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Como elaborar un marco teórico

Prof. Alfonso J. Rodriguez-Morales



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SciELO
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Marco teórico – Revisión de literatura - Propósitos

- 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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¿Dónde buscar?

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





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Inicio

Revistas Electrónicas en Suscripción

Usuario:

Clave:

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 Capacitación en Línea – EBSCO

EBSCO ofrece decenas de sesiones de formación totalmente gratuitas para sus clientes. Las mismas, 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>



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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

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.

Categoría: 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.

Categoría: recursos_electronicos

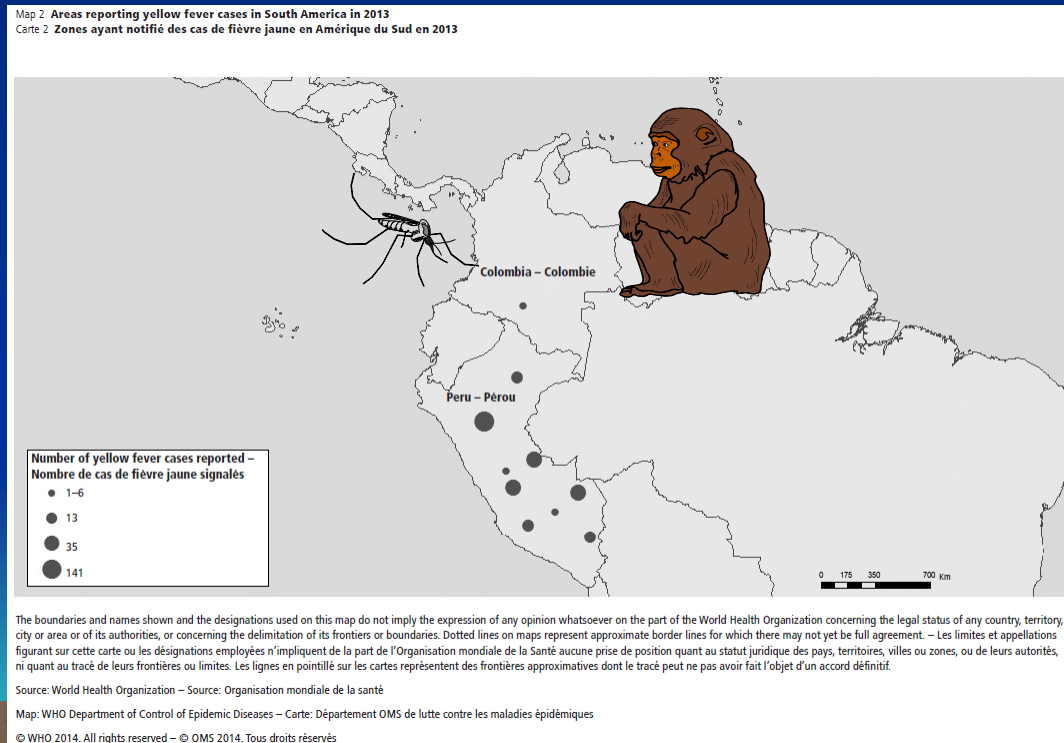
¿Cómo empiezo?

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



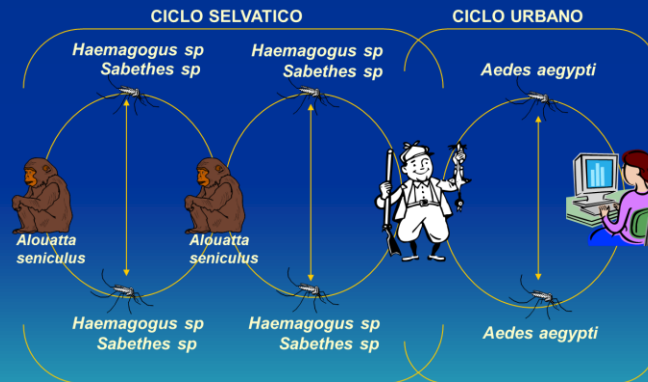
Ejemplo

- Vamos a investigar sobre la epidemiología de la fiebre amarilla en Colombia.



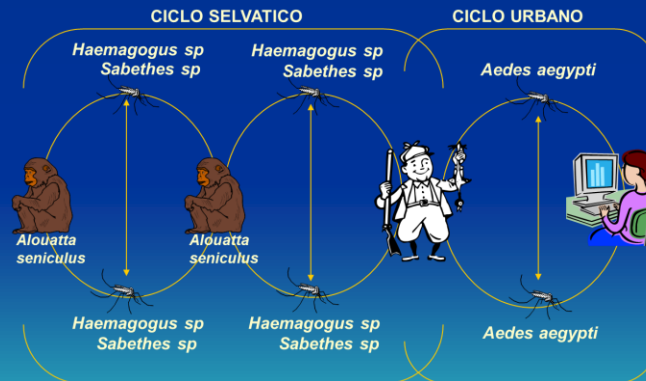
Ejemplo

- ¿Cuál será la influencia del clima sobre la epidemiología de la fiebre amarilla?
- ¿En qué zonas hay mayor presencia de *Aedes*?
- ¿Cuál será la mortalidad en primates no humanos y en humanos?



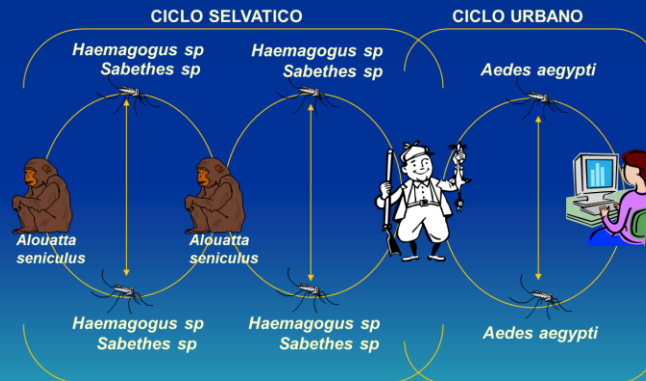
Ejemplo

- ¿Cuál será la influencia del **clima** sobre la epidemiología de la **fiebre amarilla**?
- ¿En qué zonas hay mayor presencia de ***Aedes***?
- ¿Cuál será la **mortalidad** en **primates** no humanos y en **humanos**?



Palabras Clave Potenciales

- clima
- fiebre amarilla
- *Aedes*
- Mortalidad
- primates
- humanos



Palabras Clave Potenciales

- clima
- fiebre amarilla
- *Aedes*
- Mortalidad
- primates
- humanos

¿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)



MeSH

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed.



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.



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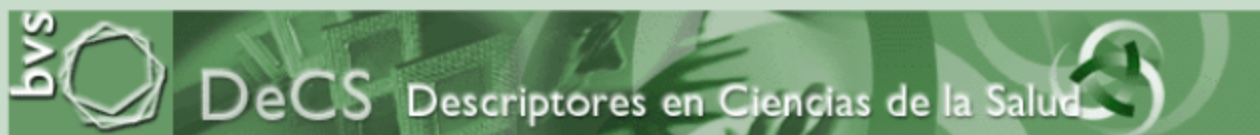
DeCS

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**



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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

- 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:CLIMA
Descriptores Encontrados:1
Mostrando:1 .. 1

1 / 1

DeCS

Descriptor *Inglés*: **Climate**

Descriptor *Español*: **Clima**

Descriptor *Portugués*: **Clima**

Categoría: [G16.500.275.071](#)
[N06.230.300.100.250](#)
[SP4.011.117.358](#)
[SP8.473.654.587.472](#)

Definición *Español*: Las manifestaciones a largo plazo del [TIEMPO](#) ([METEOROLOGÍA](#)). ([Traducción](#) libre del original: McGraw-Hill Dictionary of Scientific and Technical Terms, 6th ed)

Nota de Indización *Español*: general; vea específicos

Relacionados *Español*: [Aclimatación](#)

Número del Registro: 3006

Identificador Único: D002980

[Ocurrencia en la BVS](#):

Similar: [DeCS](#) [CID-10](#) [SciELO](#) [LILACS](#) [LIS](#)

1 / 1

DeCS

Descriptor *Inglés*: **Yellow Fever**Descriptor *Español*: **Fiebre Amarilla**Descriptor *Portugués*: **Febre Amarela**

Categoría: [C02.081.980](#)
[C02.782.350.250.980](#)
[C02.782.417.881](#)
[SP4.001.012.183.294](#)

Definición *Español*: [Enfermedad](#) infecciosa aguda principalmente de los trópicos, y transmitido al hombre por mosquitos del género [Aedes](#) y Haemagogus. La forma grave se caracteriza por [fiebre](#), [ICTERICIA](#) HEMOLÍTICA y daño renal.

