MINISTÉRIO DA EDUCAÇÃO
UNIVERSIDADE FEDERAL DO PIAUÍ – EDITAL 17/2016

Realização:

COPESE
COORDENADORIA PERMANENTE DE SELEÇÃO
UNIVERSIDADE FEDERAL DO PIAUÍ

EXAME DE PROFICIÊNCIA DE LEITURA EM LÍNGUA ESTRANGEIRA

DATA: 23/10/2016 HORÁRIO: das 8 às 11 horas

CADERNO DE PROVA

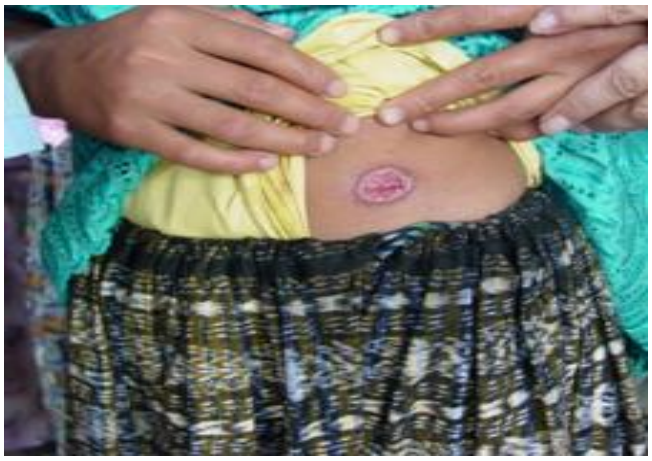
Idioma:
INGLÊS

Área de Pesquisa:
(1) CIÊNCIAS BIOLÓGICAS, CIÊNCIAS AGRÁRIAS E CIÊNCIAS DA SAÚDE

LEIA ATENTAMENTE AS INSTRUÇÕES

- ☑ Esta prova é constituída de um texto técnico-científico em língua estrangeira, seguido de 5 (cinco) questões abertas relativas ao texto apresentado.
- ☑ É permitido o uso de dicionário impresso, sendo vedados trocas ou empréstimos de materiais durante a realização do Exame.
- ☑ As respostas deverão ser redigidas em português e transcritas para a **Folha de Respostas,** utilizando caneta esferográfica com **tinta preta** ou **azul, escrita grossa.**
- ☑ **A Folha de Respostas** será o único documento válido para correção, não devendo, portanto, conter rasuras.
- ☑ Será eliminado o candidato que se identificar em outro espaço além daquele reservado na capa da **Folha de Respostas** e/ou redigir as respostas com lápis grafite (ou lapiseira).
- ☑ Nenhum candidato poderá entregar o Caderno de Prova e a Folha de Respostas antes de transcorridos 60 minutos do início do Exame.
- ☑ Em nenhuma hipótese haverá substituição da **Folha de Respostas**.
- ☑ Ao encerrar a prova, o candidato entregará, obrigatoriamente, ao fiscal da sala, o Caderno de Prova e a Folha de Respostas devidamente assinada no espaço reservado para esse fim.

Leismaniasis



Ulcerative skin lesion, with a raised outer border, on a Guatemalan patient who has cutaneous leishmaniasis. (Credit: B. Arana, MERTU, Guatemala)

The term leishmaniasis encompasses multiple clinical syndromes, several of which are described here-the cutaneous, mucosal, and visceral forms, which result from infection of macrophages in the dermis, in the naso-oropharyngeal mucosa, and throughout the reticuloendothelial system, respectively. For all three forms, the infection can range from asymptomatic to severe. Cutaneous and mucosal leishmaniasis can cause substantial morbidity, whereas visceral leishmaniasis can be life threatening.

Cutaneous Leishmaniasis is the most common form of leishmaniasis, both in general and in U.S. travelers. In general, cutaneous leishmaniasis causes skin lesions, which can persist for months, sometimes years. The skin lesions usually develop within several weeks or months after the exposure but occasionally first appear years later (for example, in the context of trauma or immunosuppression). The lesions typically evolve from papules to nodular plaques to ulcerative lesions, with a raised border and central depression, which can be covered by scab or crust; some lesions persist as nodules. The lesions usually are painless but can be painful, especially if ulcerative lesions become infected with bacteria or if the lesions are near a joint. The healing process typically results in atrophic scarring.Even patients with localized cutaneous leishmaniasis quite commonly develop more than one primary lesion (on the same or different parts of the body), satellite lesions, regional lymphadenopathy (occasionally bubonic), and/or nodular lymphangitis (sporotrichoid-like subcutaneous nodules). Sometimes lymphadenopathy is noticed first, before skin lesions develop.

