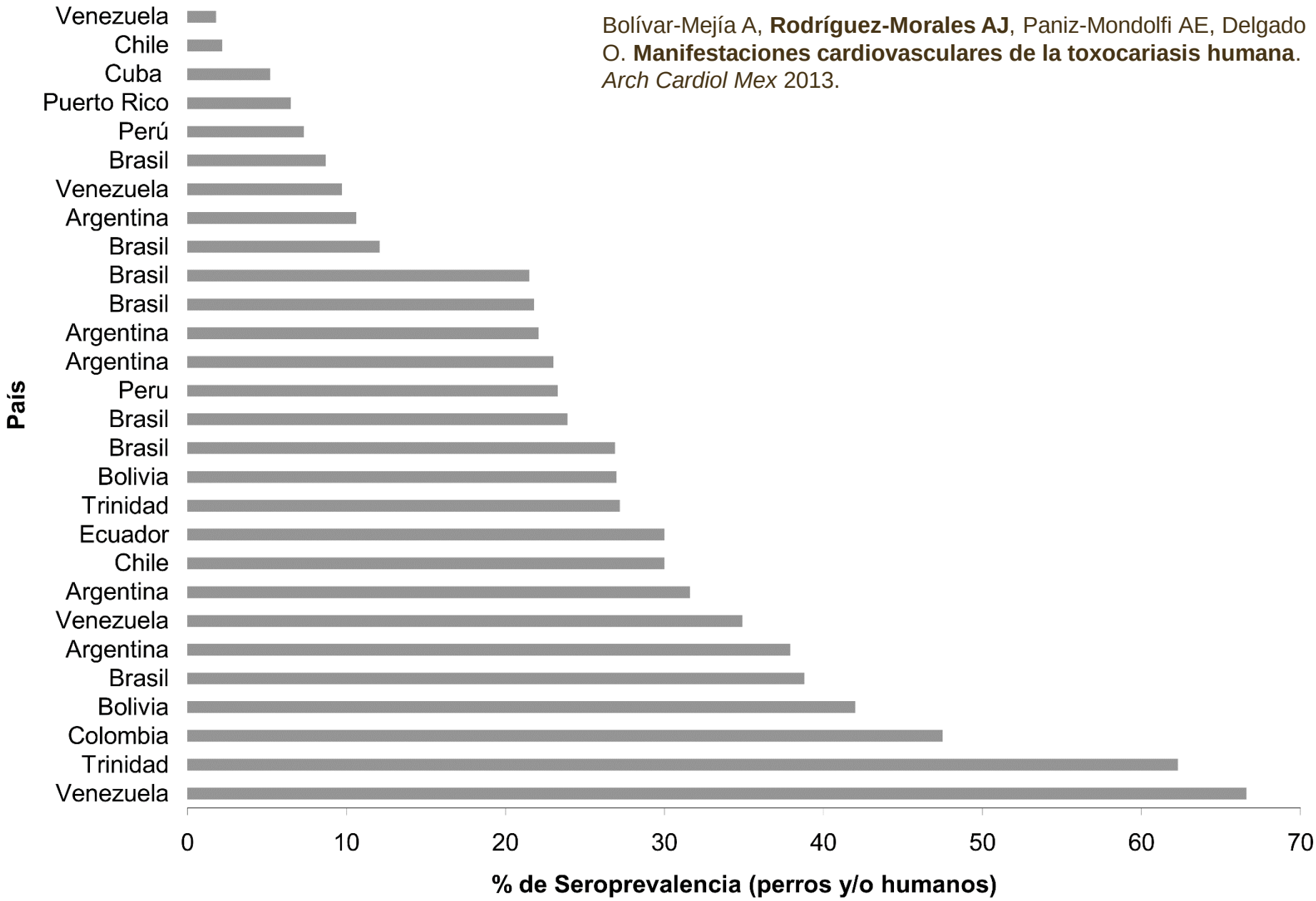
Manifestaciones	Ref.
Al examen físico cardiovascular	
Sincope	31
Hipotensión	31,47
Dificultad respiratoria	8,48
Dolor torácico	8,47
Palpitaciones	8
Fatiga	8
Pulso paradójico	8,47
Taquicardia	8,47,48

Manifestaciones por estructuras cardiovasculares	Ref.
Miocardio	
Miocarditis eosinofilica	8,13,47,68
Miocarditis linfocítica	13
Miocarditis aguda fulminante	46
Granulomas	10,13,64
Fibrosis	13,45,46
Microabscesos	13
Presencia de las larvas	13
Necrosis de los miocitos	13,45,46,47

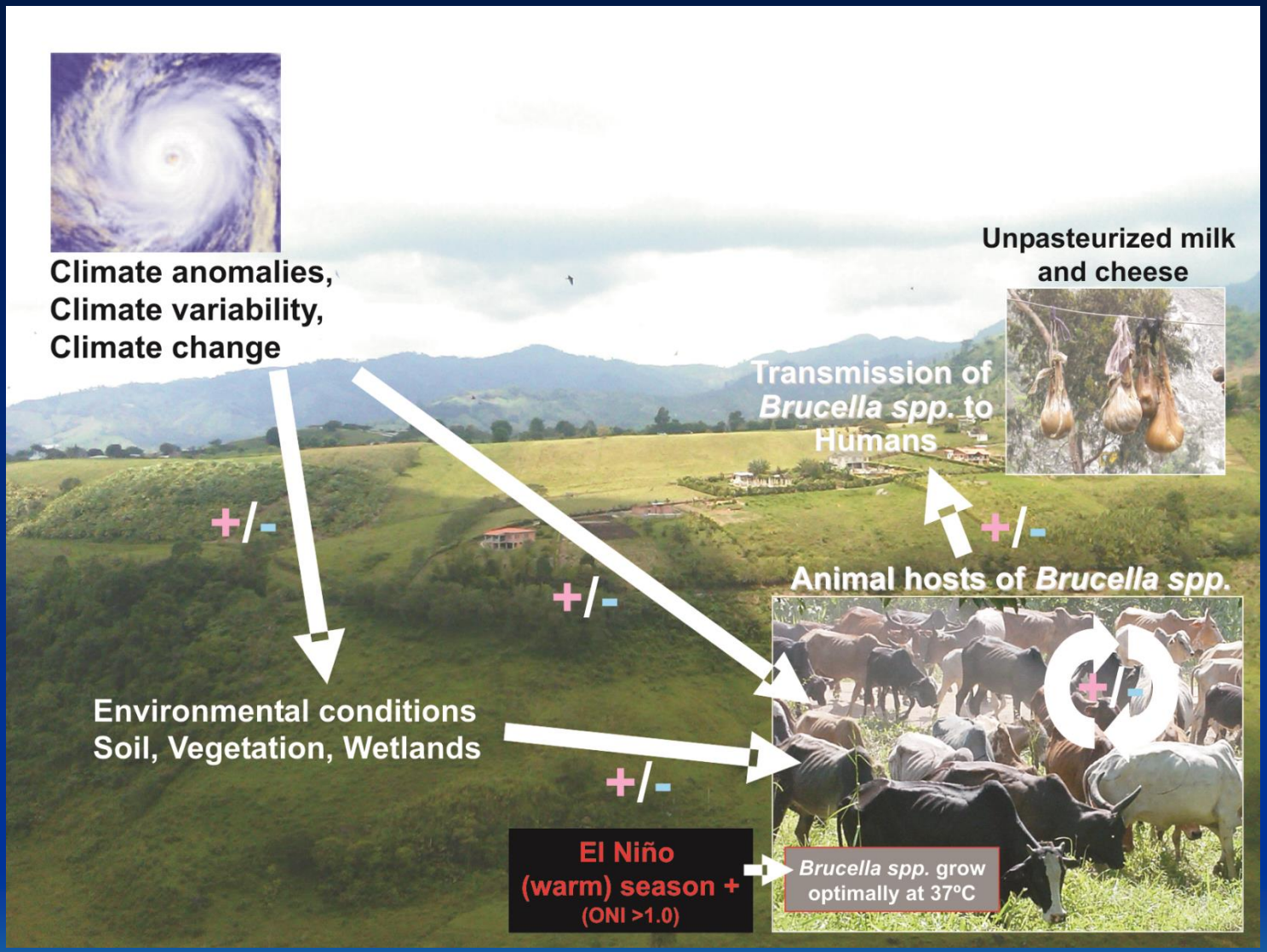
Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