1 / 1

DeCS

Descriptor *Inglés*: **Mortality**Descriptor *Español*: **Mortalidad**Descriptor *Portugués*: **Mortalidade**

Sinónimos *Español*: Estadísticas de Mortalidad
Índice de Mortalidad

Categoría: [F05.318.308.985.550](#)
[L01.280.975.550](#)
[N01.224.935.698](#)
[N06.850.505.400.975.550](#)
[N06.850.520.308.985.550](#)
[SP3.076.187.173](#)
[SP4.011.127.413.639.905](#)
[SP4.046.452.713](#)
[SP5.006.052.168.154](#)

Definición *Español*: Todas las muertes notificadas en una [población](#)

1 / 1

DeCS

Descriptor *Inglés*: **Aedes**Descriptor *Español*: **Aedes**Descriptor *Portugués*: **Aedes**

Categoría: [B01.050.500.131.617.289.275.100](#)
[SP4.001.022.218.329.175.031.012](#)

Definición *Español*: Género de mosquitos ([CULICIDAE](#)) encontrado frecuentemente en regiones tropicales y subtropicales. La [FIEBRE AMARILLA](#) y el [DENGUE](#) son dos de las enfermedades importantes que pueden ser transmitidas por las especies de este género.

1 / 1

DeCS

Descriptor *Inglés*: **Primates**Descriptor *Español*: **Primates**Descriptor *Portugués*: **Primatas**

Categoría: [B01.050.150.900.649.801](#)

Definición *Español*: El Orden de los [Primates](#), perteneciente a la Clase Mammalia. Todos los [primates](#) tienen 5 [dedos](#) (pentadactilidad), un patrón dental común, y un primitivo (no especializado) [diseño](#) corporal. El orden de los [Primates](#) se divide en dos subórdenes: Strepsirinos, que incluye los lémures y los loris; y [Haplorrinos](#), que incluye a los tarseros, los monos, los grandes simios y los



- PubMed
- Gene
- Genome
- GEO DataSets
- GEO Profiles
- GSS
- GTR
- HomoloGene
- MedGen
- MeSH**
- NCBI Web Site
- NLM Catalog
- Nucleotide
- OMIM
- PMC
- PopSet
- Probe
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- Protein Clusters
- PubChem BioAssay
- PubChem Compound

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MeSH

MeSH

yellow fever |

[Save search](#) [Limits](#) [Advanced](#)[Display Settings:](#) Summary, 20 per page[Send to:](#) **Results: 6** [Yellow Fever](#)

1. An acute infectious disease primarily of the tropics, caused by a virus and transmitted to man by mosquitoes of the genera *Aedes* and *Haemagogus*. The severe form is characterized by fever, HEMOLYTIC JAUNDICE, and renal damage.

Palabras Clave Verificadas

- **clima** ✓
- **fiebre amarilla** ✓
- **Aedes** ✓
- **Mortalidad** ✓
- **primates** ✓
- **humanos** ✓



Article types

- Clinical Trial
- Review
- Customize ...

Text availability

- Abstract
- Free full text
- Full text

Publication dates

- 5 years
- 10 years
- Custom range...

Species

- Humans
- Other Animals

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- [Control discourses and power relations of yellow Fever: Philadelphia in 1793.](#)
1. **Kim S.**
Uisahak. 2014 Dec;23(3):513-41. doi: 10.13081/kjmh.2014.23.513.
PMID: 25608507 [PubMed - in process] **Free Article**
[Related citations](#)
- [Understanding the DNA damage response in order to achieve desired gene editing outcomes in mosquitoes.](#)
2. **Overcash JM, Aryan A, Myles KM, Adelman ZN.**
Chromosome Res. 2015 Jan 18. [Epub ahead of print]
PMID: 25596822 [PubMed - as supplied by publisher]
[Related citations](#)
- [Physiological Recordings and RNA Sequencing of the Gustatory Appendages of the Yellow-fever Mosquito Aedes aegypti.](#)
3. **Sparks JT, Dickens JC.**
J Vis Exp. 2014 Dec 30;(94). doi: 10.3791/52088.
PMID: 25590536 [PubMed - in process]
[Related citations](#)
- [Functional characterization of aquaporins and aquaglyceroporins of the yellow fever mosquito, Aedes aegypti.](#)
4. **Drake LL, Rodriguez SD, Hansen IA.**
Sci Rep. 2015 Jan 15;5:7795. doi: 10.1038/srep07795.
PMID: 25589229 [PubMed - in process]
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Article types

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Species

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Other Animals

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- [\[Prevalence of intestinal helminths in cats in Quindío, Colombia\].](#)
 1. Echeverry DM, Giraldo MI, Castaño JC. Biomedica. 2012 Sep;32(3):430-6. doi: 10.1590/S0120-41572012000300013. Spanish. PMID: 23715191 [PubMed - indexed for MEDLINE] **Free Article**
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 2. Bolívar-Mejía A, Rodríguez-Morales AJ, Paniz-Mondolfi AE, Delgado O. Arch Cardiol Mex. 2013 Apr-Jun;83(2):120-9. doi: 10.1016/j.acmx.2012.07.002. Spanish. PMID: 23462238 [PubMed - in process]
[Related citations](#)
 3. [\[Clinical patterns of uveitis in two ophthalmology centres in Bogota, Colombia\].](#)
 - de-la-Torre A, López-Castillo CA, Rueda JC, Mantilla RD, Gómez-Marín JE, Anaya JM. Clin Experiment Ophthalmol. 2009 Jul;37(5):458-66. doi: 10.1111/j.1442-9071.2009.02082.x. PMID: 19624341 [PubMed - indexed for MEDLINE]
[Related citations](#)
 4. [\[Identification of toxocara canis antigens by Western blot in experimentally infected rabbits\].](#)
 - Morales OL, Lopez MC, Nicholls RS, Agudelo C. Rev Inst Med Trop Sao Paulo. 2002 Jul-Aug;44(4):213-6. PMID: 12219113 [PubMed - indexed for MEDLINE] **Free Article**
[Related citations](#)
 5. [\[Human and dogs Toxocara canis infection in a poor neighborhood in Bogota\].](#)
 - Agudelo C, Villareal E, Cáceres E, López C, Eljach J, Ramírez N, Hernández C, Corredor A. Mem Inst Oswaldo Cruz. 1990 Jan-Mar;85(1):75-8. PMID: 2215237 [PubMed - indexed for MEDLINE] **Free Article**
[Related citations](#)
 6. [\[Clinical case with parasitological confirmation of migratory visceral larva caused by Toxocara canis in Colombia\].](#)
 - Escobar-Melguizo JA, Little MD. Antioquia Med. 1966;16(6):499-507. Spanish. No abstract available. PMID: 5990128 [PubMed - indexed for MEDLINE]

