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Artigos, Investigação, Casos Clínicos, Correspondências, Cartas e outros

Item	Referência	Base de Dados Indexação			
		Medline	Scielo	Outra	
1	Silvana Paiva da Costa[1], José Carlos Sardinha[2], Airton Silva da Costa[2], Marcel Heibel[3], Sinesio Talhari[1,2], Carolina Talhari[1,4]. Unusual Presentation of Kaposi Sarcoma in a Virally Suppressed HIV Patient With High CD4 Counts. Int J Dermatol. 2026 Jul;65(7):1530-1532. doi: 10.1111/ijd.70264. Epub 2026 Jan 14. PMID: 41531253. **Afiliações** 1Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, AM, Brazil. 2Fundação Hospitalar Alfredo da Matta de Dermatologia, Manaus, AM, Brazil. 3Universidade do Estado do Amazonas, Manaus, AM, Brasil. 4Departamento de Dermatologia da Universidade do Estado do Amazonas, Manaus, AM, Brasil. *Resumo não disponível* **Keywords:** HIV; antiretroviral therapy; kaposi sarcoma; penile neoplasms.	x			International Journal of Dermatology
2	Danielle Cristine Westphal[1], Camila Gurgel Dos Santos da Silva[2], Patrícia Moraes[2], Tiago Vencanto da Silva[3], Cynthia Oliveira Ferreira[1], André Luiz Leturiondo[1], Jacqueline de Almeida Gonçalves Sachett[4], Mônica Santos[1] Detection of Treponema pallidum in syphilitic alopecia by immunohistochemistry and polymerase chain reaction. J Am Acad Dermatol. 2026 Jun;94(6):1769-1771. doi:	x			JAAD Journal of the American Academy of Dermatology

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		Medline	Scielo	Outra	
	10.1016/j.jaad.2026.01.069. Epub 2026 Feb 5. PMID: 41654022. **Afiliações** [1]Department of Teaching and Research, Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo Da Matta, Manaus, Amazonas, Brazil; Department of Teaching and Research, Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Postgraduate Program in Tropical Medicine (PPGMT), Universidade do Estado do Amazonas, Manaus, Amazonas, Brazil. [2]Department of Teaching and Research, Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo Da Matta, Manaus, Amazonas, Brazil. [3]Faculdade de Medicina da Universidade de São Paulo, Riberão Preto, São Paulo. [4]Department of Teaching and Research, Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Postgraduate Program in Tropical Medicine (PPGMT), Universidade do Estado do Amazonas, Manaus, Amazonas, Brazil; School of Health Sciences, Amazonas State University, Manaus, Amazonas, Brazil. Electronic address: jac.sachett@gmail.com. *Resumo não disponível* **Free article:** https://linkinghub.elsevier.com/retrieve/pii/S0190-9622(26)00121-0 **Keywords:** IST; Treponema pallidum; alopecia; immunohistochemistry; qPCR; syphilis; syphilitic alopecia.				

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3	Patrícia Tavares Cruz[1], Hélio Amante Miot[2], Carolina Talhari[3], Valderiza Lourenço Pedrosa[1], Raquel da Mata Serique[1], Amanda Gabrielle Dos Santos Cordeiro[1], Jaqueline da Silva Mendes[1], Susan Smith Doria[1], Jorge Ewerton Dos Santos Sales[1], Alexandra de Freitas Costa[1], Sinésio Talhari[1] Stigma associated with leprosy among patients, contacts, and the general population in an endemic region of Brazil. An Bras Dermatol. 2026 Mar-Apr;101(2):501301. doi: 10.1016/j.abd.2026.501301. Epub 2026 Mar 9. PMID: 41806758; PMCID: PMC12993181. **Afiliações** [1]Department of Teaching and Research, Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo da Matta, Manaus, AM, Brazil. [2]Department of Infectology, Dermatology, Imaging Diagnosis, and Radiotherapy, Faculty of Medicine, Universidade Estadual Paulista, Botucatu, SP, Brazil. [3]Department of Teaching and Research, Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo da Matta, Manaus, AM, Brazil. Electronic address: carolinatalhari@gmail.com. **Abstract** **Background:** Leprosy is associated with social exclusion and discrimination. Historical records of compulsory isolation, severe clinical manifestations, and fear of contagion	x	x		

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	have contributed to the perpetuation of prejudice and discriminatory attitudes. In Brazil, the psychosocial impact of leprosy among patients, contacts, and the general population remains poorly understood. **Objective:** To assess the stigma associated with leprosy and to identify factors influencing its impact among patients, contacts, and the General Population (GP). **Methods:** A cross-sectional study was conducted, including three groups (patients, contacts, and GPs) from the metropolitan region of Manaus - AM (Brazil). Demographic and clinical data were collected, and stigma was evaluated using the Explanatory Model Interview Catalogue-Affected People (EMIC-AP) for patients and the EMIC-Community Stigma Scale (EMIC-CSS) for contacts and GPs. The impact of different aspects was assessed within each group, and clinicodemographic factors associated with higher stigma were explored. **Results:** A total of 214 patients, 104 contacts, and 393 GPs were evaluated. The EMIC-AP mean (SD) score among patients was 16 (9), whereas the EMIC-CSS scores were 15 (7) for contacts and 12 (6) for the GP group. Network analysis revealed that feelings of shame, negative self-opinion, and social avoidance were central elements of stigma across groups. Female sex among patients (β = -2.9; p = 0.03), higher education among contacts (β = 3.2; p = 0.03); and younger age and religious practice among the GPs (β = -1.3 and 1.3; p < 0.05) were associated with higher stigma scores. After standardization, contacts and GP exhibited greater stigma perception than patients (θ = 0.02 and -0.06 vs. -0.26; p < 0.05). **Study limitations:** Non-randomized sample from a single center. **Conclusions:** Leprosy-related stigma persists across patients, contacts, and GPs, reflecting deep-rooted social and cultural misconceptions. Beyond medical cure, achieving the "Zero Leprosy" goals demands integrated actions that promote education, community engagement, and psychosocial support to reduce prejudice and promote social inclusion.				