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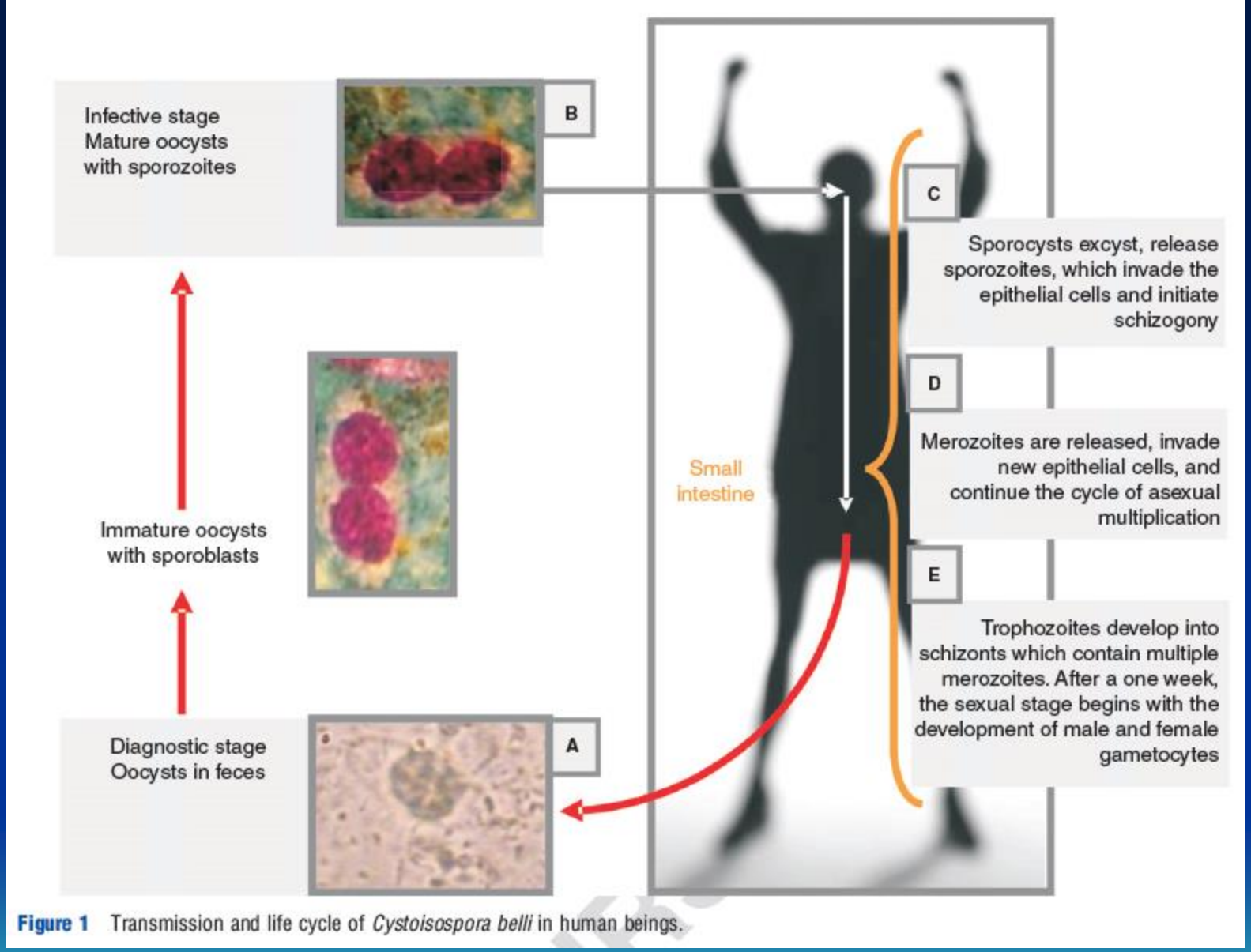

Figure 1 Transmission and life cycle of *Cystoisospora belli* in human beings.

Chapter: ***Mycobacterium bovis***. In: Motarjemi Y. (Editor). Encyclopedia of Food Safety. Elsevier, London, 2014 (accepted, in press).

Elementos Críticos

- Calidad – Redacción y contenido
- Metodología empleada
- Aportes de la revisión
- ¿Quiénes participan de la revisión?
- Grupos multidisciplinarios
- Grupos multinacionales

Original articles: Introduction

International Journal of Infectious Diseases 14 (2010) e189–e196

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Review

Transplantation and tropical infectious diseases

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Original articles: Introduction

1. Introduction

More transplantation procedures are being performed annually, resulting in an increase in the number of immunocompromised hosts.[1–7] Most of the literature in infectious diseases in transplantation has focused on common pathogens prevalent in industrialized Western countries, where most transplantation surgeries occur.[1,2,4–7] However, in the last decade, there has been a growing identification of tropical infectious diseases occurring in transplant hosts in endemic and non-endemic settings.[3,4,7–11] The epidemiologic reasons for the growing number of reports of tropical infections appearing in transplant recipients include: (1) increasing travel of transplanted patients to the tropics and subtropics;[8,12,13] (2) increasing population immigration from endemic areas for tropical infections to non-endemic settings;[6,14,15] (3) increasing numbers of transplantation procedures taking place in tropical countries;[11,16–19] and (4) many individuals traveling overseas for 'transplant tourism' in countries with high prevalence of tropical infectious diseases.[20,21] In general, transmission of these infections occurs through three main routes: donor-derived infections,[3,4,6,15,22] reactivation or recrudescence of latent infections,[16,22–24] or transmission de novo during the post-transplant period.[4,16] Infectious pathogens may be carried by the graft or the infection may be acquired through transfusion of blood products during or after the transplantation.[3,4,6,16,25–29]

Post-transplantation tropical infections are not considered by most clinicians and therefore are frequently misdiagnosed.[6,22,30–36] Reactivation (recrudescence) in the organ recipient of latent or dormant infections is a frequent source of tropical infections.[4,6,22,25] Examples of this mechanism include infection with *Strongyloides stercoralis* leading to disseminated strongyloidiasis[35] or hyperinfection syndrome[25,29,35] and *Trypanosoma cruzi*, leading to increased replication of parasites that produces symptoms similar to those seen during the acute stages of Chagas disease.[6,16,22] New infections in the post-transplantation period are a common source of tropical acquired infections in travelers and people residing in endemic areas.[8,19,29] In other cases of tropical parasitic infections such as alveolar echinococcosis caused by *Echinococcus multilocularis*, liver transplantation has been attempted as a salvage therapeutic alternative with variable success among those individuals not responding to other surgical and medical interventions.[37,38] In a similar, manner heart transplantation has been adopted as salvage therapy for patients with Chagas cardiomyopathy.[39–41]