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- [Assessing the potential migration of people from Ebola affected West African countries to Latin America.](#)
1. Rodríguez-Morales AJ, Marín-Rincón HA, Sepúlveda-Arias JC, Paniz-Mondolfi AE.
Travel Med Infect Dis. 2015 Jan 6. pii: S1477-8939(14)00270-1. doi: 10.1016/j.tmaid.2014.12.015. [Epub ahead of print] No abstract available.
PMID: 25597003 [PubMed - as supplied by publisher]
[Related citations](#)
- [Male Ebola Survivors: Do Not Forget to Use a Condom!](#)
2. Cardona-Maya WD, Hernandez PA, Henao DE.
Reprod Sci. 2014 Dec 16. pii: 1933719114563733. [Epub ahead of print] No abstract available.
PMID: 25515607 [PubMed - as supplied by publisher]
[Related citations](#)
- [Ebola hemorrhagic fever and the threat it poses to health systems.](#)
3. De la Hoz F.
Biomedica. 2014 Dec;34(4):503-5. doi: 10.1590/S0120-41572014000400001. Spanish. No abstract available.
PMID: 25504237 [PubMed - in process] **Free Article**
[Related citations](#)
- [Ebola: A latent threat to Latin America. Are we ready?](#)
4. Rodríguez-Morales AJ, Henao DE, Franco TB, Mayta-Tristán P, Alfaro-Tolosa P, Paniz-Mondolfi AE.
Travel Med Infect Dis. 2014 Nov 11;12(6PA):688-689. doi: 10.1016/j.tmaid.2014.11.002. [Epub ahead of print] No abstract available.
PMID: 25468529 [PubMed - as supplied by publisher]
[Related citations](#)
- [What makes people talk about Ebola on social media? A retrospective analysis of Twitter use.](#)
5. Rodríguez-Morales AJ, Castañeda-Hernández DM, McGregor A.
Travel Med Infect Dis. 2014 Nov 20. pii: S1477-8939(14)00218-X. doi: 10.1016/j.tmaid.2014.11.004. [Epub ahead of print] No abstract available.
PMID: 25468077 [PubMed - as supplied by publisher]
[Related citations](#)
- [Ebola virus disease: An emerging zoonosis with importance for travel medicine.](#)
6. Cardona-Ospina JA, Giselle-Badillo A, Calvache-Benavides CE, Rodríguez-Morales AJ.
Travel Med Infect Dis. 2014 Oct 29;12(6PA):682-683. doi: 10.1016/j.tmaid.2014.10.014. [Epub ahead of print] No abstract available.
PMID: 25467087 [PubMed - as supplied by publisher]
[Related citations](#)
- [Trypanosome species in neo-tropical bats: biological, evolutionary and epidemiological implications.](#)
7. Ramírez JD, Tapia-Calle G, Muñoz-Cruz G, Poveda C, Rendón LM, Hincapié E, Guhl F.
Infect Genet Evol. 2014 Mar;22:250-6. doi: 10.1016/j.meegid.2013.06.022. Epub 2013 Jul 2.
PMID: 23831017 [PubMed - indexed for MEDLINE]
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Publication dates

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Species

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Other Animals

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- [Quantitative analysis of human parvovirus B19 DNA in maternal and fetal serum, and amniotic fluid during an early stage of pregnancy.](#)
 1. Ishikawa A, Yoto Y, Asakura H, Tsutsumi H.
 J Med Virol. 2015 Jan 21. doi: 10.1002/jmv.24105. [Epub ahead of print]
 PMID: 25611946 [PubMed - as supplied by publisher]
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- [Construction of an infectious plasmid clone of Muscovy duck parvovirus by TA-cloning and creation of a partially attenuated strain.](#)
 2. Yen TY, Li KP, Ou SC, Shien JH, Lu HM, Chang PC.
 Avian Pathol. 2015 Jan 22:1-16. [Epub ahead of print]
 PMID: 25609267 [PubMed - as supplied by publisher]
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- [Viral infections in acute graft-versus-host disease: A review of diagnostic and therapeutic approaches.](#)
 3. Tong LX, Worswick SD.
 J Am Acad Dermatol. 2015 Jan 10. pii: S0190-9622(14)02220-8. doi: 10.1016/j.jaad.2014.12.002. [Epub ahead of print] Review.
 PMID: 25582535 [PubMed - as supplied by publisher]
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- [Development of a nanoparticle-assisted PCR \(nanoPCR\) assay for detection of mink enteritis virus \(MEV\) and genetic characterization of the NS1 gene in four Chinese MEV strains.](#)
 4. Wang J, Cheng Y, Zhang M, Zhao H, Lin P, Yi L, Tong M, Cheng S.
 BMC Vet Res. 2015 Jan 13;11(1):1. [Epub ahead of print]
 PMID: 25582057 [PubMed - as supplied by publisher] **Free PMC Article**
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- [Immunobiological activity and antiviral regulation efforts of Chinese goose \(Anser cygnoides\) CD8α during NGVEV and GPV infection.](#)
 5. Chen S, Zhao Q, Qi Y, Liu F, Wang M, Jia R, Zhu D, Liu M, Chen X, Cheng A.
 Poult Sci. 2015 Jan;94(1):17-24. doi: 10.3382/ps/peu024.




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parvovirus colombia

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Text availability

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Publication dates

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- [Point prevalence survey for tick-borne pathogens in military working dogs, shelter animals, and pet populations in northern Colombia.](#)
1. McCown ME, Alleman A, Sayler KA, Chandrashekar R, Thatcher B, Tyrrell P, Stillman B, Beall M, Barbet AF.
J Spec Oper Med. 2014 Winter;14(4):81-5.
PMID: 25399372 [PubMed - in process]
[Related citations](#)
- [Exposure to cigarette smoke causes DNA damage in oropharyngeal tissue in dogs.](#)
2. Pérez N, Berrío A, Jaramillo JE, Urrego R, Arias MP.
Mutat Res Genet Toxicol Environ Mutagen. 2014 Jul 15;769:13-9. doi: 10.1016/j.mrgentox.2014.04.013. Epub 2014 May 9.
PMID: 25344107 [PubMed - indexed for MEDLINE]
[Related citations](#)
- [Infection of Amblyomma ovale by Rickettsia sp. strain Atlantic rainforest, Colombia.](#)
3. Londoño AF, Díaz FJ, Valbuena G, Gazi M, Labruna MB, Hidalgo M, Mattar S, Contreras V, Rodas JD.
Ticks Tick Borne Dis. 2014 Oct;5(6):672-5. doi: 10.1016/j.ttbdis.2014.04.018. Epub 2014 Jul 15.
PMID: 25090976 [PubMed - in process]
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- [Evaluation of thoracic limb loads, elbow movement, and morphology in dogs before and after arthroscopic management of unilateral medial coronoid process disease.](#)
4. Galindo-Zamora V, Dziallas P, Wolf DC, Kramer S, Abdelhadi J, Lucas K, Nolte I, Wefstaedt P.
Vet Surg. 2014 Oct;43(7):819-28. doi: 10.1111/j.1532-950X.2014.12250.x. Epub 2014 Jul 30.
PMID: 25073482 [PubMed - in process]
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- [\[Giardia duodenalis genotypes found in the Instituto Colombiano de Bienestar Familiar day care centers and dogs in Ibaqué, Colombia\].](#)
5. Rodríguez V, Espinosa O, Carranza JC, Duque S, Arévalo A, Clavijo JA, Urrea DA, Vallejo GA.
Biomedica. 2014 Apr-Jun;34(2):271-81. doi: 10.1590/S0120-41572014000200013. Spanish.

