Universidad Tecnológica de Pereira

Marco teórico, referencias y discusión de resultados

Prof. Alfonso J. Rodríguez Morales, MD,
MSc, DTM&H, FFTM RCPS(Glasg), FRSTMH(Lon), PhD(c)

Pereira, Risaralda, Colombia – 20 de Febrero de 2014.

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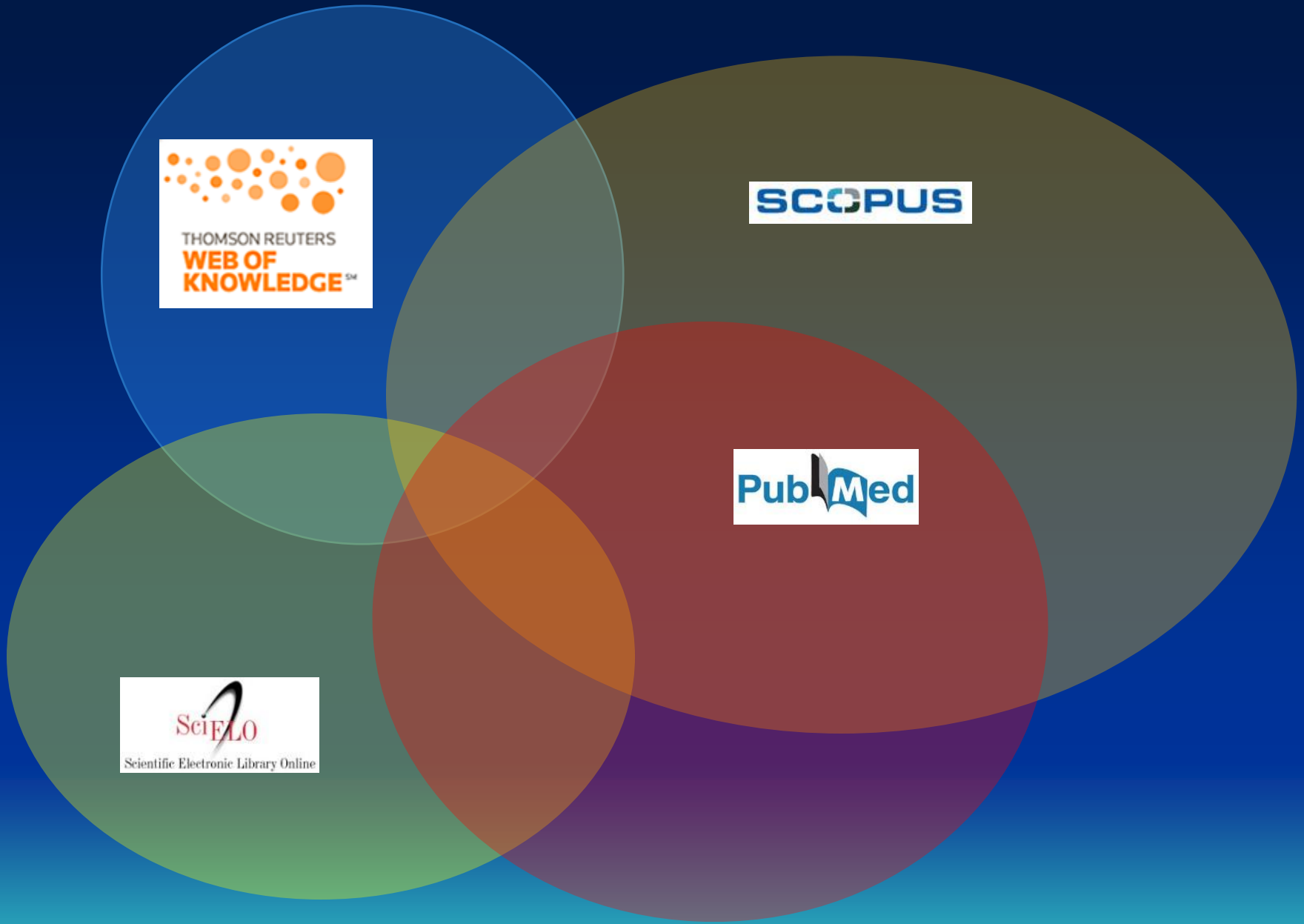
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Guía para la presentación de Trabajos de Grado y Tesis

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- Bases de datos en demostración
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- Revistas Electronicas

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S

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Casas Editoriales y Bases de Datos

1. Elsevier: ScienceDirect y Scopus (en UTP)
2. Wolters Kluwer: Ovid LinkSolver (en UTP)
3. Springer: Springer Link (en UTP)
4. ProQuest: incluye múltiples editoriales

O

Ovid Link Solver

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Categoria: recursos_electronicos

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June 2013

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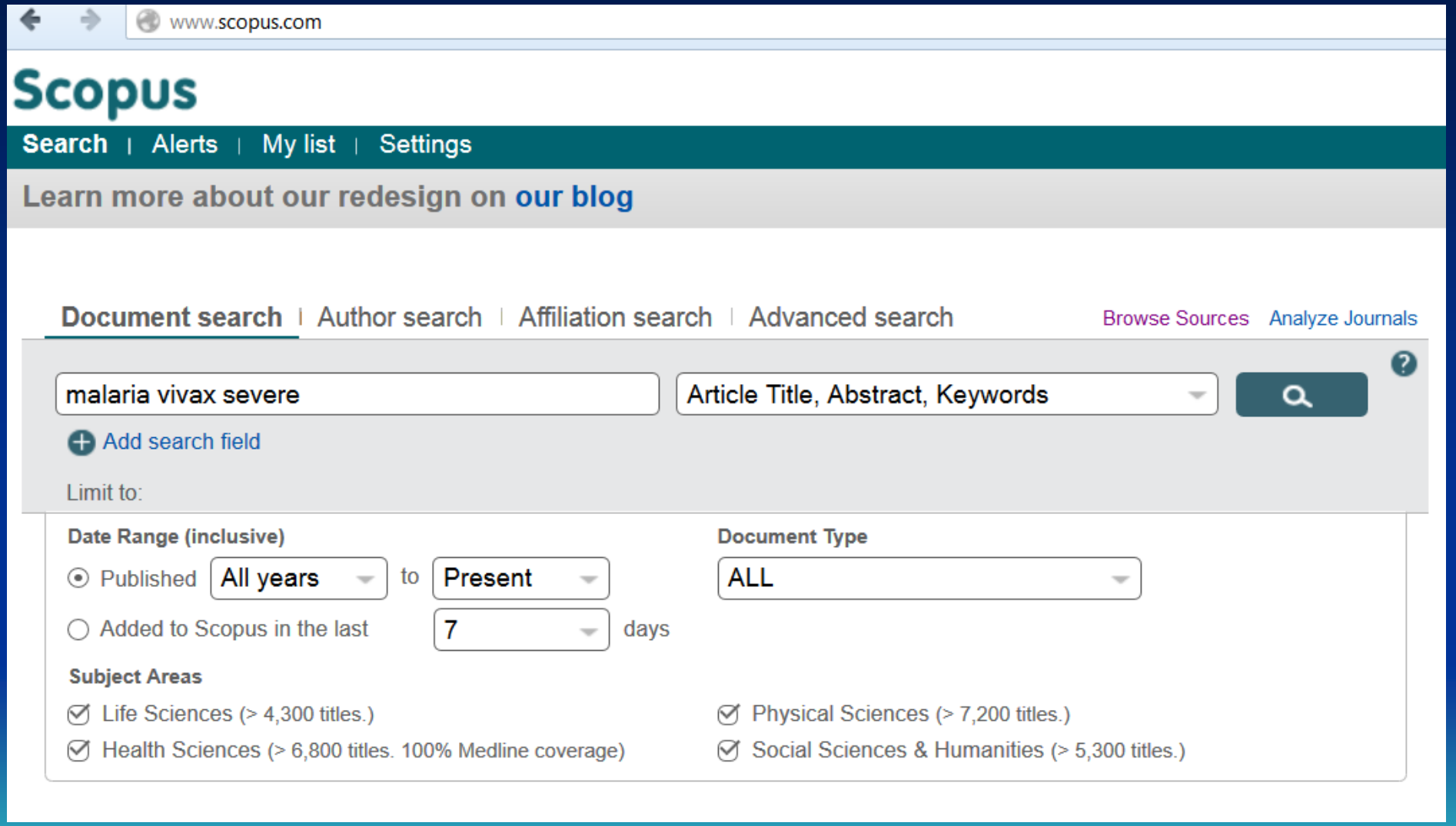
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Social Sciences & Humanities (> 5,300 titles.)

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

De Las Salas, B.[a], Segura, C.[a], Pabón, A.[ab], Lopes, S.C.[c], Costa, F.T.[c], Blair, S.[a]

[a] Grupo Malaria, Facultad de Medicina, Universidad de Antioquia UdeA, Calle 70 No. 52-21, Medellín, **Colombia**

[b] Programa de Biología, Facultad de Ciencias Básicas, Universidad Del Atlántico, 080001, Barranquilla, **Colombia**

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

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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.

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MALARIA JOURNAL

RESEARCH Open Access

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

Coordinación de Factores de Riesgo (ME414) – IV Semestre – Medicina – Facultad de Ciencias de la Salud (Semestre I-2014)

1 de febrero de 2014

A través de esta página se proveerá información y recursos para el desarrollo de la asignatura **Factores de Riesgo (ME414)** del IV Semestre del programa de Medicina, de la Facultad de Ciencias de la Salud de la UTP.

Docentes Reponsables – Teoría (Semestre I-2014):

Alfonso J. Rodriguez-Morales (Coordinador) (E-mail: arodriguezm@utp.edu.co)

Marta Lucia Gallón (Epidemiología de Desastres)

José William Martínez (Epidemiología del Cáncer y Epidemiología de la Violencia)

Docentes Reponsables – Práctica (Asesores) (Semestre I-2014):

Alfonso Javier Rodriguez
Claudia Lorena Marín
Adriana Garcia
José William Martínez
Ricardo Gómez Ossa

El Programa de la Asignatura se encuentra disponible aquí: programa_factores_2014_I.

Buscar

Entradas recientes

- Coordinación de Factores de Riesgo (ME414) – IV Semestre – Medicina – Facultad de Ciencias de la Salud (Semestre I-2014)

Comentarios recientes

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Bases Bibliográficas

Index Medicus/Medline: http://www.ncbi.nlm.nih.gov/pubmed/ ó www.pubmed.com

ScienceDirect (por proxy de la UTP): http://www.sciencedirect.com.ezproxy.utp.edu.co/

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OvidSP : http://ovidsp.tx.ovid.com.ezproxy.utp.edu.co/

DeCS (Descriptores en Ciencias de la Salud): http://decs.bvs.br/E/homepagee.htm

MeSH (Medical Subject Headings): http://www.ncbi.nlm.nih.gov/mesh/

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En español:

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- LILACS (http://lilacs.bvsalud.org/es/) (resumen y a veces vínculos a la revista)
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- Ovid Link Solver (desde Bases de Datos en Biblioteca UTP)
- Journal Ovid – Wolters-Kluwer (desde Bases de Datos en Biblioteca UTP)
- ProQuest (desde Bases de Datos en Biblioteca UTP)

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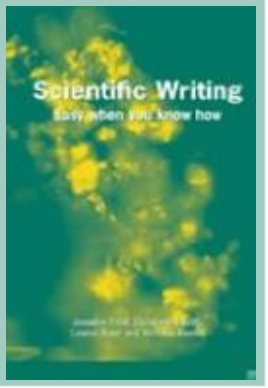
Box 1.1 Reasons to publish your research results

It is unethical to conduct a study and not report the findings
You have some results that are worth reporting
You want to progress scientific thought or improve health outcomes
You want to give credibility to your research team
You want your work to reach a broad audience
Your track record will improve
You will add credibility to your reputation
You will improve your chance of promotion
You are more likely to obtain research grants



Peat J, Elliott E, Baur L, Keena V.
Scientific Writing—Easy when you know how.
BMJ Books, London, 2002.

Rules for Getting Published

- Rule 1: Read many papers, and learn from both the good and the bad work of others.
- Rule 2: The more objective you can be about your work, the better that work will ultimately become.
- Rule 3: Good editors and reviewers will be objective about your work.
- Rule 4: If you do not write well in the English language, take lessons early; it will be invaluable later.

Bourne PE. Ten Simple Rules for Getting Published. PLoS Comput Biol 1(5): e57.

Rules for Getting Published

- Rule 5: Learn to live with rejection.
- Rule 6: The ingredients of good science are obvious—novelty of research topic, comprehensive coverage of the relevant literature, good data, good analysis including strong statistical support, and a thought-provoking discussion. The ingredients of good science reporting are obvious—good organization, the appropriate use of tables and figures, the right length, writing to the intended audience—do not ignore the obvious.

Bourne PE. Ten Simple Rules for Getting Published. PLoS Comput Biol 1(5): e57.

Rules for Getting Published

- Rule 7: Start writing the paper the day you have the idea of what questions to pursue.
- Rule 8: Become a reviewer early in your career.
- Rule 9: Decide early on where to try to publish your paper.
- Rule 10: *Quality* is everything.

Bourne PE. Ten Simple Rules for Getting Published. PLoS Comput Biol 1(5): e57.

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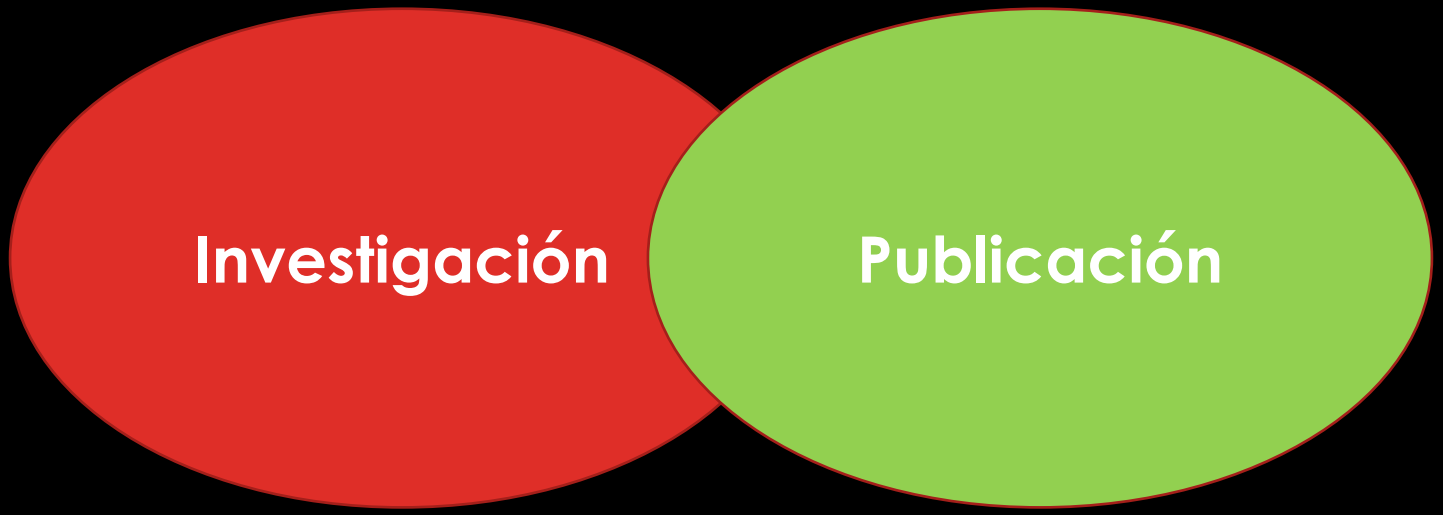

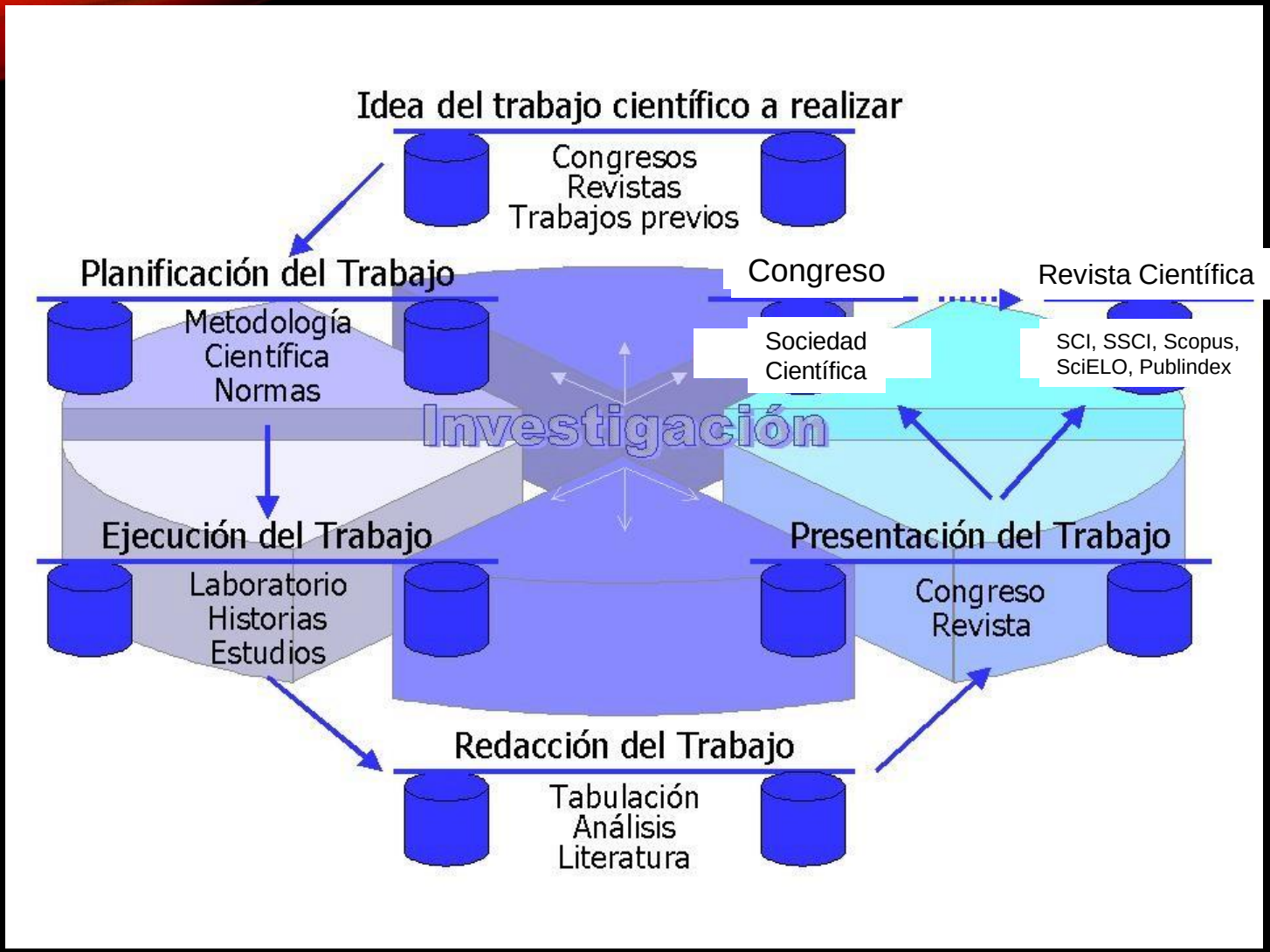
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Tabulación
Análisis
Literatura

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- *Original articles*
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- *Brief or short communications*
- *Case reports*
- *Clinical pictures*
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- *Editorials*
- *Book reviews*

Volume 43, Issues 12–13, Pages 941-1088 (November 2013)
Zoonoses Special Issue

articles **1 - 13**

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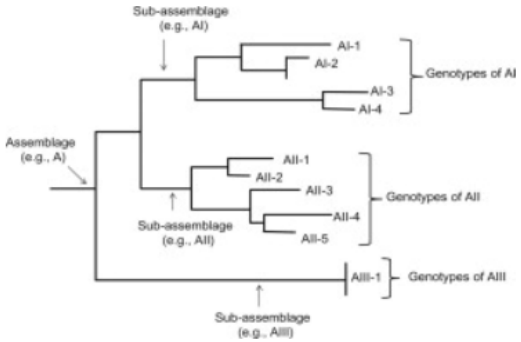

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Page ii

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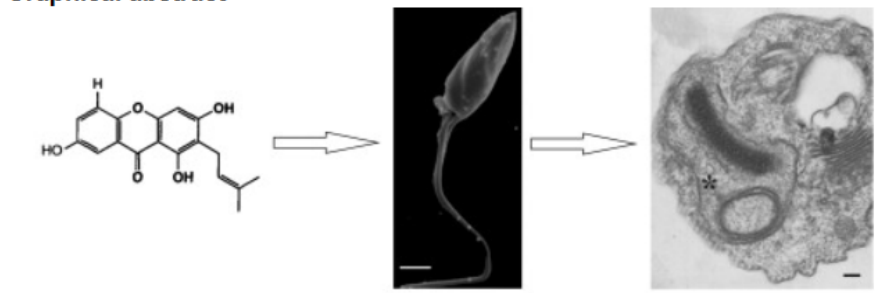

1,3,7-trihydroxy-2-(3-methylbut-2-enyl)-xanthone — *Trypanosoma cruzi* — Mitochondrial alterations

Short Communications

10 ☐ **Effectiveness of *Beauveria bassiana* sensu lato strains for biological control against *Rhipicephalus* (*Boophilus*) *microplus* (Acari: Ixodidae) in China** For purchase

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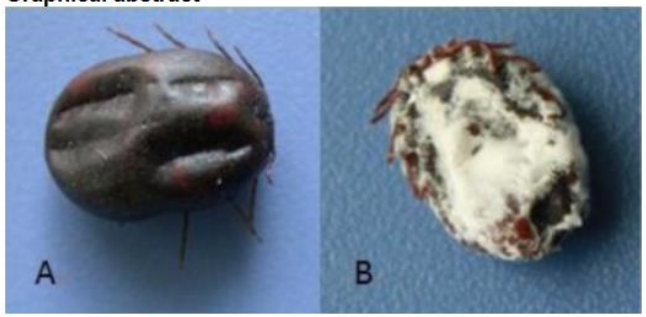

11 ☐ **A sensitive and specific PCR assay for the detection of *Baylisascaris schroederi* eggs in giant panda feces** For purchase

Pages 435-436

Ning Wang, De-Sheng Li, Xuan Zhou, Yue Xie, Yi-Nan Liang, Cheng-Dong Wang, Hua Yu, Shi-Jie Chen, Yu-Bo Yan, Xiao-Bin Gu, Shu-Xian Wang, Xue-Rong Peng, Guang-You Yang

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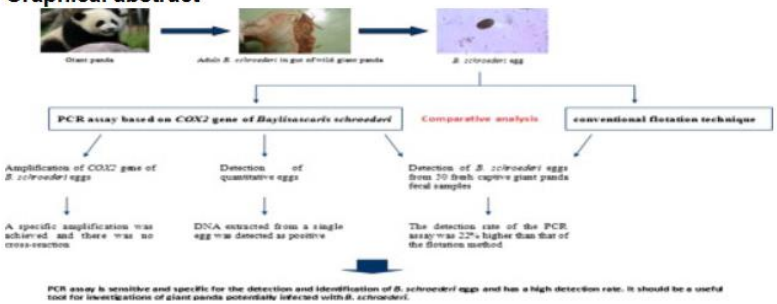

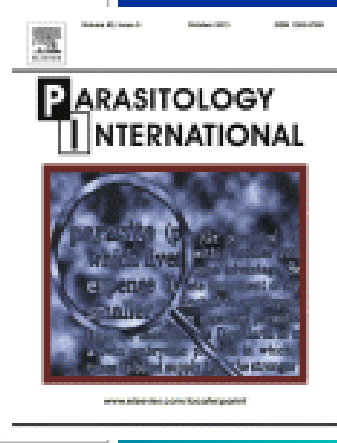

Letters to the Editor

16 ☐ **Taxonomic comments on South American species of *Philophthalmus* Looss, 1899 (Trematoda: Philophthalmidae)** For purchase
Pages 483-484
Hudson Alves Pinto, Alan Lane de Melo

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17 ☐ **Reply to the comment by H.A. Pinto and A.L. de Melo on "Taxonomic comments on South American species of Philophthalmus Loos, 1899 (Trematoda: Philophthalmidae)"** For purchase
Pages 485-486
Petr Heneberg

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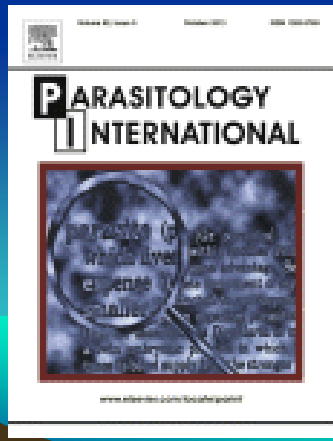

Case Reports

Volume 51(4); August 2013

Tipos de Artículos

- *Original articles*
- *Review articles*
- *Brief or short communications*
- *Case reports*
- *Clinical pictures*
- *Correspondence or letters*
- *Editorials*
- *Book reviews*

MALARIA JOURNAL

Original articles

- Standard for disseminating ***completed research findings***
- Typically 8-10 pages, 5 figures, 25 references
- Draft and submit the paper to appropriate journal
- ***Good way to build a scientific research career***

Original articles

MALARIA JOURNAL

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Annotation and characterization of the Plasmodium vivax rhoptry neck protein 4 (PvRON4)
Gabriela Arévalo-Pinzón, Hernando Curtidor, Jesica Abril, Manuel A Patarroyo
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Abstract | Provisional PDF | ▸ Editor's summary

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Analysis of partial and complete protection in malaria cohort studies
Matthew E Cairns, Kwaku Poku Asante, Seth Owusu-Agyei, Daniel Chandramohan, Brian M Greenwood, Paul J Milligan
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Research Open Access
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Detection of a substantial number of sub-microscopic Plasmodium falciparum infections by polymerase chain reaction: a potential threat to malaria control and diagnosis in Ethiopia
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Malaria Journal 2013, **12**:352 (3 October 2013)
Abstract | Provisional PDF | ▸ Editor's summary

Research Open Access
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Mohammad A Hussain, Lalit Dandona, David Schellenberg
Malaria Journal 2013, **12**:351 (2 October 2013)
Abstract | Provisional PDF | ▸ Editor's summary

Original articles

Original articles

Abstract or Summary **and** ***Keywords*** →

Abstract

Background: *Plasmodium vivax* and *Plasmodium falciparum* malaria remain highly endemic in the Pacific Islands including Lihir Island, Papua New Guinea. Lihir Gold Limited is conducting mining activities and funded an integrated vector control intervention within the villages surrounding the mine. The aim of this study was to assess the impact of such programme by comparing the epidemiological trends of malaria in different parts of the island.

Methods: Two cross-sectional surveys were conducted before and after the intervention (2006–2010) to determine malaria prevalence in mine-impact (MI) and non-MI areas. Incidence of malaria was estimated for the Lihir Medical Centre catchment area using island population denominators and a health-centre passive case detection ongoing from 2006–2011.

Results: A total of 2,264 and 1,653 children < 15 were surveyed in the cross-sectional studies. The prevalence of any malaria parasitaemia initially was 31.5% in MI areas and, 34.9% in non-MI (POR 1.17; 95 CI 0.97 – 1.39). After four years there was a significant reduction in prevalence in the MI areas (5.8%; POR 0.13, 95 CI 0.09–0.20), but reduction was less marked in non-MI areas (26.9%; POR 0.69, 95 CI 0.58-0.81).
28,747 patients were included in the evaluation of incidence trends and overall malaria in local Lihirian population in MI areas declined over time, while it remained at similar high levels among migrants. The age-incidence analysis showed that for each higher age range the malaria incidence declines compared to that of the previous stratum.

Conclusions: There was a substantial reduction in prevalence and incidence rates of both *P. vivax* and *P. falciparum* in the mining area following implementation of a malaria control intervention, which was not seen in the area outside the mining activities.

Keywords: Malaria, Epidemiology, Prevalence, Vector control

Corresponding Author information →

* Correspondence: oriolmitja@hotmail.com
[1]Department of Medicine, Lihir Medical Center, PO Box 34, Lihir Island, NIP, Papua New Guinea
[2]Barcelona Centre for International Health Research, Hospital Clinic, University of Barcelona, Barcelona, Spain
Full list of author information is available at the end of the article

Original articles: Body of the manuscript

Introduction

Since the 1990s, there has been substantial growth in the volunteer tourism market, partly due to the increasing variety in available volunteer experiences.[1] In the United Kingdom alone, it is thought that 230,000 young people take gap years, 90,000 people take career breaks, and 200,000 people travel in their retirement.[2]

Methods

Design

A cross-sectional questionnaire was used to assess short-term volunteers' health overseas and on return to the UK.

Setting

InterHealth is a specialist travel clinic in London with charitable status, providing medicals, vaccinations, travel supplies, and psychological support predominantly to those working overseas in the relief and development sector.

Results

Response rate

Since completion of the questionnaire was compulsory, an overall response rate of 100% was achieved. Within the questionnaire, the response rate ranged from 67.6% to 100% to individual questions.

From the 426 completed forms, one patient was excluded as they completed the post-travel health questionnaire in

Discussion

This cross-sectional questionnaire study of 413 participants is the largest study of the health of short-term overseas volunteers to developing countries to date. Other studies have used similar questionnaire methodologies but have had different populations of older aid, humanitarian and health workers on longer assignments.[5,7]

Original articles: Body of the manuscript

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REFERENCES

Original articles: Other elements

Conflicts of interest

None declared.

Acknowledgements

The authors would like to thank Rupal Shah for her contribution to the analysis of the malaria section.

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Original articles: Introduction

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

Contents lists available at ScienceDirect

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Review

Transplantation and tropical infectious diseases

Carlos Franco-Paredes [a,b,*], Jesse T. Jacob [a], Alicia Hidron [a], Alfonso J. Rodriguez-Morales [c], David Kuhar [a], Angela M. Caliendo [a]

[a] *Division of Infectious Diseases, Emory University School of Medicine, 550 Peachtree Street, MOT 7th Floor TravelWell, Atlanta, GA 30308, USA*
[b] *Hospital Infantil de México, Federico Gómez, Mexico City, Mexico*
[c] *Division of Immunoparasitology, Tropical Medicine Institute, Universidad Central de Venezuela, Caracas, Venezuela*

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

* Corresponding author. Tel.: +1 404 686 5885; fax: +1 404 686 4508.
E-mail address: cfranco@sph.emory.edu (C. Franco-Paredes).

1201-9712/$36.00 – see front matter
doi:10.1016/j.ijid.2009.04.021

Necesito buena fuente de información

- Marco Teórico (Introducción)
- Discusión de Resultados

Key elements writing a paper

- order your material
- construct a neat abstract
- write an effective introduction
- describe your methods so that other researchers could repeat your study
- report your results precisely
- make your discussion relevant and interesting

Introduction

Almost all good writing begins with terrible first efforts. You need to start somewhere. Start by getting something – anything – down on paper. A friend of mine says that the first draft is the down draft – you just get it down. The second draft is the up draft – you fix it up.

Anne Lamott[1]

Peat J, Elliott E, Baur L, Keena V.
Scientific Writing—Easy when you know how.
BMJ Books, London, 2002.

What should be in an Introduction?

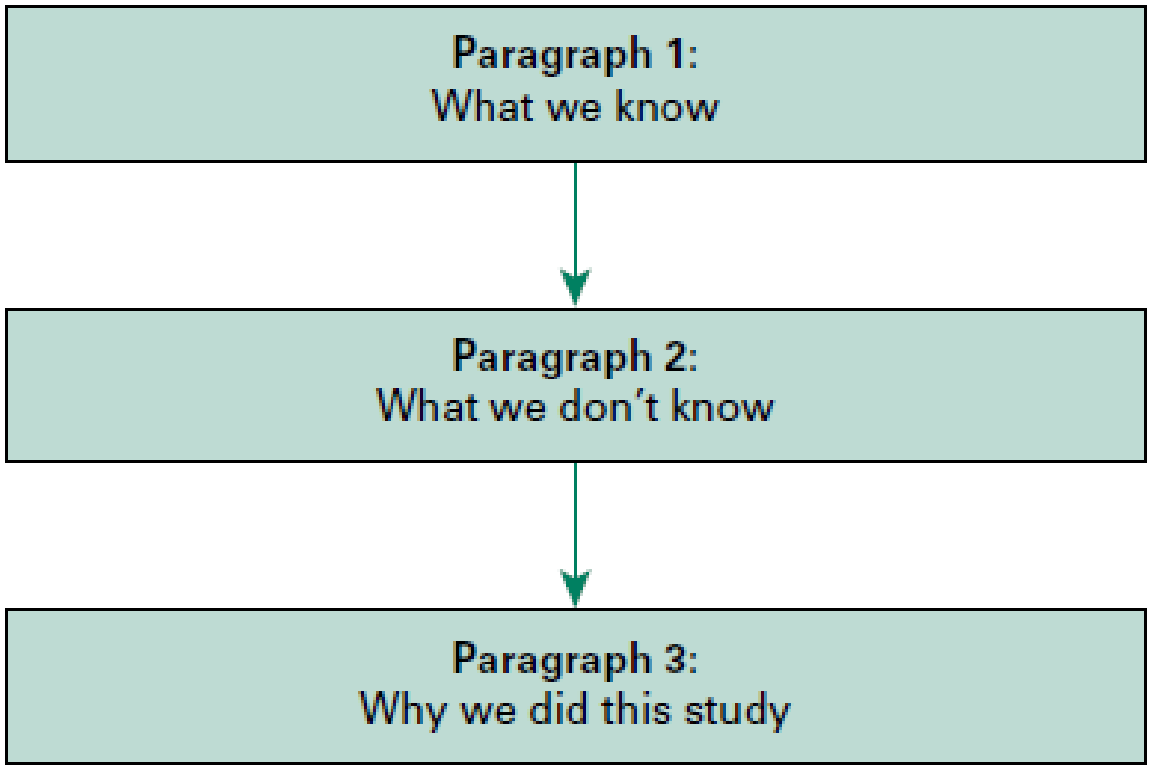

Figure 3.1 Template for the Introduction.