There is an increasing number of transplant recipients traveling to the tropics and acquiring malaria, dengue, and other tropical infections.[8,13,30] The risk of acquiring tropical infections after

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PARASITOLOGY TROPICAL MEDICINE (C FRANCO-PAREDES, SECTION EDITOR)

Toxocariasis in the Americas: Burden and Disease Control

Adrián Bolivar-Mejia · Camila Alarcón-Olave · Lauren S. Calvo-Betancourt · Alberto Paniz-Mondolfi · Olinda Delgado · Alfonso J. Rodriguez-Morales

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Abstract Human toxocariasis is a zoonotic parasitic disease that represents extensive morbidity in many countries. Caused by *Toxocara canis* and *Toxocara cati*, the clinical spectrum of this helminthiasis can be extended from asymptomatic forms up to life-threatening syndromes, such as the visceral larva migrans. Its epidemiology and burden is not clear; many times it is not diagnosed and, in most countries, it is not a notifiable disease. Some recent reviews have shown a large range of variability in terms of reported seroprevalence by countries. In this review, we summarized information regarding human toxocariasis burden of disease and control efforts in the region of the Americas.

Keywords *Toxocara* · *Toxocara canis* · *Toxocara cati* · Toxocariasis · Epidemiology · Zoonoses · Americas · Burden · Diagnosis · Control · Prevention · Public Health

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Introduction

Toxocariasis is known as a worldwide distributed zoonosis, caused by the infection in humans of *Toxocara canis* and *Toxocara cati*, two ascarid parasites which are found in their adult forms in the small intestines of dogs and cats [1•, 2]. Although most studies have focused their attention on the infection due to *T. canis*, human infection acquired from cats is also frequent in many settings. As a result, toxocariasis, which could be considered a neglected parasitic infection, is even more understudied in the case of the cat ascarid infection in humans. The infection occurs in humans by the accidental ingestion of larval eggs that stay in the intestine where they can cause little and self-limiting inflammatory reactions, severe systemic infections, or even death [1•, 2, 3].

Once a human becomes infected, this tends to become a chronic process with a wide spectrum of clinical manifestations, ranging from asymptomatic courses, to the characteristic forms of clinical presentations such as: visceral larva migrans syndrome (VLM) and ocular larva migrans syndrome (OLM) [1•, 4]. VLM may affect several organs such as the liver, manifesting as hepatitis or hepatomegalia; the lungs, in which cough or asthmatic crises can occur; and the heart, where it may produce myocarditis or congestive heart failure. Other organs, such as the skin, central nervous system, and kidneys, may also become affected. Such presentation is associated with relevant number of *Toxocara* larvae and is usually seen in children less than 5 years [1•, 4]. OLM occurs

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usually in people over 5 years. Evidence suggests that this form of human toxocariasis tends to occur in the absence of systemic and visceral involvement. The principal manifestation that the larva migrans causes when invading the eye is retinal damage [1•,5].

Toxocariasis has a worldwide distribution, being considered endemic in most of America, Africa and Asia [5•]. This zoonosis is well related to the human pattern to live near to dogs and cats, and the inadequate management of the animals feces [1•]. The seroprevalence in Latin America ranges from 1.8 up to 66.6 % (Fig. 1). It is estimated that the prevalence rates of *Toxocara canis* in dogs can vary between 0 and 99.4 % [1•, 4]. Infection rate is usually higher in younger animals. In general, the seroprevalence rates vary from country to country. According to some reports, these could be 27 % in Bolivia, 8.7 % to 38.8 % in Brazil, 2.2 % in Chile, 47.5 % in Colombia, 5.2 % in Cuba, 6.5 % in Puerto Rico, 34.9 % to 66.6 % in Venezuela, 27.2 % to 62.3 % in Trinidad, 7.33 % to 32.4 % in Peru, 30 % in Ecuador and 10.6 % to 36.9 % in Argentina [2, 5•].

The transmission of larval eggs is always orally and there are two ways of acquiring the infection: direct oral transmission, which occurs in people with geophagy (the habit of eating dirt), commonly seen in psychiatric or pediatric patients, and the indirect oral transmission that occurs by consuming contaminated food with the juvenile larval forms [4, 6].

Like many other parasitic diseases, toxocariasis is much more common in developing countries, especially in rural areas, where the estimated seroprevalence is 37 %, compared with urban areas for which it is about 2 – 14 % [1•, 7, 8]. However, accurate statistics in Latin America are poorly known because it is not a disease under epidemiological surveillance. So, in this review, we summarize the information regard the epidemiological burden of this zoonotic disease in the Americas and discuss its impact on regional public health.

Toxocariasis in the United States

In the United States (US), a decrease in the mortality rate resulting from infectious diseases has occurred over time, even more from tropical and parasitic diseases. However, among the poorest people living in the US, there is a group of serious parasitic and bacterial disease including toxocariasis, cysticercosis and Chagas disease. Toxocariasis is a disease belonging to the group known as the "neglected infections of poverty", because it is a disease that has been forgotten by the US public health community and it promotes poverty through its impact on child health and development [9, 10].

Toxocariasis is a very common human parasitic worm infection in the US., it is closely related to poverty status in the US, which is higher in non-metropolitan areas, especially in the south and among non-Hispanic blacks and Native Americans, as has been reported previously [9]. Children are particularly prone to infection because they are exposed to the eggs in sandboxes and playgrounds contaminated with dog and cat feces [11•]. The prevalence rate of toxocariasis, which is based on serologic

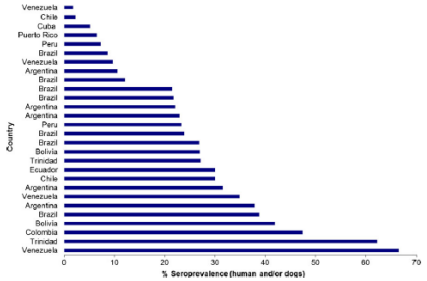

Fig. 1 Reported Seroprevalences of Human Toxocariasis in Latin American countries

Características Básicas

- Resumen el estado actual de la investigación hecha en un tema hasta el momento (>80% referencias, ultimo bienio)
- No es una investigación, por ende no lleva materiales y métodos
- Diferentes tipos y opciones de la revisión

Características Básicas

- Formato
  - Variable dependiendo de la revista
  - Algunas aceptan solo tipos específicos
  - Número de autores, generalmente limitados (1-4 autores)
  - Número de referencias
    - En Colombia está regulado a mínimo 50
    - Otros países y revistas: variable, pero generalmente >30

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Cardiac Involvement with Parasitic Infections

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PARASITOLOGY TROPICAL MEDICINE (C FRANCO-PAREDES, SECTION EDITOR)