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	Keywords: Leprosy; Neglected diseases; Psychosocial impact; Public health; Social stigma. **Free PMC article:** https://pmc.ncbi.nlm.nih.gov/articles/PMC12993181/				
4	Jaqueline da Silva Mendes[1,2], Thiago Montenegro da Silva[1,2], Patricia Tavares Cruz[1], Amanda Gabrielle Dos Santos Cordeiro[1], Raquel da Mata Serique[1], Marcelo Ribeiro Alves[3], Flavio Alves Lara[4], Carolina Talhari[1,2], Hélio Amante Miot[5], Sinésio Talhari[1,2] Diagnostic performance of peripheral nerve palpation compared with ultrasonography in leprosy neuropathy: A prospective real-world clinical evaluation. PLoS Negl Trop Dis. 2026 Apr 21;20(4):e0014234. doi: 10.1371/journal.pntd.0014234. Epub ahead of print. PMID: 42013148. **Afiliações** 1Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, Brazil. 2Fundação Hospitalar Alfredo da Matta, Manaus, Brazil. 3Instituto Nacional de Infectologia (IPEC) Fundação Oswaldo Cruz, Rio de Janeiro, Brazil.	x			

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	4Lab. de Microbiologia Celular, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil. 5Departamento de Dermatologia e Radioterapia da FMB-UNESP, Botucatu, Brazil. **Abstract** **Background:** Leprosy frequently causes peripheral neuropathy, and nerve palpation remains a cornerstone of diagnosis in many endemic settings despite its subjectivity and limited reproducibility. High-resolution ultrasonography has emerged as a sensitive, low-cost imaging tool to detect peripheral nerve involvement. We aimed to compare the diagnostic performance and interobserver agreement of peripheral nerve palpation versus ultrasonography for detecting leprosy neuropathy, with particular focus on pure neural forms. **Methodology/principal findings:** In this cross-sectional study, 29 newly diagnosed, treatment-naïve patients with clinical neuropathy underwent standardized palpation of the radial, ulnar, fibular, and posterior tibial nerves by three experienced examiners (dermatologist, orthopedist, physiotherapist). Ultrasonographic cross-sectional area was used as a comparative reference method. Overall, 232 nerves were evaluated, and ultrasonography identified nerve thickening in 26%. Interobserver agreement for nerve thickening on palpation was 60% (95% CI: 54-65%). Using ultrasonography as reference, palpation sensitivity ranged from 26% to 34%, specificity from 68% to 81%, and accuracy from 56% to 67%. Among individual nerves, the posterior tibial nerve showed the highest palpation sensitivity (44%), whereas thickening of the radial nerve was rarely detected (3%). Bilateral asymmetry (>2.5 mm^2) was observed in 13% of nerves that were considered clinically normal on examination, and median nerve enlargement (at				

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	ultrasonography) was present in 45% of the participants. In patients with pure neural leprosy (62% of the sample), palpation sensitivity was 43%, resulting in frequent misclassification of operational forms. **Conclusions/significance:** Peripheral nerve palpation showed low sensitivity and only moderate specificity when compared with ultrasonography, with poor interobserver agreement even among experienced clinicians. These findings support the consideration of high-resolution ultrasonography as a complementary tool in diagnostic algorithms, particularly in pure neural cases, where reliance on palpation alone may lead to underdiagnosis and misclassification. **Free article:** https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0014234				
5	Carolina Talhari[1,2], Claúdia Dos Passos Farias[1], Helio Amante Miot[3], Sinesio Talhari[1,2] Implementation of ML Flow for leprosy contacts in Brazil: Opportunities, pitfalls, and safeguards. PLoS Negl Trop Dis. 2026 Apr 21;20(4):e0014238. doi: 10.1371/journal.pntd.0014238. PMID: 42013166; PMCID: PMC13098934. **Afiliações** 1Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, AM, Brazil. 2Fundação Hospitalar Alfredo da Matta de Dermatologia, Manaus, AM, Brazil. 3Departamento de Dermatologia da FMB-UNESP, Botucatu, São Paulo, Brazil.	x			PLOS Neglected Tropical Diseases

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	Abstract Brazil has the second-highest leprosy burden worldwide, with approximately 20,000 new cases reported annually, many diagnosed with advanced disease and disability. To support earlier detection, the Ministry of Health recently approved the ML Flow rapid test for contact evaluation. ML Flow detects immunoglobulin M antibodies against phenolic glycolipid-I of Mycobacterium leprae, can be performed at the point of care using finger-prick blood, and yields results within minutes. ML Flow offers important operational advantages. It enables same-visit counseling and may support risk-stratified household-contact follow-up. However, its value is context-dependent. Because anti-phenolic glycolipid-I immunoglobulin M responses correlate with bacillary burden, positivity is more frequent in multibacillary disease, whereas many paucibacillary and pure neural cases have absent or low antibody levels. A seronegative result therefore does not exclude disease. Among asymptomatic contacts, seropositivity varies widely across studies, and in previously treated individuals antibodies may remain detectable for years. Available evidence suggests that seropositive contacts are at increased risk of incident leprosy, although predictive performance varies across settings. Serology alone is not diagnostic, and misuse may lead to stigma, anxiety, unnecessary referrals, and diversion of resources. The contribution of ML Flow is therefore implementation-dependent. In settings with standardized counseling, scheduled re-examination, and reliable referral pathways, it may support risk-stratified follow-up. In settings where these elements are weak, benefits may be limited. Brazil offers an important programmatic setting in which to evaluate this strategy, but only with safeguards: integration with dermato-neurological examination, clear protocols stating that seropositivity is not diagnostic,				