Peat J, Elliott E, Baur L, Keena V.
Scientific Writing—Easy when you know how.
BMJ Books, London, 2002.

Original articles: Introduction

- *Your chance to **convince** readers of the importance of your work.*

- *Describe the **problem**. Are there any existing **solutions**? What are their main **limitations**? And what do you hope to achieve?*

- *Provide a **perspective** consistent with the **nature** of the **journal**.*

Original articles: Introduction

- *Introduce the **main scientific** publications on which your work is based.*
  - Cite a couple of original and important works, including recent review articles
- *Editors hate **references irrelevant** to the work, or inappropriate judgments on your own achievements.*
  - They will think that you have no sense of purpose at all!

Key elements writing a paper

- order your material
- construct a neat abstract
- write an effective introduction
- describe your methods so that other researchers could repeat your study
- report your results precisely
- make your discussion relevant and interesting

Discussion

Say what your findings mean, not what you would like them to mean or think they ought to mean.

JS Lilleyman[29]

Peat J, Elliott E, Baur L, Keena V.
Scientific Writing—Easy when you know how.
BMJ Books, London, 2002.

What should be in a Discussion?

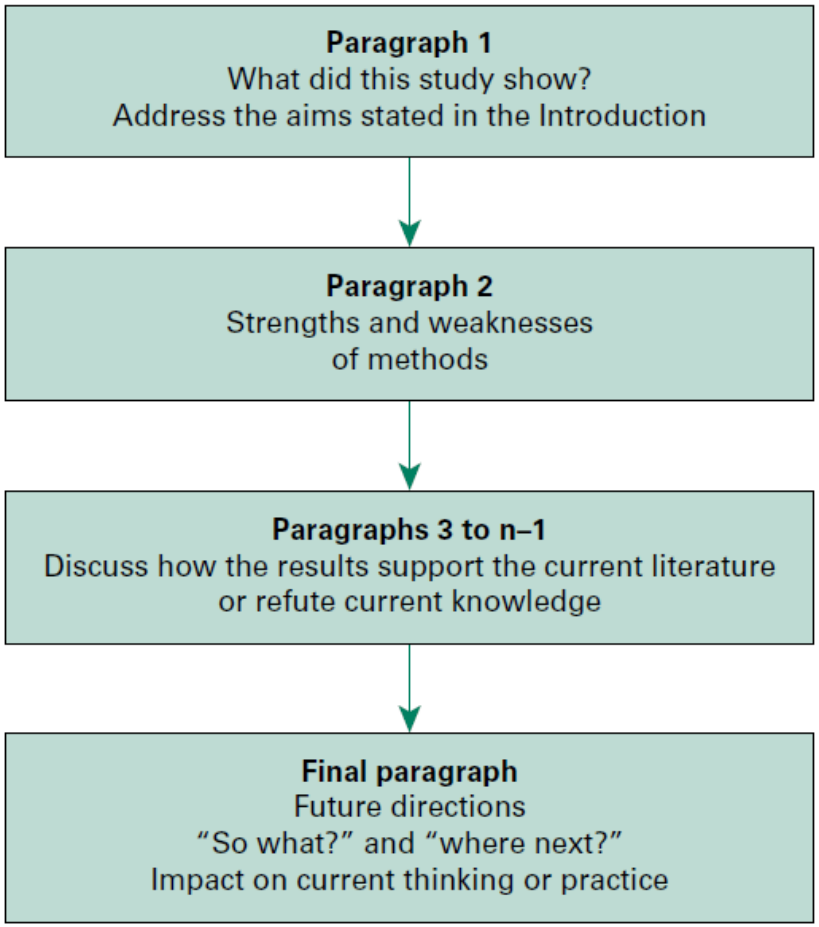

Figure 3.6 Template for the discussion.

Peat J, Elliott E, Baur L, Keena V.
Scientific Writing—Easy when you know how.
BMJ Books, London, 2002.

Limitations and Evidences

DISCUSSION

In this preliminary study, we showed that, in the absence of other biologic or social factors, climate variability may have a substantial impact in the epidemiology of leishmaniasis in northeastern Colombia. The world's climate seems to be changing at an unprecedented rate.[4,5,13,14] Shifts in the distribution and behavior of insect vectors and bird species indicate that biologic systems are already adapting to ecological variations. It is well established that climate is an important determinant of the distribution of vectors and pathogens,[4,5,13,14] such as those of malaria,[15–17] dengue,[18] and recently, leishmaniasis.[6–9,19,20]

The statistical analysis of this study was based on the mean number of cases per year rather that on incidence rates in these populations. Therefore, because the analysis covered a long period of time and to avoid bias, we contemplated the rate of annual population growth in these populations. Both populations included in our study were considered to have a stable population growth of 1.0% to 2.5% annually, which does not significantly differ from other provinces in the country. Population growth data are not generated on a yearly basis because this information is obtained and estimated by population censuses, which were carried out in 1985, 1993, 1999, and 2003 in Colombia. The population in Santander increased by 2% annually between 1985 and 1993 (1,511,392 individuals increased to 1,811,741 by 1993); from 1993 to 1999 showed a 1.09% annual population growth (1,938,910 individuals by 1999); and in 2003, there was a 1.23% annual growth (2,039,336 individuals by 2003). In the case of North Santander, the population growth by 1993 was 2.68% (population size increased from 913,491 in 1985 to 1,162,474 by 1993); a population growth of 1.95% between 1993 and 1999 (1,316,119 individuals by 1999); and a 2.07% annual population growth in 2003 (1,435,237 individuals by 2003). Based on these facts, we were unable to calculate exact incidence rates in these populations, which could only be estimated for the inter-census periods. However, our results show that the proportional variability associated to climatic changes at these locations was directly associated to a true increase in the number of cases of leishmaniasis independent of the stable population growth, particularly in Santander. In addition, we were not able to identify an increased notification rate directly attributable to increased awareness of the disease that could be responsible for the increased incidence of leishmaniasis cases at these locations.

Cardenas R, Sandoval CM, **Rodriguez-Morales AJ**, Franco-Paredes C. Impact of Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia. *Am J Trop Med & Hyg* 2006 Aug; 75(2):273-7. (52 cites)

Support to knowledge

be studied in different endemic areas because climatic changes may differently impact the occurrence of cases of leishmaniasis and other vector-borne infections. Although North Santander had a higher incidence of disease with more stable transmission ($P > 0.05$ at linear regression of incidence), cases in this location showed a significant deviation from the trend and mean number of cases in relation to El Niño years ($P = 0.04$; Figure 2). This is converse to what occurred in Santander, a location with decreased incidence, but more unstable transmission ($P = 0.004$ at linear regression of incidence) and a significant increase of cases over the study period, and where there were no significant differences in the incidence of leishmaniasis between El Niño or La Niña years. Our results therefore show geographical differences (or spatial heterogeneity) in the impact of climatic changes even within geographically close areas in northeastern Colombia.

We were also able to show that the ecological factors prevailing in both areas were not different as evidenced by the NDVI (Figure 3). Climate and ecological variability differences during El Niño periods (1987, 1992–1994, 1997, and 2002) and La Niña periods (1988–1989, 1995–1996, and 1998–2001) was evidenced by NDVI values < 0.06 during El Niño periods (dry seasons) and increased above 0.06 during La Niña periods (wet seasons). These numbers reflect a consistent pattern in the ecological factors between El Niño and La

ing the study period. In this regard, we have recently begun to prospectively collect this information that will be taken into consideration in future analyses that we will be carrying out in these same and other provinces in Colombia. Another important issue is the study of *Lutzomyia* spp. and the long-term impact of climatic variability on their populations, which appeared, given these results, that are environmentally favored when dry seasons are present, by facilitating reproduction and growth to adults of sand flies.

In summary, our study adds to the growing evidence linking human diseases to climate fluctuations and suggests that variations in the incidence of vector-borne diseases in Latin America and elsewhere are associated to annual changes in weather conditions. While we acknowledge that during the study period activities carried out by the leishmaniasis control program improved in terms of case management in both regions, the increased number of cases of leishmaniasis corresponds statistically and biologically, in a large proportion, with climate changes and far exceeds those that could be attributed to increased awareness and diagnosis of the disease in the two locations. Our results suggest that increased frequency of droughts, as expected under climate change scenarios for Colombia, is likely to increase the incidence of leishmaniasis in the region.

Given the substantial burden of disease associated to vec-

Cardenas R, Sandoval CM, **Rodriguez-Morales AJ**, Franco-Paredes C. Impact of Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia. *Am J Trop Med & Hyg* 2006 Aug; 75(2):273-7. (52 cites)

What is Previously known

Discussion

As stated previously, few studies describe clinical epidemiology of patients with moderate to severe malaria due *P. vivax* requiring hospitalization,[2] even more in children where most reports correspond to case reports and imported cases series,[1,3–6] which are different from those cases seen in *P. vivax* malaria endemic zones.

Occurrence of anemia and thrombocytopenia in these patients were considerable remarkable, almost 95 per cent and 60 per cent, respectively, which required an appropriate and early management, justifying the hospitalization. These complications are infrequently reported in *P. vivax* and even more in children and probably are more frequently than reported when are investigated.

Although some authors have indicated the symptoms may differ from those in adults and, as children often have febrile illnesses, malaria may

Rodríguez-Morales AJ, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M. Anemia and Thrombocytopenia in Children with *Plasmodium vivax* Malaria. *J Trop Ped* 2006 Feb;52(1):49-51. (48 cites)

Discussion

Similar to what takes place in other regions of the world, in Venezuela, social and economic factors play a major role in selecting people to live in or near malarious areas.[2,17] Furthermore, an unprecedented increase in populations' mobility in the past few decades has contributed to the spread of malaria into new populations.[8] Sometimes this spread is associated with the introduction of new malaria species or resistant strains.[18,19] Population movement can increase malaria transmission by urbanization phenomena, colonization of new territories, agricultural labor, and intercontinental travel.[8,19] The rapid urbanization that follows migration routes in Latin America, much of it driven by rural–urban labor migration, is associated with complex transformations of these ecosystems and contribute to epidemiological transformations linked to malaria transmission similar to what has been described in sub-Saharan Africa.[4,8,19] In our study, we were able to identify that the 3.8% of the burden of malaria during a 10-year period was caused by imported malaria in the state of Sucre. The factors associated with population mobility

- **Clear explanation on why we found what we report in the study**
- **Similarities and differences with other studies and experiences**

Rodríguez-Morales AJ, Delgado L, Martinez N, Franco-Paredes C. Impact of Imported Malaria on the Burden of Disease in Northeastern Venezuela. Journal of Travel Medicine 2006 Jan-Feb; 13(1):15-20. (23 cites)

What should be in a Discussion?

The discussion should not simply stop. It should come to a definite, clear end.

Mimi Zeiger

¿Cómo cito apropiadamente lo que reviso?

- *No copiar y pegar!*
- *Leer bien el artículo en cuestión*
- *Nunca citar la cita de una cita, de la cita de la cita…. Siempre acudir a la fuente original por difícil que parezca*

Nueva Descripción de Asociación entre Patologías

Clinical Brief

Congenital Bilateral Microphthalmos After Gestational Syphilis

Rosa M. Navas[1,4], Reinaldo Parra[2], Maivelys Pacheco[3], Jimena Gomez[4], Iris Bermudez[5] and Alfonso J. Rodriguez-Morales[4]

[1]*Obstetrics & Gynecology and* [2]*Ophthalmology Departments, Simon Bolivar General Hospital, Ocumare del Tuy, Miranda, Venezuela.*
[3]*Pediatrics Department, Maternal-Children Hospital, Macuto, Vargas, Venezuela*
[4]*Collaborative Group of Clinical Infectious Diseases Research, Caracas, Venezuela.*
[5]*Ophthalmology Department, Caracas Universitary Hospital, Caracas, Venezuela.*

ABSTRACT

Congenital microphthalmos and anophthalmos are currently considered rare conditions. Many infectious agents have been previously associated with these pathologies, but rarely *Treponema pallidum*. We report a case of bilateral microphthalmos in which her mother presented gestational syphilis. **[Indian J Pediatr 2006; 73 (10): 935-936]** *E-mail : rosamnavas@yahoo.es*

Key words : *Syphilis; Microphthalmos; Anophthalmos; Pregnancy*

CASE REPORT

A 3100-g female infant was born after 38 weeks gestation. The mother, a 17-year-old woman (gravida II, para II), underwent a normal delivery. At 8 gestational weeks, the pregnancy was complicated by a 1-week long maternal flulike illness consisting of fever. Results of serological testing for venereal disease research laboratory (VDRL) and IgG fluorescent treponemal antibody absorbance

Correspondence and Reprint requests : Dr. Rosa M. Navas, C.R. Los Angeles, T-2, 10-2. Sec. Pque. Cigarral, Urb. La Boyera, Caracas 1083, Venezuela.

Fig. 1. Photograph of infant, showing low right ear implantation and severely hypoplastic right eye.

Fig. 2. Photograph of infant, showing severely hypoplastic eyes (bilateral) (bilateral microphthalmos).

syphilis is associated to this congenital anomaly, and the first published worldwide in the last 40 years.[6,7]

The persistence of congenital syphilis cases contributes to increases infant mortality, maternal mortality and HIV transmission that region of America. From the data submitted to the Pan American Health Organization (PAHO) by nationwide programs against sexually transmitted diseases (STD), HIV infection, and AIDS (2002), one can estimate the overall prevalence of syphilis among pregnant women to be 3.1% and to range from 1.00% in Peru to 6.21% in Paraguay. According to these data, the incience of congenital syphilis ranges from 1.4per 1,000 live births in El Salvador to 12.0 per 1,000 liver births in Honduras.[10] The current occurrence of cases like the presented herein and these figures calls for the need to prevent a disease with many devastating

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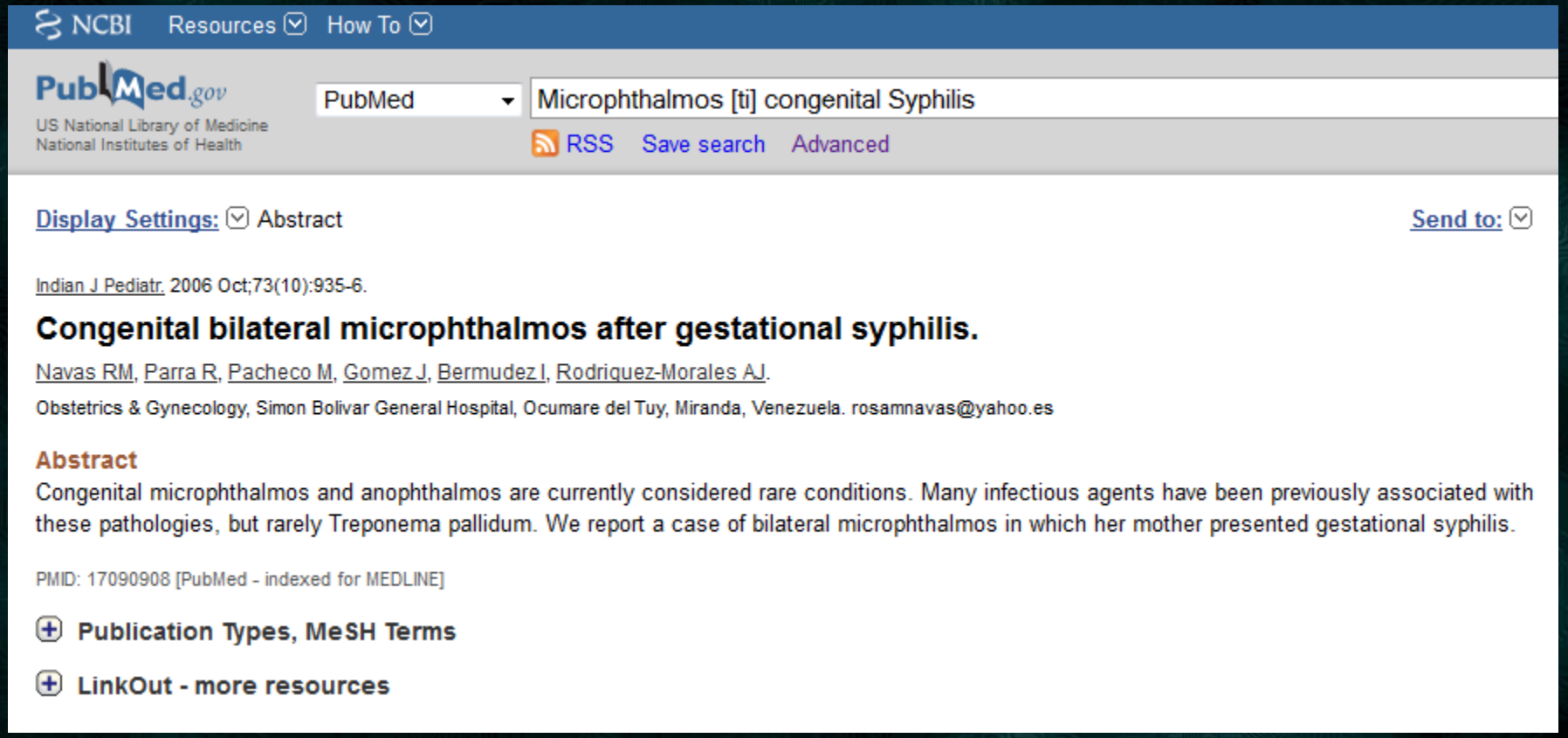

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Indian J Pediatr. 2006 Oct;73(10):935-6.

Congenital bilateral microphthalmos after gestational syphilis.

Navas RM, Parra R, Pacheco M, Gomez J, Bermudez I, Rodriquez-Morales AJ.

Obstetrics & Gynecology, Simon Bolivar General Hospital, Ocumare del Tuy, Miranda, Venezuela. rosamnavas@yahoo.es

Abstract

Congenital microphthalmos and anophthalmos are currently considered rare conditions. Many infectious agents have been previously associated with these pathologies, but rarely Treponema pallidum. We report a case of bilateral microphthalmos in which her mother presented gestational syphilis.

PMID: 17090908 [PubMed - indexed for MEDLINE]

⊕ **Publication Types, MeSH Terms**

⊕ **LinkOut - more resources**

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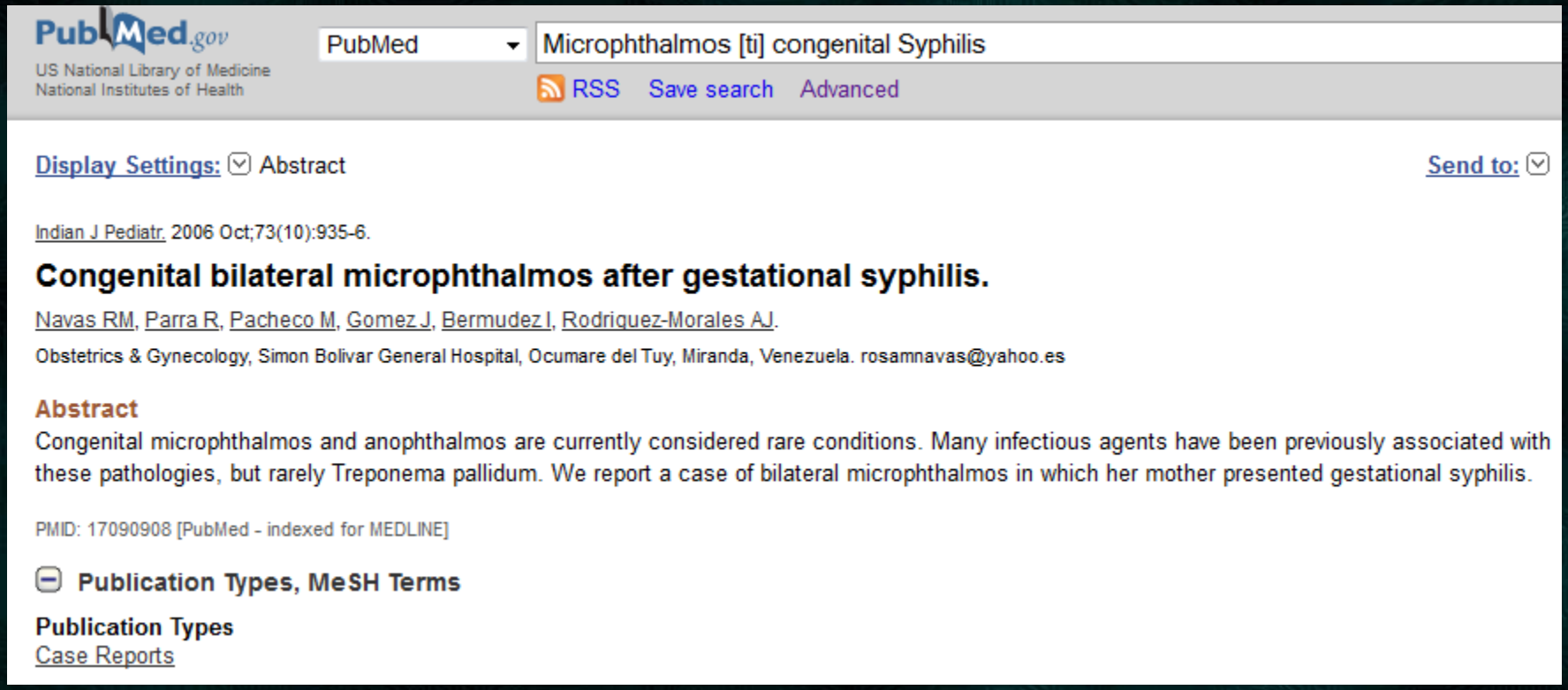
6. Duke-Elder S. Chapter XIII. Congenital deformities of the eye-I Anomalies in organogenesis (Vol. III. Normal and abnormal development. Part 2. Congenital deformities). In : Duke-Elder S. *System of Ophthalmology*. London, Henry Kimpton, 1964; 415-495.
7. Weill G. Hereditary syphilis in oto-neuro-ophthalmology. *Rev d'Oto-neuro-opht* 1929; 7 : 669s

To our knowledge, after an extensive review of medical literature, we consider this is the first case in South America in which gestational syphilis is associated to this congenital anomaly, and the first published worldwide in the last 40 years.[6,7]

¿Primer artículo asociando sífilis congénita con micro-oftalmos a nivel mundial?



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Indian J Pediatr. 2006 Oct;73(10):935-6.

Congenital bilateral microphthalmos after gestational syphilis.

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PMID: 17090908 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

Publication Types

Case Reports

¿Cómo cito apropiadamente lo que reviso?

- *Voy armando las partes de las secciones con base a las ideas, siempre partiendo de lo más general a lo específico*
- *No olvidar el contexto epidemiológico*
- *¿Qué se sabe?*
- *¿Qué no se sabe del tema?*
- *Justificando, ¿por qué se hará o se hizo la investigación?*

¿Cómo cito apropiadamente lo que reviso?

- *Citar las fuentes más relevantes*
  - *Revisiones Sistemáticas de la Literatura y Meta-Análisis*
  - *Artículos de Revisión*
  - *Originales: Ensayos clínicos aleatorizados*
  - *Originales: Estudios prospectivos*
  - *Originales: Estudios observacionales*
  - *Originales: Casos*

Lacerda *et al. Malaria Journal* 2012, **11**:12
http://www.malariajournal.com/content/11/1/12

MALARIA JOURNAL

REVIEW Open Access

Understanding the clinical spectrum of complicated *Plasmodium vivax* malaria: a systematic review on the contributions of the Brazilian literature

Marcus VG Lacerda[1,2,3*], Maria PG Mourão[1,2,3], Márcia AA Alexandre[1,2,3], André M Siqueira[1,2], Belisa ML Magalhães[1,2], Flor E Martinez-Espinosa[1,2,4], Franklin S Santana Filho[1,2], Patrícia Brasil[5], Ana MRS Ventura[6], Mauro S Tada[7], Vanja SCD Couto[8], Antônio R Silva[9], Rita SU Silva[10] and Maria GC Alecrim[1,2,3]

Thrombocytopenia in malaria: who cares?

Marcus Vinícius Guimarães Lacerda[1,2,3]/+, Maria Paula Gomes Mourão[1,2,3], Helena Cristina Cardoso Coelho[2], João Barberino Santos[4]

[1]Fundação de Medicina Tropical Dr. Heitor Vieira Dourado, Av. Pedro Teixeira 25, 69040-000 Manaus, AM, Brasil
[2]Universidade do Estado do Amazonas, Manaus, AM, Brasil [3]Universidade Nilton Lins, Manaus, AM, Brasil
[4]Universidade de Brasília, Brasília, DF, Brasil

Despite not being a criterion for severe malaria, thrombocytopenia is one of the most common complications of both Plasmodium vivax *and* Plasmodium falciparum *malaria. In a systematic review of the literature, platelet counts under 150,000/mm³ ranged from 24-94% in patients with acute malaria and this frequency was not different between the two major species that affected humans. Minor bleeding is mentioned in case reports of patients with* P. vivax *infection and may be explained by medullary compensation with the release of mega platelets in the peripheral circulation by megakaryocytes, thus maintaining a good primary haemostasis. The speculated mechanisms leading to thrombocytopenia are: coagulation disturbances, splenomegaly, bone marrow alterations, antibody-mediated platelet destruction, oxidative stress and the role of platelets as cofactors in triggering severe malaria. Data from experimental models are presented and, despite not being rare, there is no clear recommendation on the adequate management of this haematological complication. In most cases, a conservative approach is adopted and platelet counts usually revert to normal ranges a few days after efficacious antimalarial treatment. More studies are needed to specifically clarify if thrombocytopenia is the cause or consequence of the clinical disease spectrum.*

¿Cómo cito apropiadamente lo que reviso?

- *Jamás incluir citas de:*
  - *Wikipedia, Monografías.com, Rincón del Vago, Tarea Fácil y en general sitios web de dudosa reputación*
- *Citar fundamentalmente artículos*
- *De citar un artículo antiguo, es porque sea muy importante y necesario*
- *Lo mismo con los libros y otras fuentes*

¿Cómo escribo un manuscrito?

- *Scientific writing, easy when you know how!!!*
  - *"Si escucho, olvido;*
  - *si veo, aprendo;*
  - *pero si lo hago, lo entiendo."*

Partes e Ideales en un Manuscrito

- **Referencias**
  - Calidad de ellas
  - Más relevantes y más recientes
  - 20 a 35 referencias (depende del tipo de trabajo o artículo)
  - Formato de las referencias
  - Correcto uso y colocación
  - Llamado apropiado en el manuscrito
  - Importante en artículos y en tesis
  - Más relevante aun con gran número de referencias

Referencias y Citas

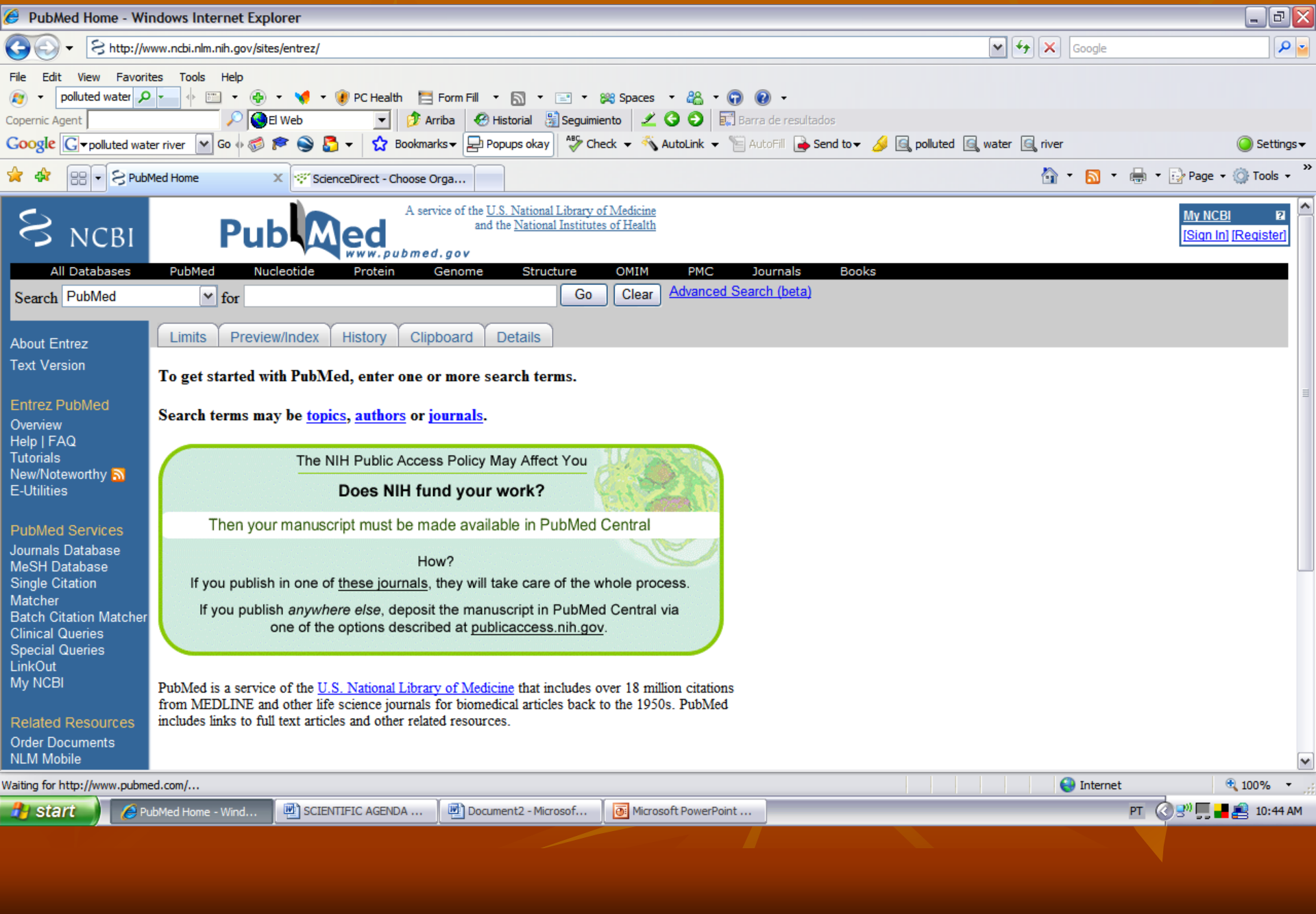
- Utilidad del uso de bases de datos en conjunto con softwares manejadores de referencias bibliográficas
  - Bases de Datos Bibliográficas Principales:
    - Index Medicus/Medline/Pubmed
    - Embase
    - Science Direct
    - Scopus
  - Softwares manejadores de referencias principales:
    - Reference Manager®
    - **EndNote®**
    - RefWorks®
    - Zotero

Software	Developer	First public release	Latest stable version	Cost (USD)	Open source	License	Notes
Aigaion	Aigaion developers	2005-01	2012-01-18 (2.2)	Free	Yes	GPL	web-based
Bebop	ALaRI Institute	2007-11-08	2009-11-10 (1.1)	Free	Yes	BSD	web-based BibTeX front-end
BibDesk	BibDesk developers	2002-04	2012-06-13 (1.5.9)	Free	Yes	BSD	BibTeX front-end + repository
Biblioscape	CG Information	1997	2012-04-01 (9.0.8.8)	US$79-299[1]	No	proprietary	ODBC; web access in Pro ed; optional client/server
BibSonomy	University of Kassel	2006-01	2012-10-31 (2.0.29)	Free	Yes	GPL, LGPL[2]	centrally-hosted website
Bibus	Bibus developers	2004-06-03	2009–10 (1.5.0)	Free	Yes	GPL	
Bookends	Sonny Software	1988 (Mac) / 1983 (Apple II+)	2012-1-14 (11.2.4)	US$99[1]	No	proprietary	integrated web search, pdf download, auto-completion
Citavi	Swiss Academic Software	2006-02-13	2012-09-25 (3.3)	US$79-219 / Free for projects up to 100 references	No	proprietary	search databases from interface[3]
CiteULike	Oversity Limited	2004-11	?	Free	No	proprietary[4]	centrally-hosted website
Connotea	Nature Publishing Group	2004-12	2006-02-01 (1.7.1)	Free	Yes	GPL	centrally-hosted website, web-based
Docear	Otto-von-Guericke University Magdeburg and University of California, Berkeley	2009-05-11	2012-02-21 (1.0)	Free	Yes	GPL	Java BibTeX manager that integrates Mind mapping software
EndNote	Thomson Reuters	1988	2012 (X6)	US$299.95[1]	No	proprietary	Includes EndNote Web account
JabRef	JabRef developers	2003-11-29	2012-07-04 (2.8.1)	Free	Yes	GPL	Java BibTeX manager
Jumper 2.0	Jumper Networks	2009-3	2009-03-26 (2.0.1.1)	Free	Yes	GPL	web-based
KBibTeX	KBibTeX developers	2005-08	2011-06-02 (0.3.0)	Free	Yes	GPL	BibTeX front-end, using the KDE Software Compilation
Mendeley	Mendeley	2008-08	2012-03-06 (1.5.2)	US$4.99-99+ per month[1] / Free "Earth" account	No	(proprietary OS API clients exist)	Desktop & Web components, iPhone and iPad