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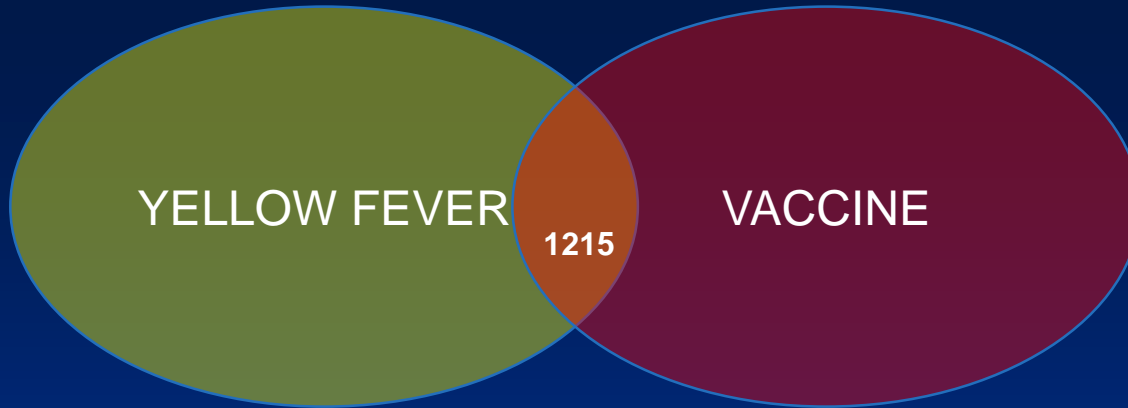
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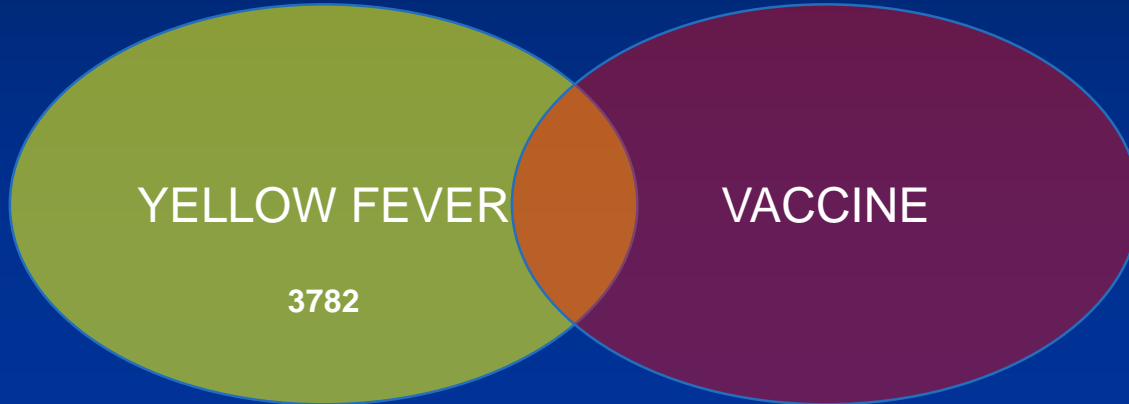
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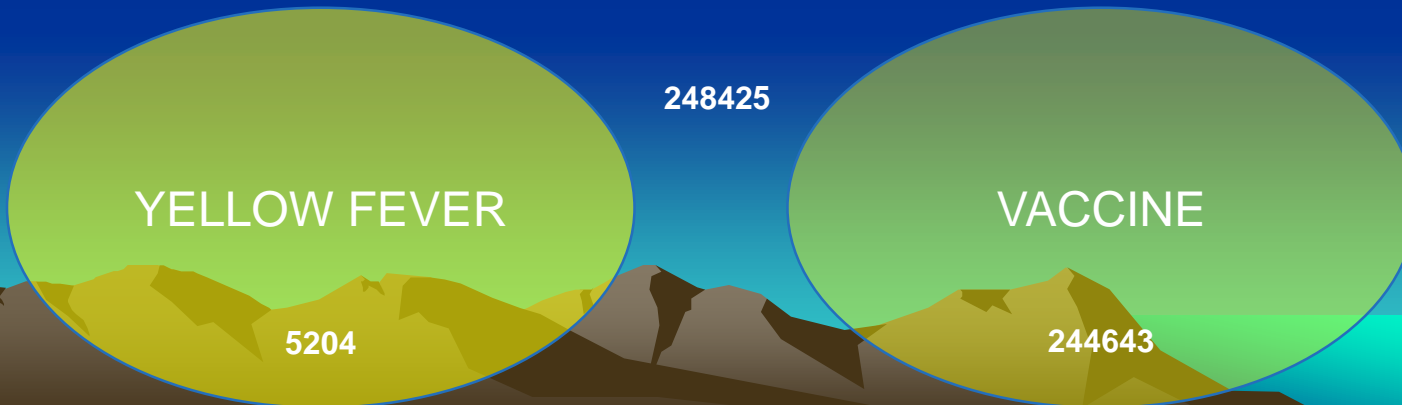
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3. **Development of a reverse transcription polymerase chain reaction method for yellow fever virus detection.**

Méndez MC¹, Domingo C², Tenorio A³, Pardo LC¹, Rey GJ¹, Méndez JA¹.

+ Author information

Abstract

INTRODUCTION: Yellow fever is considered a re-emerging disease and is endemic in tropical regions of Africa and South America. At present, there are no standardized or commercialized kits available for yellow fever virus detection. Therefore, diagnosis must be made by time-consuming routine techniques, and sometimes, the virus or its proteins are not detected. Furthermore, co-circulation with other flaviviruses, including dengue virus, increases the difficulty of diagnosis.

OBJECTIVE: To develop a specific reverse transcriptase-polymerase chain reaction (RT-PCR) and nested PCR-based assay to improve the detection and diagnosis of yellow fever virus using both serum and fresh tissue samples.

MATERIALS AND METHODS: RT-PCR primers were designed to amplify a short fragment of all yellow fever virus genotypes reported. A second set of primers was used in a nested PCR to increase sensitivity. Thirty-three clinical samples were tested with the standardized reaction.

RESULTS: The expected amplicon was obtained in 25 out of 33 samples analyzed using this approach, and 2 more samples tested positive after a subsequent nested PCR approach.

CONCLUSION: This improved technique not only ensures the specific detection of a wide range of yellow fever virus genotypes but also may increase the sensitivity of detection by introducing a second round of amplification, allowing a rapid differential diagnosis between dengue and yellow fever infection, which is required for effective surveillance and opportune epidemiologic measures.

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Development of a reverse transcription polymerase chain reaction method for yellow fever virus detection

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Authors ' contributions:



María C. Méndez performed most of the experiments and wrote the manuscript. Cristina Domingo participated in the experimental design and provided a

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Abstract

The next FIFA World Cup will be held in Brazil in June-July 2014. Around 600,000 international visitors and participants (as well over 3 million domestic travelers) are expected. This event will take place in twelve cities. This event poses specific challenges, given its size and the diversity of attendees, including the potential for the transmission of imported or endemic communicable diseases, especially those that have an increased transmission rate as a result of close human proximity, eg, seasonal influenza, measles but also tropical endemic diseases. In anticipation of increased travel, a panel of experts from the Latin American Society for Travel Medicine (SLAMVI) developed the current recommendations regarding the epidemiology and risks of the main communicable diseases in the major potential destinations, recommended immunizations and other preventives measures to be used as a basis for advice for travelers and travel medicine practitioners. Mosquito-borne infections also pose a challenge. Dengue poses a significant risk in all states, including the host cities. Vaccination against yellow fever is recommended except for travelers who will only visit coastal areas. Travelers visiting high-risk areas for malaria (Amazon) should be assessed regarding the need for chemoprophylaxis. Chikungunya fever may be a threat for Brazil, given the presence of *Aedes aegypti*, vector of dengue, and the possibility of travelers bringing the virus with them when attending the event. Advice on the correct timing and use of repellents and other personal protection measures is key to preventing these vector-borne infections. Other important recommendations for travelers should focus on preventing water and food-borne diseases such as hepatitis A, typhoid fever, giardiasis and traveler's diarrhea. Sexually transmitted diseases (STD) should be also mentioned and the use of condoms advocated. This review addresses pre-travel, preventive strategies to reduce the risk of acquiring communicable diseases during a mass gathering such as the World Cup and also reviews the spectrum of endemic infections in Brazil to facilitate the recognition and management of infectious diseases in travelers returning to their countries of origin.