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	structured follow-up pathways, quality-controlled training, and systematic recording in the Brazilian Unified Health System information systems. Under these conditions, ML Flow may contribute to earlier diagnosis and disability reduction; without them, it risks adding workload without improving care. **Free PMC article:** https://pmc.ncbi.nlm.nih.gov/articles/pmid/42013166/				
6	Isabela Espasandin[1], Cynthia Chester Cardoso[2], Thyago Leal-Calvo[3], Mayara Abud Mendes[1], Ana Carla Pereira Latini[4], Samuel Henrique Malcher de Castro[5], André Luiz Leturiondo[5], Ohanna Cavalcanti de Lima Bezerra[6], Roberta Olmo Pinheiro[1], Anna Maria Sales[1], Milton Ozório Moraes[1], Fernanda de Souza Gomes Kehdy[1] Functional single nucleotide polymorphisms in CACNA2D3 and other autophagy-related genes are associated with leprosy among Brazilians. PLoS Negl Trop Dis. 2026 Apr 27;20(4):e0014241. doi: 10.1371/journal.pntd.0014241. PMID: 42044188; PMCID: PMC13120706. **Afiliações** 1Leprosy Laboratory, Oswaldo Cruz Institute/FIOCRUZ, Rio de Janeiro, Rio de Janeiro, Brazil. 2Molecular Virology Laboratory, Department of Genetics, Federal University of Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil. 3University of California Berkeley, Innovative Genomics Institute, Berkeley, California,	x			PLOS Neglected Tropical Diseases

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	United States of America. 4Research and Teaching Division, Lauro de Souza Lima Institute, Bauru, São Paulo, Brazil. 5Laboratory of Molecular Biology, Alfredo da Matta Hospital Foundation, Manaus, Amazonas, Brazil. 6Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada. **Abstract** Background: Autophagy is a crucial host defense mechanism against intracellular pathogens, including Mycobacterium leprae. Genetic variants in autophagy-related genes have been associated with susceptibility to leprosy, but their functional relevance remains incompletely understood. Methodology/principal findings: We investigate the association of single nucleotide polymorphisms (SNPs) in three genes involved in autophagy, CACNA2D3, LRRK2 and IRGM. A total of 3,480 individuals from three Brazilian populations were included in a case-control design. We confirmed that the SNP rs1449325 in CACNA2D3 was associated with leprosy per se protection in the overdominant model (ORoverdTC = 0.70; p = 0.00443) in Rio de Janeiro, which was then replicated in samples from Manaus and Rondonópolis. Curiously, CC genotype of rs1449325 was associated with leprosy per se risk in the recessive model in Rio de Janeiro (ORrecCC = 1.51; p = 0.00476), Manaus (ORrecCC = 3.06; p = 1.44E-07) and Rondonópolis (ORrecCC = 1.50; p = 0.0240). Data from public eQTLs databases and gene expression analysis from whole blood samples suggested increasing CACNA2D3 expression levels with TT < CT < CC genotypes. In the literature, CACNA2D3 mRNA levels are positively correlated with calcium influx levels.				

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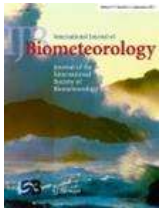
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	Taken together, the genetic and expression data support the hypothesis that either low or high levels of calcium leads to M. leprae susceptibility. Associations of SNPs in LRRK2 and IRGM genes were also observed in the Rio de janeiro population, although not confirmed in replication cohorts. However, a protective effect of the LRRK2 haplotype C/G/G/T/G (rs7308720/rs7133914/rs10878434/rs3761863/rs7962370), apparently driven by rs3761863 T allele, was observed in Rio de Janeiro (ORhap = 0.44; p = 0.0121). This allele was associated with lower levels of LRRK2 mRNA expression in skin biopsy samples from leprosy patients, as well as in tibial nerve and fibroblast samples of healthy individuals from public databases. Conclusions/significance: Our results highlight a dual role of calcium signaling and autophagy gene regulation in leprosy susceptibility. Variants in CACNA2D3 and LRRK2 modulate host response to M. leprae infection and represent potential targets for improved therapeutic and preventive approaches. **Free PMC article:** https://pmc.ncbi.nlm.nih.gov/articles/PMC13120706/				
7	Ana Claudia Chaves Camilo[1,2], Valderiza Lourenço Pedrosa[1,2], José Carlos Sardinha[1], Silvana Paiva da Costa[1,2], Celília de Lima Borges[1,2], Angelica Espinosa Miranda[3], Adriana Bindá[2], André Luiz Leturiondo[1,2], Camila Gurgel Dos Santos Silva[2], Cynthia de Oliveira Ferreira[1,2], Maria das Graças Barbosa Guerra[1,2], Sinesio Talhari[1,2], Carolina Talhari[1,2] Syndromic management of sexually transmitted infections in the Brazilian Amazon: A 10-year retrospective study. PLoS Negl Trop Dis. 2026 May 4;20(5):e0014282. doi:	x			

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	10.1371/journal.pntd.0014282. PMID: 42081572; PMCID: PMC13155674. **Afiliações:** 1Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, Amazonas, Brazil. 2Fundação Hospitalar Alfredo da Matta de Dermatologia, Manaus, Amazonas, Brazil. 3Programa de Pós-Graduação em Doenças Infecciosas, Universidade Federal do Espirito Santo, Manaus, Brasil. **Abstract** Background: The syndromic approach is a widely applied strategy for managing sexually transmitted infections (STIs) in settings where laboratory diagnostics are limited. This study aimed to describe temporal patterns in syndromic STI diagnoses and identify factors independently associated with these diagnoses over a period of 10 years at a reference center in the state of Amazonas, Brazilian Amazon. Methodology/principal findings: A retrospective review was conducted using medical records from patients attending a reference center for STI care in Amazonas, Brazil, from 2014 to 2023. Sociodemographic, clinical, and behavioral data were analyzed. The syndromic classification followed World Health Organization guidelines and included vaginal discharge, cervical discharge, urethral discharge, genital ulcers, and genital warts. A total of 32,485 medical records were reviewed, with 14,931 (46.0%) syndromic diagnoses identified. The most frequent syndromes were genital warts (41.0%), urethral discharge (31.5%), genital ulcer (21.3%), cervical discharge (3.8%),				