NoodleTools	NoodleTools	1999	2012-8-13	Free Lite version / $15 individual / licenses for schools	No	proprietary	centrally-hosted website
Papers	Mekentosj	2007	2011-03-08 (2.0.0)	US$79[1]	No	proprietary	search repositories from interface; supports plug-ins, Universal iOS app
Pybliographer	pybliographer developers	1998-10-30 (0.2)	2010-10-14 (1.2.14)	Free	Yes	GPL	Python/GTK2
Qiqqa	Qiqqa	2010-04	2012-07 (v44)	Free	No	proprietary	Desktop; centrally hosted website
refbase	refbase developers	2003-06-03	2008-11-19 (0.9.5)	Free	Yes	GPL	web-based for institutional repositories/self-archiving[5]
RefDB	refdb developers	2001-04-25	2007-11-05 (0.9.9)	Free	Yes	GPL	network-transparent; XML/SGML bibliographies
Reference Manager	Thomson Reuters	1984	2010 (12.0.3)	US$239.95[1]	No	proprietary	network version available; built-in web publishing tool
Referencer	Referencer developers	?	2009-08-02 (1.1.6)	Free	Yes	GPL	BibTeX front-end
RefWorks	RefWorks	2001	2010-05	US$100 per year	No	proprietary	centrally-hosted website
Scholar's Aid	Scholar's Aid, Inc.	1998	2012-3-1 (6.0)	US$99-149[1] / Free trial version	No	proprietary	
Sente	Third Street Software, Inc.	2004	2011 (6.5.0)	US$129.95[1]	No	proprietary	Desktop and iPad, centralized backup/synching
Wikindx	Mark Grimshaw	2004-02	2008-02-06 (3.8.2)	Free	Yes	GPL	web-based
WizFolio	WizPatent	2008-06	2011-01 (Avatara)	US$25 / Free Basic version	No	proprietary	centrally-hosted website
Zotero	Center for History and New Media at GMU	2006-10-05	2012-07-26 (3.0.8.1)	Free / Online storage free up to 100 MB / Additional storage space available	Yes	AGPL	Firefox extension or stand-alone with connectors for Chrome and Safari

Ventajas usando Manejadores

- Ahorro de tiempo
- Práctico y sencillo
- Formatos sin errores
- Estilos de acuerdo a cada revista en particular
- Facilidad para modificar los manuscritos
- Concentración en el manuscrito y sus partes y no en como van las referencias citadas y listadas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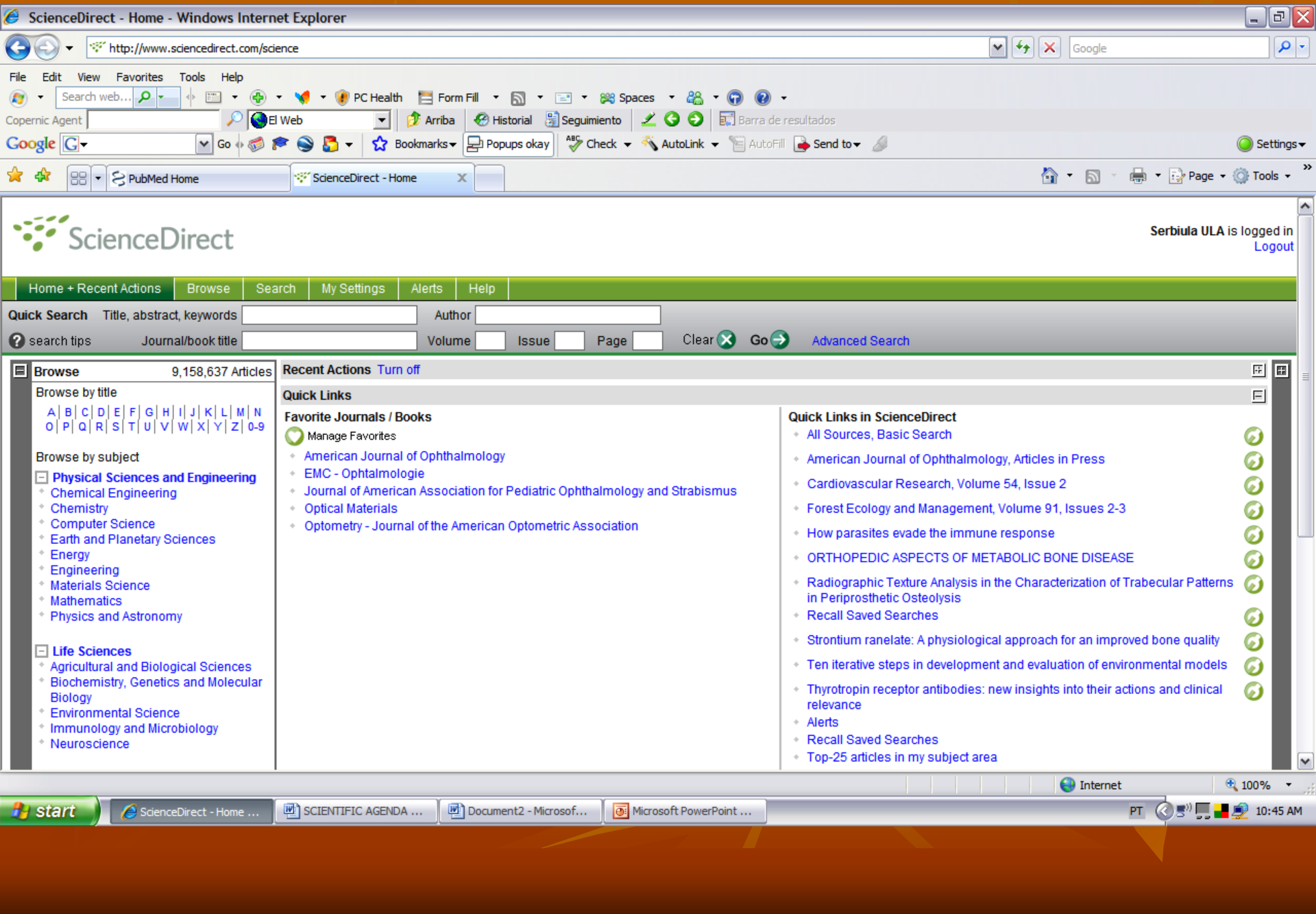
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Mathematics
Physics and Astronomy
Life Sciences
Agricultural and Biological Sciences
Biochemistry, Genetics and Molecular Biology
Environmental Science
Immunology and Microbiology
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EMC - Ophtalmologie
Journal of American Association for Pediatric Ophthalmology and Strabismus
Optical Materials
Optometry - Journal of the American Optometric Association
Quick Links in ScienceDirect
All Sources, Basic Search
American Journal of Ophthalmology, Articles in Press
Cardiovascular Research, Volume 54, Issue 2
Forest Ecology and Management, Volume 91, Issues 2-3
How parasites evade the immune response
ORTHOPEDIC ASPECTS OF METABOLIC BONE DISEASE
Radiographic Texture Analysis in the Characterization of Trabecular Patterns in Periprosthetic Osteolysis
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Strontium ranelate: A physiological approach for an improved bone quality
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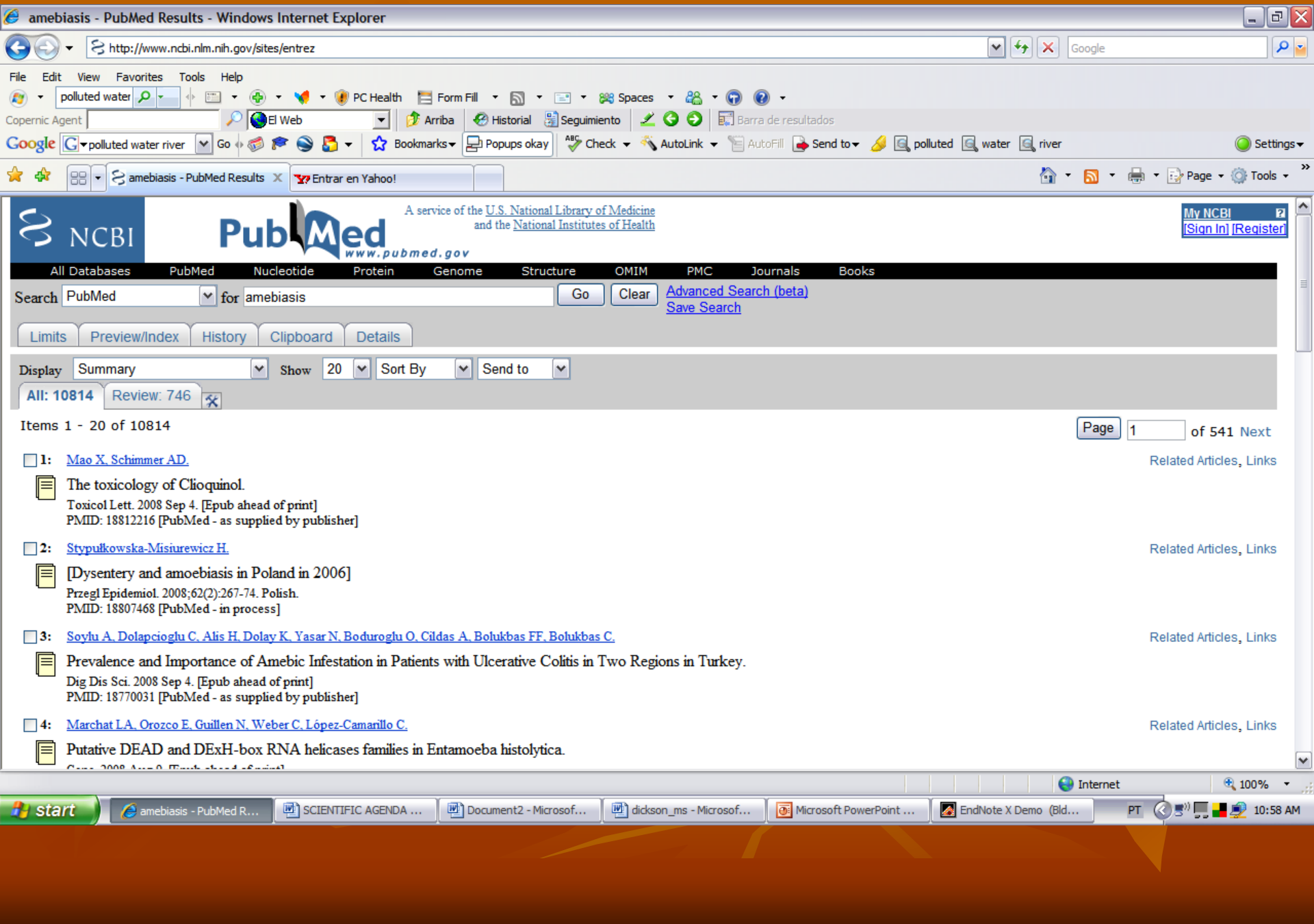
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All: 10814 Review: 746
Items 1 - 20 of 10814
Page 1 of 541 Next
1: Mao X, Schimmer AD.
The toxicology of Clioquinol.
Toxicol Lett. 2008 Sep 4. [Epub ahead of print]
PMID: 18812216 [PubMed - as supplied by publisher]
Related Articles, Links
2: Stypułkowska-Misiurewicz H.
[Dysentery and amoebiasis in Poland in 2006]
Przegl Epidemiol. 2008;62(2):267-74. Polish.
PMID: 18807468 [PubMed - in process]
Related Articles, Links
3: Soylu A, Dolapcioglu C, Alis H, Dolay K, Yasar N, Boduroglu O, Cildas A, Bolukbas FF, Bolukbas C.
Prevalence and Importance of Amebic Infestation in Patients with Ulcerative Colitis in Two Regions in Turkey.
Dig Dis Sci. 2008 Sep 4. [Epub ahead of print]
PMID: 18770031 [PubMed - as supplied by publisher]
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Putative DEAD and DExH-box RNA helicases families in Entamoeba histolytica.
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1: Mao X, Schimmer AD.

The toxicology of Clioquinol.

Toxicol Lett. 2008 Sep 4. [Epub ahead of print]

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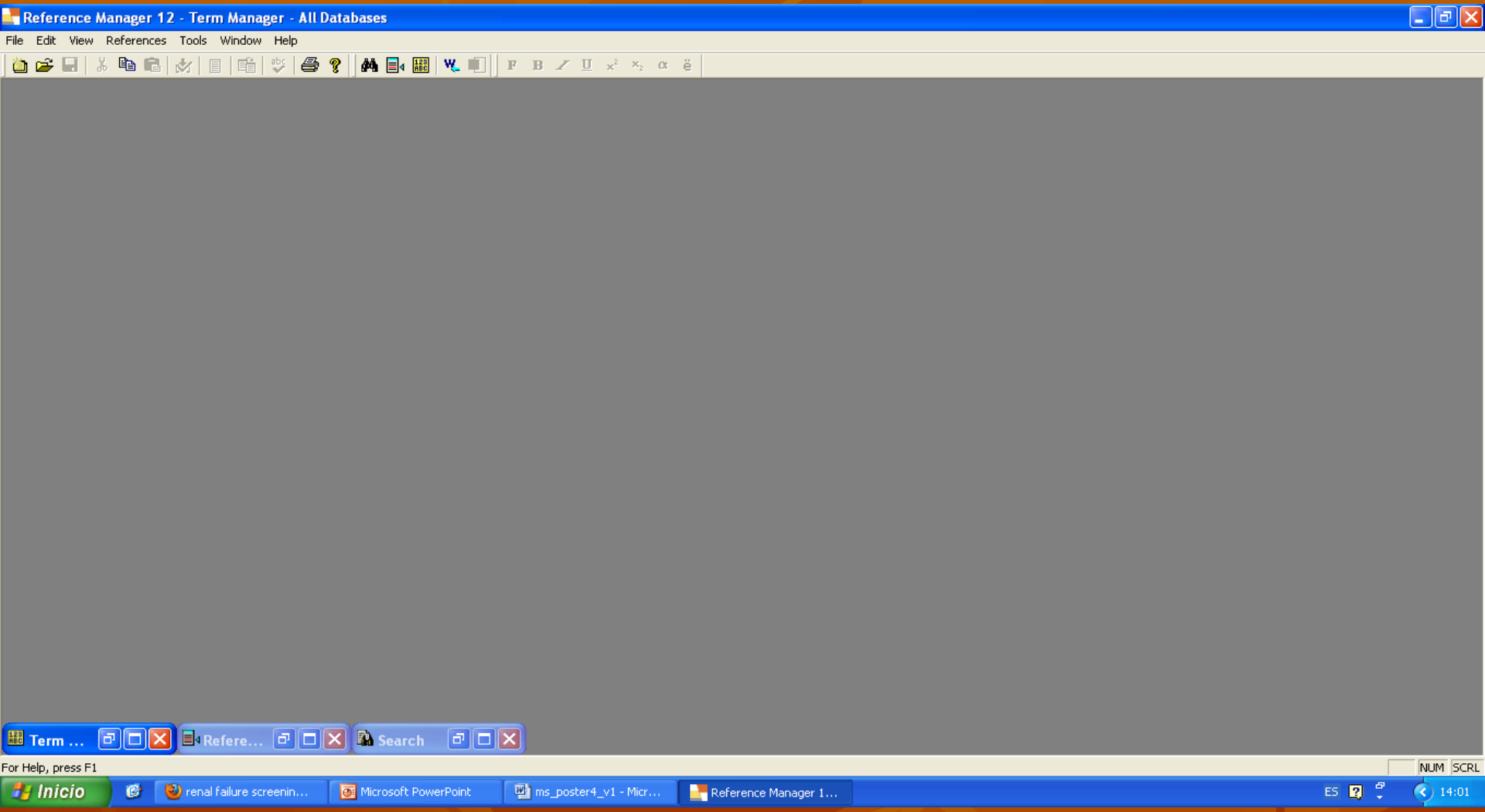
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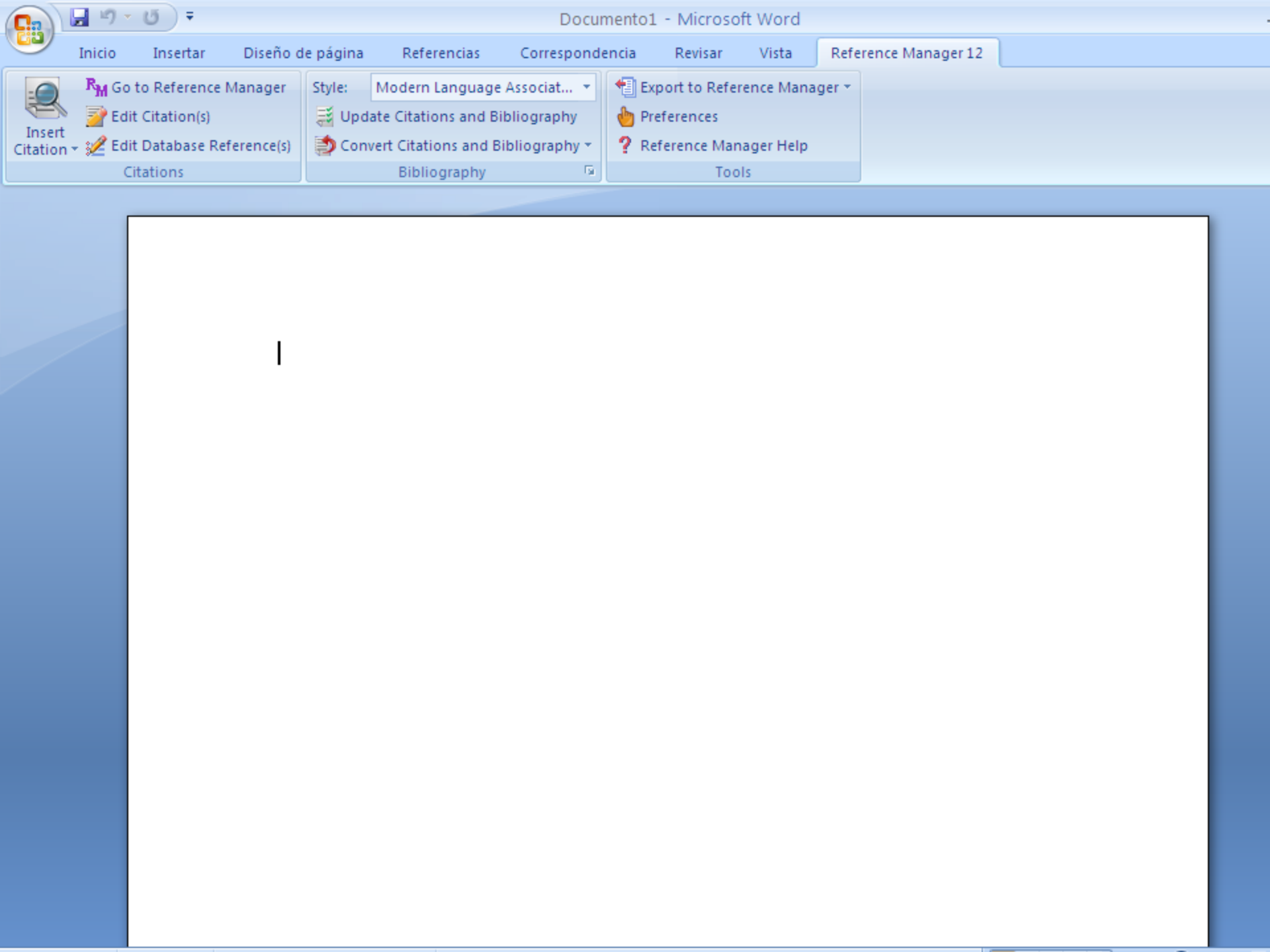
Recientemente se ha indicado que la IRC, particularmente la terminal, se está incrementando considerablemente en América crecimiento anual durante los últimos 5 años.[4]

Por estas y otras causas, la identificación precoz de los pacientes con insuficiencia renal permite realizar tratamientos que limitan la progresión del daño renal y modificar los factores de riesgo asociados que contribuyen al aumento de la morbilidad en estos pacientes. En esta labor de detección el papel clave lo juegan los equipos de atención primaria, recordando la IRC que puede pesquisarse con la disminución del filtrado glomerular estimado (clearence de creatinina, ClCr).[4]

Tanto el filtrado glomerular estimado como la evaluación de la presión arterial en poblaciones de riesgo representan mediciones físicas de gran importancia en el contexto de la evaluación integral de la salud de la población adulta.