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Travel Medicine and Infectious Disease, Volume 12, Issue 3, May–June 2014, Pages 208-218

Viviana Gallego, Griselda Berberian, Susana Lloveras, Sergio Verbanaz, Tania S.S. Chaves, Tomas Orduna, Alfonso J. Rodriguez-Morales

 Abstract |  PDF (945 K)



REVIEW

The 2014 FIFA World Cup: Communicable disease risks and advice for visitors to Brazil – A review from the Latin American Society for Travel Medicine (SLAMVI)

Viviana Gallego^a, Griselda Berberian^a, Susana Lloveras^{a,b}, Sergio Verbanaz^a, Tania S.S. Chaves^c, Tomas Orduna^b, Alfonso J. Rodriguez-Morales^{b,d,*}

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KEYWORDS

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World cup;
Infectious diseases;
Prevention;
Brazil

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Fig. 3 A typical case of cutaneous larva migrans showing the serpiginous and erythematous track in the skin.

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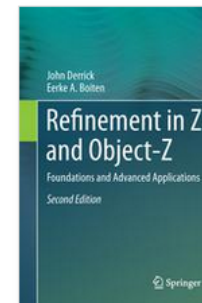
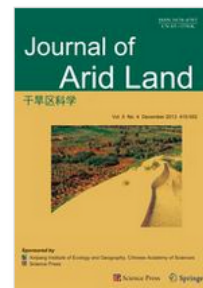


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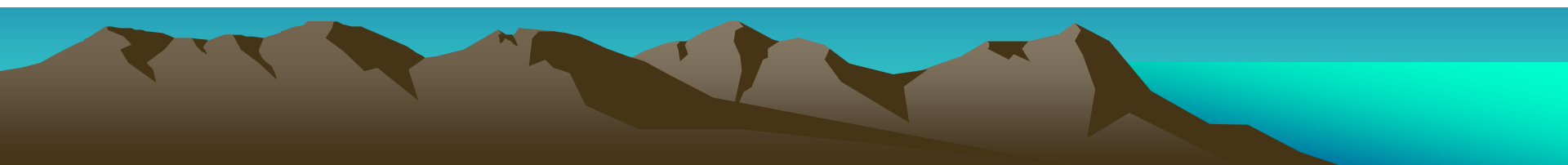
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Volume 12, Issue 3, May-June 2014, Pages 208-218

The 2014 FIFA World Cup: Communicable disease risks and advice for visitors to Brazil - A review from the Latin American Society for Travel Medicine (SLAMVI) (Review)

Gallego, V.^a, Berberian, G.^a, Lloveras, S.^{ab}, Verbanaz, S.^a, Chaves, T.S.S.^c, Orduna, T.^b, Rodriguez-Morales, A.J.^{bd} 

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REVIEW

The 2014 FIFA World Cup: Communicable disease risks and advice for visitors to Brazil – A review from the Latin American Society for Travel Medicine (SLAMVI)

Viviana Gallego^a, Griselda Berberian^a, Susana Lloveras^{a,b}, Sergio Verbanaz^a, Tania S.S. Chaves^c, Tomas Orduna^b, Alfonso J. Rodriguez-Morales^{b,d,*}

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Fig. 3 A typical case of cutaneous larva migrans showing the serpiginous and erythematous track in the skin.

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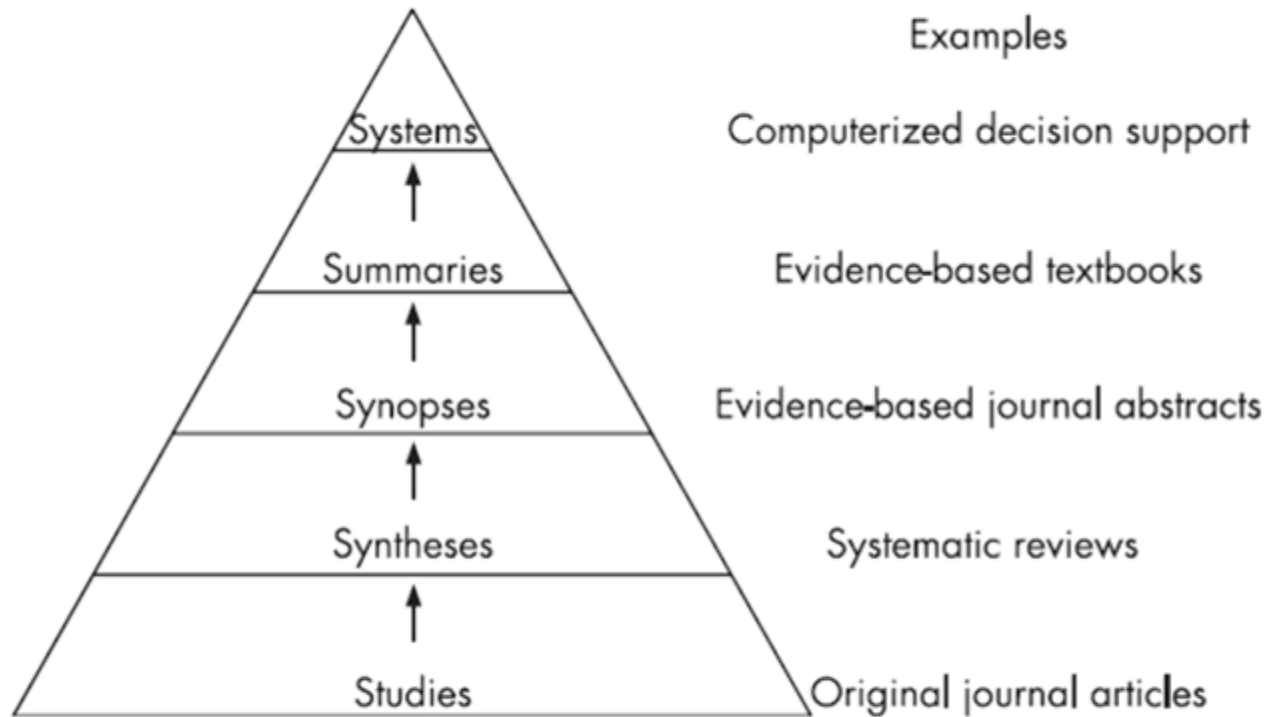
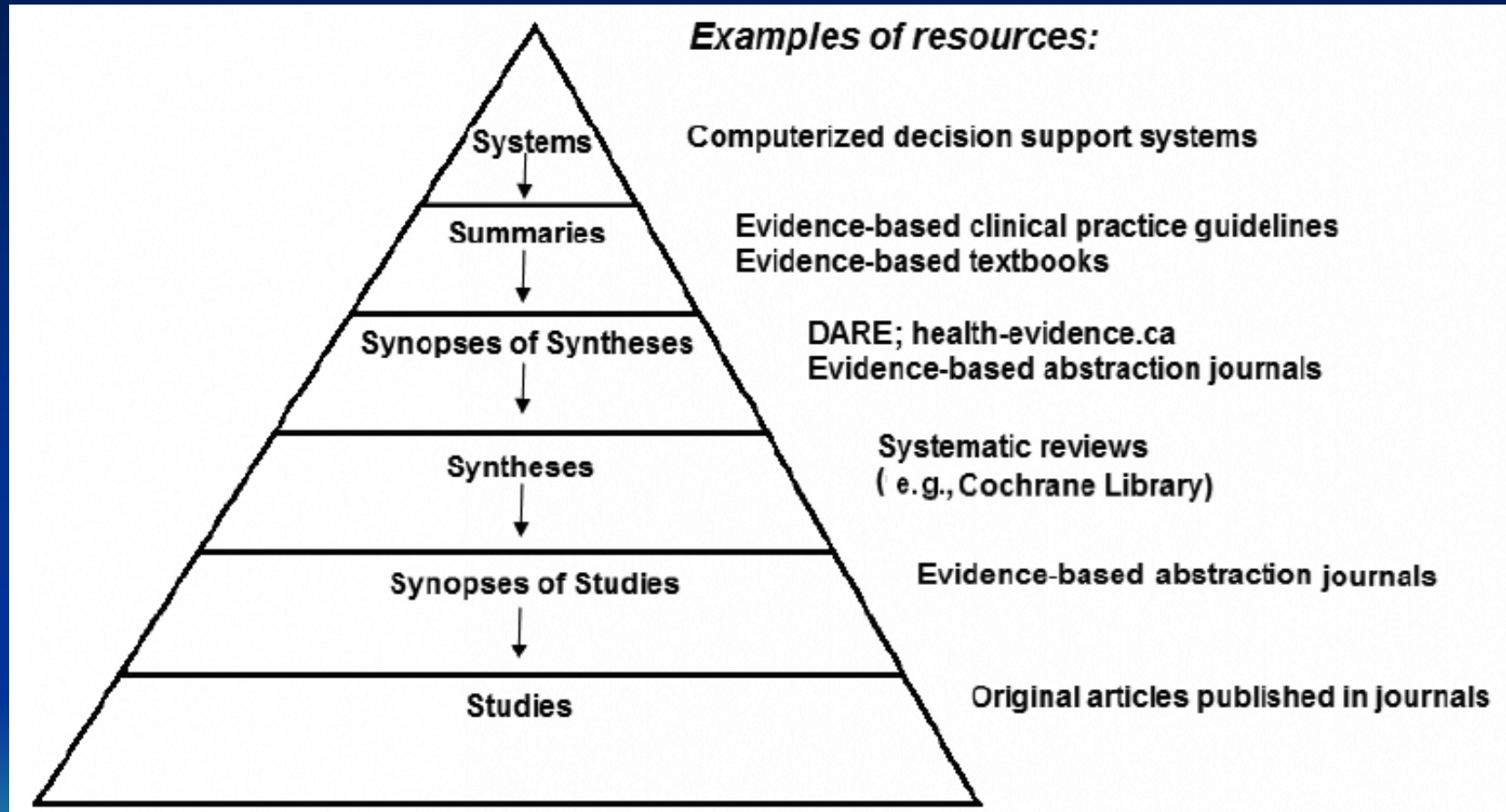