Mucosal leishmaniasis (also called espundia) traditionally refers to a metastatic sequela of New World cutaneous infection, which results from dissemination of parasites from the skin to the naso-oropharyngeal mucosa. Adequate systemic treatment of cutaneous leishmaniasis caused by these species is thought to reduce the risk for mucosal disease, but some risk may remain. The magnitudes and determinants (parasite and host factors) of the risks for mucosal dissemination and for mucosal disease per se are poorly understood; even for the same species (for example, L. [V.] braziliensis), the risks appear to vary among geographic regions in the Americas. Mucosal leishmaniasis usually becomes clinically evident within several years (sometimes as long as decades) of the original cutaneous lesions, which typically were not treated at all or were treated suboptimally. However, mucosal and skin lesions may be noted concomitantly (mucocutaneous leishmaniasis), and some patients had subclinical cutaneous infection.The initial manifestations of mucosal leishmaniasis usually are persistent, unusual nasal symptoms (such as stuffiness or bleeding), although oral or pharyngeal symptoms sometimes are noticed first. If untreated, the disease can progress to ulcerative destruction of the naso-oropharyngeal mucosa (such as perforation of the nasal septum).
The general term visceral leishmaniasis encompasses a broad spectrum of severity and manifestations. The onset can be chronic, subacute, or acute. Although the incubation period generally ranges from weeks to months, asymptomatic infection can become clinically manifest years to decades after the exposure in people who become immunocompromised for other medical reasons (such as HIV/AIDS). Visceral leishmaniasis usually is caused by the species L. donovani and L. infantum (L. chagasi generally is considered synonymous with L. infantum) and affects internal organs (particularly, spleen, liver, and bone marrow).

The stereotypical manifestations of clinically manifest visceral infection include: fever, weight loss (cachexia; wasting) hepatosplenomegaly (usually, the spleen is more prominent than the liver), pancytopenia—i.e., anemia, leukopenia, and thrombocytopenia, a high total protein level and a low albumin level, with hypergammaglobulinemia, Lymphadenopathy may be noted, particularly in some geographic regions, such as Sudan. HIV-coinfected patients may have atypical manifestations, such as involvement of the gastrointestinal tract and other organ systems.
The term kala-azar—which means black (kala) fever (azar) in Hindi—often is reserved for severe (advanced) cases of visceral leishmaniasis, although the terms kala-azar and visceral leishmaniasis sometimes are used interchangeably. If untreated, severe cases of visceral leishmaniasis typically are fatal, either directly from the disease or indirectly from complications, such as secondary (myco)bacterial infection or hemorrhage.

Some patients develop post kala-azar dermal leishmaniasis (PKDL), a syndrome characterized by skin lesions (such as erythematous or hypopigmented macules, papules, nodules, and patches), typically first noticed and most prominent on the face, that develop at variable intervals after (or during) therapy for visceral leishmaniasis. PKDL is best described in cases of L. donovani infection in South Asia and East Africa. In general, PKDL is more common, develops earlier, and is less chronic in patients in East Africa. For example, in Sudan, PKDL is noted in up to 60% of

patients, typically from 0 to 6 months after therapy for visceral leishmaniasis, and often heals spontaneously. In contrast, in South Asia, PKDL is noted in ~5-15% of patients, on average several years after initial therapy, and usually requires additional treatment. Persons with chronic PKDL can serve as important reservoir hosts of infection.

Adaptado de:http://www.cdc.gov/parasites/leishmaniasis/health_professionals/

EM HIPÓTESE ALGUMA, SERÁ CONSIDERADA A RESPOSTA NESTE CADERNO.

Depois de ler o texto, responda as questões a seguir em português.

QUESTÃO 01 - Cite e diferencie os tipos de leishmaniose citados no texto.

QUESTÃO 02 - Qual o tipo mais severo de leishmaniose? Cite suas formas de aparecimento e três sintomas da doença.

QUESTÃO 03 - Explique o que significa o termo “Kala-azar” e porque pode ser fatal.

QUESTÃO 04 - O que significa PKLD? Compare os índices de ocorrência de PKLD do Sudão e sul da Ásia.

QUESTÃO 05 - O que o texto afirma sobre as primeiras manifestações da leishmaniose mucosal e sobre o que pode ocorrer pela falta de tratamento?