Por tal razón en el contexto del Segundo Estudio Nacional de Crecimiento y Desarrollo Humano (SENACREDH), estudio probabilístico, llevado a cabo por FUNDACREDESA, se realizó la evaluación de la Presión Arterial Sistólica y Diastólica (PAS/PAD) en adultos de 5 entidades federales (Carabobo, Aragua, Miranda, Vargas, Distrito Capital), de acuerdo al VII JNC, que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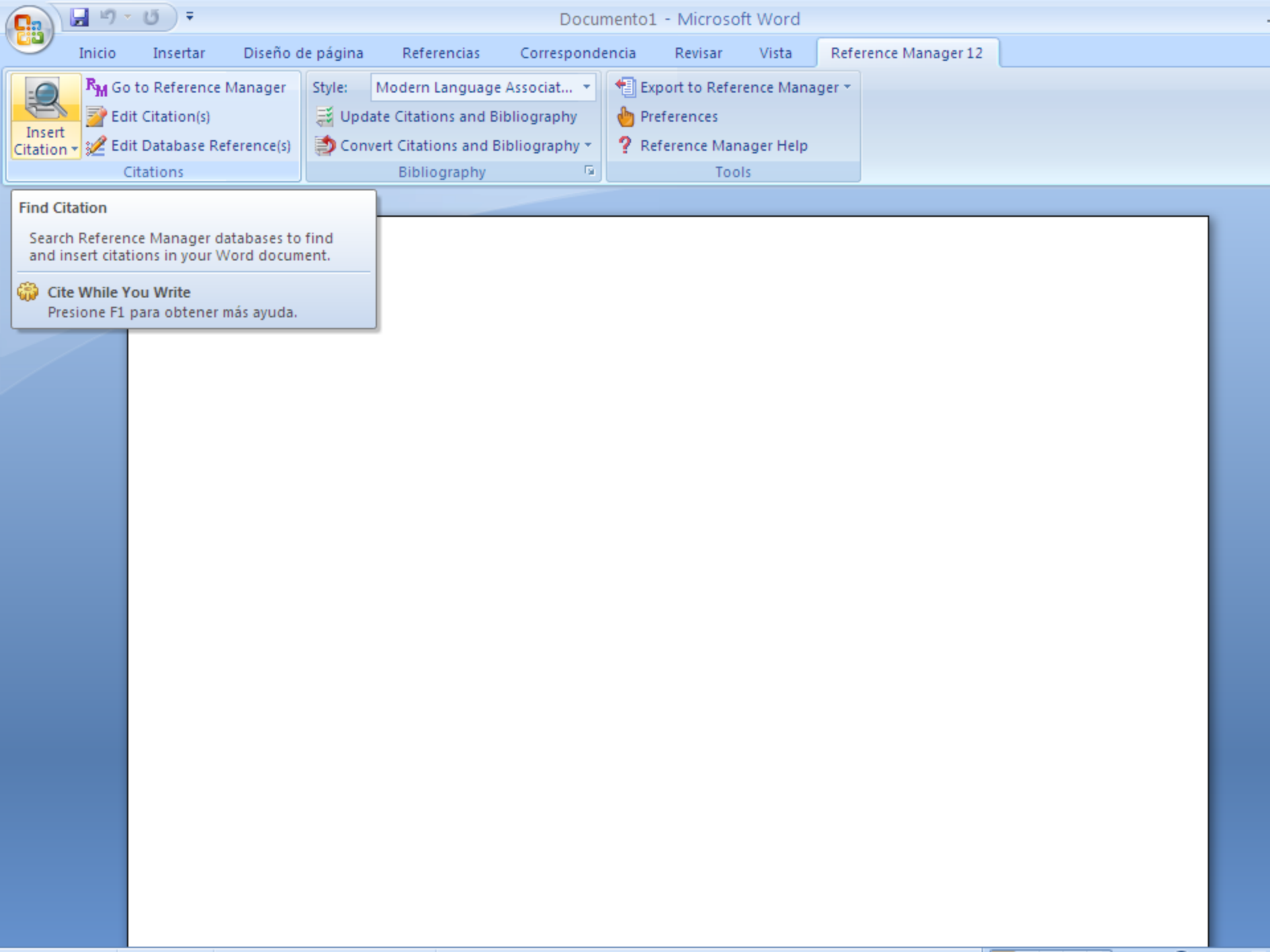
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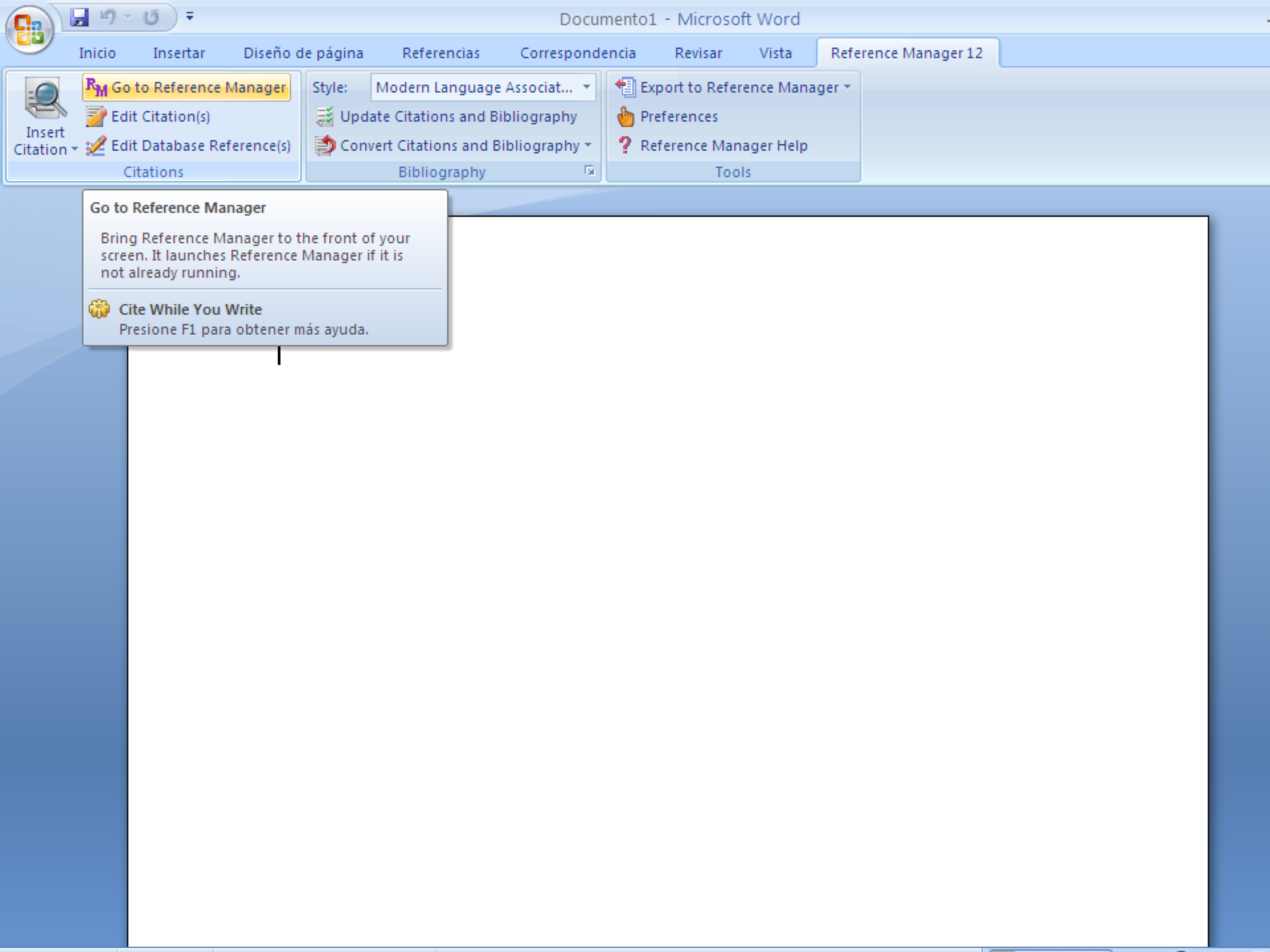
Presione F1 para obtener más ayuda.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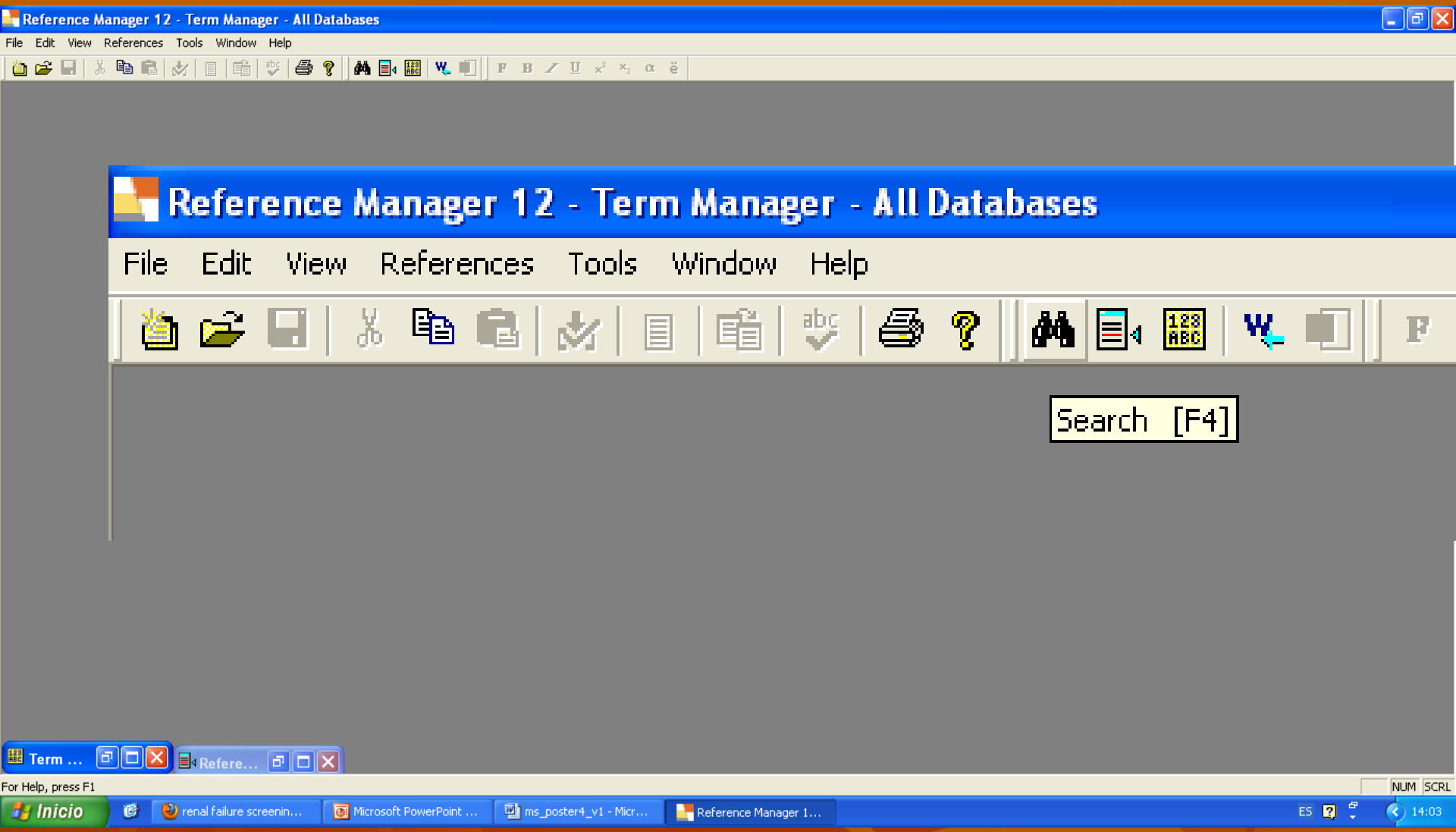
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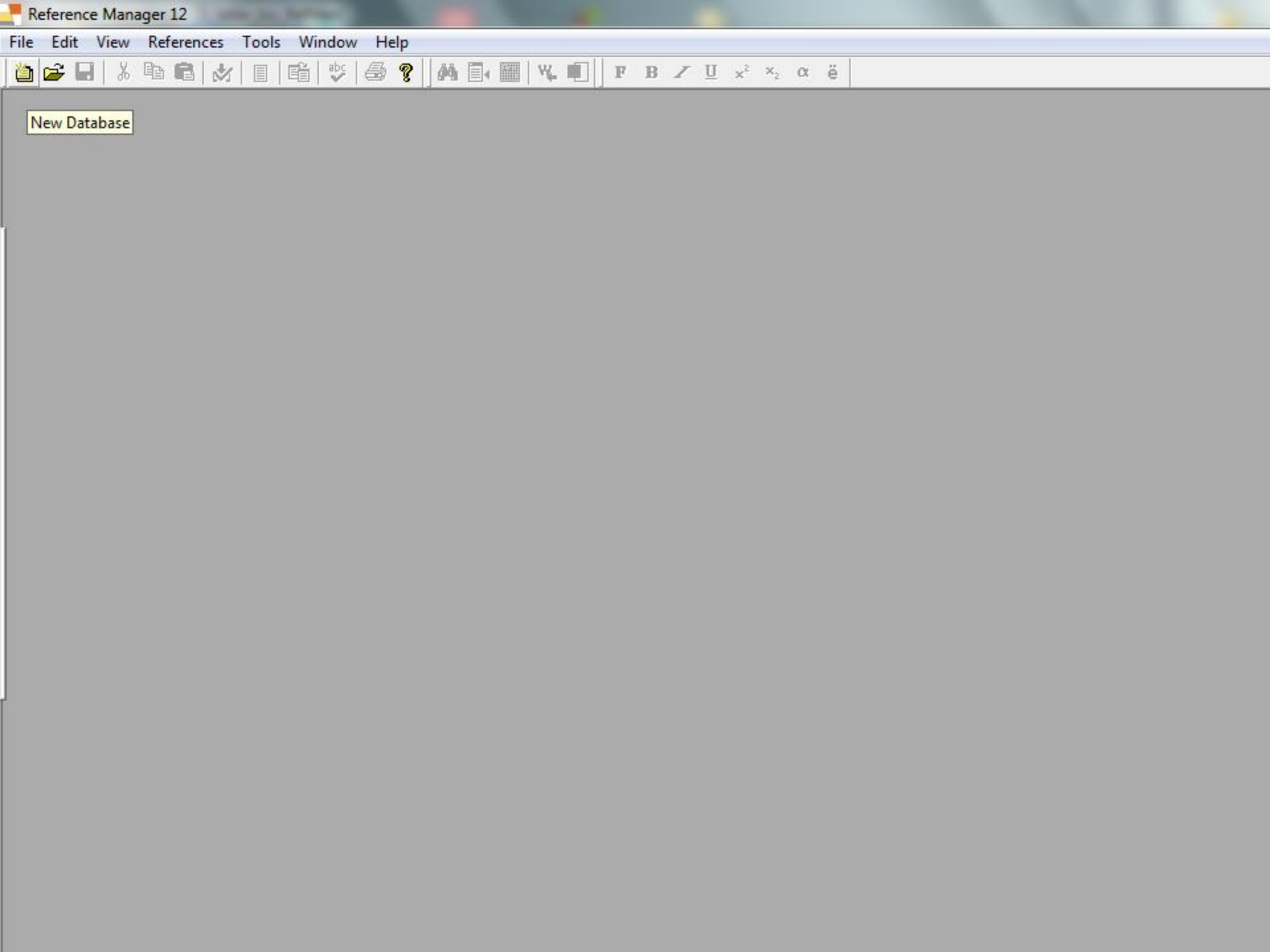
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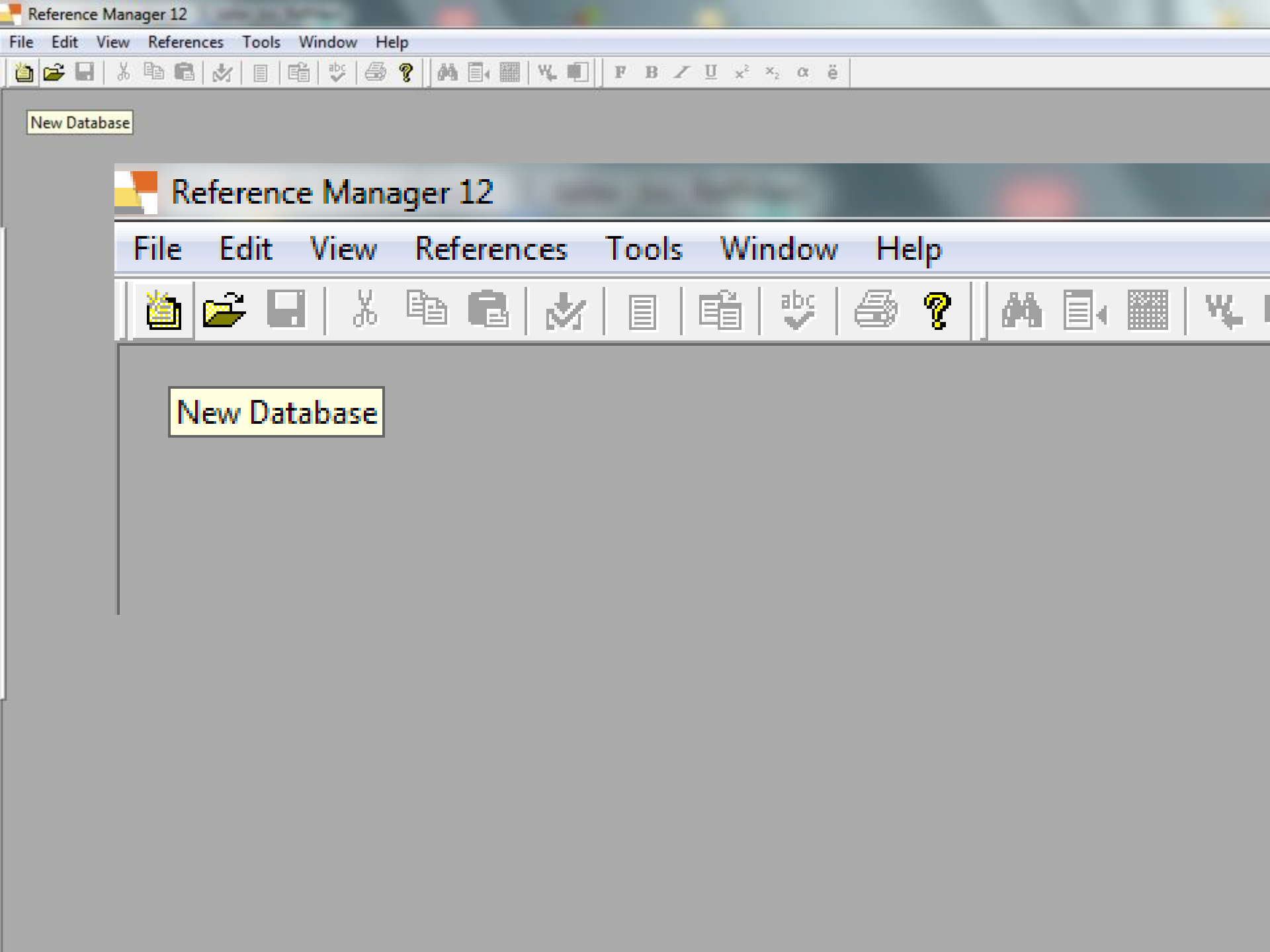
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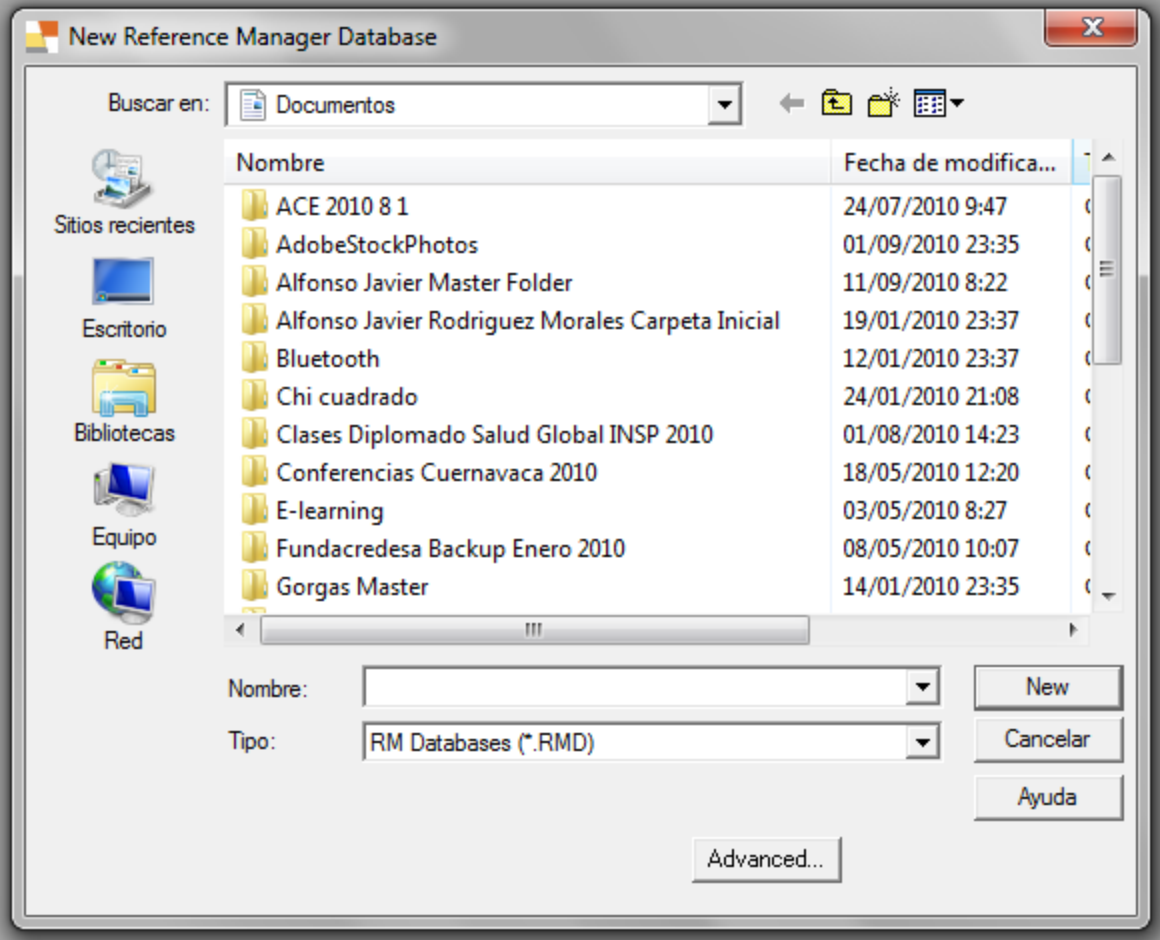
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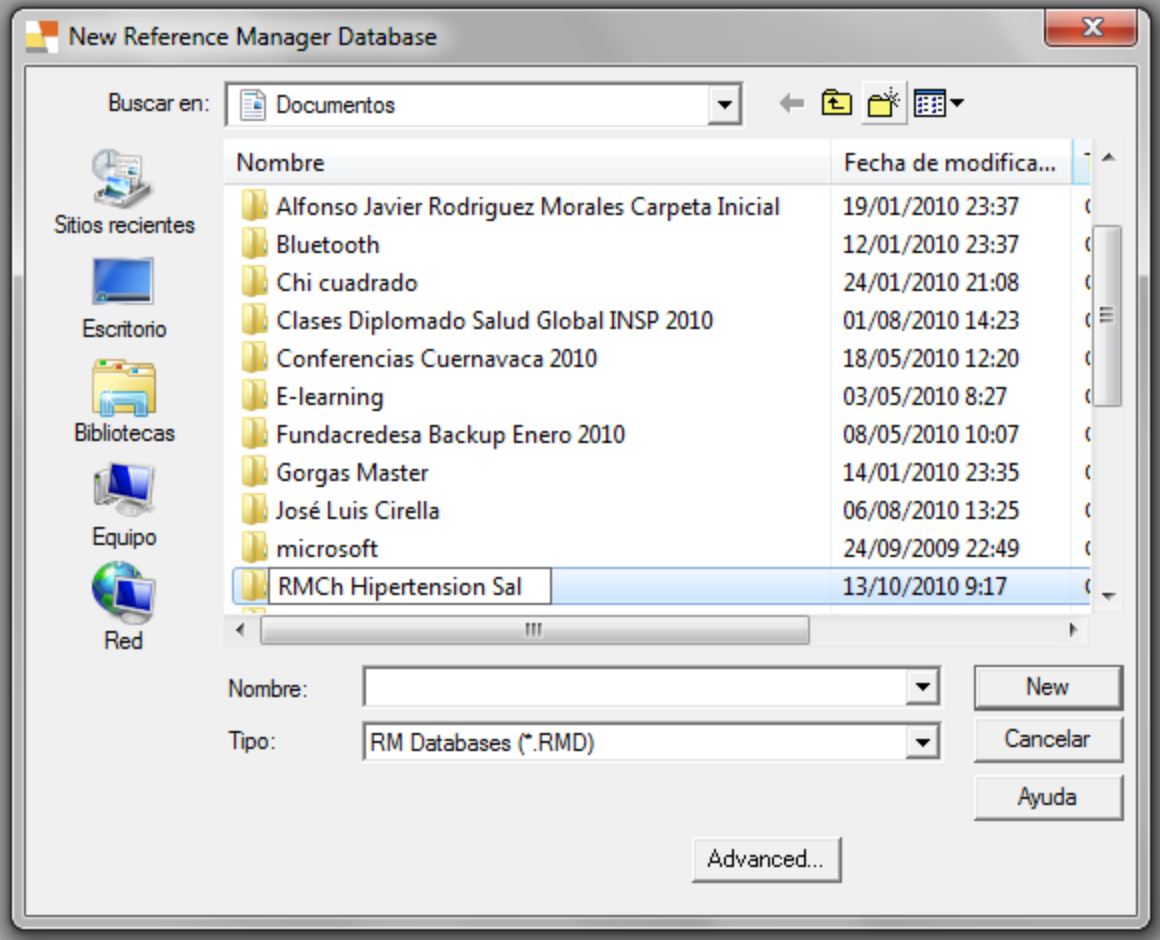
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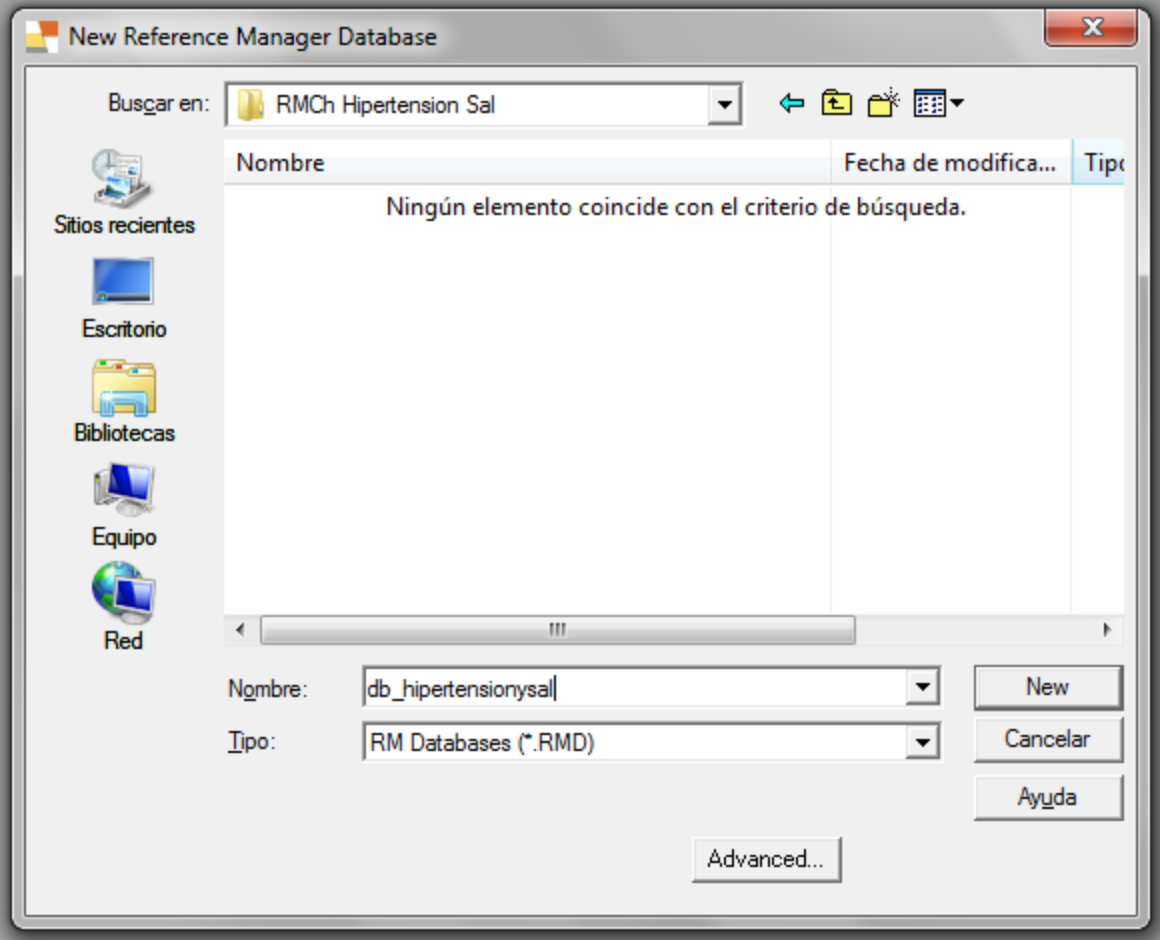
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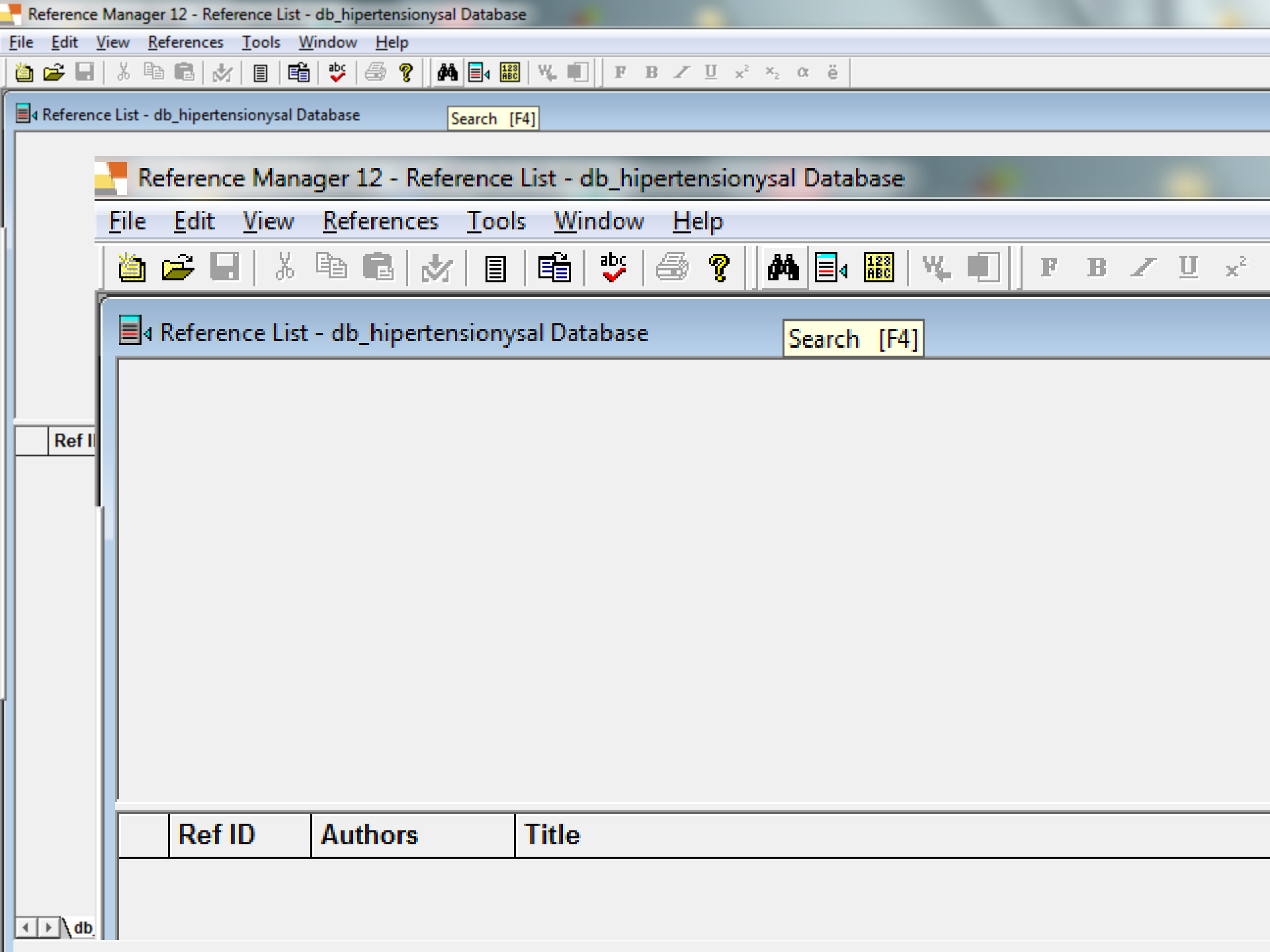
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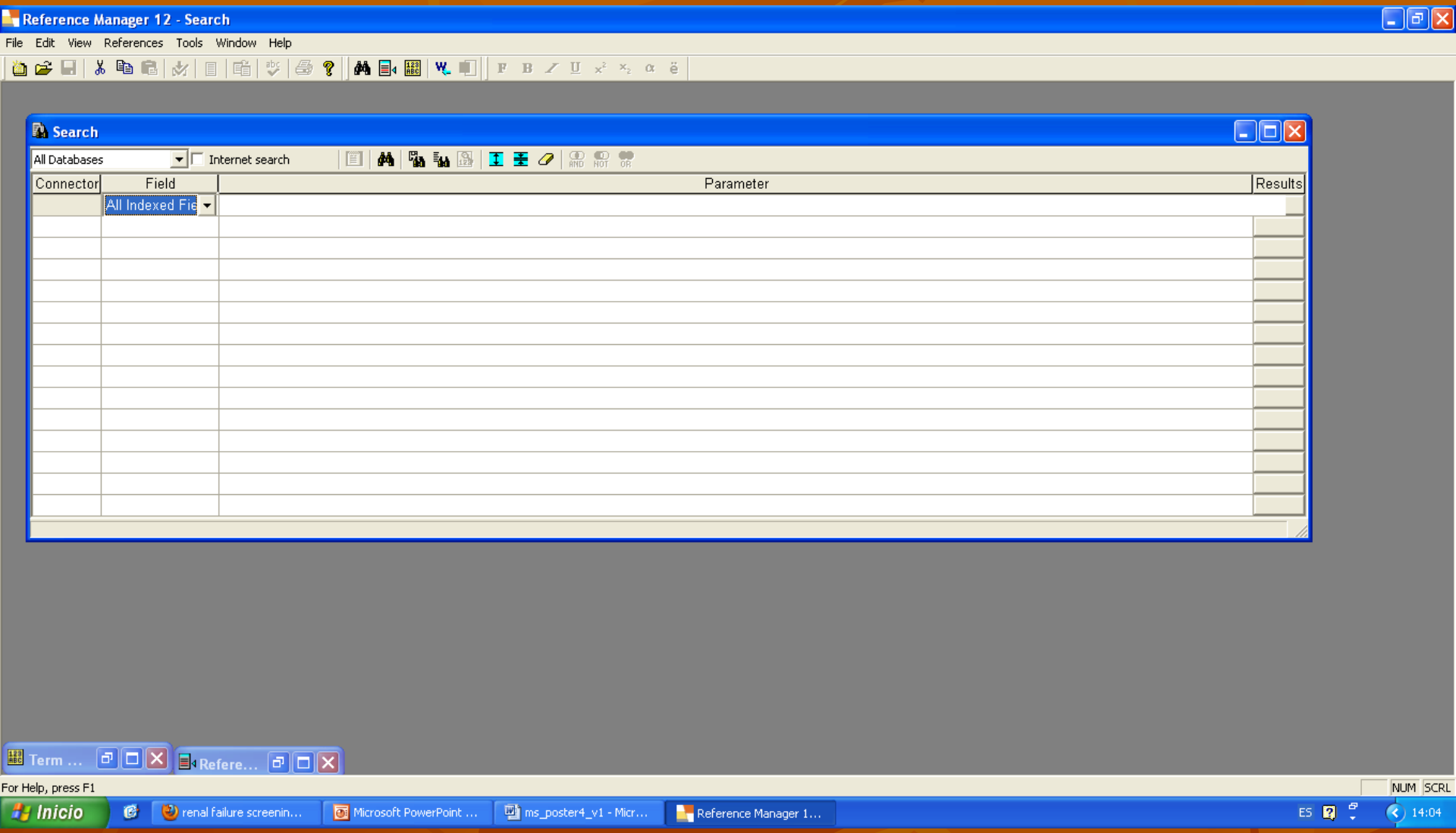
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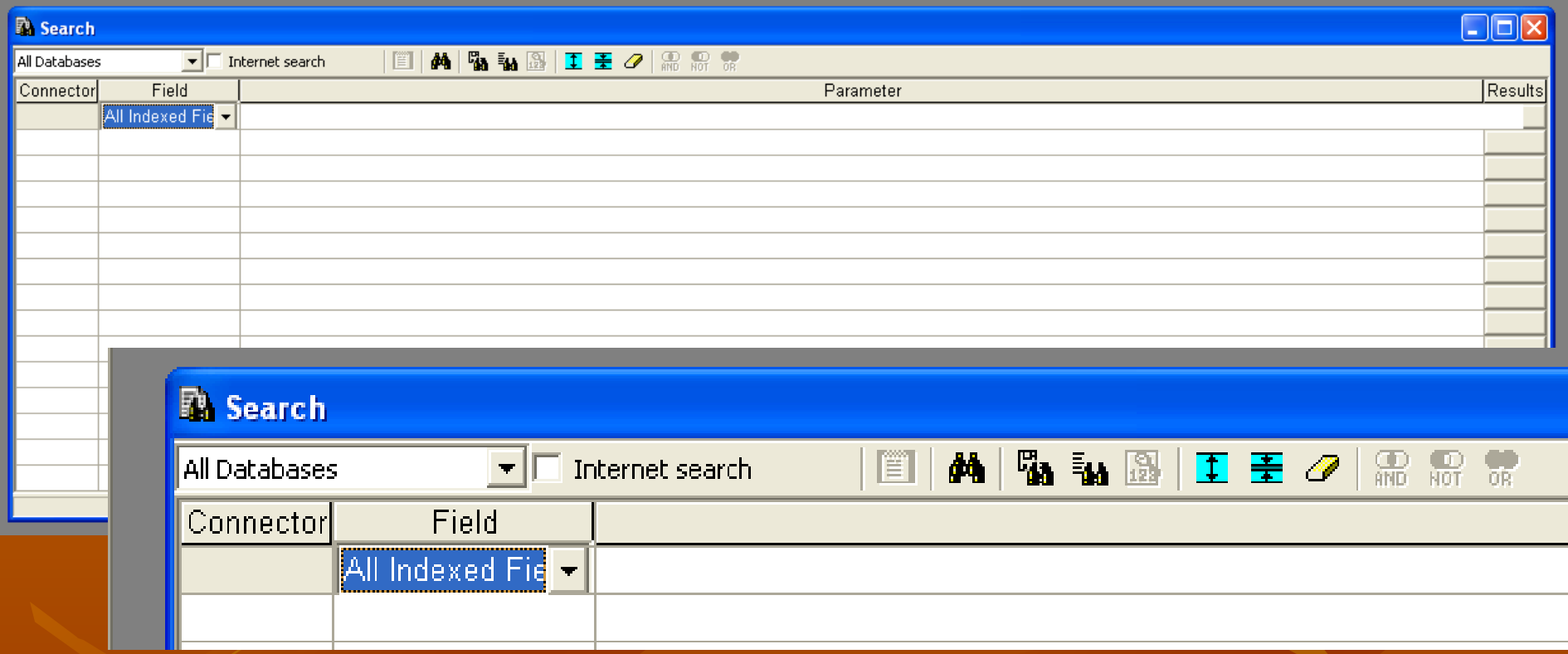
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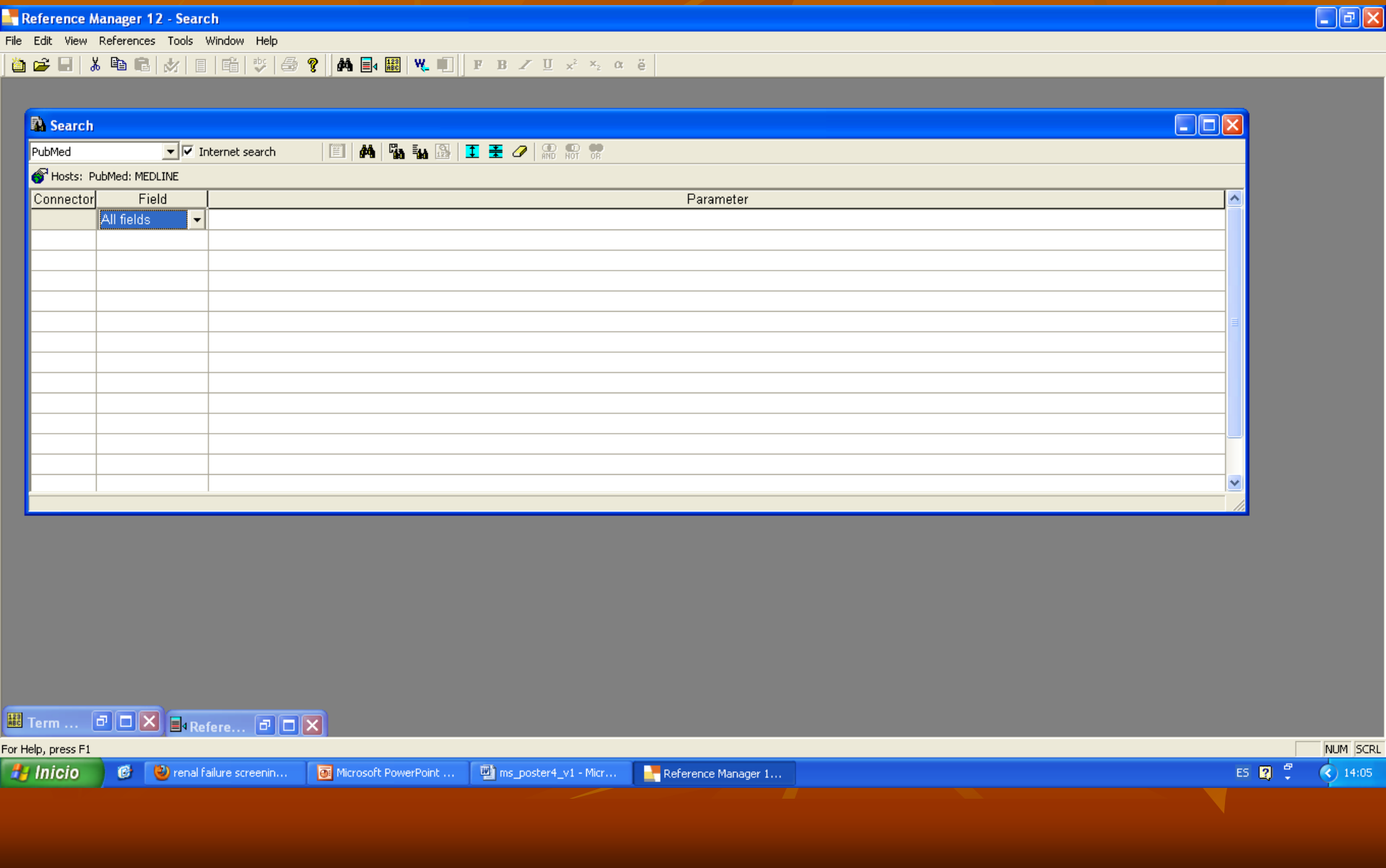
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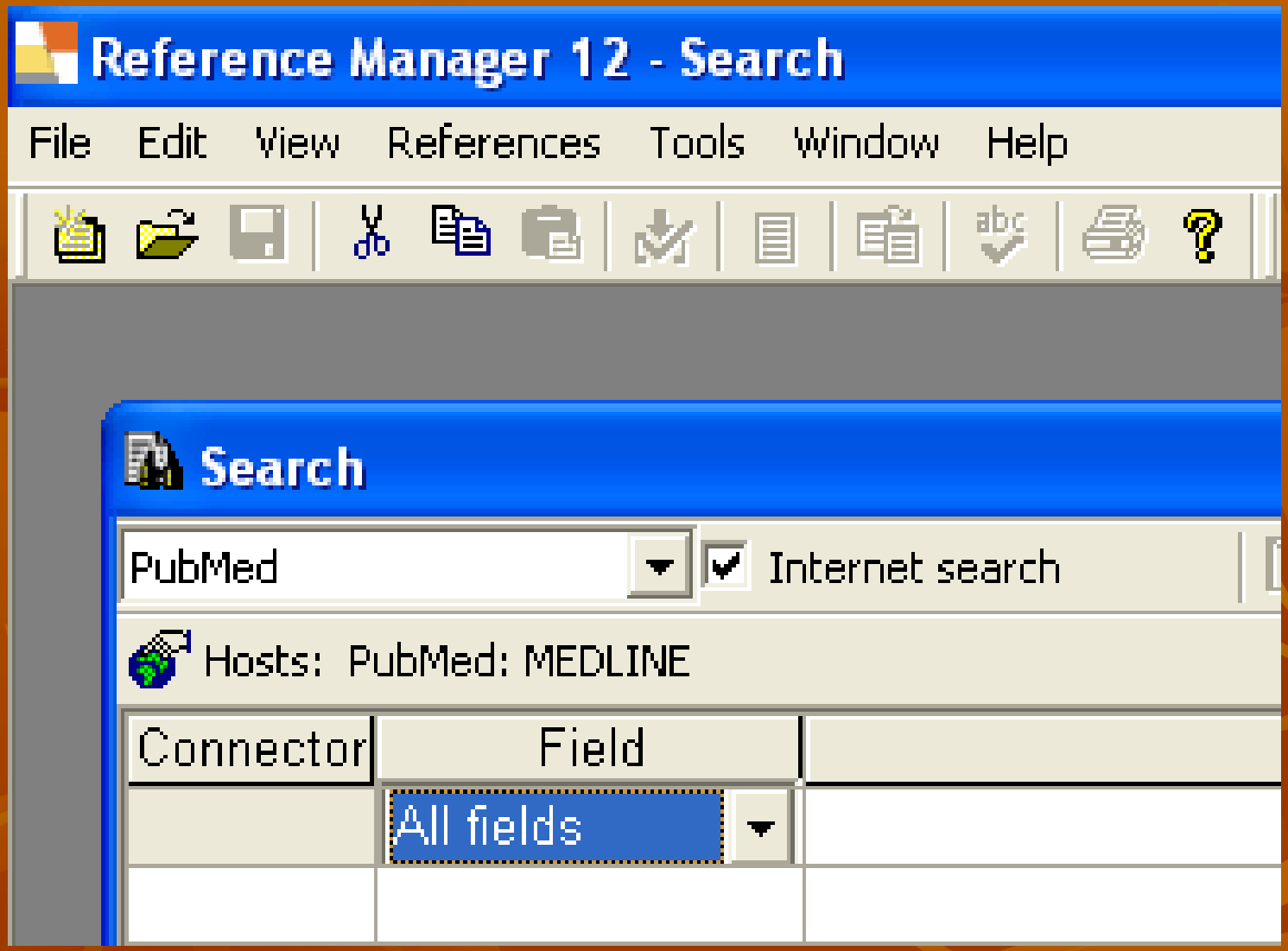
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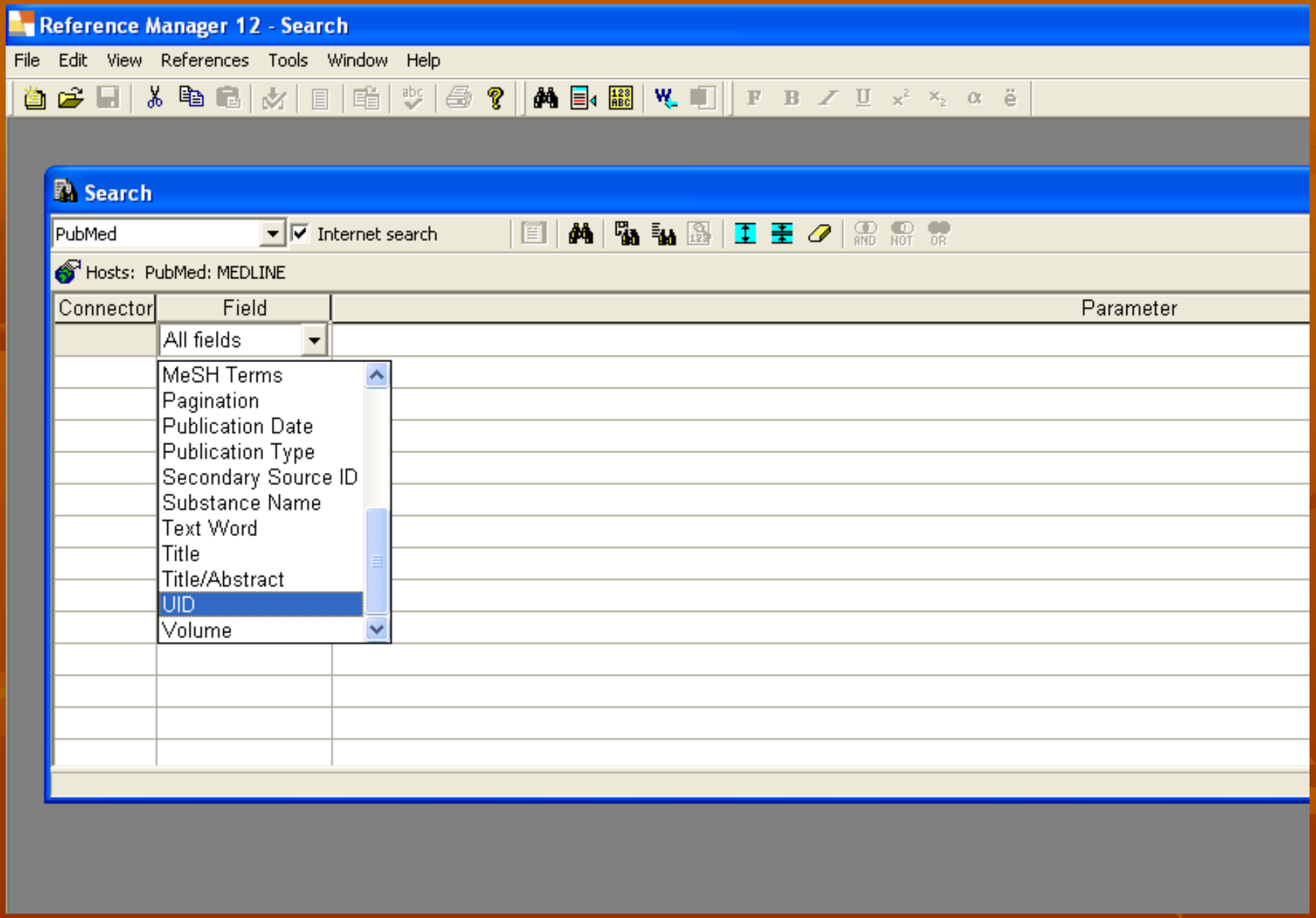
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[Intensive care of patients with acute liver failure]
1. Ytrebø LM, Klepstad P.
Tidsskr Nor Laegeforen. 2010 Aug 26;130(16):1609-13. Review. Norwegian.
PMID: 20805858 [PubMed - indexed for MEDLINE] **Free Article**
Related citations

Review article: Managing sleep apnoea in kidney diseases.
2. Sim JJ, Rasgon SA, Derose SF.
Nephrology (Carlton). 2010 Mar;15(2):146-52. Review.
PMID: 20470271 [PubMed - indexed for MEDLINE]
Related citations

Genitourinary tract involvement in epidermolysis bullosa.
3. Almaani N, Mellerio JE.
Dermatol Clin. 2010 Apr;28(2):343-6, xi. Review.
PMID: 20447500 [PubMed - indexed for MEDLINE]
Related citations

Early referral strategies for management of people with markers of renal disease: a systematic review of the evidence of clinical effectiveness, cost-effectiveness and economic analysis.
4. Black C, Sharma P, Scotland G, McCullough K, McGurn D, Robertson L, Fluck N, MacLeod A, McNamee P, Prescott G, Smith C.