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	and vaginal discharge (2.3%). In multivariate analysis, factors independently associated with receiving a syndromic diagnosis were age ≥ 30 years (OR = 1.16; 95% CI: 1.05-1.20), male sex (OR = 2.31; 95% CI: 1.75-2.45), single marital status (OR = 1.82; 95% CI: 1.43-2.21), irregular condom use (OR = 3.21; 95% CI: 2.46-3.60), and having two or more casual partners (OR = 3.42; 95% CI: 2.94-3.90). Conclusions/significance: Despite inherent limitations, the syndromic approach remains an essential strategy for STI control in resource-constrained contexts such as the Amazon. It facilitates prompt treatment and broadens access to care where laboratory confirmation is unavailable. Integrating syndromic and etiological approaches is vital to improve diagnostic accuracy, optimize antimicrobial use, and strengthen public health responses to STIs in the region. **Free PMC article:** https://pubmed.ncbi.nlm.nih.gov/42081572/				
8	Pericles Alves[1 2], Vandoir Bourscheidt[3], Gustavo Ávila Maquiné[4], Regiane Luiza da Costa[5], Vanessa Colares Magalhães Alves[6], Paula Regina Humbelino de Melo[7], Maria Adriana Moreira[8] Skin phototypes, UV exposure, and socioeconomic vulnerability in a region of the Brazilian Amazon. Int J Biometeorol. 2026 Feb 24;70(3):76. doi: 10.1007/s00484-025-03059-3. PMID: 41735602; PMCID: PMC12932398. **Afiliações**	x			

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	[1]Department of Environmental Sciences (DCAm), Center for Biological and Health Sciences (CCBS), Graduate Program in Environmental Sciences (PPGCAm), Federal University of São Carlos (UFSCar), São Carlos, São Paulo, Brazil. periclesmat@ufam.edu.br. [2]Assistant Professor II, Institute of Education, Agriculture, and Environment (IEAA), Federal University of Amazonas (UFAM), Humaitá, Amazonas, 69800-000, Brazil. periclesmat@ufam.edu.br. [3]Associate Professor, Department of Environmental Sciences (DCAm), Center for Biological and Health Sciences (CCBS), Graduate Program in Environmental Sciences (PPGCAm), Federal University of São Carlos (UFSCar), São Carlos, São Paulo, 13565-905, Brazil. [4]Dermatologist at the Alfredo da Matta Hospital Foundation, Manaus, Brazil. [5]Ph.D. in Environmental Sciences from the Environmental Sciences Program at the Federal University of São Carlos, São Carlos, São Paulo, 13565-905, Brazil. [6]Physiotherapist, Coordinator of Permanent Health Education at the Municipal Health Secretary of Manicoré, Manicoré, Amazonas, 69800-000, Brazil. [7]Adjunct Professor II, Institute of Education, Agriculture, and Environment (IEAA), Federal University of Amazonas (UFAM), Humaitá, Amazonas, 69800-000, Brazil. [8]Nurse, Municipal Health Secretary of Manicoré, Amazonas, and Master's student in the Professional Program in Family Health (PROFSAÚDE) at FIOCRUZ, Manicoré, Brazil. **Abstract** This study aimed to describe the skin phototypes of the sampled population in a region of the Brazilian Amazon using the Fitzpatrick scale, as well as to investigate sun				

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	exposure habits and associate photoprotection practices with socioeconomic vulnerability conditions. Data were obtained from a household survey conducted in 2022 by Community Health Agents of three Municipal Health Departments, covering 1,442 urban adults. Descriptive statistics, Pearson's Chi-squared test with Yates' correction, and Odds Ratios were applied to assess associations between socioeconomic vulnerability and photoprotection practices. Results showed a predominance of melano-protected phototypes (V and VI, 49.2%), followed by melano-competent (III and IV, 43.9%) and melano-compromised (I and II, 7%). While lighter phototypes often adopt sun protection, darker phototypes face greater exposure linked to work and culture. Sunscreen adherence was low across all phototypes, with alternative methods, such as wearing hats and clothing, being more common. Socioeconomic vulnerability increased the likelihood of not adopting photoprotection practices by 2.28 times. These findings highlight that low sunscreen adherence, combined with socioeconomic vulnerability, substantially increases the risk of inadequate photoprotection in the Brazilian Amazon. **Keywords:** Fitzpatrick scale; Photoprotection; Skin cancer; Southern amazonas; UV radiation. **Free PMC article.** https://pubmed.ncbi.nlm.nih.gov/41735602/				
9	Karina Lumy Okita[1,2], Thamires Bastos Pinheiro[3], Livia Oliveira-Ciabati[1,4], Breno Dos Santos Alves[1], Pedro Luis Gil Bonett[1], Elinea Liborio Fragoso[1], Eddy Jens Rivero-Zavala[1], Antonio Joaquim Fernandes[1], Gustavo Costa Souza[1], Jorge Ewerton Dos Santos Sales[5], Maria das Graças Vale Barbosa Guerra[3,5,6], Jorge Augusto de Oliveira	x			PLOS Neglected Tropical Diseases