Toxocariasis in the Americas: Burden and Disease Control

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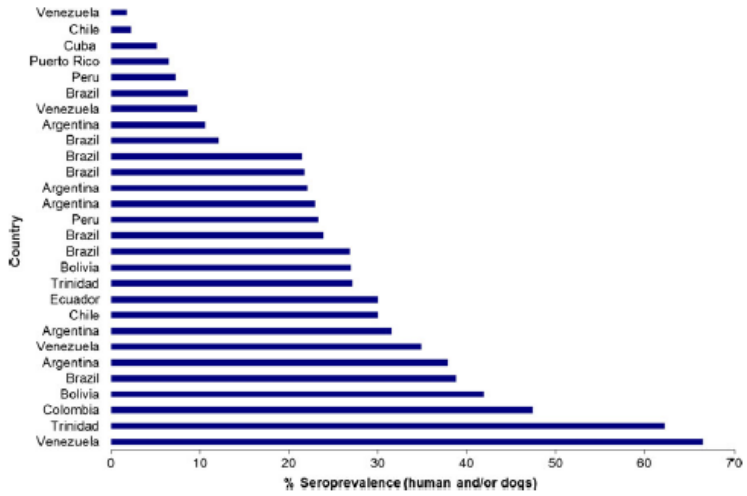

Fig. 1 Reported Seroprevalences of Human Toxocariasis in Latin American countries

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62.•• Macpherson CN. The epidemiology and public health importance of toxocariasis: a zoonosis of global importance. Int J Parasitol. 2013;43:999–1008. *Very recent mini-review discussing the relevance of toxocariasis as one of the most important global zoonosis.*

Bolivar-Mejia A, Alarcón-Olave C, **Rodriguez-Morales AJ. Skin manifestations of arthropod-borne infection in Latin America**. *Current Opinion in Infectious Diseases* 2014 (accepted, in press, Ref.: Ms. No. QCO270308) (Indexed on Medline/Index Medicus)

78. Strasen J, Williams T, Ertl G, *et al*. Epidemiology of Chagas disease in Europe: many calculations, little knowledge. Clin Res Cardiol 2014; 103:1-10.

••Excellent recent review on current situation of imported cases of Chagas disease in Europe and its implications.

79. Stoddard ST, Forshey BM, Morrison AC, *et al*. House-to-house human movement drives dengue virus transmission. Proc Natl Acad Sci U S A 2013; 110:994-999.

80. Pérez-Molina JA. Management of *Trypanosoma cruzi* coinfection in HIV-positive individuals outside endemic areas. Curr Opin Infect Dis 2014; 27:9-15.

••Excellent review about Chagas disease-HIV coinfection.

81. Jarvis JN, Lockwood DN. Clinical aspects of visceral leishmaniasis in HIV infection. Curr Opin Infect Dis 2013; 26:1-9.

••Excellent review about visceral leishmaniasis-HIV coinfection.

82. Roberts CH, Mongkolsapaya J, Screaton G. New opportunities for control of dengue virus. Curr Opin Infect Dis 2013; 26:567-574.

Características Básicas

- Referencias
  - De muy buen calidad
  - Suficientes
  - Recientes, actualizadas
  - En el formato apropiada
  - Las verdaderamente necesarias

Características Básicas

- Formato
  - Existen revistas especializadas en revisiones
    - Annual Review of Microbiology
    - Annual Review of Cardiology
    - Annual Review of Entomology
- Estructura Principal
  - Introducción
  - Cuerpo de la Revisión
  - Discusión/Conclusiones

Características Básicas

- Resumen
  - Generalmente de 250 palabras
  - Acompañado de palabras clave
  - Debe tener una versión en inglés con sus correspondientes key words

BOLETÍN
DE MALARIOLOGÍA
Y SALUD AMBIENTAL
Vol. XLIX, Nº 1, Enero-Julio, 2009

Revisiones

Aspectos clínico-epidemiológicos de la toxocariasis: una enfermedad desatendida en Venezuela y América Latina

Olinda Delgado* & Alfonso J. Rodríguez-Morales

La toxocariasis es una enfermedad zoonótica de gran importancia en términos de la morbilidad que puede producir en el ser humano y por lo difícil que puede resultar su control para la salud pública. Recientes hallazgos en cuanto a su asociación con otras patologías, el avance en técnicas diagnósticas y nuevos descubrimientos terapéuticos generan la inquietud de revisar un tópico de actualidad que puede ser considerado olvidado y desatendido por la escasez de estudios nacionales y latinos. En el presente artículo se hace una revisión de diferentes aspectos relacionados a la biología del parásito *Toxocara canis* y su relevancia clínico-epidemiológica en el ser humano, con énfasis en Venezuela y América Latina.

Palabras clave: Toxocariasis, *Toxocara canis, Toxocara cati,* Epidemiología, Venezuela, América Latina.

Delgado O, **Rodríguez-Morales AJ. Aspectos clínico-epidemiológicos de la toxocariasis: una enfermedad desatendida en Venezuela y América Latina**.
Boletín de Malariología y Salud Ambiental 2009 Ene/Jul; 49(1):1-33.

Elementos Fundamentales

- Debe contar con elementos de apoyo porque la revisión debe ser explicativa
  - Cuadros
  - Figuras

Tabla I. Estudios epidemiológicos latinoamericanos publicados sobre toxocariasis.

País	Prevalencia y Seroprevalencia (año) (Referencia)
Argentina	Prevalencia: 9% a 19% de perros en el Gran Buenos Aires (1999) (Rubel *et al.*, 2003) 11% de perros domésticos en la zona sur de Buenos Aires (2003 a 2004) (Fontanarrosa *et al.*, 2006) 13,2% de muestras de suelo de lugares públicos, La Plata (2000) (Fonrouge *et al.*, 2000) 17,4% de muestras de suelo en la provincia de Chubut (2000) (Zunino *et al.*, 2000) 35,1%, muestras de suelo, zonas rurales, Chubut, Neuquen, y Rio Negro (2007) (Fillaux *et al.*, 2007) Seroprevalencia: 10,6% en donantes de sangre en Gualeguaychu (1998) (Minvielle *et al.*, 2000) 22,1% de la comunidad aborigen Wichi del norte de Salta (2000) (Taranto *et al.*, 2003) 23% de personas en la zona rural de La Plata (2006) (Chiodo et al., 2006) 31,6% de personas, zonas rurales, Chubut, Neuquen, y Rio Negro (2007) (Fillaux *et al.*, 2007) 37,9% de niños en Resistencia (2000) (Alonso *et al.*, 2000)
Bolivia	Toxacara cati identificado en muchas especies de animales salvajes (Chaco Boliviano, 2001 a 2003) (Fiorello *et al.*, 2006) Seroprevalencia: 27% en población general, Mora, y 42%, Zanja Honda, Santa Cruz (1998) (Cancrini *et al.*, 1998)
Brasil	Prevalencia: 5% de perros en el estado de Sao Paulo (2002) (Oliveira-Sequeira *et al.*, 2002) 9,3% de heces caninas, área central de playa Cassino, Río Grande do Sul (2003) (Scaini *et al.*, 2003) 12,3% a 14,0% de muestras de suelo en Campinas (1999) 14,5% de muestras fecales de perros de Itapema, Santa Catarina (2005) (Blazius *et al.*, 2005) 25,2% de gatos de la región metropolitana de Río de Janeiro (2004) (Labarthe *et al.*, 2004) 39,0% de perros y 29,7% de muestras de suelo, San Remo, Sao Paulo (2005) (Muradian *et al.*, 2005) Seroprevalencia: 8,7% de niños de 1 a 15 años hospitalizados en Uberlandia, Minas Gerais (2006) (Teixeira *et al.*, 2006) 12,1% de escolares en el Recife suburbano (2005) (De Andrade Lima Coelho *et al.*, 2005) 21,5% de niños de 6 meses a 5 años en el nordeste de Brasil (2007) (Ferreira *et al.*, 2007) 21,8% de niños de clase baja, y 3% de niños de clase alta del DF 23,9% de personas en Campinas (1999); 26,9% de niños en San Remo, São Paulo (2005) (Muradian *et al.*, 2005) 38,8% de escolares en la región Butanta de São Paulo Estudio anatomopatológico encuentra granulomas por SLMV hepático en 3,2% de autopsias en niños de 1 a 15 años de edad. Anticuerpos anti-Toxacara detectados en 30 a 39% de estos niños, Vitoria (2007) (Musso *et al.*, 2007)

Boletín de Malariología y Salud Ambiental 2009 Ene/Jul; 49(1):1-33.