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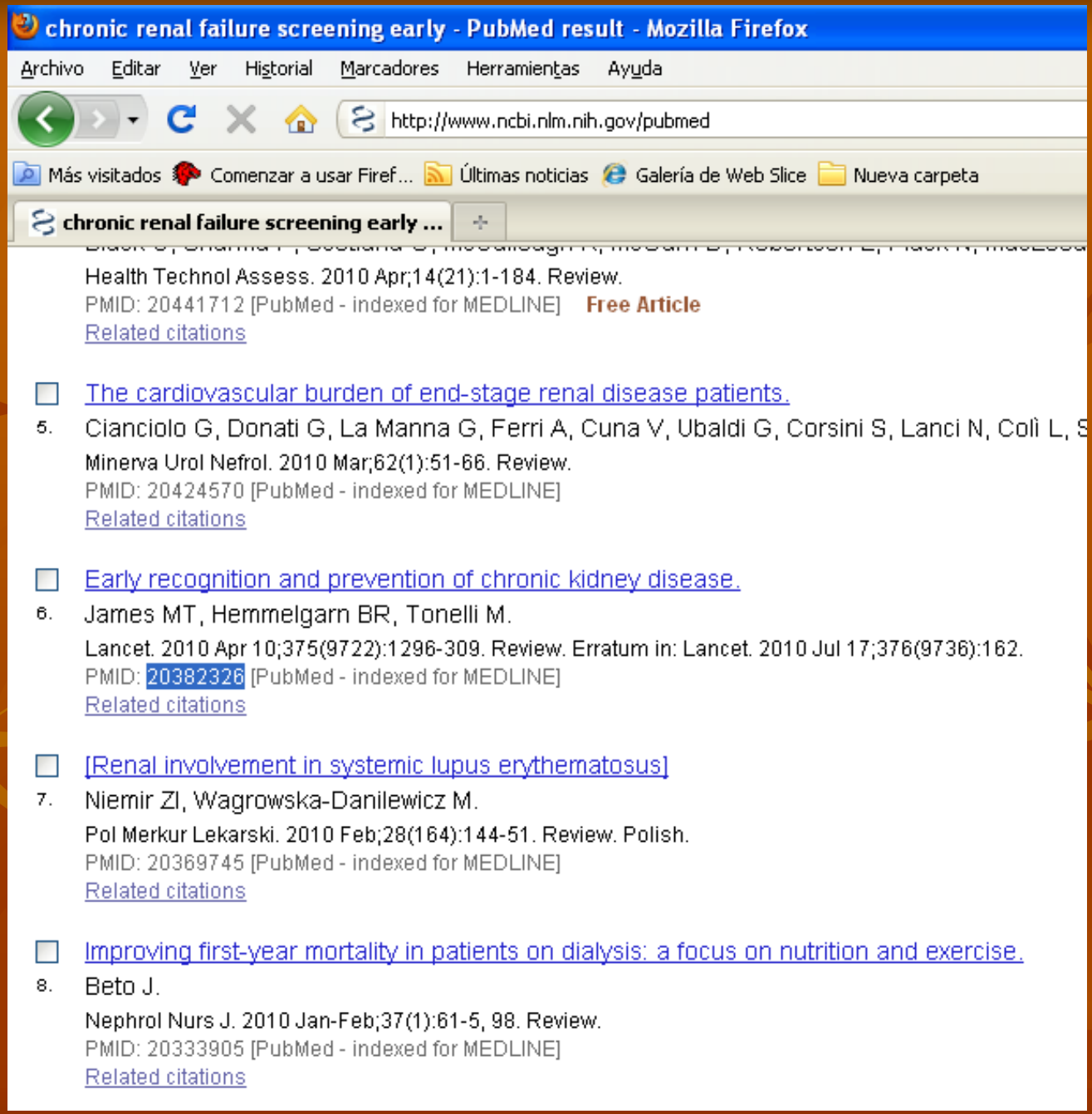
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Health Technol Assess. 2010 Apr;14(21):1-184. Review.
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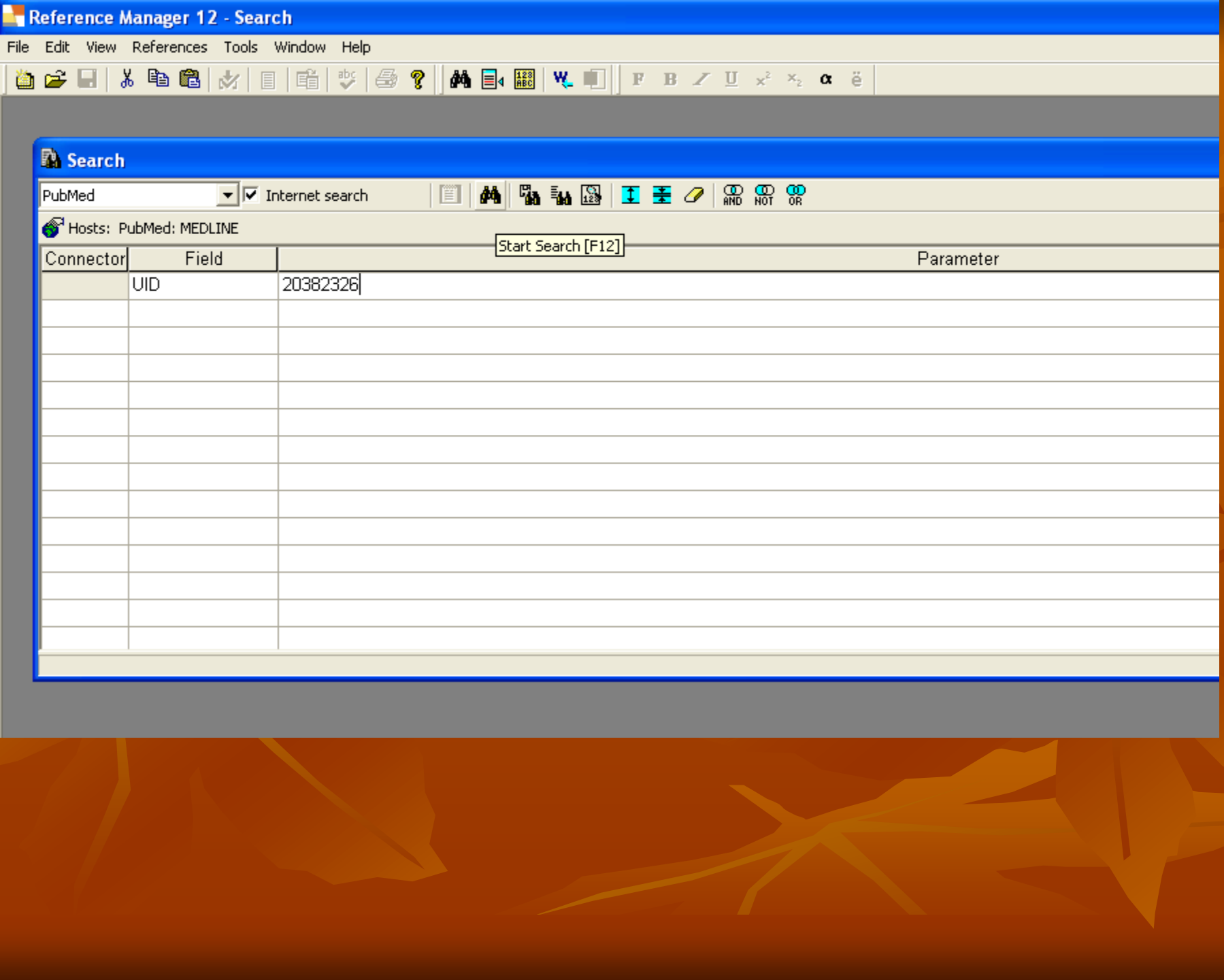
Related citations
The cardiovascular burden of end-stage renal disease patients.
5. Cianciolo G, Donati G, La Manna G, Ferri A, Cuna V, Ubaldi G, Corsini S, Lanci N, Colì L,
Minerva Urol Nefrol. 2010 Mar;62(1):51-66. Review.
PMID: 20424570 [PubMed - indexed for MEDLINE]
Related citations
Early recognition and prevention of chronic kidney disease.
6. James MT, Hemmelgarn BR, Tonelli M.
Lancet. 2010 Apr 10;375(9722):1296-309. Review. Erratum in: Lancet. 2010 Jul 17;376(9736):162.
PMID: 20382326 [PubMed - indexed for MEDLINE]
Related citations
[Renal involvement in systemic lupus erythematosus]
7. Niemir ZI, Wagrowska-Danilewicz M.
Pol Merkur Lekarski. 2010 Feb;28(164):144-51. Review. Polish.
PMID: 20369745 [PubMed - indexed for MEDLINE]
Related citations
Improving first-year mortality in patients on dialysis: a focus on nutrition and exercise.
8. Beto J.
Nephrol Nurs J. 2010 Jan-Feb;37(1):61-5, 98. Review.
PMID: 20333905 [PubMed - indexed for MEDLINE]
Related citations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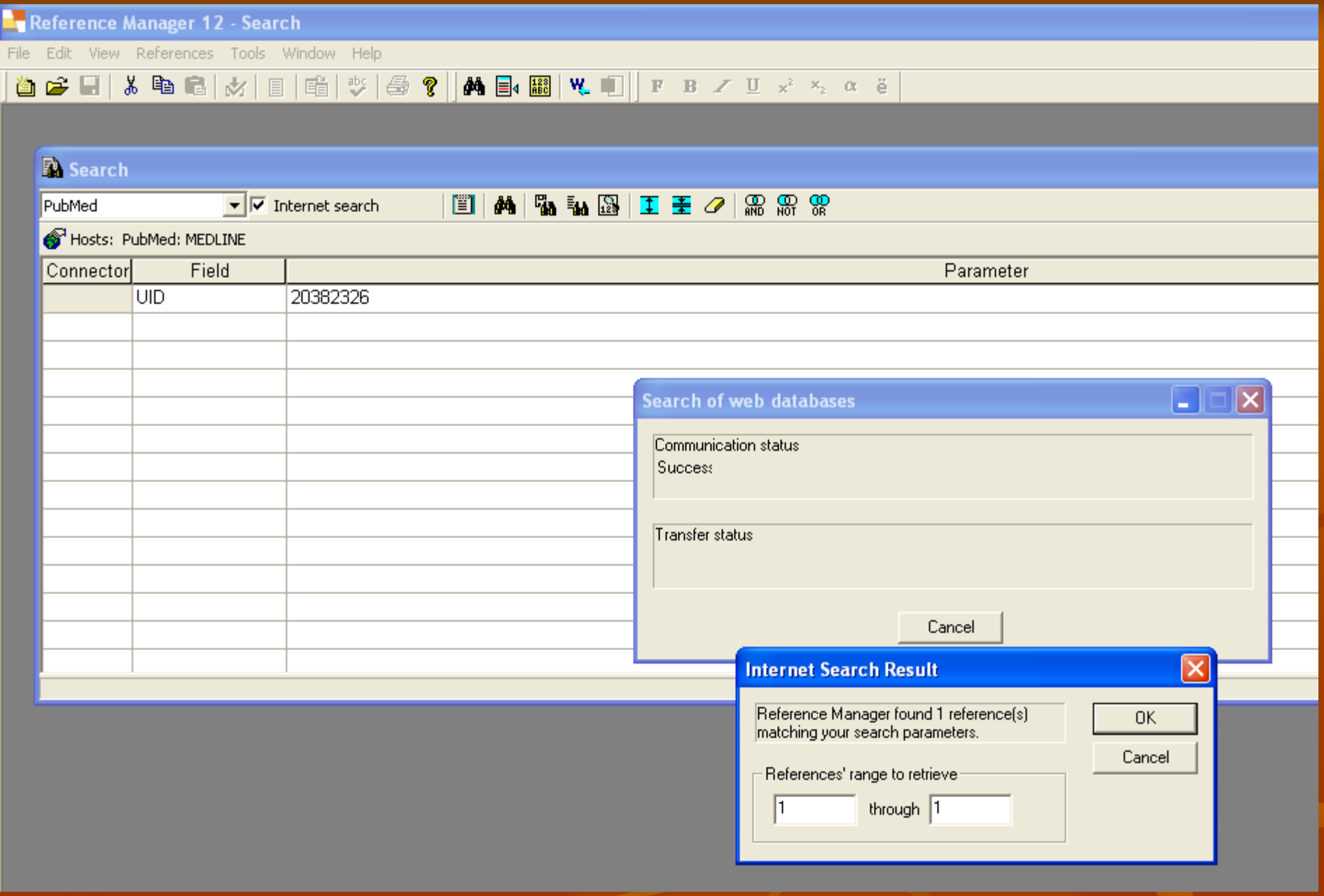
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Reference List - Search 5 Database: Journal Reference ID 1

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Authors	James,M.T.; Hemmelgarn,B.R.; Tonelli,M.;
Pub Date*	10/04/2010 **Other**
Web/URL	PM:20382326
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1	James,M.T.	Early recognition and prevention of chronic kidney disease

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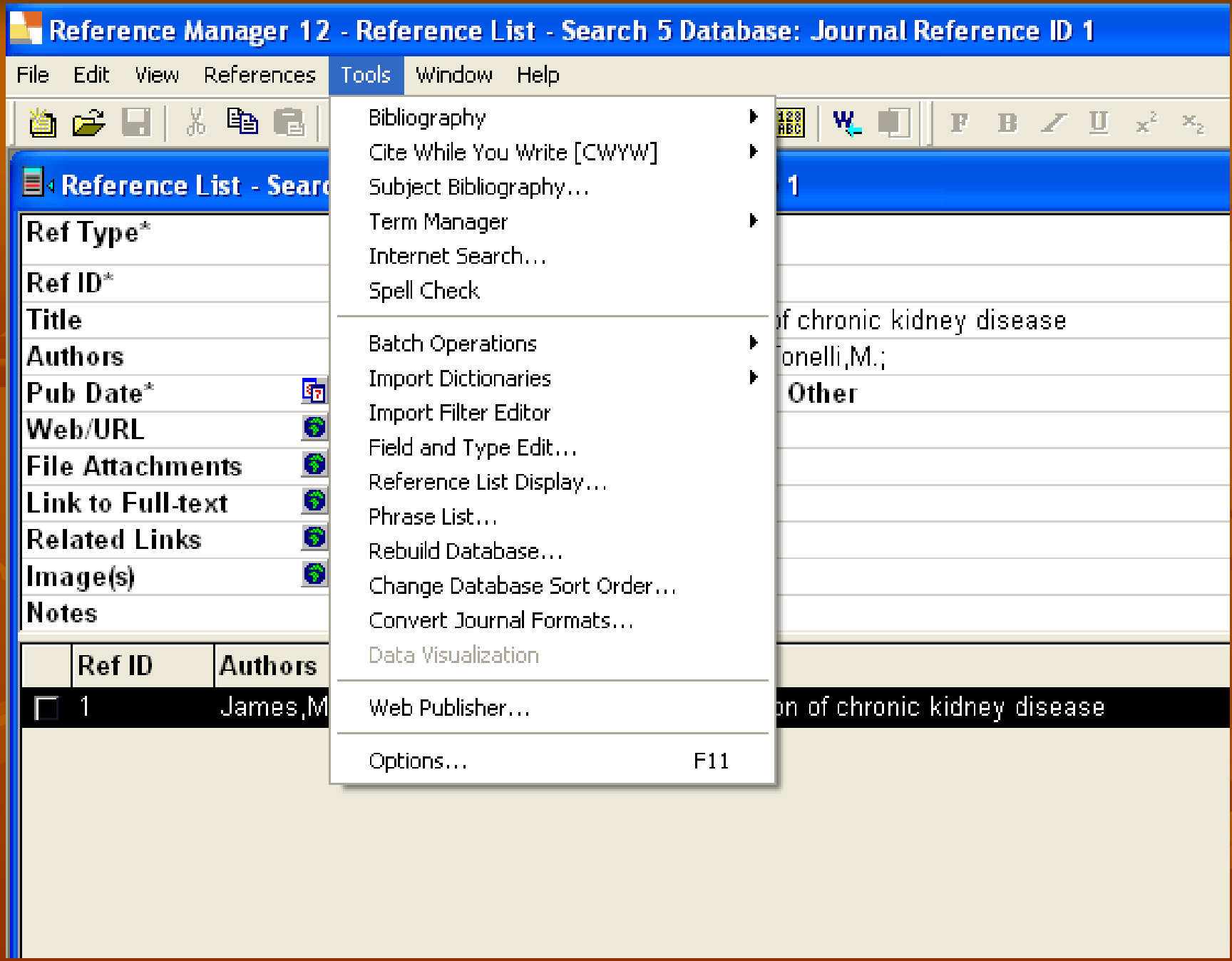
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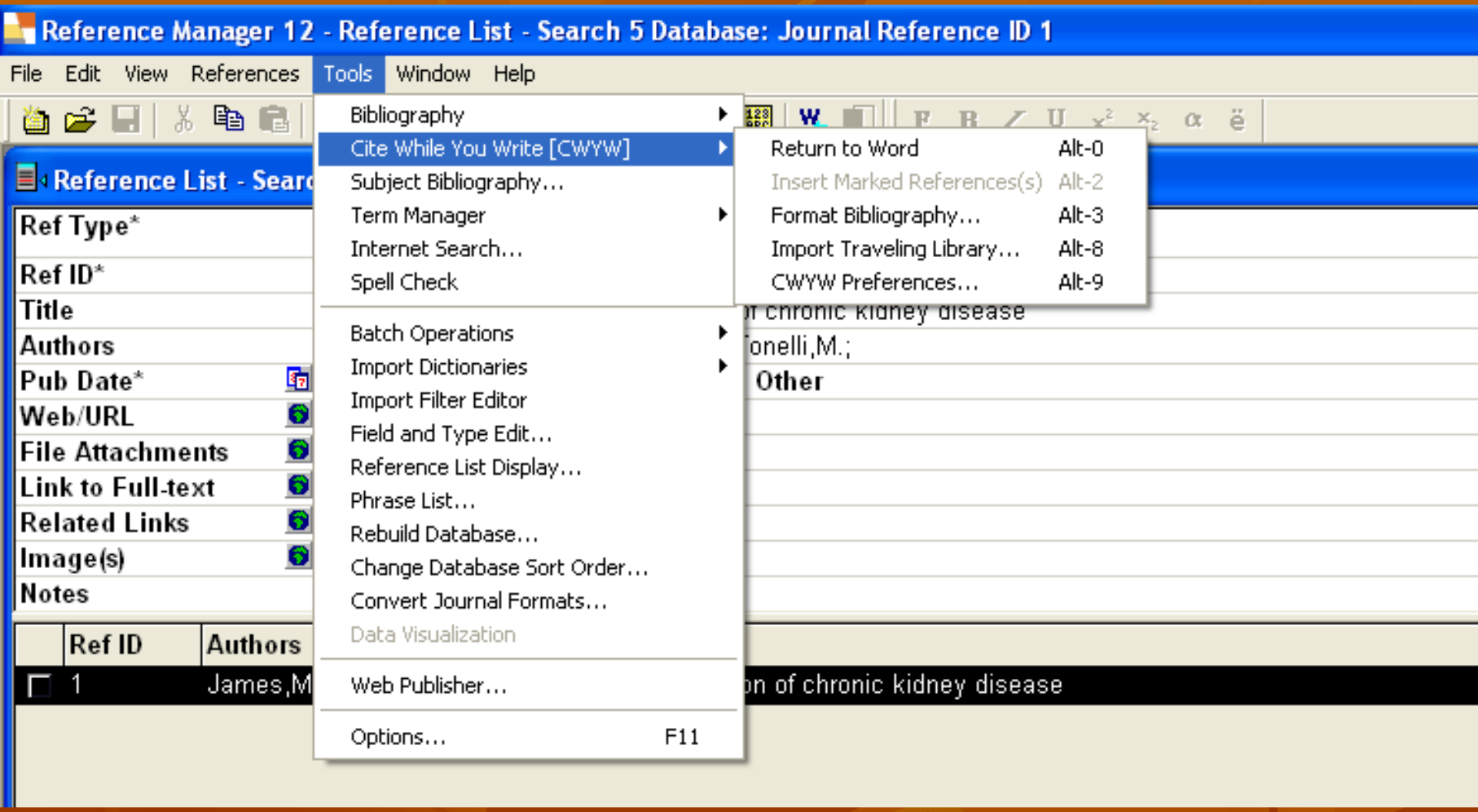
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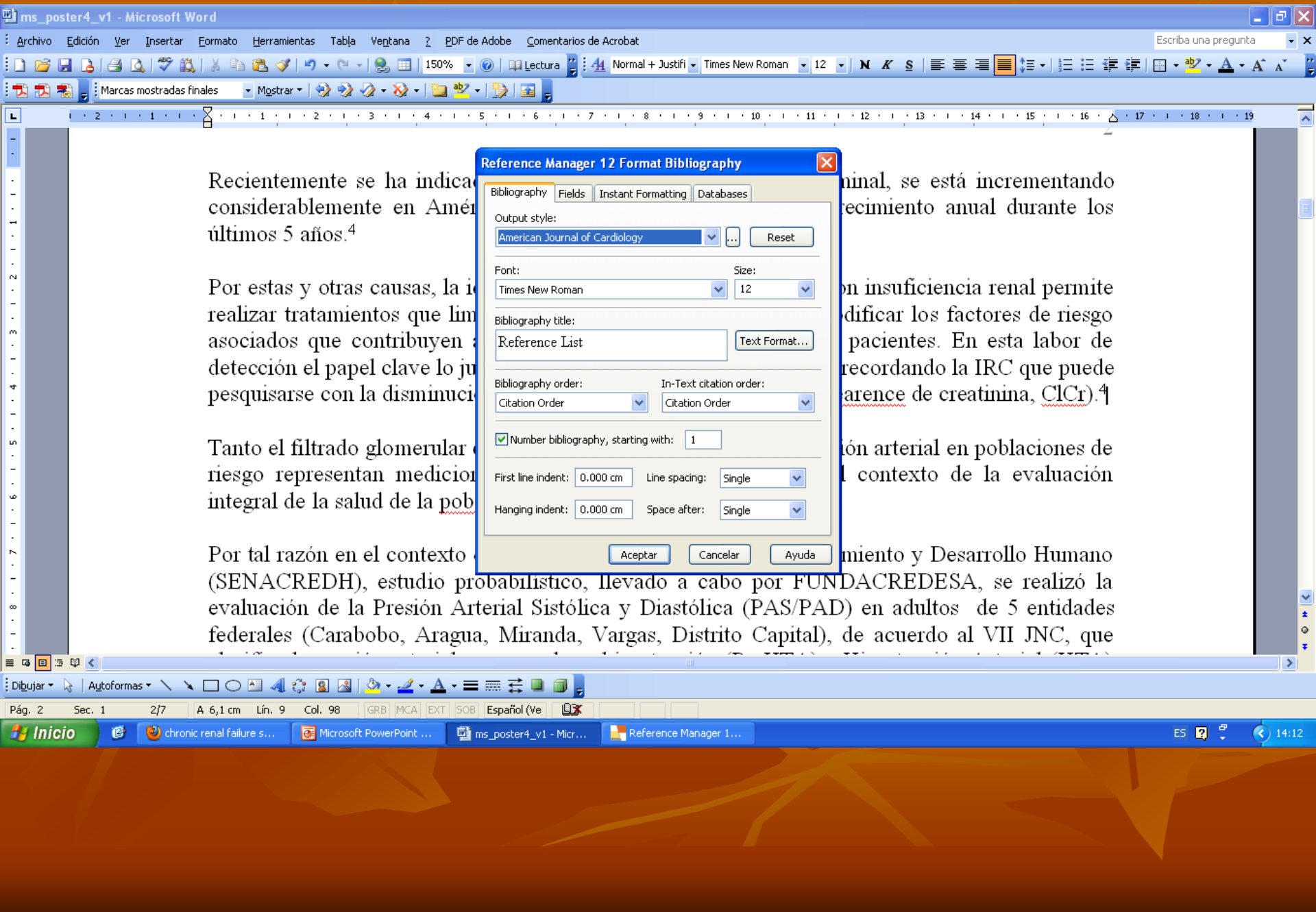
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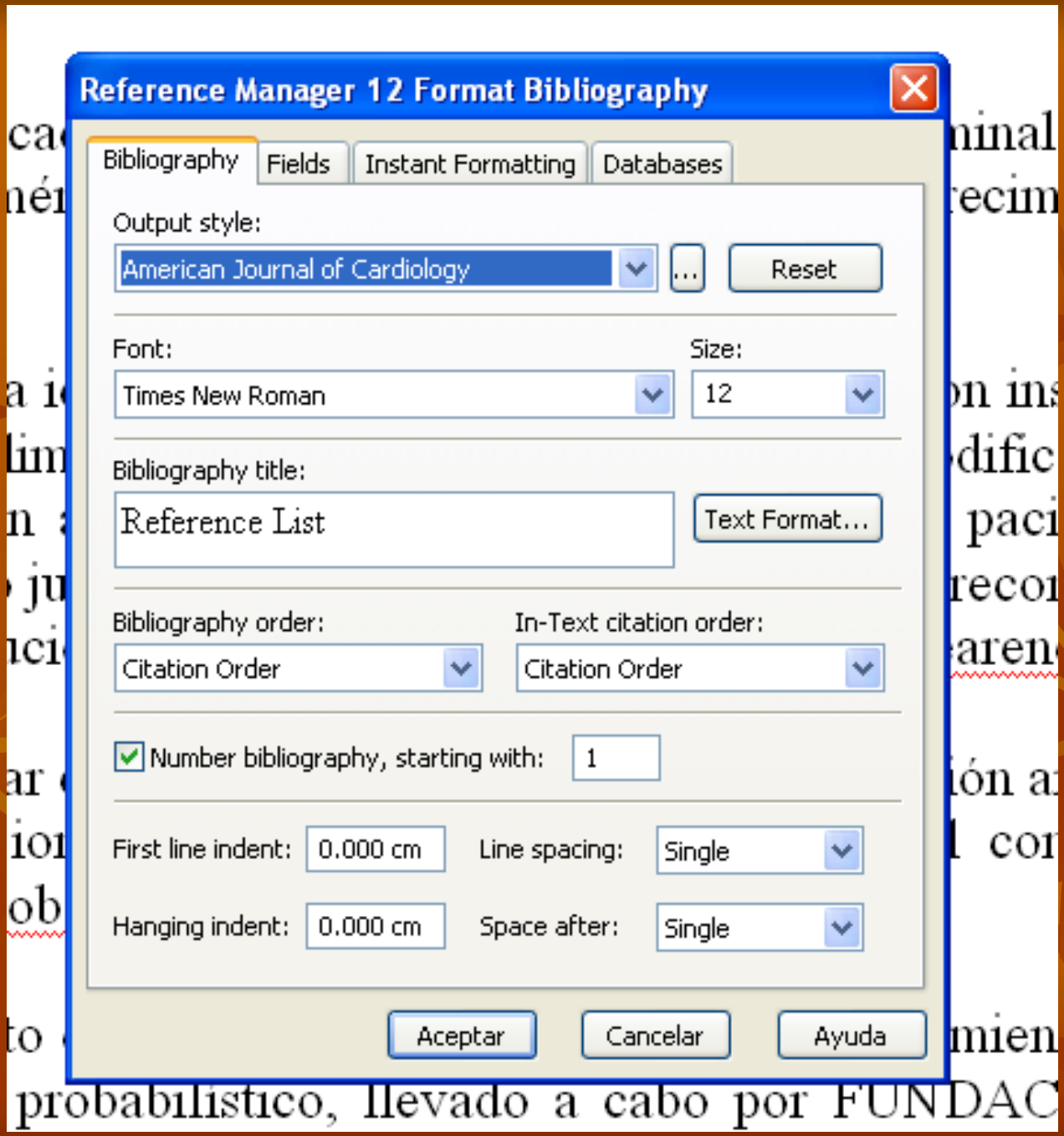
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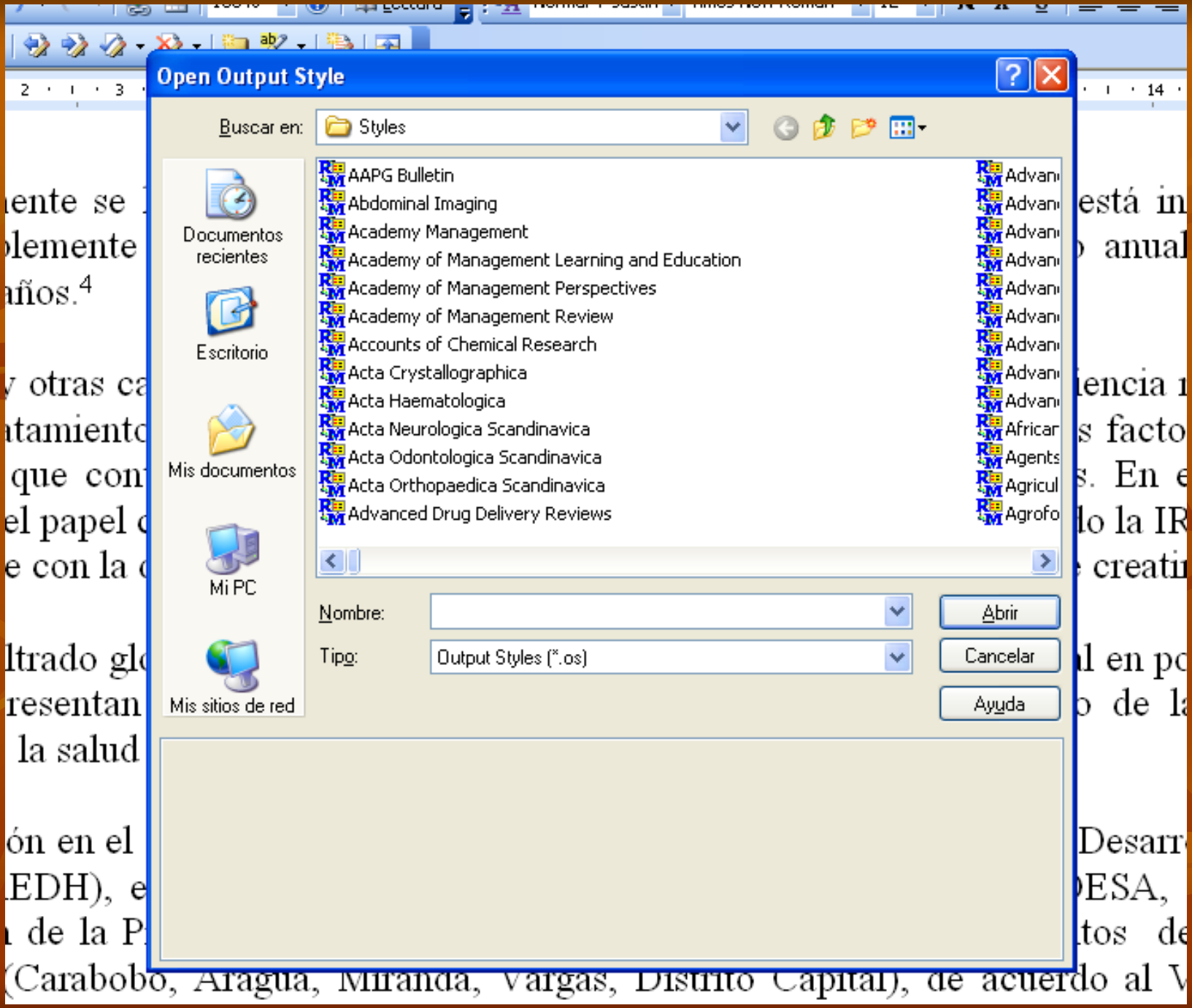
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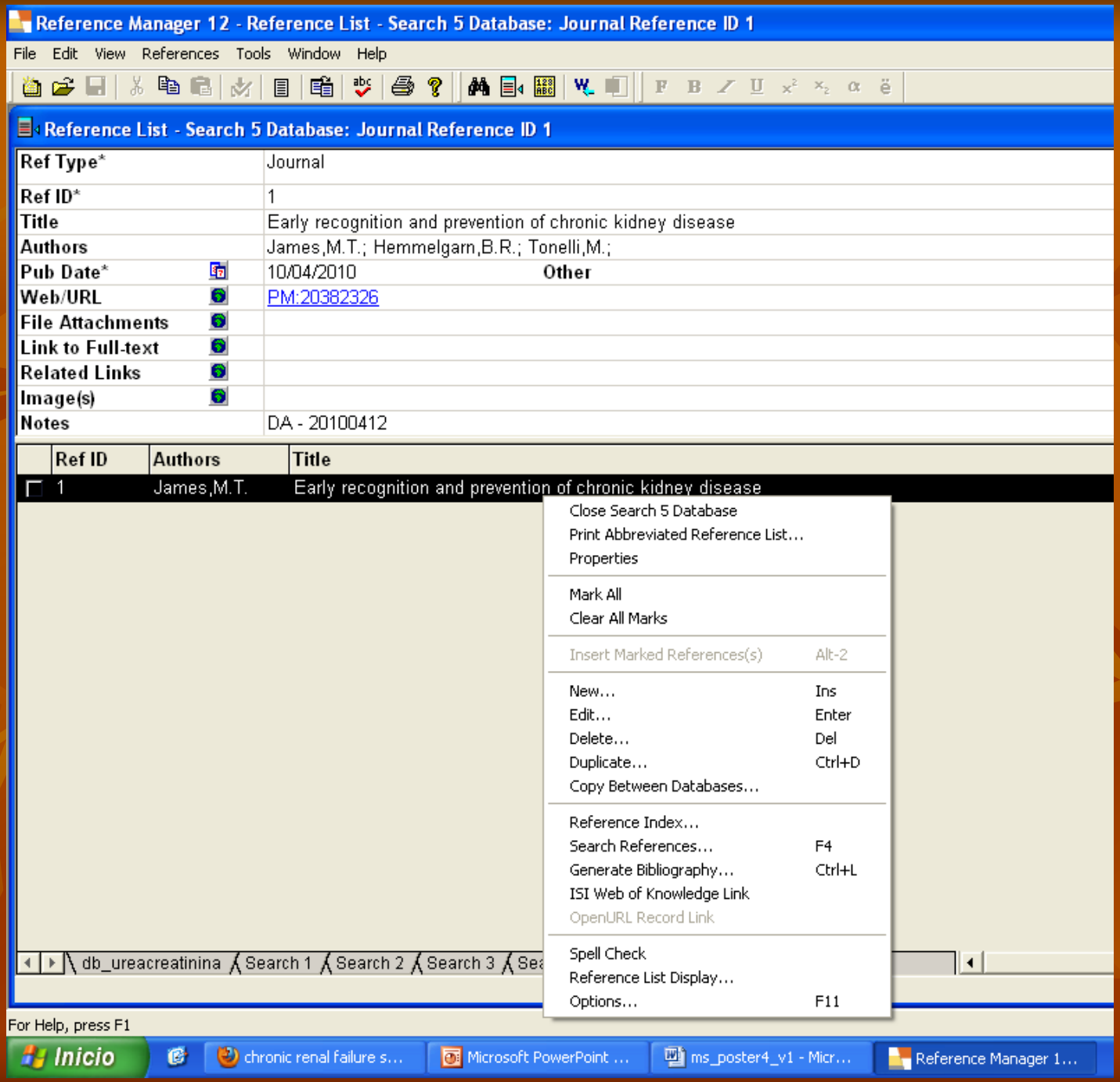
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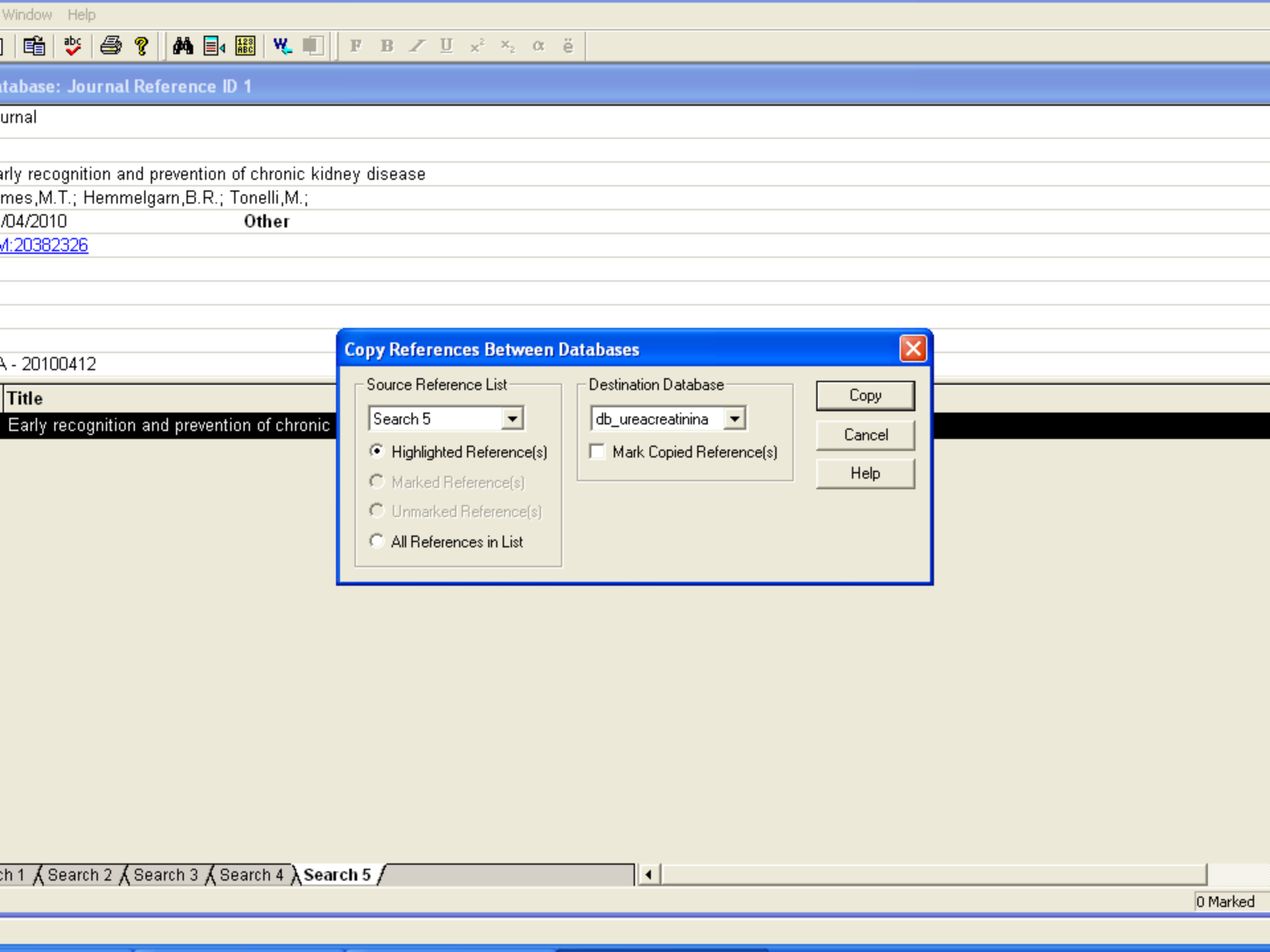
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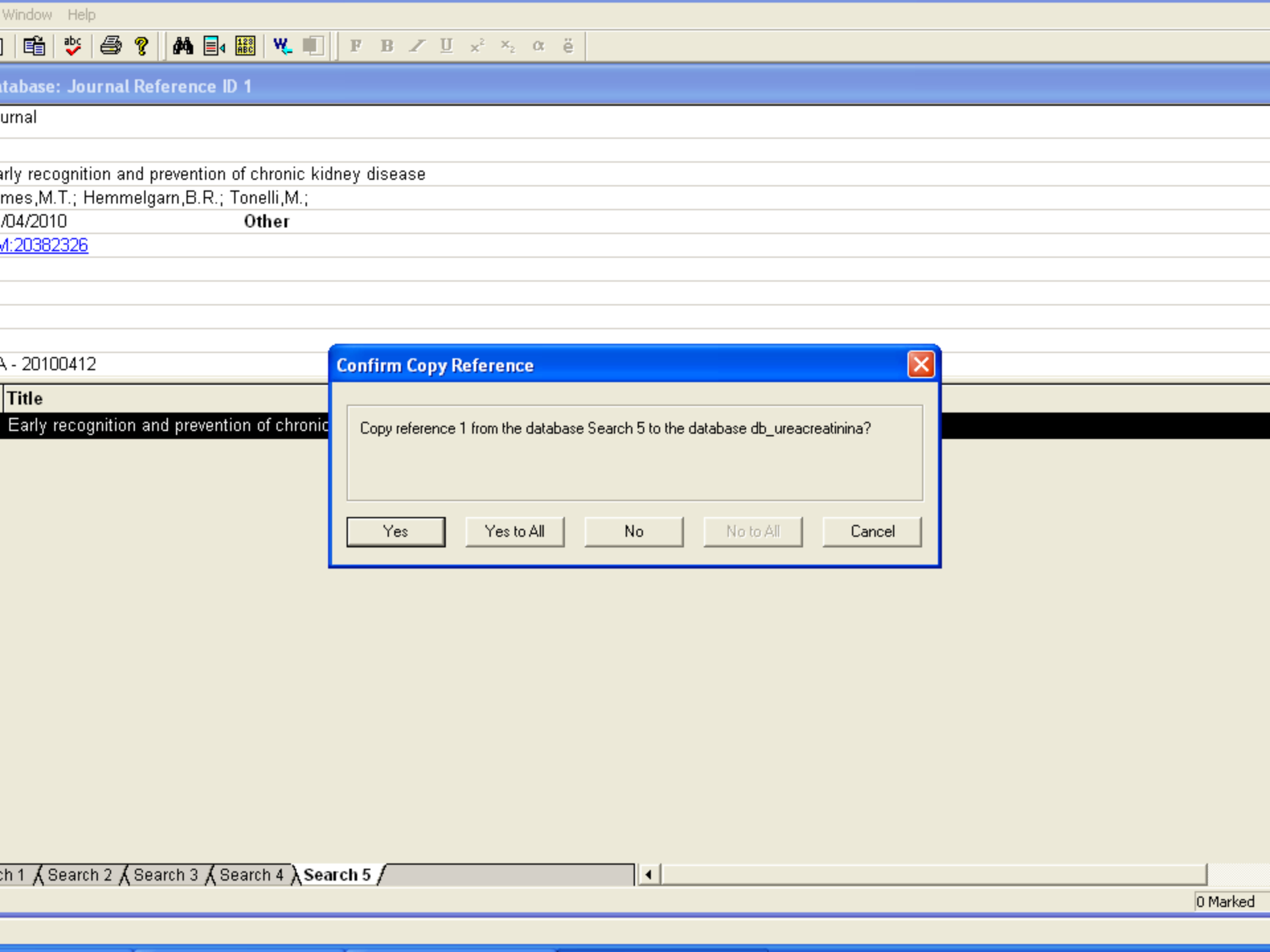
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Reference List - db_ureacreatinina Database: Journal Reference ID 4