Figure 1 The "5S" levels of organisation of evidence from healthcare research.

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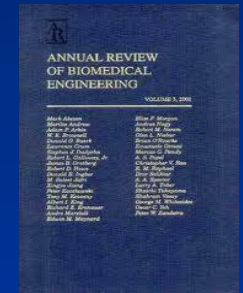
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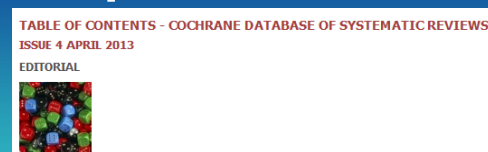
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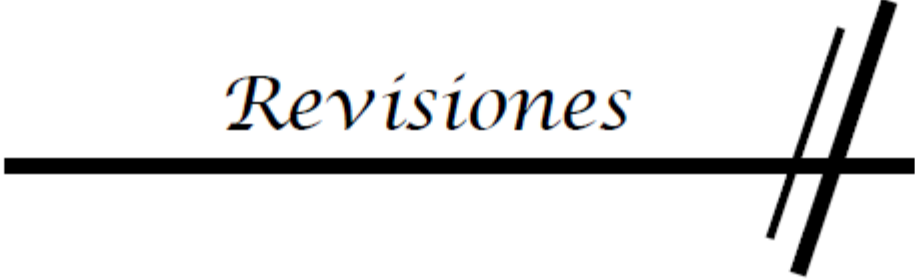
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Revisiones



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.

Tabla I. Estudios epidemiológicos latinoamericanos publicados sobre toxocariasis.

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

hybrid situation is present. In fact, several mutations have been reported recently in sJIA⁶. Thus, as in other infection-associated hyperinflammatory syndromes⁷⁻¹⁰, 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 hypofibrinogenemia, 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

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

Hallazgos de la Revisión

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

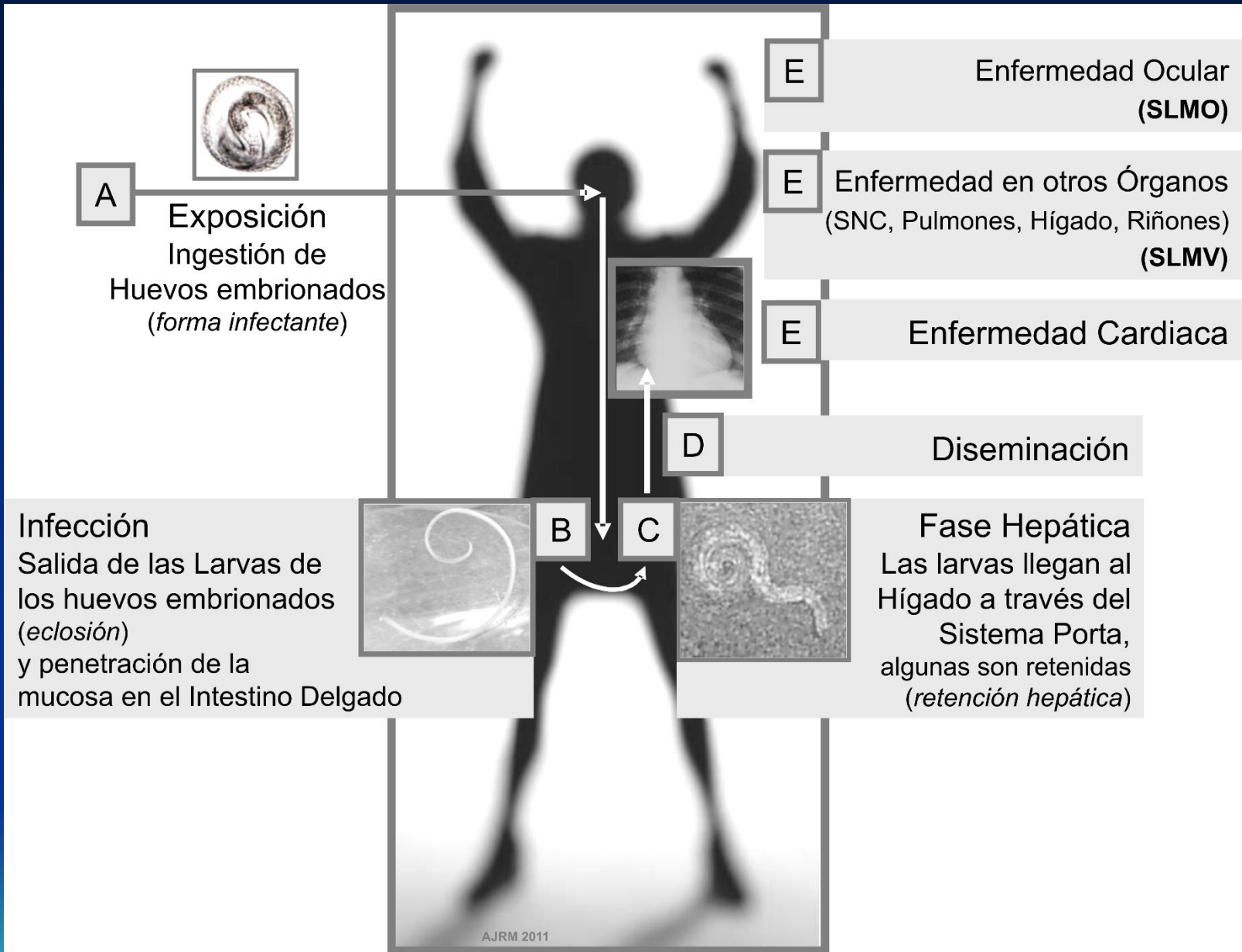
Bacteria	References and notes
<i>Anaplasma phagocytophilum</i>	¹⁵ Review
<i>Bartonella</i> sp.	¹⁶ Renal transplant recipients
<i>Borrelia</i> sp.	¹⁷ Lyme disease
<i>Brucella</i> sp.	¹⁸ Analysis of children with brucellosis associated with pancytopenia, Turkey; ¹⁹ 8 year-old male, Turkey; ²⁰ 84 year-old 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;
<i>Campylobacter</i> sp.	³³ <i>Campylobacter fetus</i> , AIDS, USA
<i>Capnocytophaga</i> sp.	³⁴ Sudden Sensorineural Hearing Loss, Japan
<i>Clostridium</i> sp.	³⁵ AIDS; ³⁶ Pancreatic carcinoma
<i>Coxiella burnetii</i>	^{37,38,39,37,38,40}
<i>Ehrlichia chaffeensis</i> and <i>Ehrlichia ewingii</i>	⁴¹ Two children, USA; ⁴² Case report, USA; ⁴³ Fatal case, USA; ⁴⁴ 67 year-old white man, disseminated intravascular coagulopathy, USA
<i>Leptospira</i> sp.	India ^{45,46} Fatal case, Taiwan:
<i>Listeria</i> sp.	⁴⁷ <i>L. monocytogenes</i> , bone marrow transplant recipient, France
<i>Mycobacterium avium</i>	⁴⁸ <i>M. avium</i> , AIDS; ⁴⁹ <i>M. avium</i> , Lupus erythematosus
<i>Orientia tsutsugamushi</i>	⁵⁰⁻⁵³