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	Guerra[3 6], Isabelle Carvalho[1] Feasibility study of an AI-powered mobile app to support cutaneous leishmaniasis diagnosis in the Brazilian Amazon. PLoS Negl Trop Dis. 2026 May 27;20(5):e0014313. doi: 10.1371/journal.pntd.0014313. PMID: 42201945; PMCID: PMC13215602. **Afiliações** 1Health Innovation Techcenter, Hospital Israelita Albert Einstein: Sociedade Beneficente Israelita Brasileira Albert Einstein, São Paulo, São Paulo, Brasil. 2Dermatology Department, Universidade de Mogi das Cruzes, Mogi das Cruzes, São Paulo, Brasil. 3Program in Applied Sciences in Dermatology at the State University of Amazonas, Manaus, Amazonas, Brasil. 4Centro Universitário Barão de Mauá, Ribeirão Preto, São Paulo, Brasil. 5Fundação Hospitalar Alfredo da Matta, Manaus, Amazonas, Brasil. 6Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Manaus, Amazonas, Brasil. **Abstract** **Background:** Cutaneous leishmaniasis (CL) remains a major public health challenge, especially in Brazil's Amazon, where environmental and economic pressures sustain transmission. Delayed diagnosis drives morbidity, stigma, and costs. Community health workers are pivotal yet under-equipped for early triage. Artificial intelligence, effective in dermatologic imaging, is underused for CL; feasible, offline clinical tools				

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	could accelerate referral and timely care. This study aimed to evaluate the feasibility of an AI-assisted tool for early CL triage in the Brazilian Amazon by: (i) developing an AI model for CL identification from clinical skin lesion images; (ii) integrating the model into an offline-optimized mobile application for resource-limited settings; and (iii) conducting initial, real-world clinical validation. **Methods:** Exploratory, IRB-approved feasibility study. Retrospective images from Brazilian Amazon sites informed a two-stage AI pipeline (lesion segmentation+classification) integrated into an offline mobile app. Multicenter validation in ideal- and real-world scenarios. Primary metric AUC-ROC; secondary sensitivity/specificity. One-sided tests: AUC-ROC [Formula: see text]0.70; ideal-world sensitivity [Formula: see text]0.75. **Results:** For the Classification Model, 64 images were assigned to the test set while 1,160 were used for training and validation (80:20 split), with DenseNet121 yielding the highest accuracy of 0.88. The full AI pipeline (Segmentation and Classification models) achieved an accuracy of 0.81, an F1-score of 0.80, an AUC-ROC of 0.90, and a sensitivity of 0.76. In the ideal-world analysis, sensitivity reached 0.92, the F1-score was 0.84, and specificity was 0.42. **Conclusions:** We demonstrate the feasibility of an offline, AI-assisted mobile tool to support triage and referral for cutaneous leishmaniasis in the Brazilian Amazon. Performance reflects preliminary, descriptive point estimates from an initial diagnostic accuracy assessment and should be interpreted with caution; the tool is not intended for standalone diagnosis. Next steps include prospectively powered clinical validation, usability refinements, and regulatory evaluation, including alignment with ANVISA requirements in Brazil. Overall, this work represents an initial step toward closing the gap in clinically supported diagnostic tools for neglected tropical diseases in resource-constrained settings. **Free PMC article:**				

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	https://pubmed.ncbi.nlm.nih.gov/42201945/				
10	Ana Tereza Orsi[1], Sanmya Vitoria Bernardino de Oliveira[2], Luiz Carlos de Lima Ferreira[3], Antonio Pedro Mendes Schettini[1], Silvana de Albuquerque Damasceno Ferreira[1], Sinésio Talhari[1] Donovanosis - A rare, sexually transmitted infection that the world has not yet eradicated. An Bras Dermatol. 2026 Jun 27;101(4):501411. doi: 10.1016/j.abd.2026.501411. Epub ahead of print. PMID: 42364362. **Afiliações** Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo da Matta, Manaus, AM, Brazil. 2Department of Pathology and Forensic Medicine, Faculty of Medicine, Universidade Federal do Amazonas, Manaus, AM, Brazil. Electronic address: sanmyabernardino@gmail.com. 3Department of Pathology and Forensic Medicine, Faculty of Medicine, Universidade Federal do Amazonas, Manaus, AM, Brazil. *Resumo não disponível* **Free PMC article:** https://www.sciencedirect.com/science/article/pii/S0365059626001248?via%3Dihub	x			

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11	Alba Regina Jorge Brandão[1,2], Jorge Augusto de Oliveira Guerra[1,3], Jessica Vanina Ortiz[1], Débora Raysa Teixeira de Sousa[3], Gabriela Maciel Alencar[1], Nádelly Karoline Martins Derze[1], João Victor Campelo de Queiroz[1], Joana Bader Sadala Brandão[3], Lara Isabelli Oliveira da Silva[1], Cássia Camila de Oliveira Araújo[1], Silvia Cassia Brandão Justiniano[3], Lucely Paiva Rodrigues da Silva[1], Elsa Isela Moctezuma-Guevara[1], Susan Smith-Doria[1], Karla Cristina Silva Petruccelli[2], Paula Rita Leite da Silva[1], Mônica Regina Hosannah da Silva E Silva[1], Kátia do Nascimento Couceiro[1], Gdayllon Cavalcante Meneses[4], Letícia Machado de Araújo[5], Elizabeth de Francesco Daher[5], Alice Maria Costa Martins[5], João Marcos Bemfica Barbosa Ferreira[1], Geraldo Bezerra da Silva Júnior[5], Maria das Graças Vale Barbosa Guerra[1,3,6] Renal and endothelial biomarkers in Chagas disease in the Brazilian Amazon region: Early indicators of kidney injury and disease progression. PLoS One. 2026 Jul 17;21(7):e0353749. doi: 10.1371/journal.pone.0353749. PMID: 42467670; PMCID: PMC13379015. **Afiliações** [1]Universidade do Estado do Amazonas, Manaus, Amazonas, Brasil. [2]Universidade Federal do Amazonas, Manaus, Amazonas, Brasil. [3]Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Manaus, Amazonas, Brasil. [4]Universidade Federal do Ceará, Fortaleza, Ceará, Brasil. [5]Universidade de Fortaleza, Fortaleza, Ceará, Brasil. [6]Fundação Hospitalar Alfredo da Matta, Manaus, Amazonas, Brasil.	x			