Ref Type*	Journal
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Title	Chronic kidney disease in Latin America: time to improve screening and detection
Authors	Cusumano,A.M.; Gonzalez Bedat,M.C.;
Pub Date*	/03/2008 **Other**
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	Ref ID	Authors	Title
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☐	2	Iseki,K.	Chronic kidney disease in Japan from early predictions to current facts
☐	5	James,M.T.	Early recognition and prevention of chronic kidney disease
☐	1	Margolius,D.	Controlling hypertension requires a new primary care model
☐	3	Ritz,E.	Renal disease in type 2 diabetes

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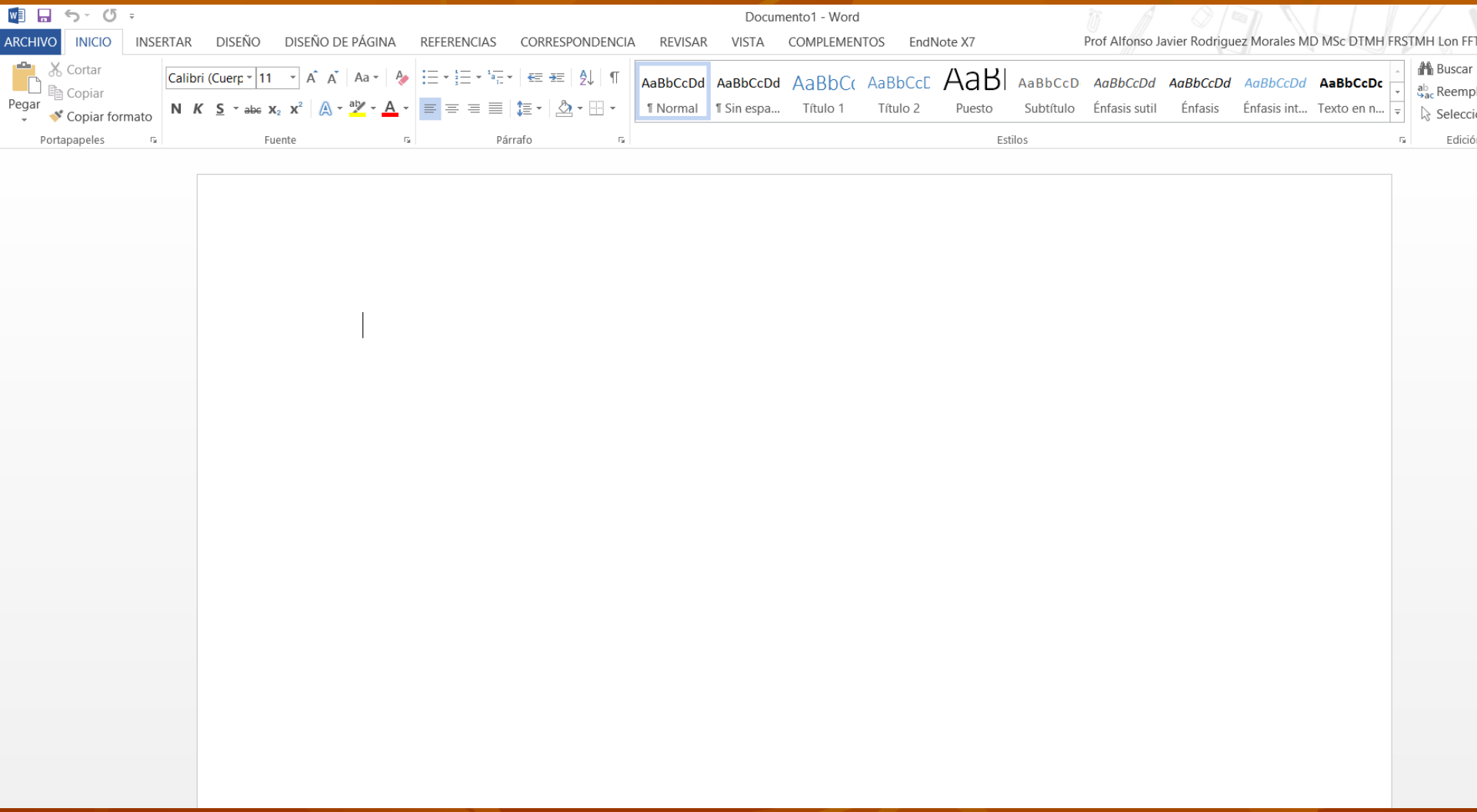
Recientemente se ha indicado que la IRC, particularmente la terminal, se está incrementando considerablemente en América [Reference Manager 12] crecimiento anual durante los últimos 5 años.[4]

Por estas y otras causas, la identificación precoz de los pacientes con insuficiencia renal permite realizar tratamientos que limitan la progresión del daño renal y modificar los factores de riesgo asociados que contribuyen al aumento de la morbilidad en estos pacientes. En esta labor de detección el papel clave lo juegan los equipos de atención primaria, recordando la IRC que puede pesquisarse con la disminución del filtrado glomerular estimado (clearence de creatinina, ClCr).[4;5]

Tanto el filtrado glomerular estimado como la evaluación de la presión arterial en poblaciones de riesgo representan mediciones físicas de gran importancia en el contexto de la evaluación integral de la salud de la población adulta.