Tipos de Revisiones

- Revisión Narrativa
- Revisión de la Literatura
- Revisión Sistemática de la Literatura (RSL)
- Meta-Análisis (MA)

¿Por qué publicarlo un AR?

- No existen artículos de revisiones sobre el tema específico
- No hay AR recientes (últimos 5 años)
- No hay AR en el idioma de interés (español o inglés)
- Nuevos enfoques sobre el tema

Formas de Hacerlo

- Teniendo experticia previa en el tema
  - Publicaciones relacionadas al tema
- Muchas revistas solo reciben AR donde éstas invitaron previamente al autor a hacerlo
  - Investigar la política de la revista frente a los AR
- Generalmente por número no se publican más de 2-3 artículos de revisión
- Grupo capaz de sintetizar la literatura

Búsqueda Sistemática

- Fundamental para contar las apropiadas referencias
- Criterios de búsqueda
  - Términos o palabras clave
  - Filtros y límites
- Bases de datos a consultar
  - Debe tratar de ser exhaustiva (Medline, Scielo, Scopus, SCI, IMBIOMED, DOAJ).

Se realizó una búsqueda sistemática de la literatura, en las bases de datos bibliográficas *Index Medicus/Medline, Web of Science* (ISI), *Index Medicus Latinoamericano*/Lilacs, SciELO e IMBIOMED. La búsqueda se ejecutó inicialmente con el descriptor *imported malaria*, que mostró 89 artículos de revisión de los cuales se seleccionó 23, considerando su relación con el tema de estudio. Asimismo, se introdujo los descriptores *imported malaria + social factors* y se obtuvo ocho artículos de revisión. Luego, se introdujo *imported malaria + public policy* y no se encontró ninguna publicación, Finalmente, de los 48 artículos de revisión mostrados de los descriptores *malaria + public policy*, se seleccionó sólo tres. La mayoría de las publicaciones encontradas en esta búsqueda apuntan a los factores epidemiológicos y clínicos de la malaria en general, y específicamente de la malaria Importada. Esto refuerza la poca importancia que se le ha dado a este aspecto sanitario como problema de salud pública y su incipiente exploración desde el ámbito académico. Más aun, en muchas ocasiones, los grupos de investigación de países desarrollados describen y reportan estimaciones y descripciones de las zonas de incidencia de la malaria y otras enfermedades tropicales para nuestra y otras regiones como áreas endémicas, que no necesariamente obedecen a la verdadera situación de estas entidades [6], y mucho menos a su posible compresión en términos sociales.

Rodriguez-Morales AJ, López-Zambrano MA, Harter-Griep R, Vilca-Yengle LM, Cárdenas R. Aspectos Sociales de la Malaria Importada en Latinoamérica. Rev Peru Med Exp Salud Publica 2008 Abr-Jun; 25(2):208-16.

The purpose of this review is to present a general overview of key tropical infectious diseases (parasitic, viral, bacterial, and fungal) that are increasingly identified in transplant recipients. We also briefly discuss some infectious pathogens occurring in transplant recipients that are traditionally considered tropical infections but that are also transmitted – albeit less frequently - in non-tropical settings. We searched PubMed with the keywords transplantation, tropical infections, and specifying particular pathogens (viral, bacterial, fungal, and parasitic) and matching them to keywords 'transplant' or 'transplantation'. We also cross-referenced among the different sections and topics. We reviewed 250 references; only 135 of the most relevant references chosen by disease frequency and clinical impact among transplant recipients have been included in this review.

Franco-Paredes C, Jacob JT, Hidron A, Rodriguez-Morales AJ, Kuhar D, Caliendo AM. Transplantation and Tropical Infectious Diseases. Int J Infect Dis 2010 Mar; 14(3):e189-e196.

hybrid situation is present. In fact, several mutations have been reported recently in sJIA[6]. Thus, as in other infection-associated hyperinflammatory syndromes[7-10], activation of receptors and cells of the innate immunity system is likely to play a major role in HLH.

The most typical presenting signs and symptoms are fever, hepatosplenomegaly, and cytopenias. Less frequently observed clinical findings are neurological symptoms, lymphadenopathy, edema, skin rash, and jaundice[11,12]. Common laboratory findings include hypertriglyceridemia, hyperferritinemia, a coagulopathy with hypofibrinogemia, and elevated aminotransferases[11,12]. However, HLH is diagnosed using clinical criteria developed by the HLH Study Group of the Histiocyte Society[13,14] (Table I).

Literature Review

PubMed search of human cases of HLH occurring during zoonotic diseases was performed combining the terms (haemophagocytic, or haemophagocytosis, or hemophagocytosis, or hemophagocytic, or erythrophagocytosis, or macrophage activation syndrome) with each one of the etiological agents of zoonoses and/or one of the diseases indicated in Tables II and III for the period January 1950 to August 2012. A study was considered eligible for inclusion in the systematic review if it reported data on patients with zoonotic diseases who had microscopic signs of hemophagocytosis and/or fulfilled the diagnostic criteria of the HLH Study Group of the Histiocyte Society.

Results

The PubMed search identified 1157 papers. Duplicate publications or papers not reporting clinical cases were excluded. After a scrupulous analysis, 153 papers were further evaluated. In the Table

Cascio A, Pernice LM, Barberi G, Delfino D, Biondo C, Beninati C, Mancuso G, Rodriguez-Morales AJ, Iaria C. Secondary hemophagocytic lymphohistiocytosis in zoonoses. A systematic review. Eur Rev Med Pharmacol Sci 2012 Oct; 16(10):1324-1337.

En el presente artículo se ha realizado una búsqueda sistemática de información en las bases de datos Index Medicus/MEDLINE (www.pubmed.com), Scopus (www.scopus.com), SciELO (www.scielo.org), IMBIOMED (www.imbiomed.com) y LILACS (www.bireme.br), bajo los términos (en inglés Medical Subject Headings, MeSH; en español Descriptores en Ciencias de la Salud, DeCS) "toxocariasis", "Toxocara", "cardiac", "cardiovascular", sin restricción inicial del lenguaje, considerando particularmente artículos en inglés, español y portugués, con el fin de revisar los principales aspectos clínico-patológicos de las manifestaciones cardiovasculares de la toxocariasis inclusive su fisiopatología, hallazgos de laboratorio y opciones terapéuticas, con el objeto de llamar la atención acerca de la importancia de esta zoonosis y su relevancia para la medicina cardiovascular en adultos y en niños, en especial porque hasta donde nosotros sabemos no existen artículos de revisión previos sobre estas manifestaciones.