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	Abstract Chagas disease (CD) has impact on Amazon public health, where oral transmission is frequently related to acute cases. This peculiarity influences clinical severity and immunological responses, highlighting the need to investigate novel biomarkers for early detection of renal and endothelial dysfunctions, since conventional methods are limited in identifying subclinical renal injury. The aim of this study is to investigate the expression of biomarkers of renal and endothelial injury in acute and chronic CD in the Brazilian Amazon. A cross-sectional study was conducted between 2021 and 2023 at the Fundação de Medicina Tropical Doutor Heitor Vieira Dourado (FMTHVD), Manaus, Amazonas, Brazil. Seventy-eight native Amazonian patients diagnosed with CD were evaluated and grouped by disease clinical phase: G1a (acute pre-treatment), G1b (acute post-treatment), G2a (chronic indeterminate), and G2b (chronic cardiac). Blood and urine levels of SYN-1, ANG-2, MCP-1, and NGAL were quantified using ELISA test and correlated with creatinine, urea, proteinuria, and glomerular filtration rate (GFR). Biomarkers were elevated across CD phases, despite routine renal function parameters remaining within normal ranges. Urinary NGAL and MCP-1 levels were significantly elevated in G1, reflecting early renal inflammation. SYN-1 was elevated in patient groups compared with controls, indicating early endothelial damage, while ANG-2 showed high variability with limited subgroup discrimination in G2, suggesting progressive endothelial dysfunction. Overall, G1, especially G1b, exhibited a more severe inflammatory and tissue injury profile, whereas G2 groups were similar to controls. Conventional markers did not correlate with the biomarkers, suggesting their sensitivity in detecting early subclinical injury. The novel biomarkers studied				

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	showed an association with different phases of CD and signs of endothelial and renal dysfunction, suggesting potential to aid in the detection of subclinical changes related to the disease.				
12	Thiago Montenegro da Silva[1,2], Jaqueline da Silva Mendes[1,2], Amanda Gabrielle Dos Santos Cordeiro[1], Raquel da Mata Serique[1], Alexandra de Freitas Costa[2], Carolina Talhari[1,2], Luiz Carlos de Lima Ferreira[2], Hélio Amante Miot[3], Marcelo Ribeiro Alves[4], Flavio Alves Lara[5], Sinésio Talhari[1,2] Short-term outcomes of ulnar, median, tibial, and common fibular neurolysis in leprosy neuropathy: A prospective study of pain, sensory function, and muscle strength. PLoS Negl Trop Dis. 2026 Jul 23;20(7):e0014556. doi: 10.1371/journal.pntd.0014556. Epub ahead of print. PMID: 42490683. **Afiliações** [1]Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas Manaus, Manaus, Brazil. [2]Fundação Hospitalar Alfredo da Matta, Manaus, Brazil. [3]Universidade Estadual Paulista, FMB-UNESP, Botucatu, Brazil. [4]Instituto Nacional de Infectologia (IPEC), Fundação Oswaldo Cruz, Rio de Janeiro, Brazil. [5]Lab. de Microbiologia Celular, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil. **Abstract**	x			PLOS Neglected Tropical Diseases

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	Background: Leprosy neuropathy is a major cause of persistent pain and functional impairment. When neuritis does not respond adequately to medical management, open neurolysis is often used to decompress inflamed peripheral nerves, yet short-term outcomes across different nerve groups remain incompletely characterized. Methodology/principal findings: We conducted a prospective cohort study including 65 patients with clinically diagnosed leprosy neuropathy who underwent open neurolysis of the ulnar, median, tibial, or common fibular nerves. Sensory function, motor strength, and neuropathic pain were evaluated preoperatively and at 30 and 60 days postoperatively using Semmes-Weinstein monofilaments, the Medical Research Council scale, and a visual analog scale, respectively. Changes over time were estimated using mixed-effects cumulative link models for ordinal outcomes, adjusted for age, operated side, and nerve group, with patient ID as a random effect. The contralateral limb was assessed at the same time points as a within-patient comparator. Pain decreased significantly at the group level in all operated nerve groups at 30 days ($p < 0.001$), and this reduction was maintained at 60 days under routine postoperative care, although individual responses varied. Sensory improvement was observed only after common fibular neurolysis at 30 days and was not sustained at 60 days. No measurable motor improvement was detected during this early 60-day follow-up period. Pain reduction did not differ significantly between patients operated more than three years after completion of multidrug therapy and those operated earlier, although pain worsening was observed only in the < 3-year group. Conclusions/significance: Overall, these findings support neurolysis primarily as a short-term analgesic procedure within the early postoperative period, while the absence of measurable motor improvement should be interpreted as a preliminary short-term observation. Longer-term controlled studies are needed to refine surgical				

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	indications and determine whether delayed sensory or motor recovery occurs after neurolysis. **Free article:** DOI: 10.1371/journal.pntd.0014556.				
13	Mônica Santos[1,2], Mathias Ferreira[3,4], Claudia Farias[3], Adriana Bindá[2], Valderiza Lourenço Pedrosa[2,3], Carolina Talhari[2,3] Leprosy in the Brazilian Amazon: Four Decades of Progress, Scientific Advances and Future Challenges. Rev Soc Bras Med Trop. 2026 Jul 24;59(suppl 1):e04612025. doi: 10.1590/0037-8682-0461-2025. PMID: 42524993. **Afiliações** [1]Universidade do Estado do Amazonas, Escola Superior de Ciências da Saúde, Manaus, AM, Brasil. [2]Fundação Hospitalar de Dermatologia Tropical e Venereologia Alfredo da Matta, Manaus, AM, Brasil. [3]Universidade do Estado do Amazonas, Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Manaus, AM, Brasil. [4]Universidade Federal do Amazonas, Faculdade de Medicina, Manaus, AM, Brasil. **Abstract** Leprosy remains a major public health challenge in the state of Amazonas, Brazil, despite a remarkable 95.7% reduction in detection rates between 1981 and 2024. In 2024, 326 cases were reported, 80.4% of which were new diagnoses, predominantly	x	x		