Por tal razón en el contexto del Segundo Estudio Nacional de Crecimiento y Desarrollo Humano (SENACREDH), estudio probabilístico, llevado a cabo por FUNDACREDESA, se realizó la evaluación de la Presión Arterial Sistólica y Diastólica (PAS/PAD) en adultos de 5 entidades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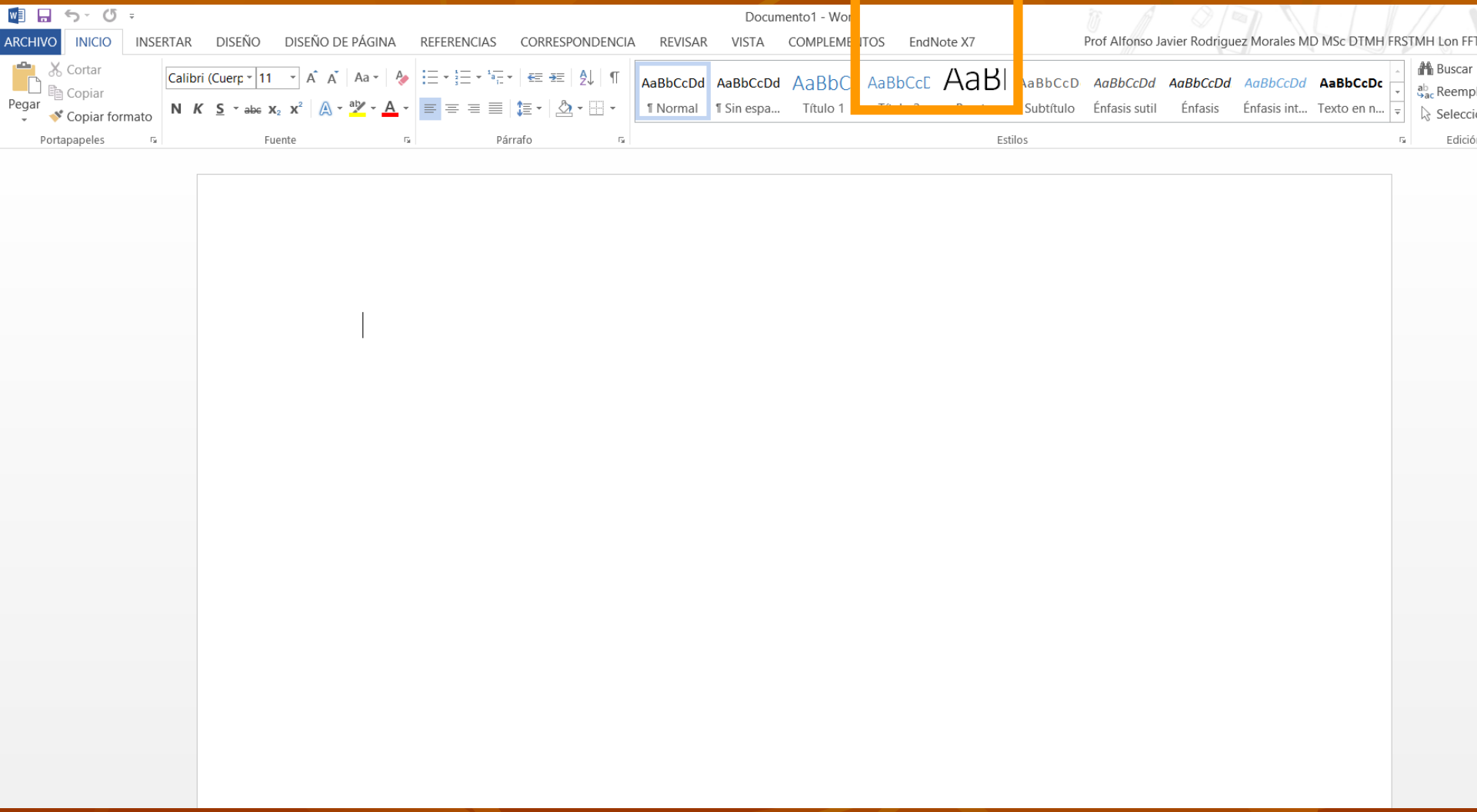
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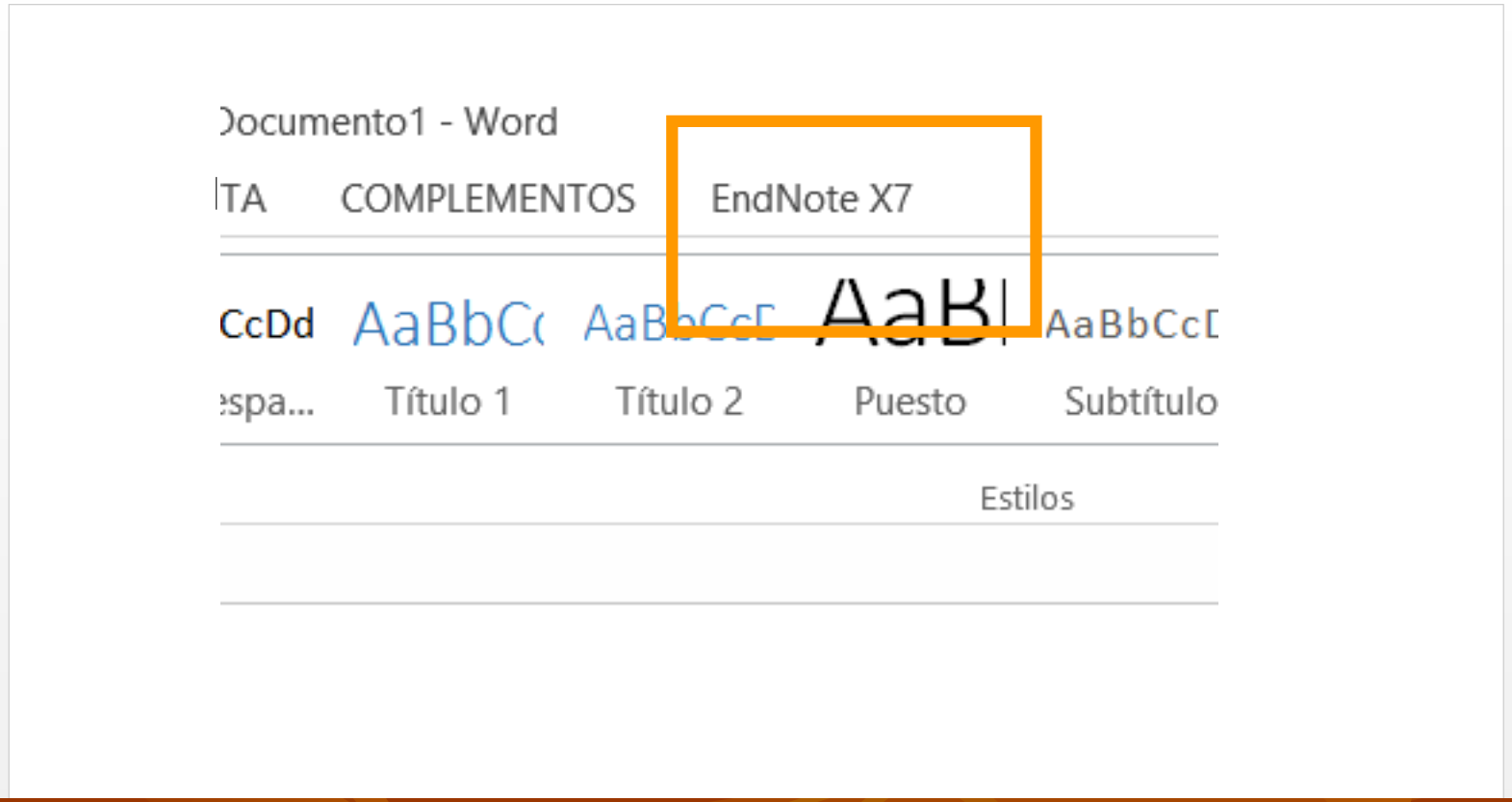
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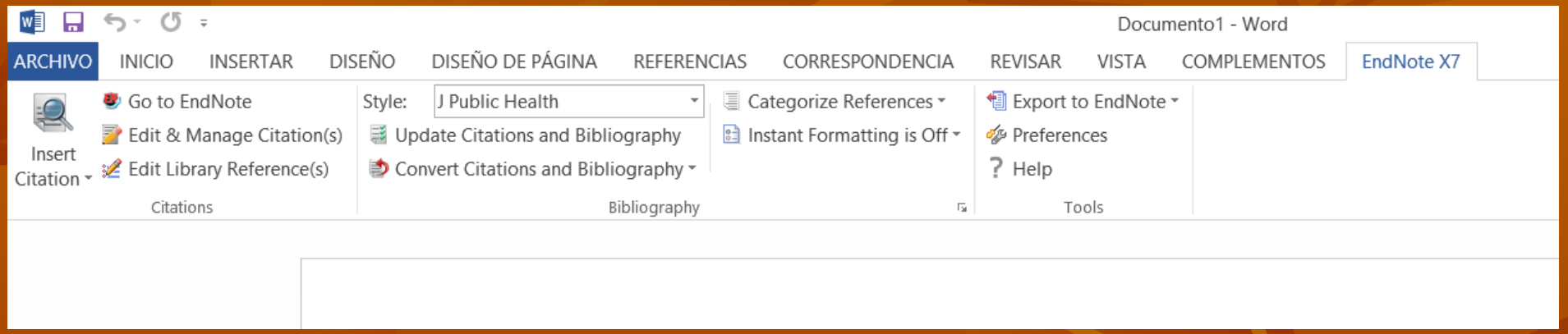
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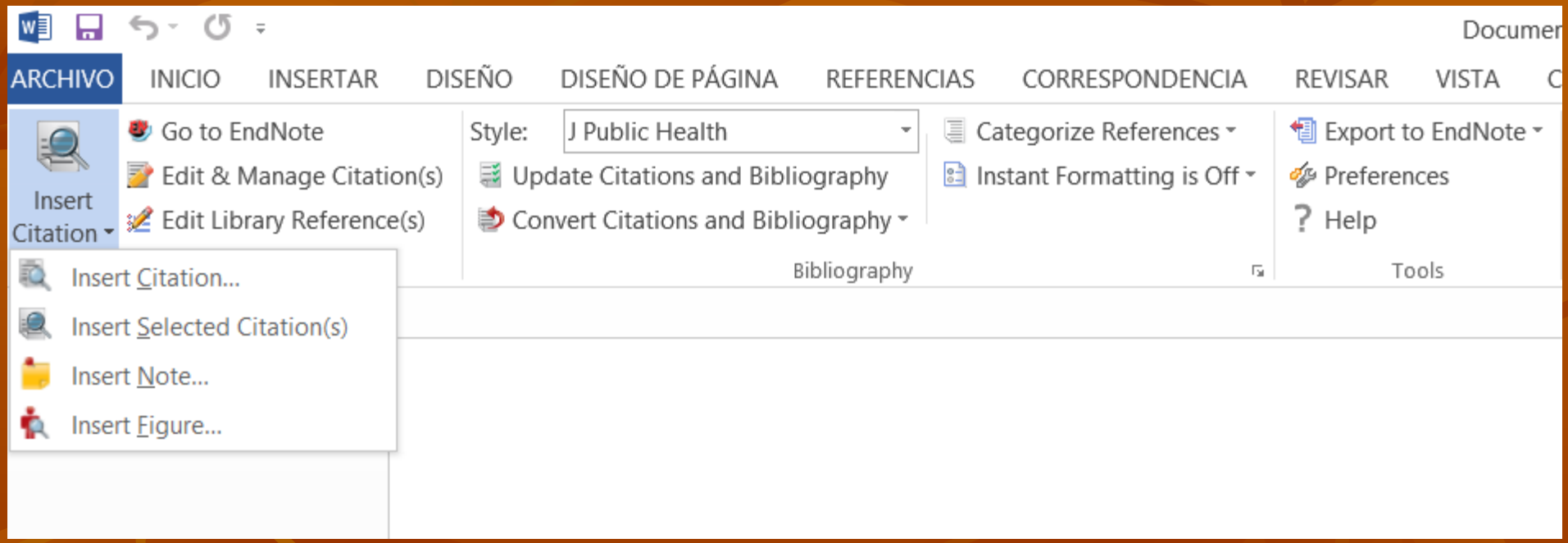
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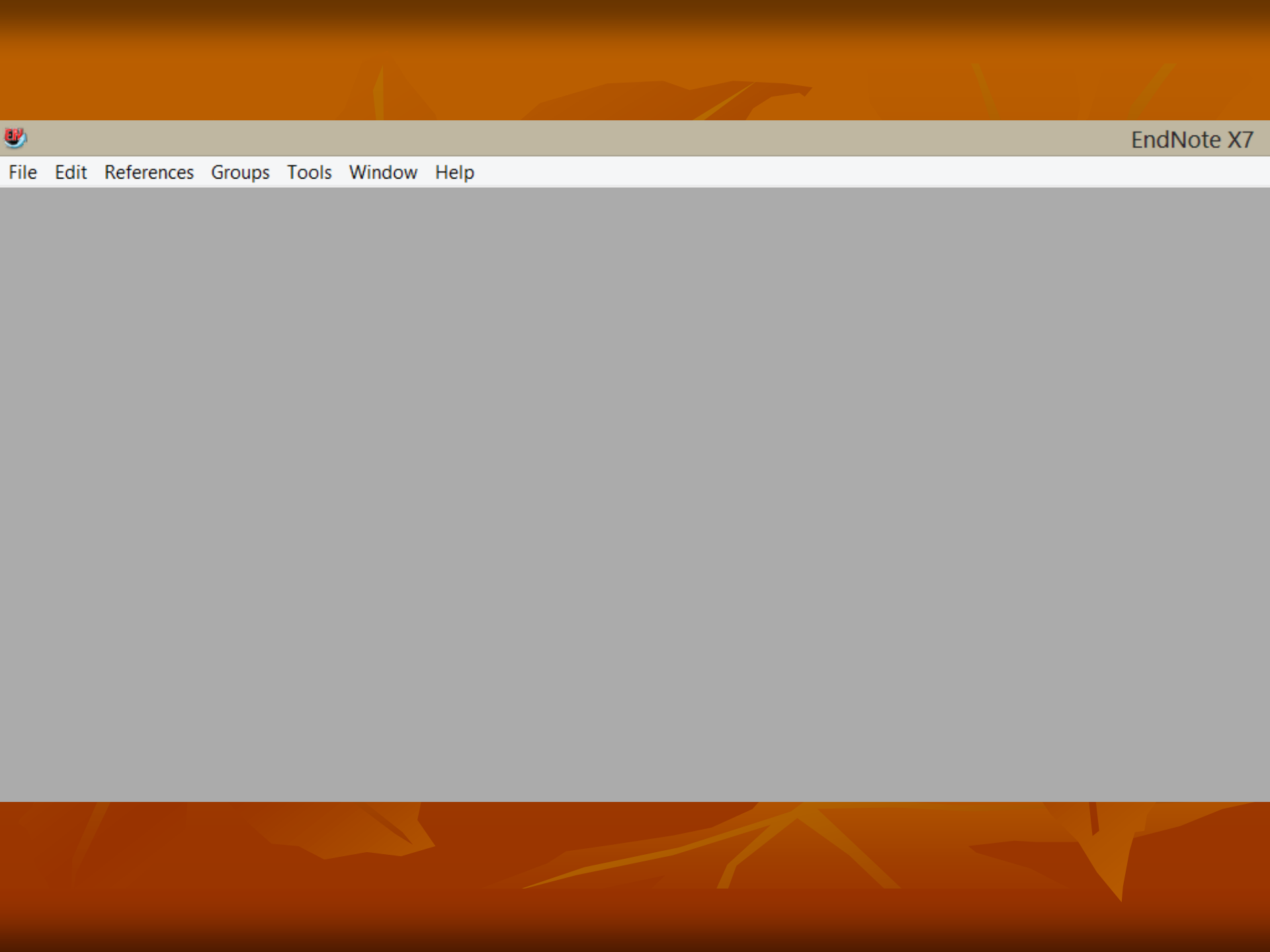
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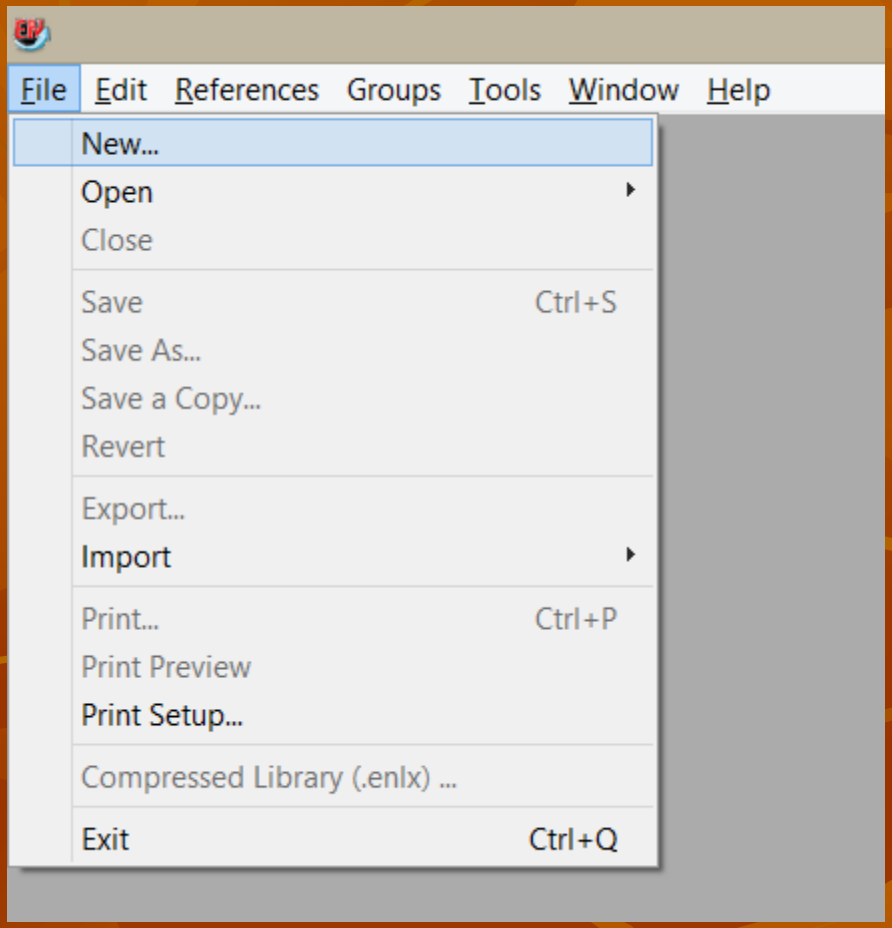
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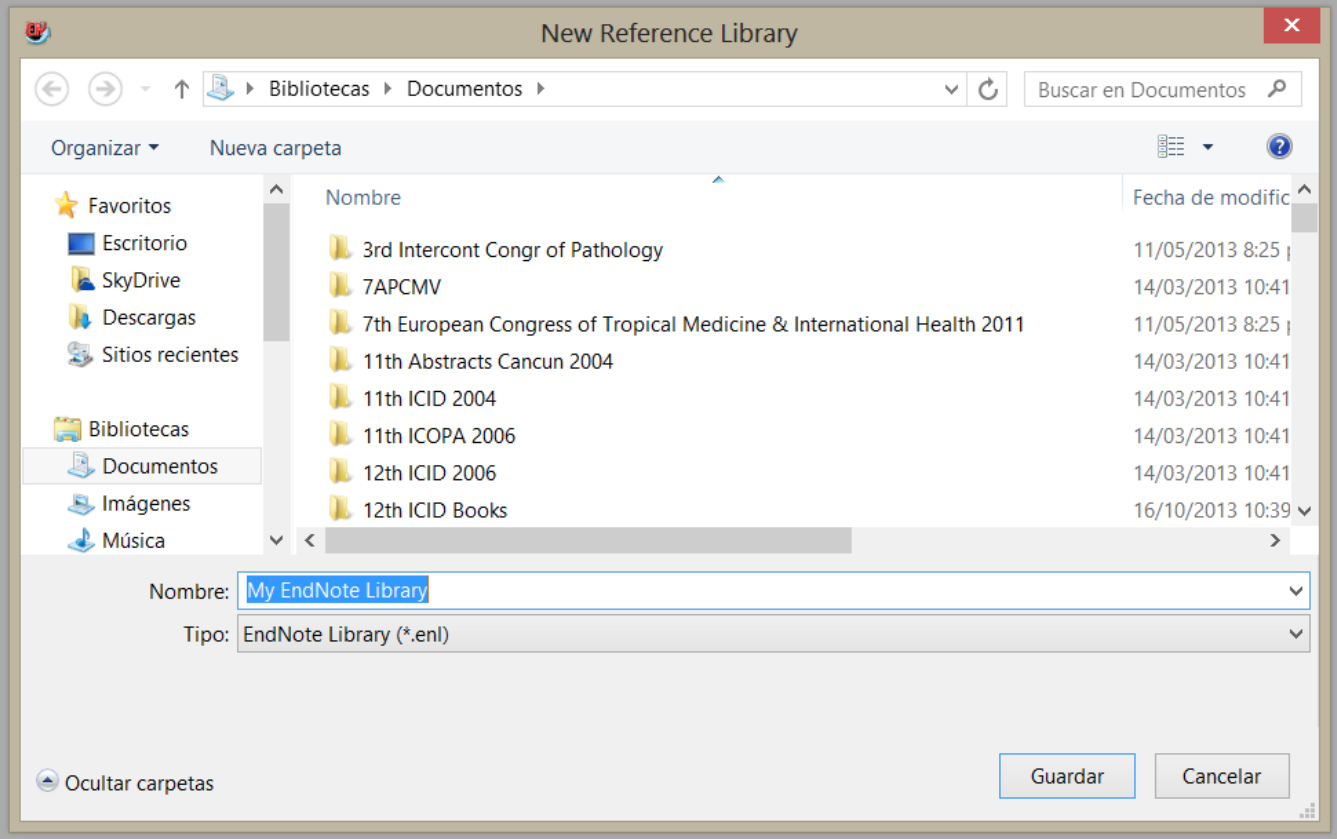
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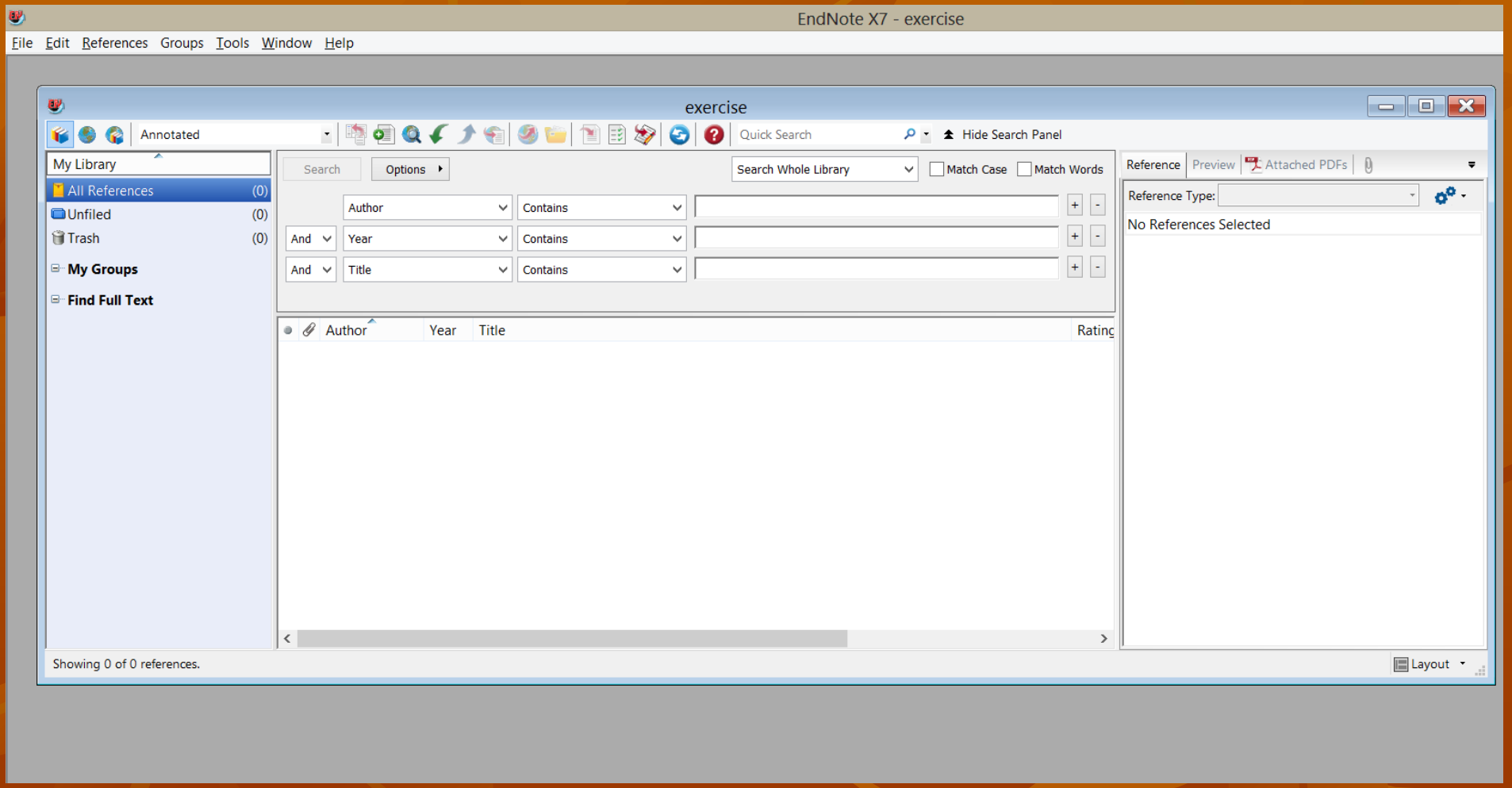
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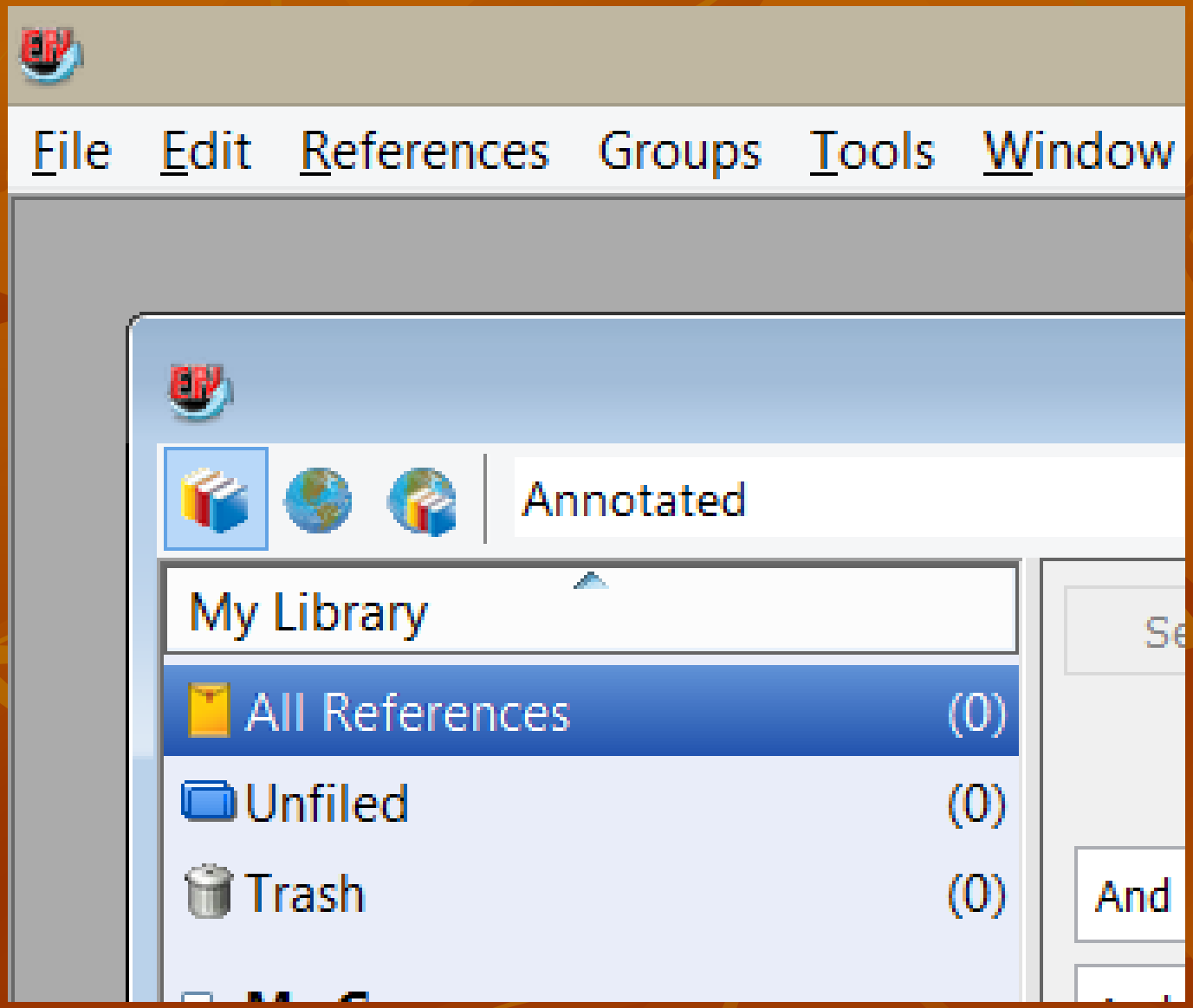
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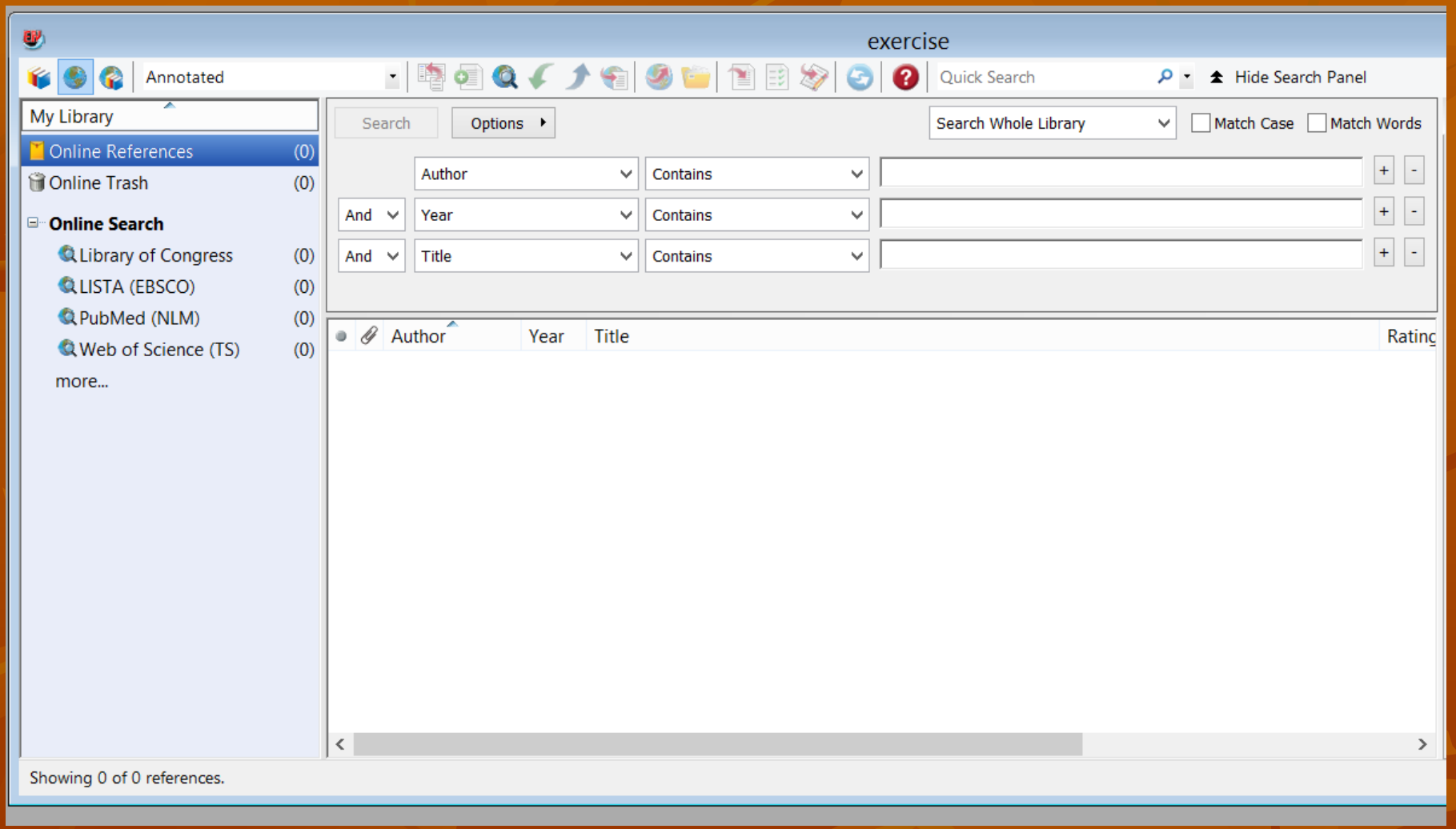
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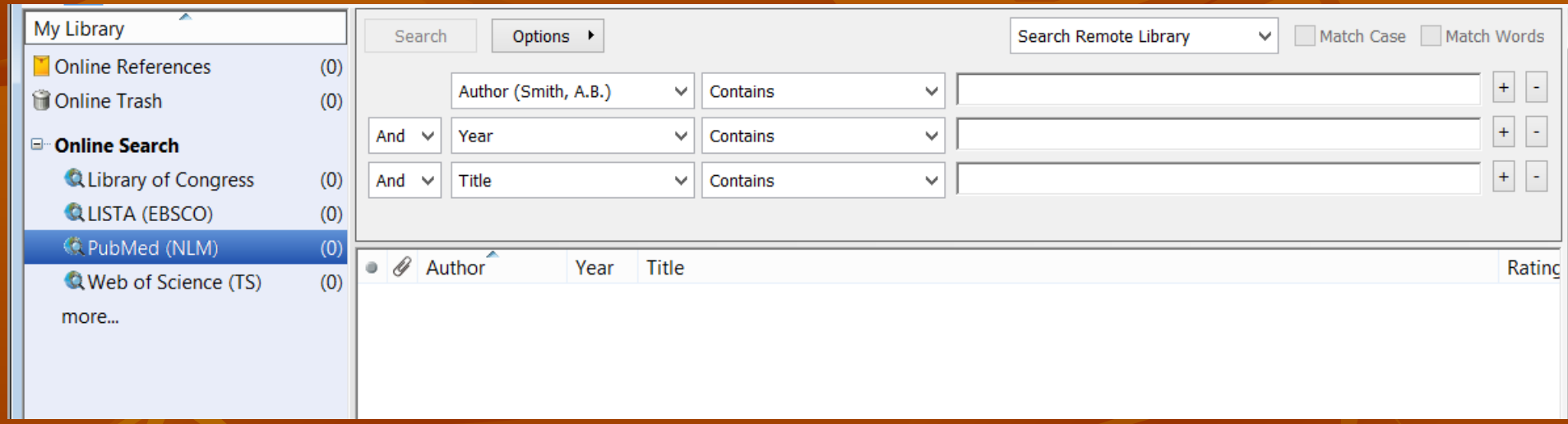
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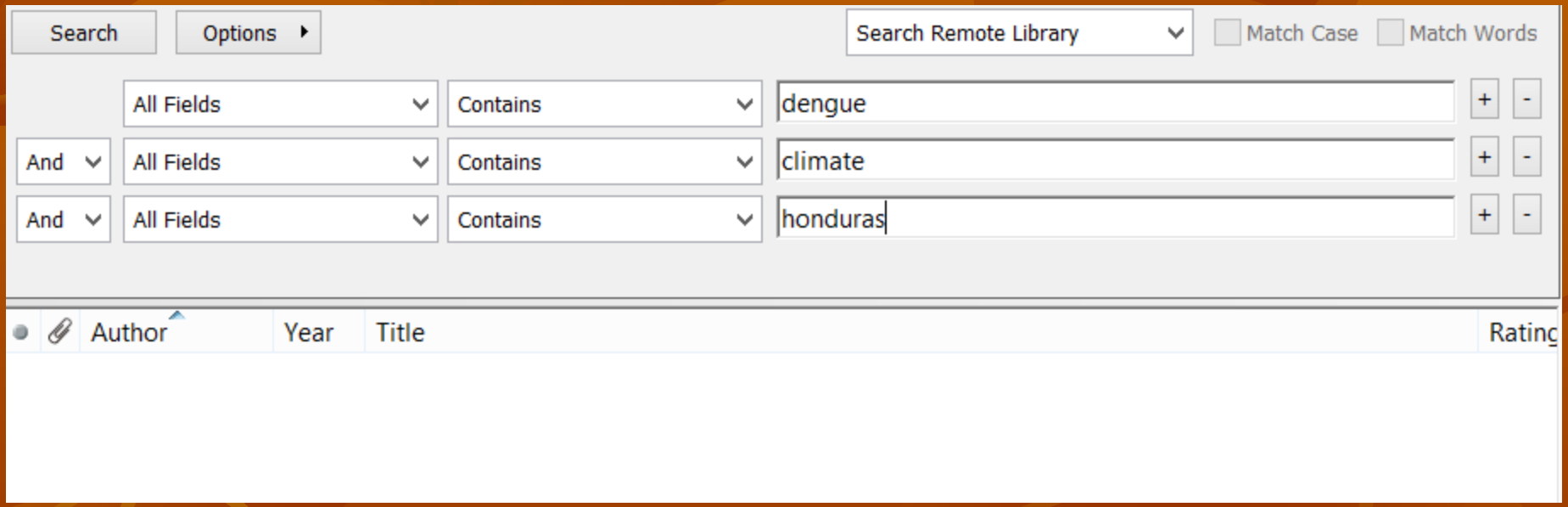
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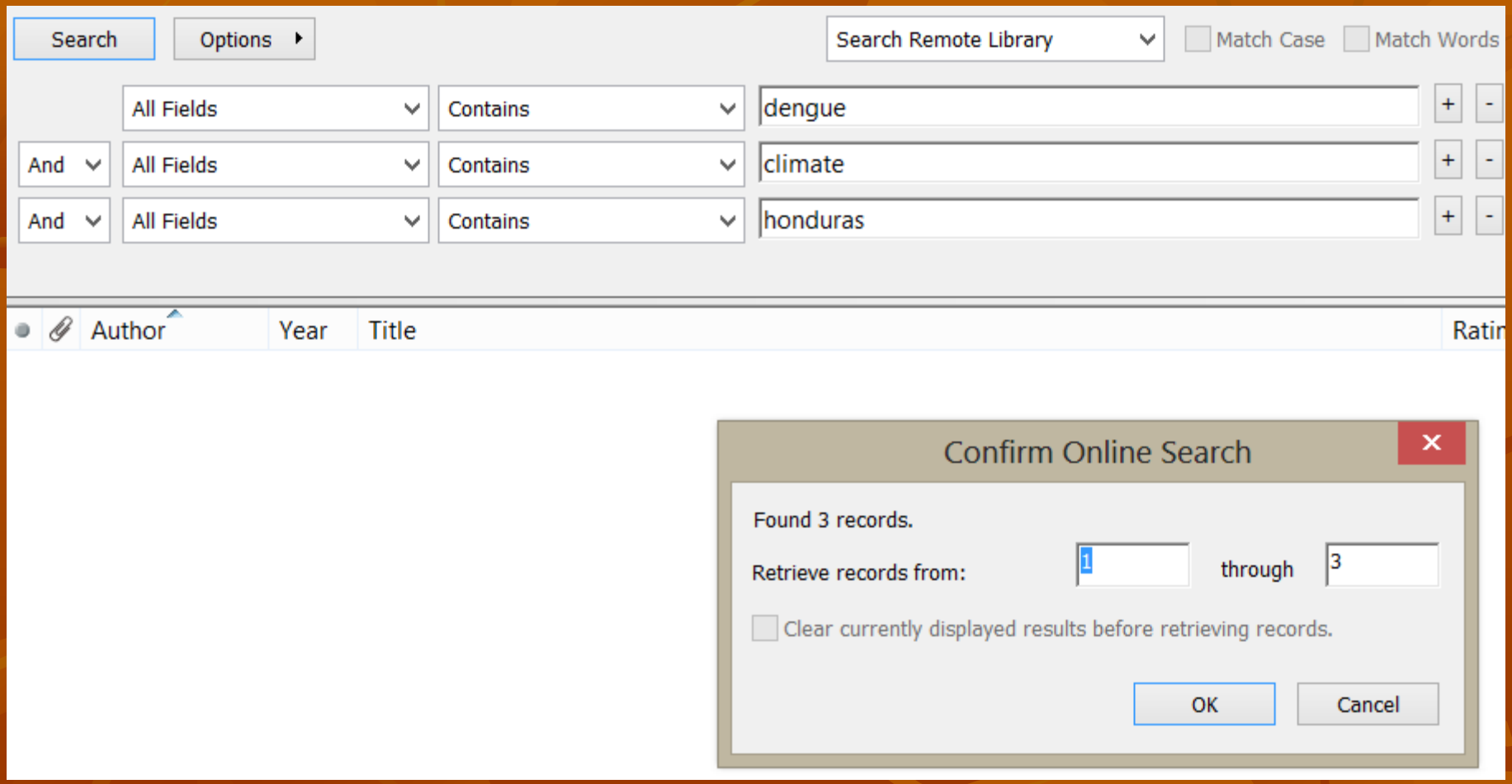
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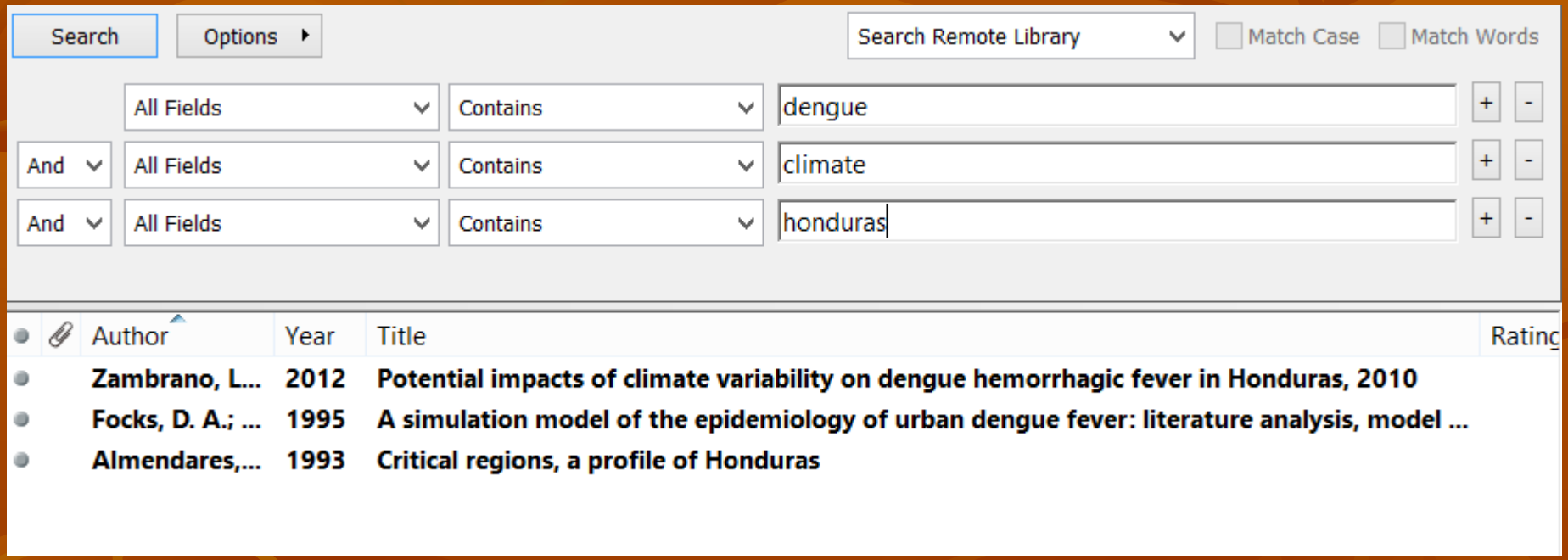
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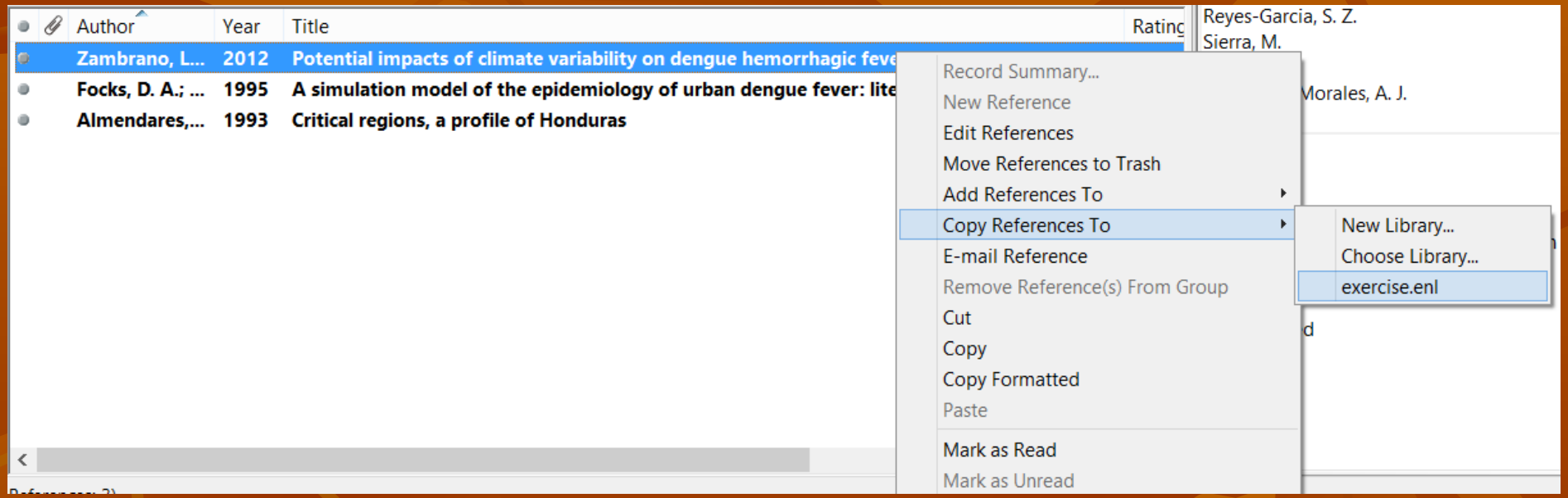
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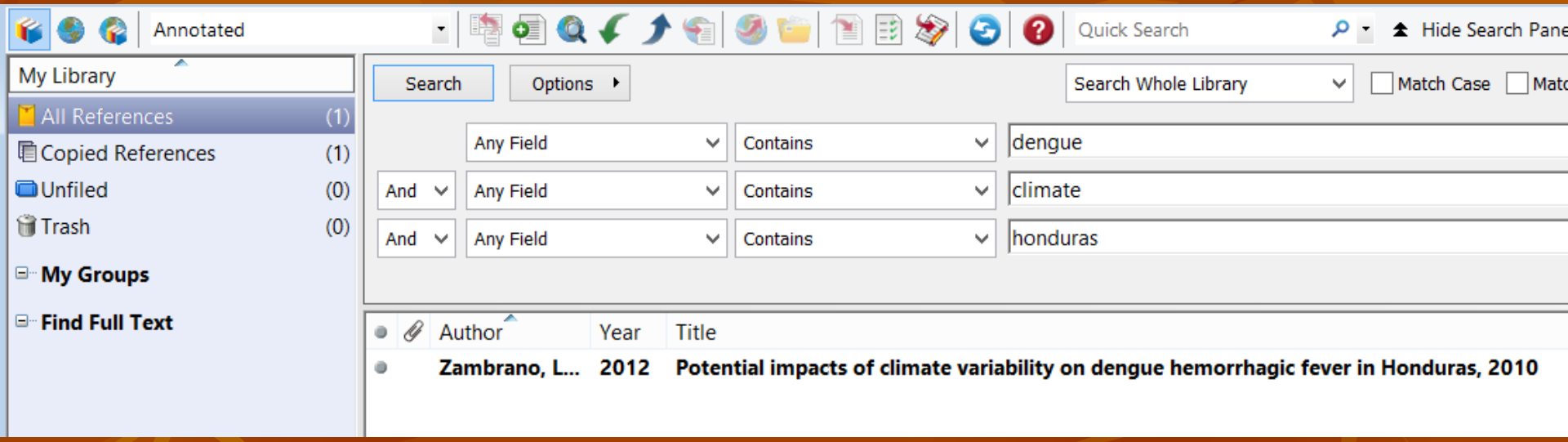
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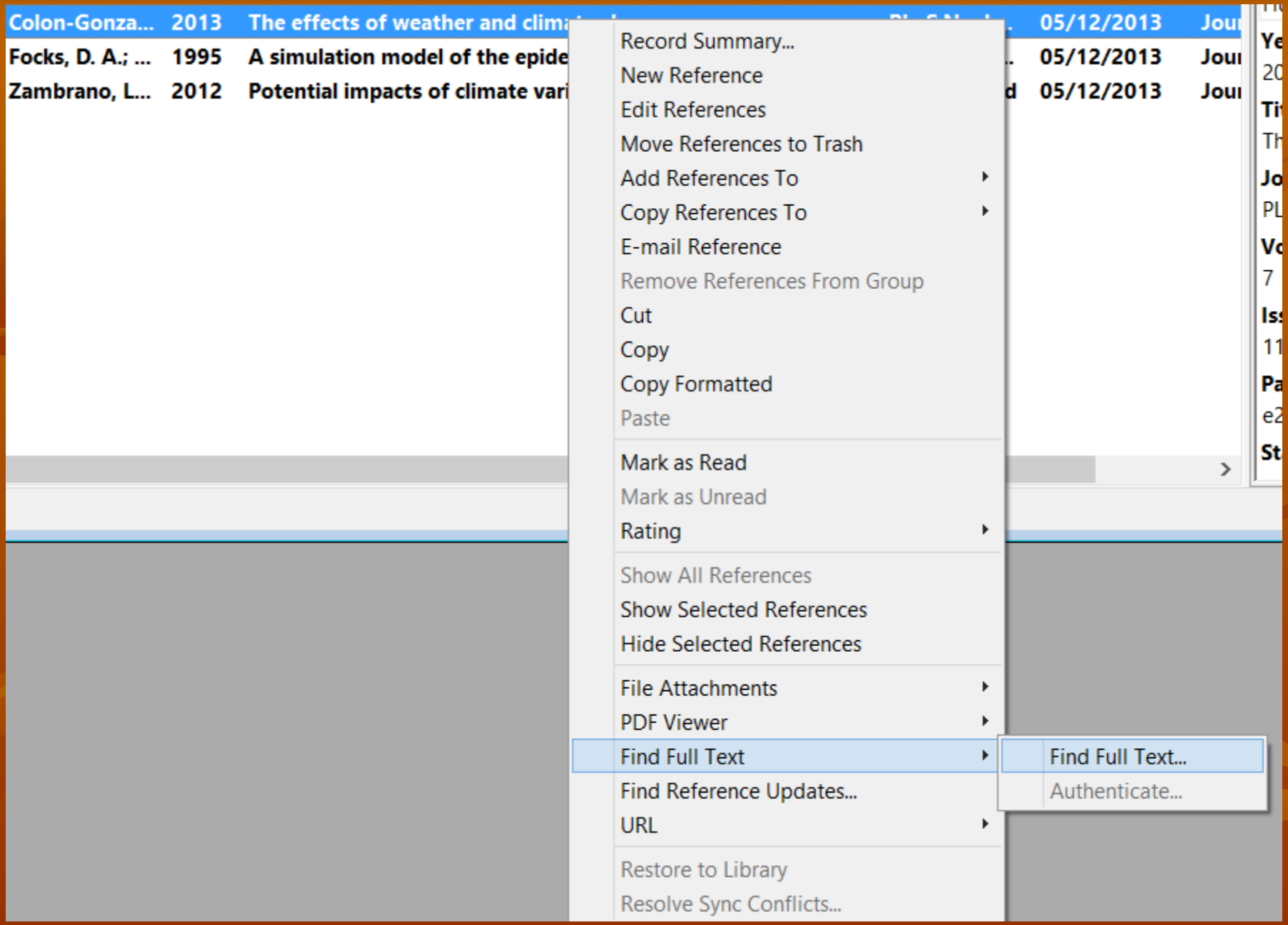
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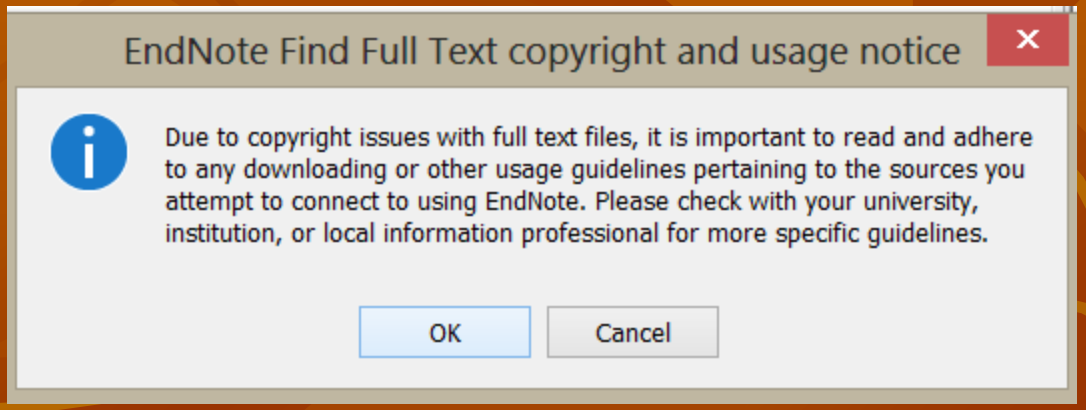
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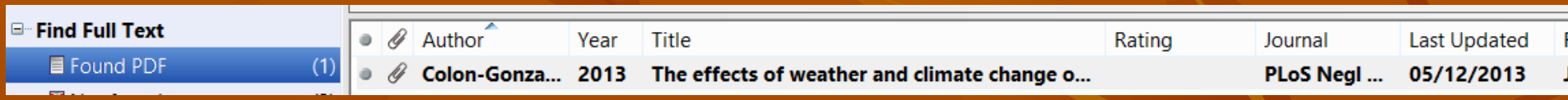
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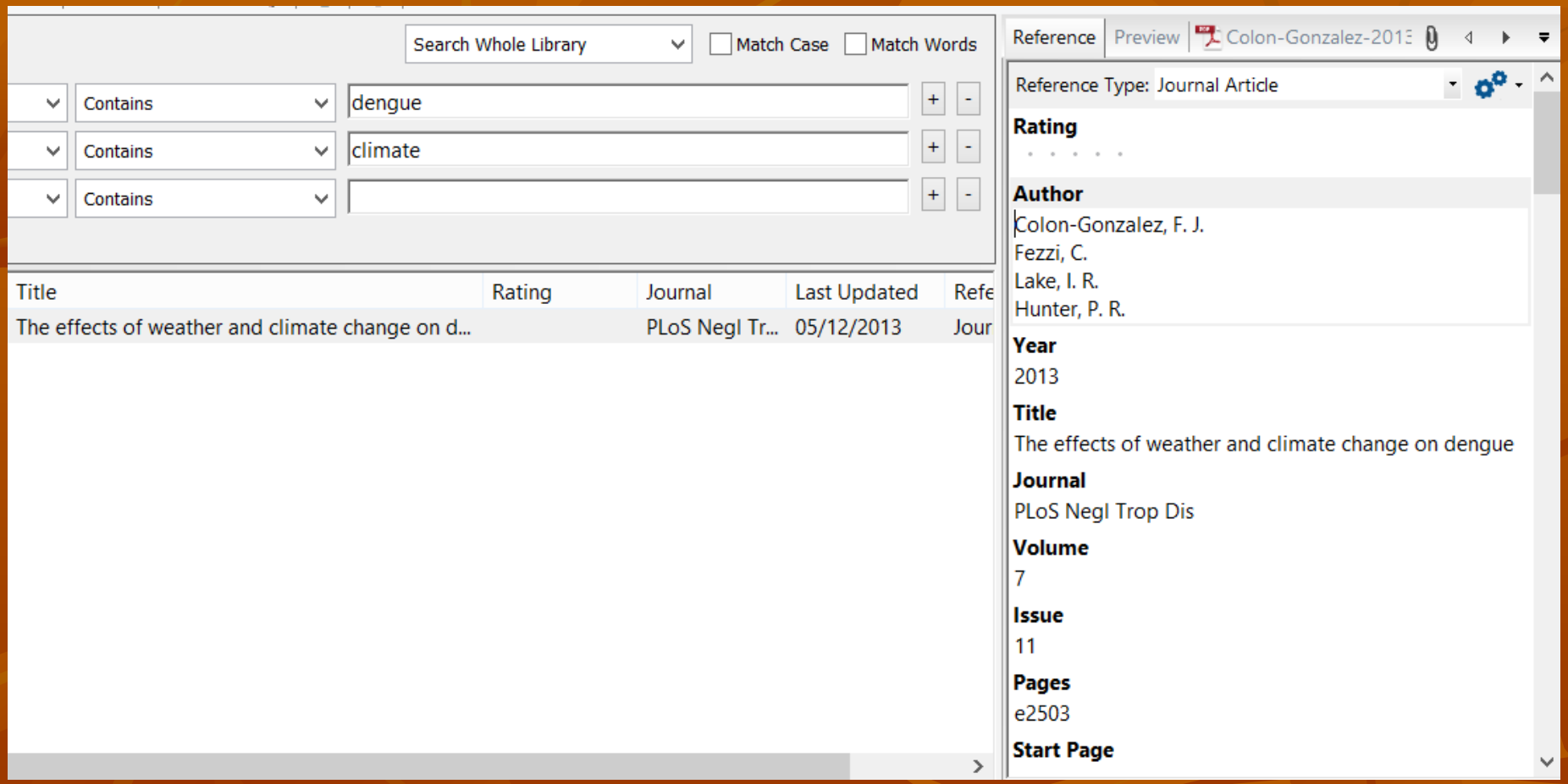
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PLOS | NEGLECTED TROPICAL DISEASES