Al hacer la búsqueda en MEDLINE se encontraron inicialmente 91 artículos, de los cuales se seleccionaron 40 que correspondían exclusivamente con seres humanos. Al buscar en Scopus se encontraron 15 referencias adicionales, de las cuales se seleccionaron cinco artículos. En SciELO se localizaron 20 referencias, pero no se encontraron referencias adicionales, distintas a las ya seleccionadas en la base MEDLINE. En IMBIOMED de un total de 17 referencias no se seleccionó ninguna para la revisión. Al final se seleccionaron 45 artículos para su detallada revisión e inclusión en el presente trabajo, de los cuales 22 conciernen a los aspectos cardiovasculares de la toxocariasis. Además se tomaron en cuenta otras referencias complementarias generales sobre los aspectos clínicos, epidemiológicos, diagnósticos, terapéuticos y preventivos de la toxocariasis.[14-83]

Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013 Apr-Jun;83(2):120-9.

Hallazgos de la Revisión

Table II. Clinical significant agents of zoonoses found associated with secondary HLH.

Bacteria	References and notes
Anaplasma phagocytophilum	[15]Review
Bartonella sp.	[16]Renal transplant recipients
Borrelia sp.	[17]Lyme disease
Brucella sp.	[18]Analysis of children with brucellosis associated with pancytopenia, Turkey; [19]8 year-old male, Turkey; [20]84 year-old female, antilymphoma chemotherapy; [21]Multicenter retrospective study, Turkey; [22]Retrospective study, 3 patients, Turkey; [23]11 year-old boy, Turkey; [24]5 patients, Spain; [25,26]disseminated intravascular coagulation, Spain; [27,28]; Retrospective study, Saudi Arabia; [29,30]Two and half years old female, India; [31]Pulmonary involvement, Iran; [32]Bone marrow biopsy findings in brucellosis patients with hematologic abnormalities, China;
Campylobacter sp.	[33]*Campylobacter fetus*, AIDS, USA
Capnocytophaga sp	[34]Sudden Sensorineural Hearing Loss, Japan
Clostridium sp.	[35]AIDS; [36]Pancreatic carcinoma
Coxiella burnetii	[37,38,39,37,38,40]
Ehrlichia chaffeensis and *Ehrlichia ewingii*	[41]Two children, USA; [42]Case report, USA; [43]Fatal case, USA; [44]67 year-old white man, disseminated intravascular coagulopathy, USA
Leptospira sp.	India [45,46]Fatal case, Taiwan:
Listeria sp.	[47]*L. monocytogenes*, bone marrow transplant recipient, France
Mycobacterium avium	[48]*M. avium*, AIDS; [49]*M. avium*, Lupus erythematosus
Orientia tsutsugamushi	[50-53]

Cascio A, Pernice LM, Barberi G, Delfino D, Biondo C, Beninati C, Mancuso G, Rodriguez-Morales AJ, Iaria C. Secondary hemophagocytic lymphohistiocytosis in zoonoses. A systematic review. Eur Rev Med Pharmacol Sci 2012 Oct; 16(10):1324-1337.

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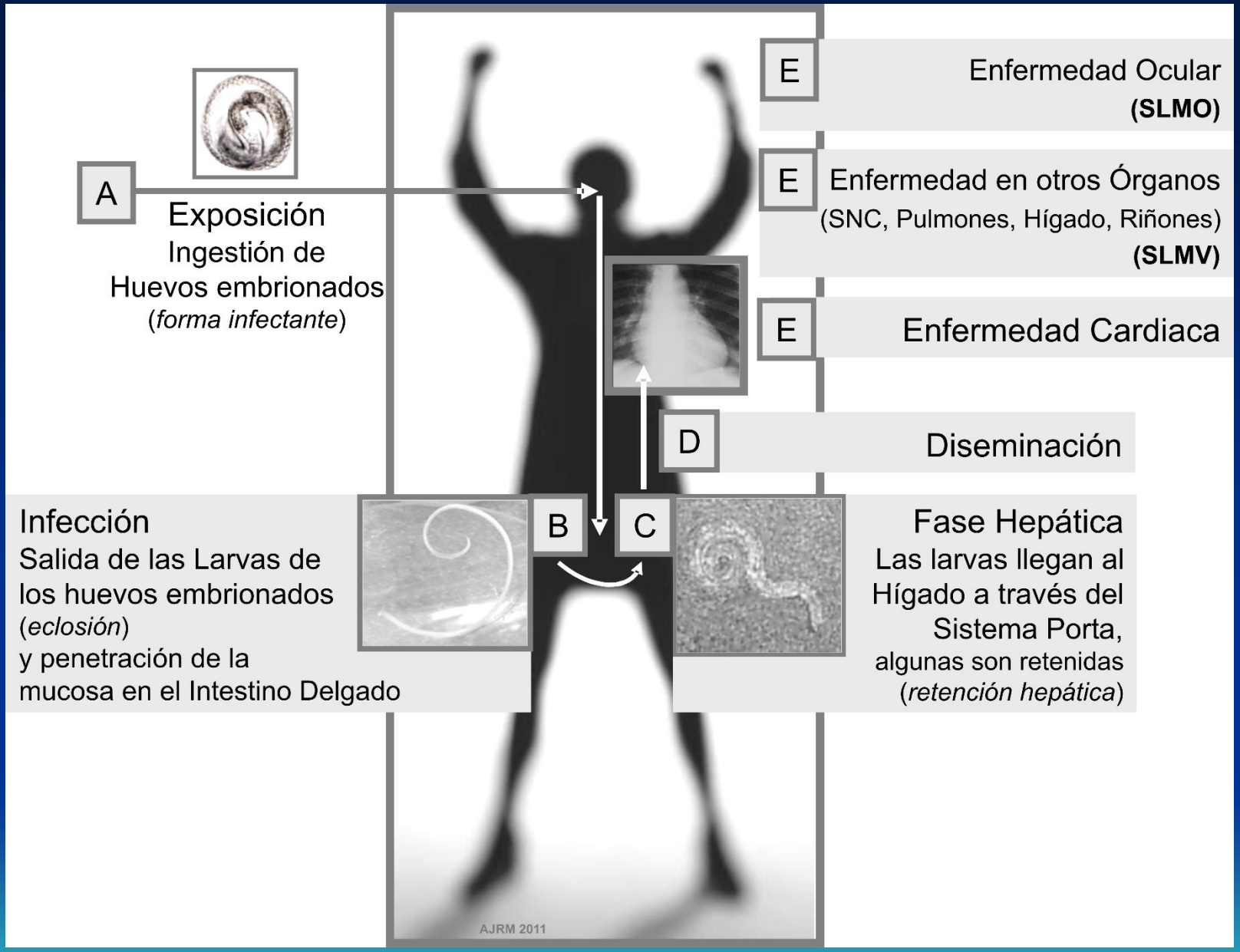
Boletín de Malariología y Salud Ambiental 2009 Ene/Jul; 49(1):1-33.

Tabla 1. Manifestaciones cardiovasculares de la toxocariasis.