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Tabla 1. Manifestaciones cardiovasculares de la toxocariasis.

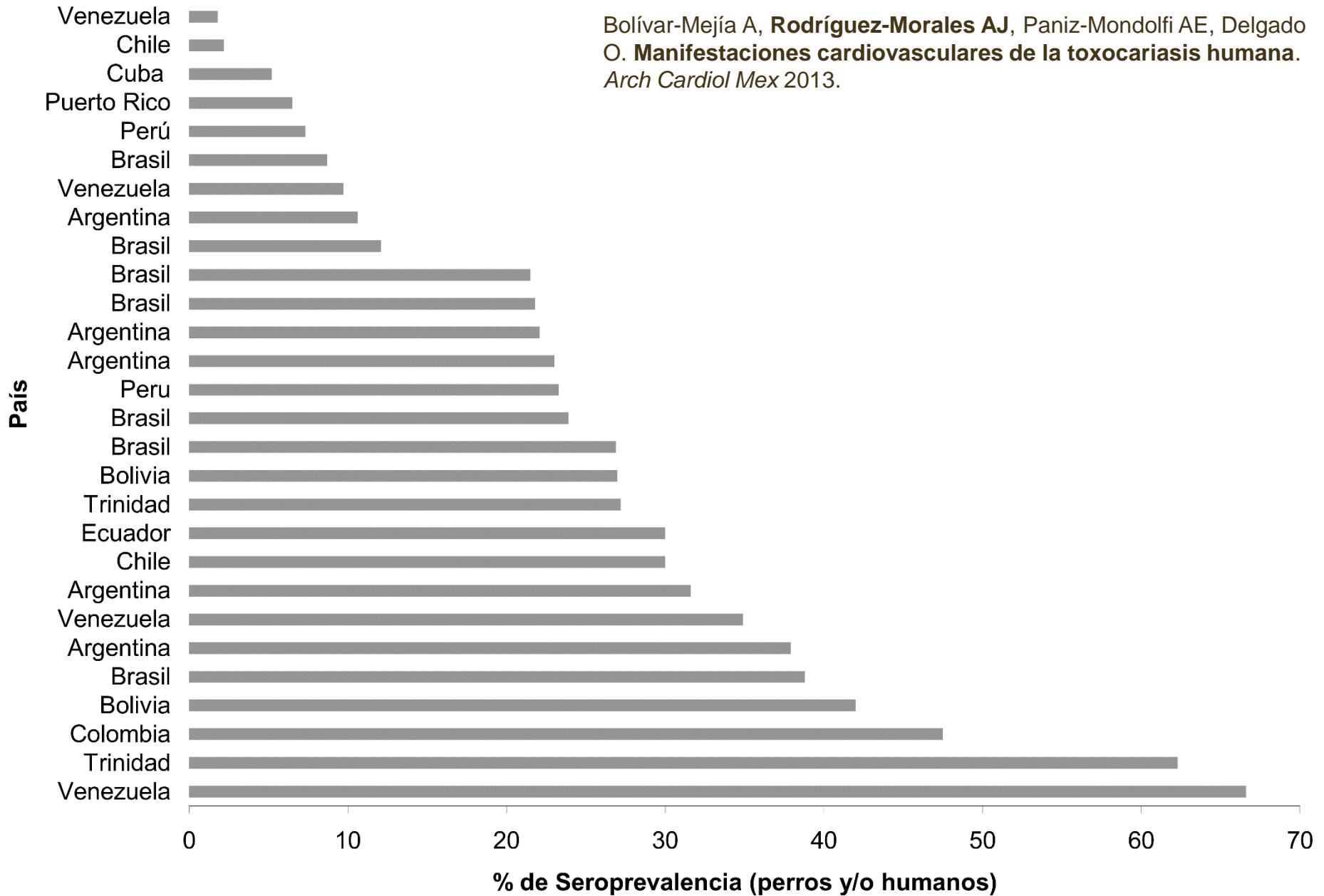
Manifestaciones	Ref.	Manifestaciones por estructuras cardiovasculares	Ref.
<i>Al examen físico cardiovascular</i>		<i>Miocardio</i>	
Sincope	31	Miocarditis eosinofílica	8,13,47,68
Hipotensión	31,47	Miocarditis linfocítica	13
Dificultad respiratoria	8,48	Miocarditis aguda fulminante	46
Dolor torácico	8,47	Granulomas	10,13,64
Palpitaciones	8	Fibrosis	13,45,46
Fatiga	8	Microabscesos	13
Pulso paradójico	8,47	Presencia de las larvas	13
Taquicardia	8,47,48	Necrosis de los miocitos	13,45,46,47