The Effects of Weather and Climate Change on Dengue

Felipe J. Colón-González[1,2,3]*, Carlo Fezzi[4], Iain R. Lake[5], Paul R. Hunter[6]

1 The Abdus Salam International Centre for Theoretical Physics, Earth System Physics Section, Trieste, Italy, 2 Tyndall Centre for Climate Change Research, School of Environmental Sciences, University of East Anglia, Norwich, United Kingdom, 3 School of Environmental Sciences, University of East Anglia, Norwich, United Kingdom, 4 Department of Economics, University of California, San Diego, La Jolla, California, United States of America, 5 Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Abstract

Background: There is much uncertainty about the future impact of climate change on vector-borne diseases. Such uncertainty reflects the difficulties in modelling the complex interactions between disease, climatic and socioeconomic determinants. We used a comprehensive panel dataset from Mexico covering 23 years of province-specific dengue reports across nine climatic regions to estimate the impact of weather on dengue, accounting for the effects of non-climatic factors.

Methods and Findings: Using a Generalized Additive Model, we estimated statistically significant effects of weather and access to piped water on dengue. The effects of weather were highly nonlinear. Minimum temperature (Tmin) had almost no effect on dengue incidence below 5°C, but Tmin values above 18°C showed a rapidly increasing effect. Maximum temperature above 20°C also showed an increasing effect on dengue incidence with a peak around 32°C, after which the effect declined. There is also an increasing effect of precipitation as it rose to about 550 mm, beyond which such effect declines. Rising access to piped water was related to increasing dengue incidence. We used our model estimations to project the potential impact of climate change on dengue incidence under three emission scenarios by 2030, 2050, and 2080. An increase of up to 40% in dengue incidence by 2080 was estimated under climate change while holding the other driving factors constant.

Conclusions: Our results indicate that weather significantly influences dengue incidence in Mexico and that such relationships are highly nonlinear. These findings highlight the importance of using flexible model specifications when analysing weather–health interactions. Climate change may contribute to an increase in dengue incidence. Rising access to piped water may aggravate dengue incidence if it leads to increased domestic water storage. Climate change may therefore influence the success or failure of future efforts against dengue.

Citation: Colón-González FJ, Fezzi C, Lake IR, Hunter PR (2013) The Effects of Weather and Climate Change on Dengue. PLoS Negl Trop Dis 7(11): e2503. doi:10.1371/journal.pntd.0002503

Editor: Maya Williams, U.S. Naval Medical Research Unit No. 2, Indonesia

Received May 1, 2013; **Accepted** September 13, 2013; **Published** November 14, 2013

Funding: FJCG received a scholarship from the Mexican National Council of Science and Technology (No. 207506) www.conacyt.mx. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: The authors have declared that no competing interests exist.

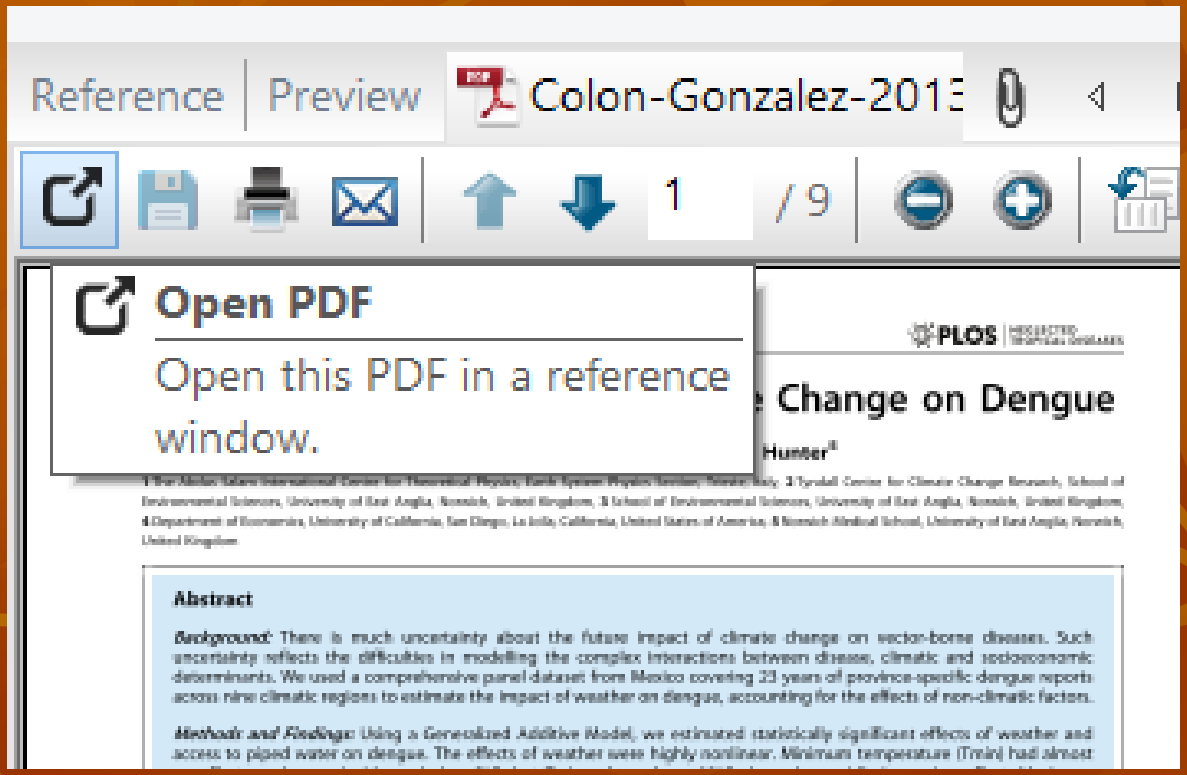
* E-mail: fcolon_g@ictp.it

Introduction

Dengue is the most widely distributed and rapidly spreading mosquito-borne viral disease in the world [1]. This acute febrile disease affects all age groups [2], and is caused by four antigenically distinct but genetically related viruses (serotypes) [3]. Dengue has become endemic in over 100 countries in Africa, the Americas, the Eastern Mediterranean, Southeast Asia and the Western Pacific [1]. Approximately 2.5 billion people are at risk from dengue transmission. About 50 million new dengue infections [1] and at least 12,000 deaths, mainly among children, occur worldwide every year [4]. The economic burden of dengue has been estimated at approximately 2.1 billion US dollars per annum in Latin America and the Caribbean alone [5]. In some regions, such as the Americas, the economic losses caused by dengue are similar to those attributed to malaria and tuberculosis [6]. As there are no specific antiviral medicines treating or vaccines preventing dengue, the only way to manage the disease is through the control of vector populations [7].

The global incidence rate of dengue has substantially increased over the last six decades (from about 908 annual cases reported to WHO over 1955—1959 to about 926 thousand annual cases over 2000—2007) [1,4] influenced by numerous mechanisms including population growth, unplanned urbanisation, increased travel and transportation of goods, lack of political will and limited resources for implementing effective control measures [7]. The spatial distribution of the main dengue vector, *Aedes aegypti*, has also increased over the last 25 years [8]. Increases in both dengue incidence and *A. aegypti* distribution have also been associated to variations in the climate system, including climate change (see references [9,10] for an example). The evidence of the effects of climate drivers on dengue incidence is still under debate [8,11].

This paper estimates the relative effects of weather (minimum and maximum temperature, and precipitation) on dengue accounting for a range of non-climatic factors (e.g. access to piped water, urbanisation, gross domestic product, and long-term trends and seasonality; see Methods). Our model parameters are then used to project the potential effects of climate change on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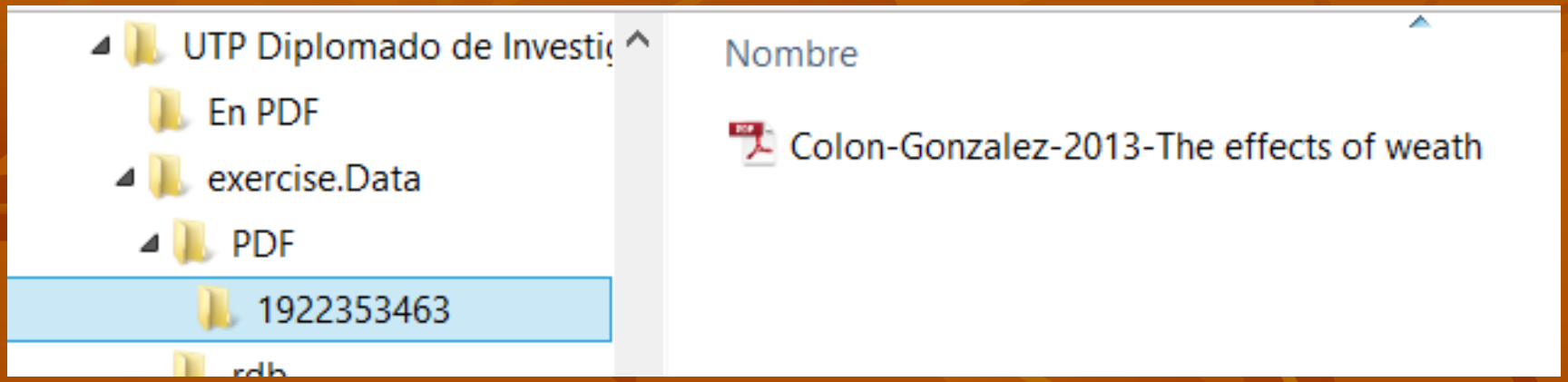
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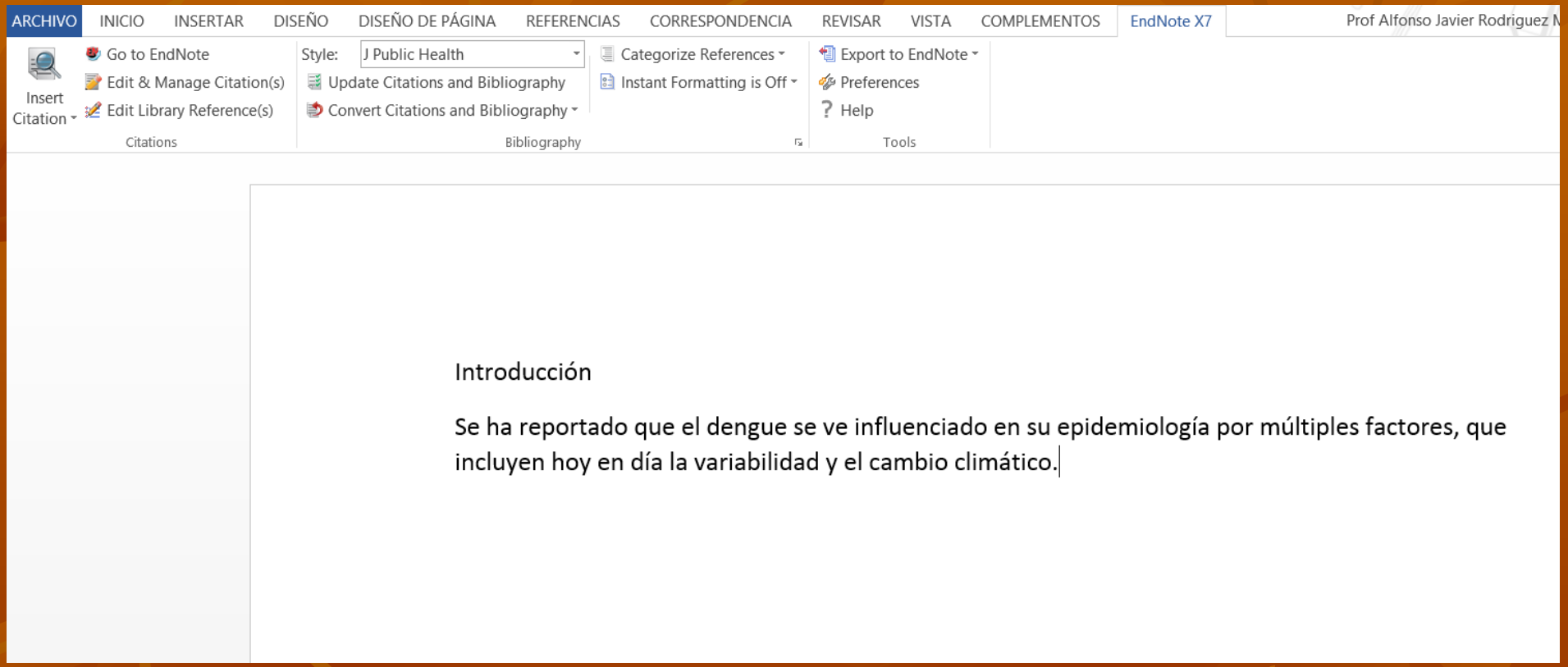
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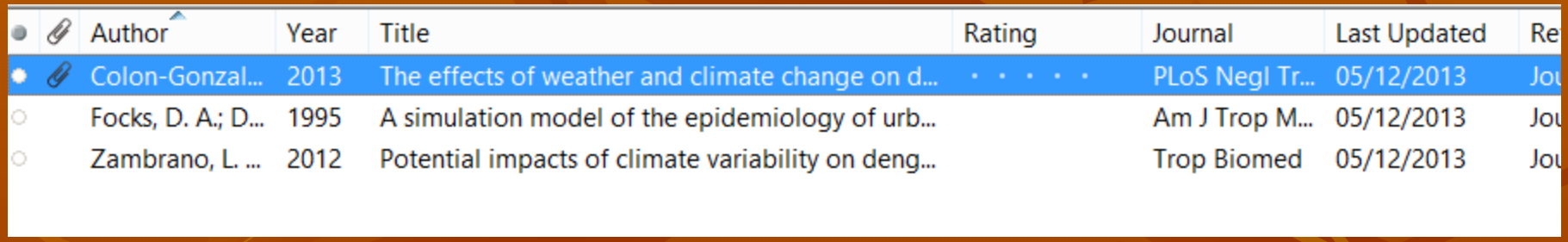

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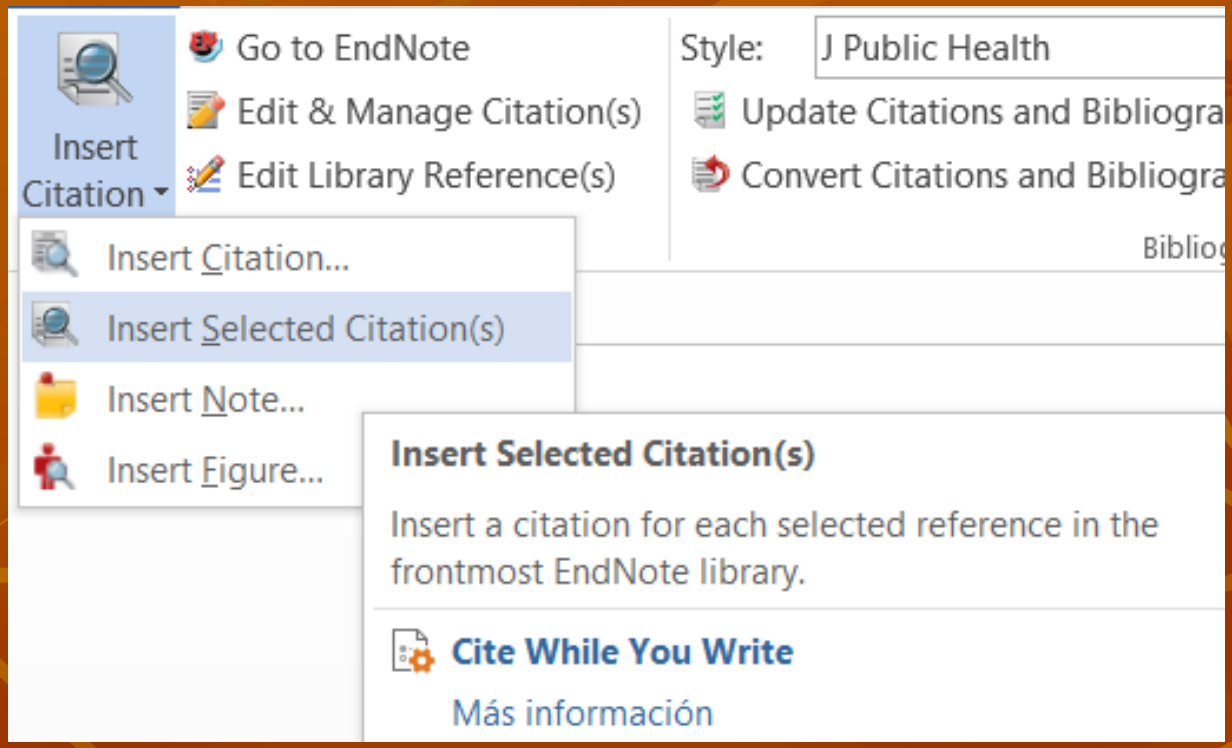
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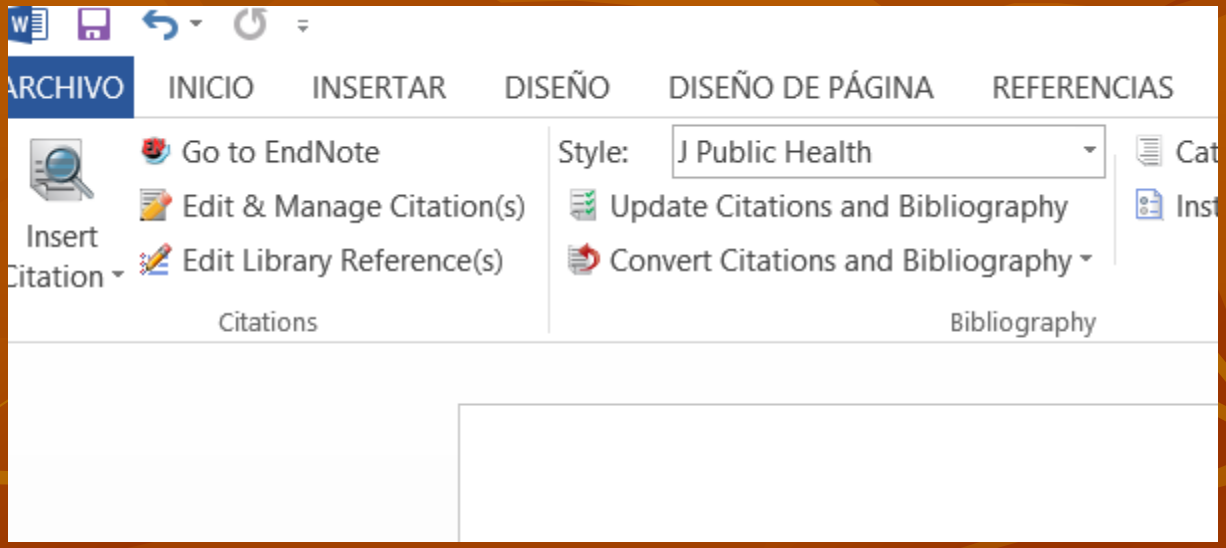
Introducción

Se ha reportado que el dengue se ve influenciado en su epidemiología por múltiples factores, que incluyen hoy en día la variabilidad y el cambio climático.(1)

Reference List

1. Colon-Gonzalez FJ, Fezzi C, Lake IR, Hunter PR. The effects of weather and climate change on dengue. PLoS neglected tropical diseases. 2013; 7:e2503.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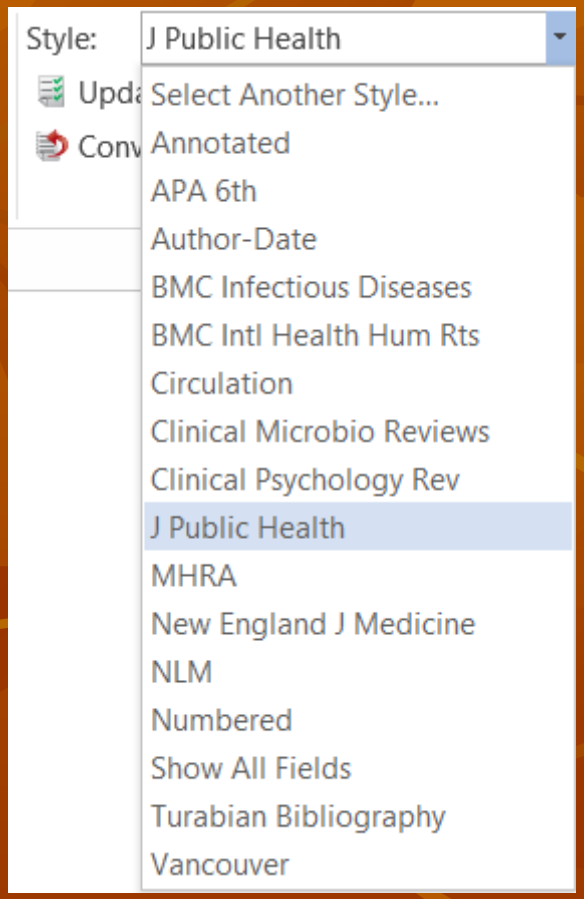
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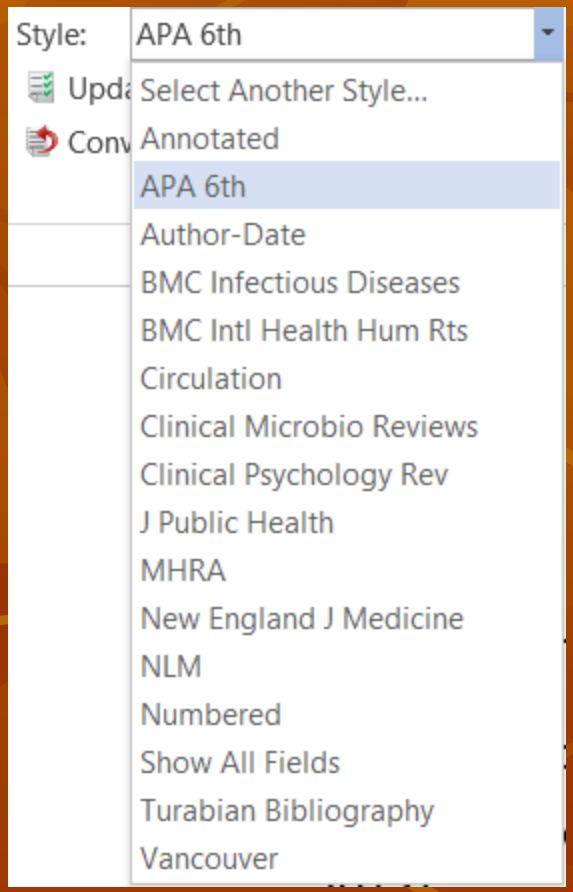
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Introducción

Se ha reportado que el dengue se ve influenciado en su epidemiología por múltiples factores, que incluyen hoy en día la variabilidad y el cambio climático.(Colon-Gonzalez, Fezzi, Lake, & Hunter, 2013)

Reference List

Colon-Gonzalez, F. J., Fezzi, C., Lake, I. R., & Hunter, P. R. (2013). The effects of weather and climate change on dengue. *PLoS Negl Trop Dis, 7*(11), e2503. doi: 10.1371/journal.pntd.0002503

Introducción

Se ha reportado que el dengue se ve influenciado en su epidemiología por múltiples factores, que incluyen hoy en día la variabilidad y el cambio climático.[1] Estudios recientes en Honduras, han evidenciado esto.[2]

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1. Colon-Gonzalez FJ, Fezzi C, Lake IR, Hunter PR. The effects of weather and climate change on dengue. PLoS neglected tropical diseases 2013;7:e2503.
2. Zambrano LI, Sevilla C, Reyes-Garcia SZ, et al. Potential impacts of climate variability on dengue hemorrhagic fever in Honduras, 2010. Tropical biomedicine 2012;29:499-507.

Introducción

La epidemiología del dengue se ha visto favorecida por el uso de modelos de simulación que incluyen las diversas variables que se le asocian.

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Reference List

1. Focks DA, Daniels E, Haile DG, Keesling JE. A simulation model of the epidemiology of urban dengue fever: literature analysis, model development, preliminary validation, and samples of simulation results. The American journal of tropical medicine and hygiene 1995;53:489-506.
2. Colon-Gonzalez FJ, Fezzi C, Lake IR, Hunter PR. The effects of weather and climate change on dengue. PLoS neglected tropical diseases 2013;7:e2503.
3. Zambrano LI, Sevilla C, Reyes-Garcia SZ, et al. Potential impacts of climate variability on dengue hemorrhagic fever in Honduras, 2010. Tropical biomedicine 2012;29:499-507.

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