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	multibacillary forms, with 9.3% presenting grade 2 disability on diagnosis. The continued occurrence of cases among children under 15 years of age (3.4%) indicates active transmission, particularly in geographically isolated municipalities. The Fundação Hospitalar Alfredo da Matta (FUHAM) serves as the main regional reference center, coordinating surveillance, diagnosis, rehabilitation and research activities. The decentralization of primary care and the integration of telehealth strategies have strengthened diagnostic capacity and improved the management of leprosy reactions. Historically, Amazonas has played a pivotal role in advancing scientific knowledge on leprosy, from early reports of dapsone resistance to participation in key clinical trials such as U-MDT/CT-BR, and studies on leprosy/HIV coinfection, immunopathogenesis and host genetic susceptibility (NOD2, IFNG, PKLR). More recently, genomic surveillance in the region has identified both classical and novel antimicrobial resistance mutations, consolidating Amazonas as a sentinel site for molecular monitoring. Persistent challenges include limited professional training, delayed diagnosis and ongoing social stigma. Research priorities for the next decade include strengthening active case detection, validating simplified diagnostic algorithms, expanding antimicrobial resistance monitoring, exploring genetic determinants of susceptibility and adopting One Health approaches to understand environmental and zoonotic transmission. These integrated strategies are crucial to sustain progress toward the elimination of leprosy as a public health problem in the Amazonian context.				

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	Free article https://www.scielo.br/j/rsbmt/a/DjKMNdZgqMF47WKY5Z4jbfB/?lang=en				
14	Jorge Augusto de Oliveira Guerra[1,2,3,4,5], Débora Raysa Teixeira de Sousa[1], Silmara Navarro Pennini[3,4], Thamires Bastos Pinheiro[4], Melissa Melo Cavalcante[5], Luciana Mendes[1,6], Diego Carvalho[3,6], Fábio Borgonovo[7], Francisco Mateus João[3], Isolda Prado de Negreiros Nogueira Maduro[3], Luiz Carlos Cunha Marques[1], Silvia Cassia Brandão Justiniano[1], João Marcos Bemfica Barbosa Ferreira[2,3], Katia do Nascimento Couceiro[3], Maria das Graças Vale Barbosa Guerra[2,3,4] Advances and Challenges Regarding American Tegumentary Leishmaniasis in the Amazon: Scientific, Epidemiological and Public Health Perspectives. Rev Soc Bras Med Trop. 2026 Jul 31;59(suppl 1):e05642025. **Afiliações** 1Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Manaus, AM, Brasil. 2Universidade do Estado do Amazonas, Programa de Pós-graduação em Medicina Tropical, Manaus, AM, Brasil. 3Universidade do Estado do Amazonas, Programa de Ciências da Saúde da Amazônia, Manaus, AM, Brasil. 4Universidade do Estado do Amazonas, Programa de Pós-graduação em Ciências	x			

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	Aplicadas à Dermatologia, Manaus, AM, Brasil. 5Centro Universitário CEUNI-FAMETRO, Manaus, AM, Brasil. 6Universidade Federal do Amazonas, Manaus, AM, Brasil. 7Department of Infectious Diseases, Luigi Ospedale Luigi Sacco, University of Milan, Milan, Italy. **Abstract** American tegumentary leishmaniasis (ATL) remains a significant public health problem in the Americas, with the Amazon region standing out in Brazil for its high number of cases. This article aimed to present advances in the understanding of epidemiology, diagnosis, treatment and control of ATL in the state of Amazonas over the past decades. This study is a narrative review of scientific studies published in the literature between 2011 and 2025, retrieved from databases such as PubMed and SciELO, as well as public data from the Notifiable Diseases Information System (SINAN), official reports from the Ministry of Health and technical notes from the Amazonas Health Surveillance Foundation. The evolution of disease incidence is reported, highlighting the predominance of Leishmania (Viannia) guyanensis and the environmental factors associated with the increase in cases, such as deforestation and unplanned urbanization. Advances in diagnostic strategies include the expanded use of molecular techniques and the strengthening of the primary healthcare network. Regarding therapy, clinical trials with drugs such as pentamidine, miltefosine, tamoxifen and itraconazole have demonstrated their efficacy in treatment. The review also includes socio-environmental, genetic and experimental studies that have contributed to a better understanding of the disease. It emphasizes the need to				

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	establish a priority agenda that includes the use of telemedicine and the institutionalization of collaborative research for therapeutic innovation, integration between research and healthcare services and strategies adapted to the Amazonian context. Regional scientific advances can support more effective control policies and reduce the burden of ATL in this highly endemic setting **Free article** https://pmc.ncbi.nlm.nih.gov/articles/PMC13427268/				
15	Diell Aliu[1], Thibault Vallet[2], Jörg Huwyler[1], Maxim Puchkov[1], Lorenna Pereira de Souza[3], Eline Freitas Medeiros[3], Wuelton Monteiro[3,4], Jacqueline de Almeida Gonçalves Sachett[3,4,5], Fabrice Ruiz[2], Michael Buettcher[6,7,8], Marc Pfister[6], Lorenz von Seidlein[9,10], Joel Tarning[9,10], Kevin C Kobylinski[9] CHILD-IVITAB, a Novel Orodispersible Ivermectin Formulation-Pharmaceutical Evaluation and Clinical Acceptability in Children <15 kg **Afiliações** [1]Department of Pharmaceutical Sciences, University of Basel, 4001 Basel, Switzerland.	x			