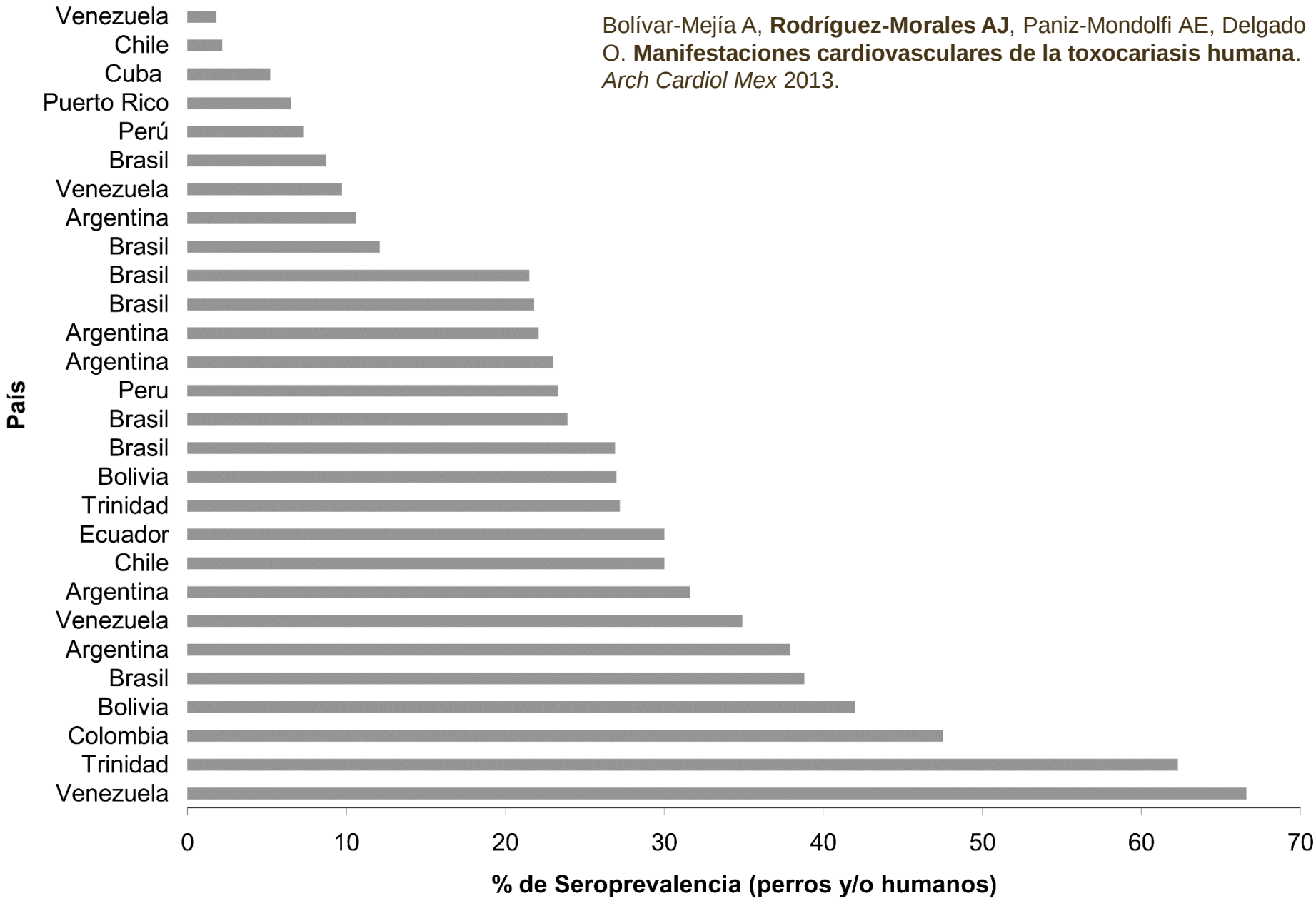
Manifestaciones	Ref.
Al examen físico cardiovascular	
Sincope	31
Hipotensión	31,47
Dificultad respiratoria	8,48
Dolor torácico	8,47
Palpitaciones	8
Fatiga	8
Pulso paradójico	8,47
Taquicardia	8,47,48

Manifestaciones por estructuras cardiovasculares	Ref.
Miocardio	
Miocarditis eosinofilica	8,13,47,68
Miocarditis linfocítica	13
Miocarditis aguda fulminante	46
Granulomas	10,13,64
Fibrosis	13,45,46
Microabscesos	13
Presencia de las larvas	13
Necrosis de los miocitos	13,45,46,47

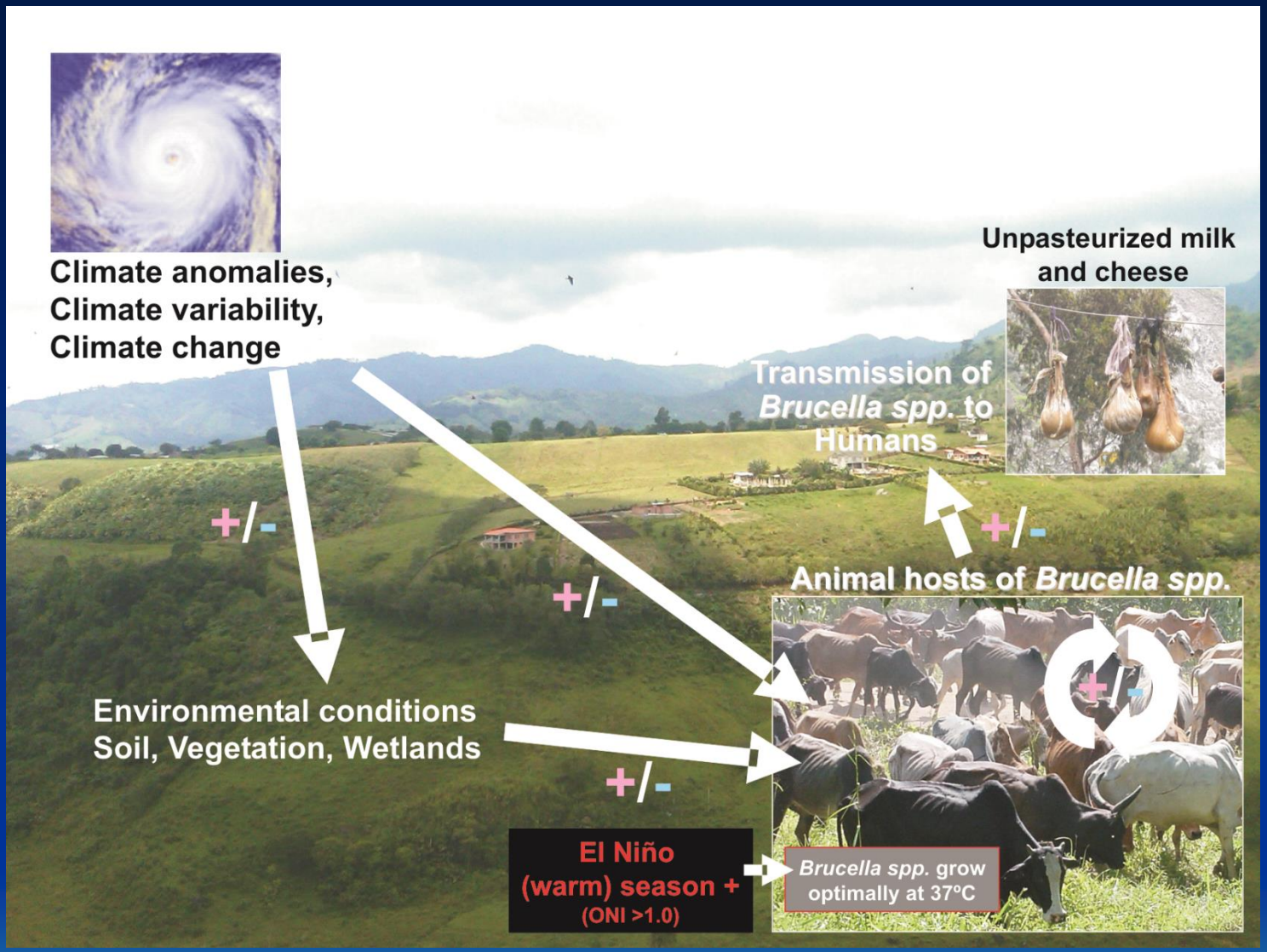
Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



Bolívar-Mejía A, **Rodríguez-Morales AJ**, Paniz-Mondolfi AE, Delgado O. **Manifestaciones cardiovasculares de la toxocariasis humana**. *Arch Cardiol Mex* 2013.