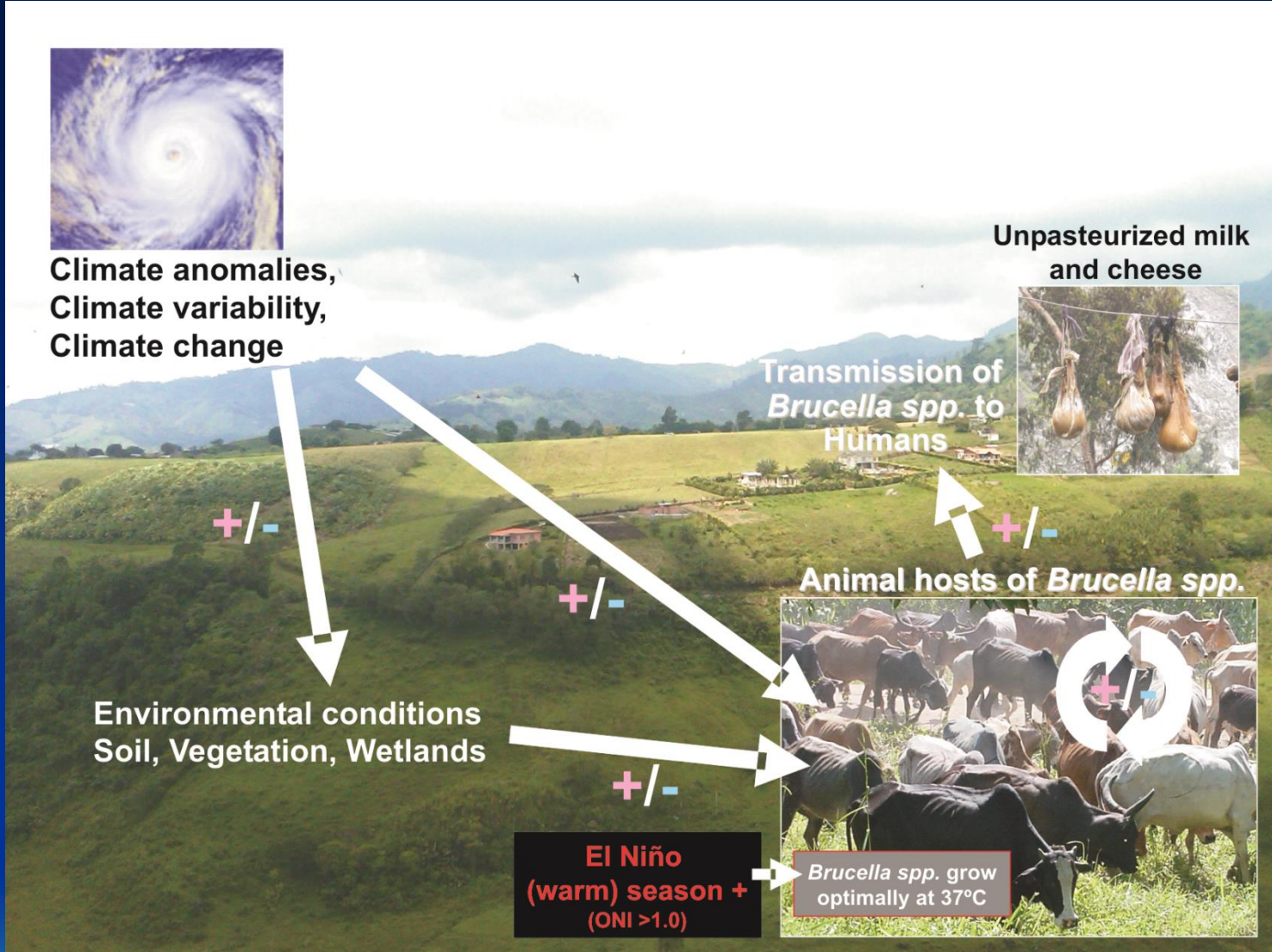
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Cystoisospora belli (Syn. *Isospora belli*)

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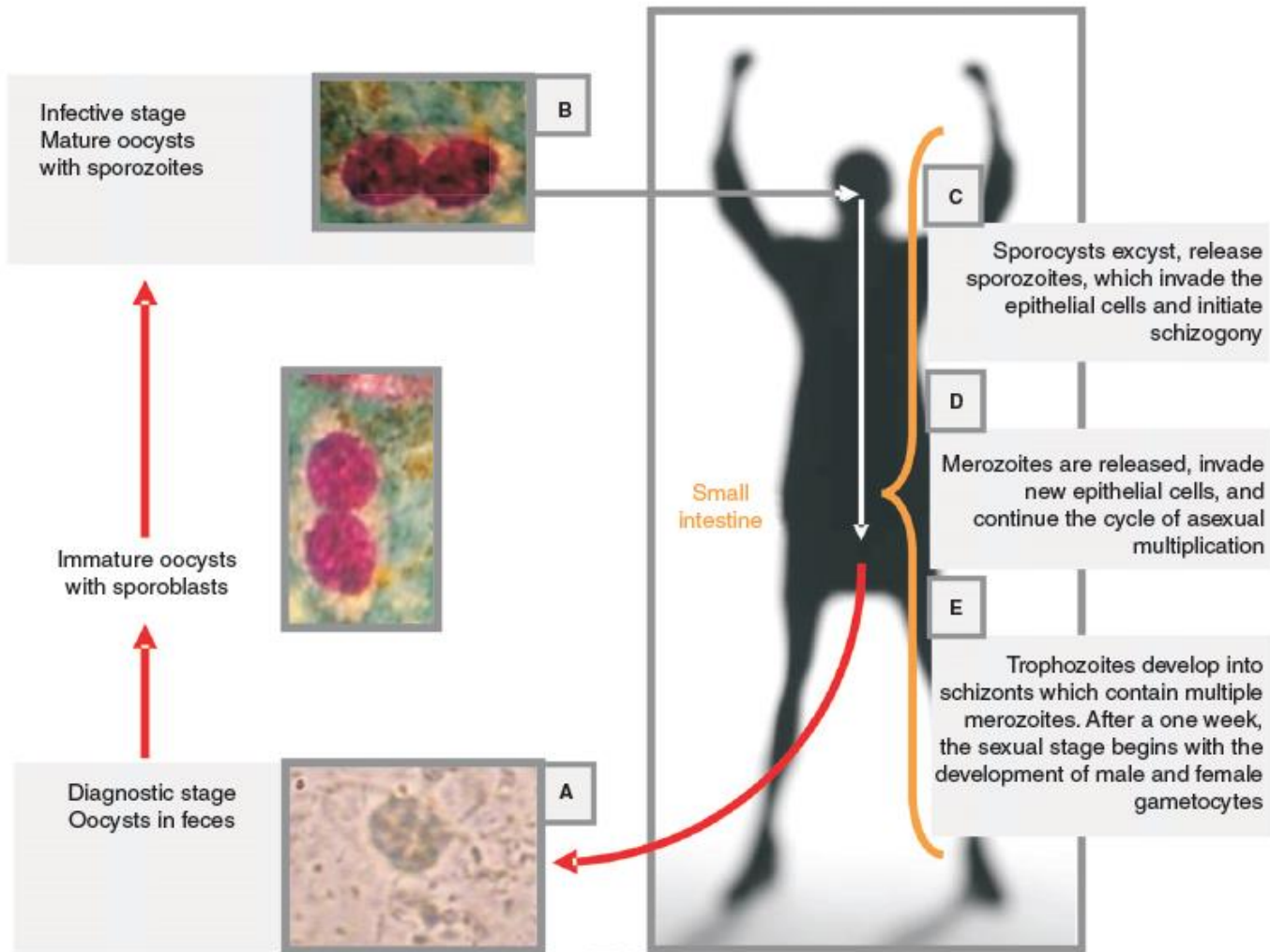


Figure 1 Transmission and life cycle of *Cystoisospora belli* in human beings.

Elementos Críticos

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



Toxocariasis in the Americas: Burden and Disease Control

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Lauren S. Calvo-Betancourt · Alberto Paniz-Mondolfi ·
Olinda Delgado · Alfonso J. Rodríguez-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

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

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, 22% 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

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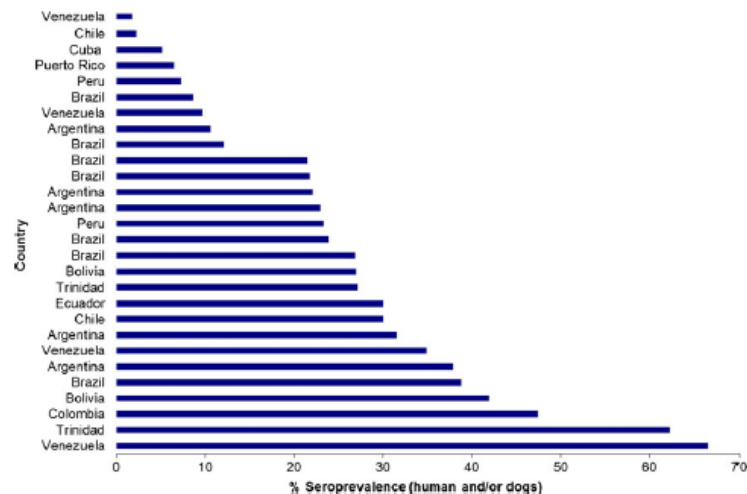


Fig. 1 Reported Seroprevalences of Human Toxocariasis in Latin American countries

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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).



Gracias...



Y a publicar!!!