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	[2]ClinSearch, 92240 Malakoff, France. [3]Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Manaus 69040-000, Brazil. [4]Escola Superior de Ciências da Saúde, Universidade do Estado do Amazonas, Manaus 69065-001, Brazil. [5]Fundação Hospitalar Alfredo da Matta, Manaus 69065-130, Brazil. [6]University Children's Hospital Basel (UKBB), 4031 Basel, Switzerland. [7]Faculty of Health Sciences and Medicine, University of Lucerne, 6002 Lucerne, Switzerland. [8]Paediatric Infectious Diseases Unit, Children's Hospital of Central Switzerland (Kidz), 6004 Lucerne, Switzerland. [9]Mahidol Oxford Tropical Medicine Research Unit, Bangkok 10400, Thailand. [10]Nuffield Department of Medicine, University of Oxford, Oxford OX3 7LF, UK. **Abstract** **Background/Objectives**: Scabies is a disease that disproportionately affects young children. Oral ivermectin is a mainstay of scabies therapy, yet children <15 kg are excluded due to insufficient safety data and the				

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	lack of age-appropriate formulations. To address this gap, we developed CHILD-IVITAB, a 1 mg ivermectin orodispersible tablet based on the Template Inverted Particle technology, which enables rapid disintegration and intrinsic taste masking in a mechanically robust tablet. **Methods**: We report the pharmaceutical characterization of CHILD-IVITAB tablets. The EPIC-15 trial (NCT06404333) was a randomized clinical trial administering CHILD-IVITAB to children weighing 5 to <15 kg with uncomplicated scabies in Brazil. Acceptability was assessed at two administrations (D0, D7) using the ClinSearch Acceptability Score Test (CAST®), wherein CHILD-IVITAB was compared to a reference dataset. **Results**: The 40 mg tablets had a tensile strength of 1.87 ± 0.16 MPa, and met Ph. Eur. requirements for uniformity of mass and dosage units. CHILD-IVITAB tablets disintegrated in vitro in 18.3 ± 1.1 s and released >50% of the dose within 1 min in artificial saliva. Thirteen children were enrolled in the trial. The full dose was taken in 100% of the 26 evaluations, 73% of administrations elicited a neutral or positive reaction, and no dosage form alteration, food/drink co-administration, or extra device was required. The barycenter of all evaluations fell within the positive zone of the CAST® framework. **Conclusions**: These results support CHILD-IVITAB as a child-friendly ivermectin formulation suitable for children 5				

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	to <15 kg, a population currently excluded from ivermectin treatment and prevention programs. **Free article** https://www.mdpi.com/1999-4923/18/9/1147				
16	Silvana Paiva da Costa[1], Carolina Talhari[1,2], Susan Smith Doria[1], Ana Claudia Chaves Camillo[1,2], Celília de Lima Borges[1], José Carlos Sardinha[2,3], André Luiz Leturiondo[1,2], Camila Gurgel Dos Santos Silva[2,3], Cynthia de Oliveira Ferreira[1,2], Angelica Espinosa Miranda[4], Sinesio Talhari[1,2], Maria das Graças Vale Barbosa Guerra[1,2] Etiology of Symptomatic Male Urethritis in the Brazilian Amazon and Agreement Between Two Molecular Testing Workflows. Sex Transm Dis. 2026 Oct 14. doi: 10.1097/OLQ.0000000000002434. Online ahead of print **Afiliações** [1]Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, Amazonas, Brazil. [2]Fundação Hospitalar Alfredo da Matta, Manaus, Amazonas, Brazil.	x			

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	[3]Aids Health Foundation-AHF, Manaus, Amazonas, Brazil. [4]Programa de Pós-Graduação em Doenças Infecciosas, Universidade Federal do Espírito Santo, Vitória, Espírito Santo, Brazil. **Abstract** Among 117 men with symptomatic urethritis in the Brazilian Amazon, Neisseria gonorrhoeae was most frequent (53.0 to 56.4%, across the two molecular workflows), followed by Chlamydia trachomatis (14.5 to 15.4%), Mycoplasma genitalium (6.8%), and Trichomonas vaginalis (1.7%). Overall molecular workflow agreement was 92.3% for CT and 82.9% for NG. **Keywords:** Chlamydia trachomatis; Molecular diagnosis; Neisseria gonorrhoeae; Public health; Urethritis.				
17	Ana Claudia Chaves Camilo[1,2], Sinesio Talhari[1,2], Susan Smith Doria[1], Silvana Paiva da Costa[1], Celília de Lima Borges[1], José Carlos Sardinha[2,3], André Luiz Leturiondo[1,2], Camila Gurgel Dos Santos Silva[2,3], Cynthia de Oliveira Ferreira[1,2], Angelica Espinosa Miranda[4], Maria das Graças Vale Barbosa Guerra[1,2], Carolina Talhari[1,2]	x			

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	Molecular Detection and Codetection of Lower Genital Tract Microorganisms among Women Attending an STI Referral Service in the Brazilian Amazon. Sex Transm Dis. 2026 Oct 13. doi: 10.1097/OLQ.0000000000002425. Online ahead of print. **Afiliações** [1]Programa de Pós-Graduação em Ciências Aplicadas à Dermatologia, Universidade do Estado do Amazonas, Manaus, Amazonas, Brazil. [2]Fundação Hospitalar Alfredo da Matta, Manaus, Amazonas, Brazil. [3]AIDS Healthcare Foundation, Manaus, Amazonas, Brazil. [4]Programa de Pós-Graduação em Doenças Infecciosas, Universidade Federal do Espírito Santo, Vitória, Espírito Santo, Brazil. **Abstract** Among 133 women attending an STI referral service in the Brazilian Amazon, multiplex real-time PCR identified a heterogeneous microbiological profile, including STI pathogens, bacterial vaginosis-associated microorganisms, Candida species, and frequent codetection. Clinical and epidemiological characteristics showed variable				

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	associations, while self-reported vaginal discharge had limited ability to distinguish specific molecular findings. **Keywords:** bacterial vaginosis; molecular codetection; molecular diagnosis; sexually transmitted infections; vaginal microbiota.				

Notas: Os autores destacados em vermelho possuem vínculo com a FUHAM.

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Indexadas em outras bases:	0

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