Rodriguez-Morales AJ. Climate Change, Climate Variability and Brucellosis. *Recent Pat Antiinfect Drug Discov* 2013 Apr;8(1):4-12.

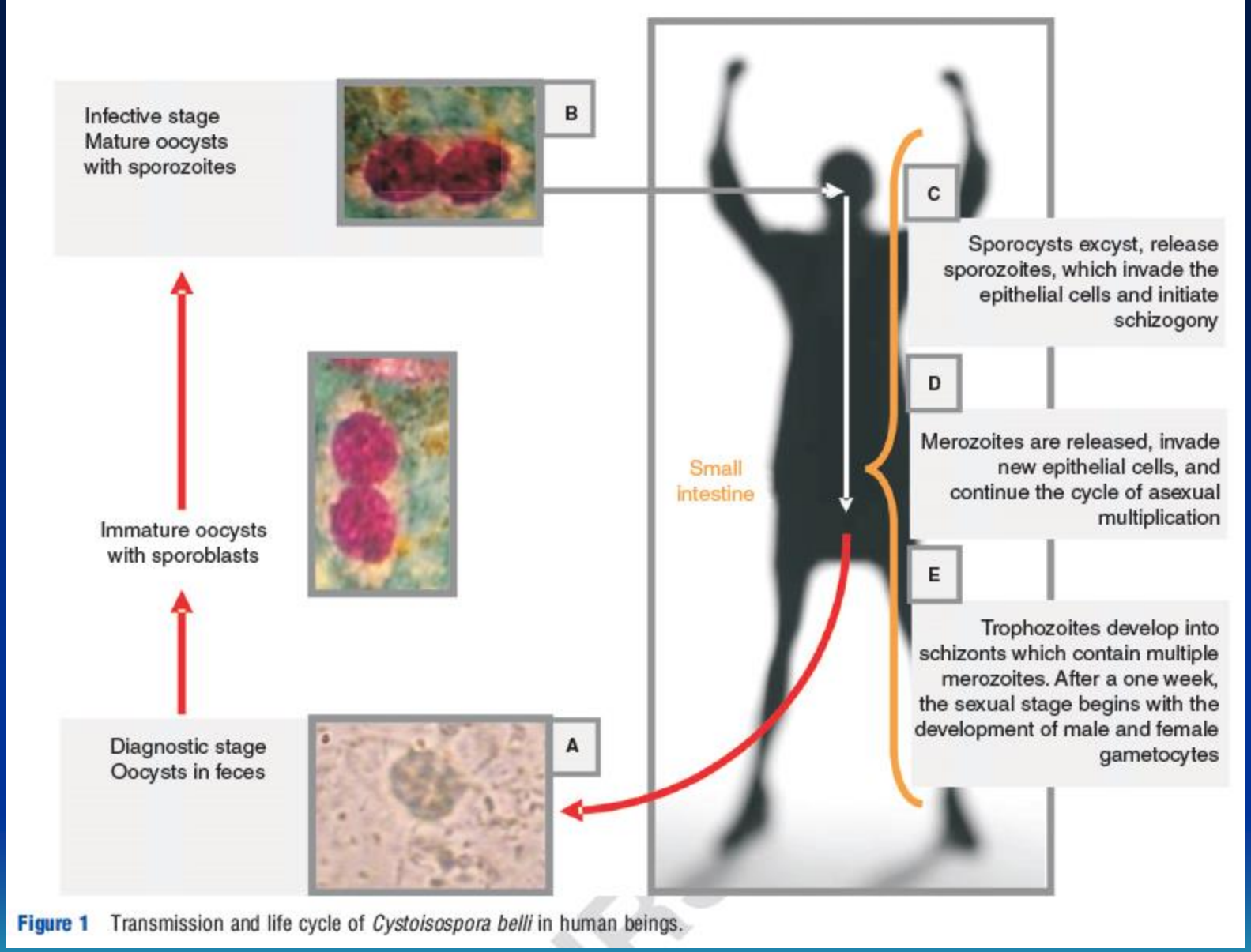


Figure 1 Transmission and life cycle of *Cystoisospora belli* in human beings.

Chapter: ***Mycobacterium bovis***. In: Motarjemi Y. (Editor). Encyclopedia of Food Safety. Elsevier, London, 2014 (accepted, in press).

Elementos Críticos

- Calidad – Redacción y contenido
- Metodología empleada
- Aportes de la revisión
- ¿Quiénes participan de la revisión?
- Grupos multidisciplinarios
- Grupos multinacionales

Revisiones Especiales

- A solicitud de la revista
- Planificadas por números
- Asociadas a números temáticos
  - Un número sobre investigaciones en Enfermedad de Chagas y se invita a 2 expertos a escribir 1-2 artículos de revisión relacionados
- Se colocan fechas límites en estos casos.

Diferencias entre Narrativa y RSL

- Narrativa
  - Implica la opinión de experto y parte síntesis de la literatura, pero no implica una RSL
  - No es necesario definir metodología ni BSI
- RSL
  - Requiere siempre una clara metodología, BSI y definición de límites específicos de éstas para la literatura a incluir (criterios de inclusión, exclusión)

Pasos para la Revisión

1. Tome decisiones con relación a las nuevas ideas u opiniones acerca de las cuáles el artículo se centrará o concentrará
2. Decisa la estrategia de búsqueda de literatura
3. Recolecte toda la literatura relevante
4. Reclute coautores si es necesario
5. Arme una base de datos de las referencias o citas, preferiblemente en un software manejador de referencias (ej. Reference Manager, ProCite, EndNote, etc)
6. Organice los artículos por grupos – Asignación de artículos a las secciones que contendrá el artículo

Pasos para la Revisión

7. Dentro de las secciones, decida cuál o cuáles aspectos son de mayor relevancia e identifique cuáles artículos apoyan dichas ideas
8. Empiece a redactar siempre que haya leído y digerido los artículos necesarios para cada sección
9. Teniendo la primera versión haga circularla entre sus coautores; luego de 3-4 modificaciones, permitale a un externo revisarla
10. Hasta tanto se envíe, actualice frecuentemente las referencias (semanal)
11. Aproveche el proceso de revisión por pares para en la nueva(s) versión(es) del manuscrito, agregar nuevas referencias que hayan aparecido durante dicho proceso.

Listo el Manuscrito

- Prepare el envío
- Garantice los archivos necesarios
  - Word (.doc ó .rtf)
  - Imágenes (.tif, .jpg ó .gif) (apropiada resolución)
- Carta de presentación
- Firma de cesión de derechos y permisos cuando corresponda

Gracias…

Y a publicar!!!