

# MANUAL PRÁTICO DE PARASITOLOGIA

MB0302 - Relação Parasito-Hospedeiro

## ORGANIZADORES:

Alice Sampaio de Oliveira Dias

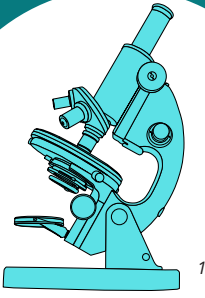
Cláudio Gleidiston Lima da Silva

Isaac Neri Borges

Júlia Aparecida Pereira Gomes

Lucas dos Santos Luna

Maria do Socorro Vieira dos Santos



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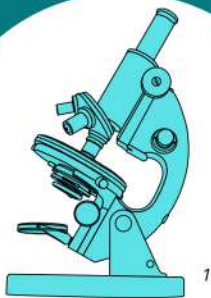
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Universidade Federal do Cariri  
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CRB 3/ 925



## APRESENTAÇÃO

*O estudo das relações entre microrganismos parasitas e seus respectivos hospedeiros é de grande impacto para a compreensão geral das dinâmicas dos processos patológicos. A partir desse fundamento, a disciplina de Parasitologia Médica da Faculdade de Medicina (FAMED) da Universidade Federal do Cariri (UFCA) visa desenvolver nos discentes uma visão além daquela focada no indivíduo. Desse modo, passa a ser possível interpretar o contexto no qual cada pessoa se insere de forma ampla e observando aspectos como saneamento básico, epidemiologia da região e outros. Por fim, o estudo da Parasitologia contribui de forma direta para a formação de profissionais da saúde capacitados com o controle e o combate de doenças historicamente negligenciadas.*

*A partir dessas considerações, é com prazer que lançamos o Manual Prático de Parasitologia, desenvolvido com o objetivo de auxiliar no estudo das relações parasitárias estabelecidas em diversas doenças. A publicação do presente material é fruto de um anseio dos organizadores de democratizar e aperfeiçoar o processo de ensino-aprendizado, de modo a formar profissionais bem orientados equanto à dinâmicas das infectoparasitoses no país e no mundo.*

*Os organizadores*


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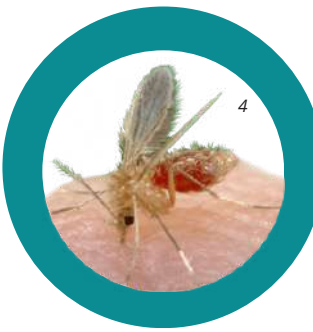
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# UNIDADE I

# PROTOZOOSSES



# LEISHMANIOSE TEGUMENTAR AMERICANA

## VETOR

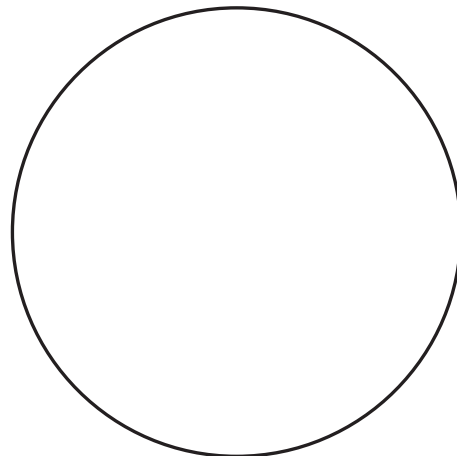
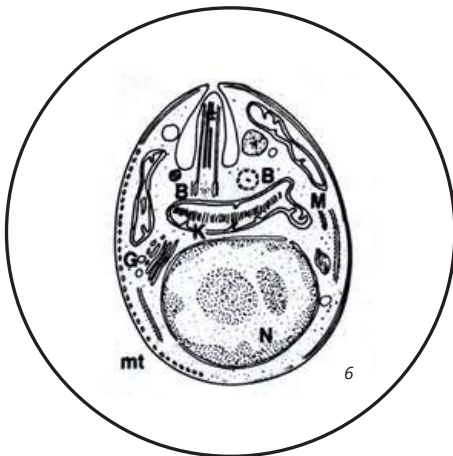


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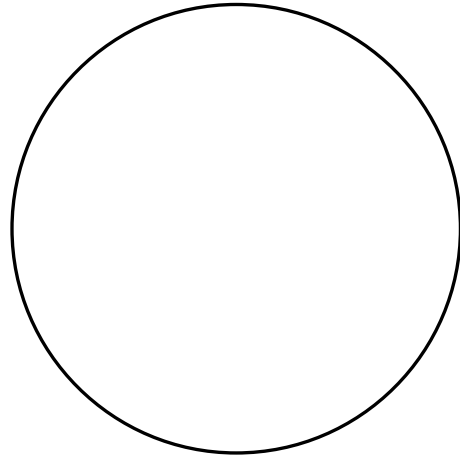
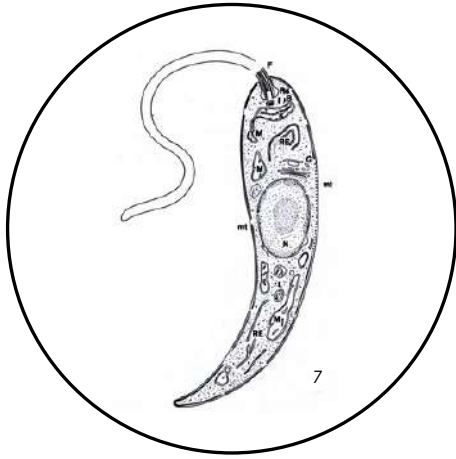
Agentes etiológicos:

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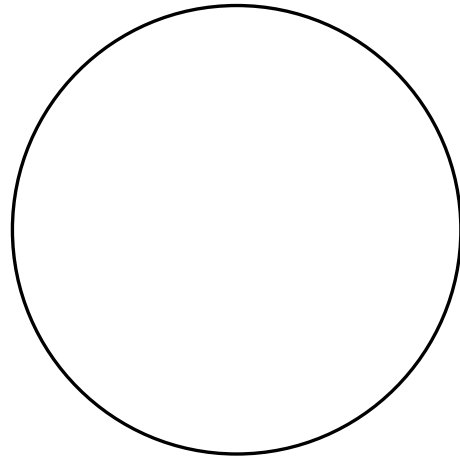
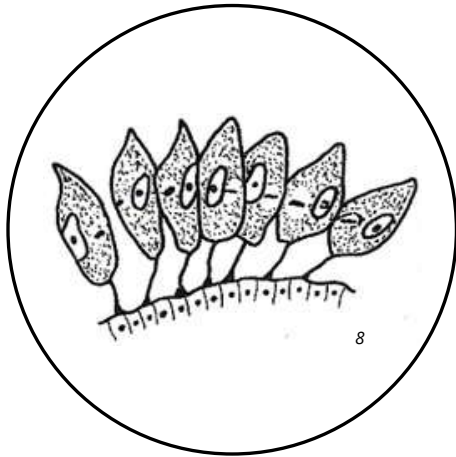


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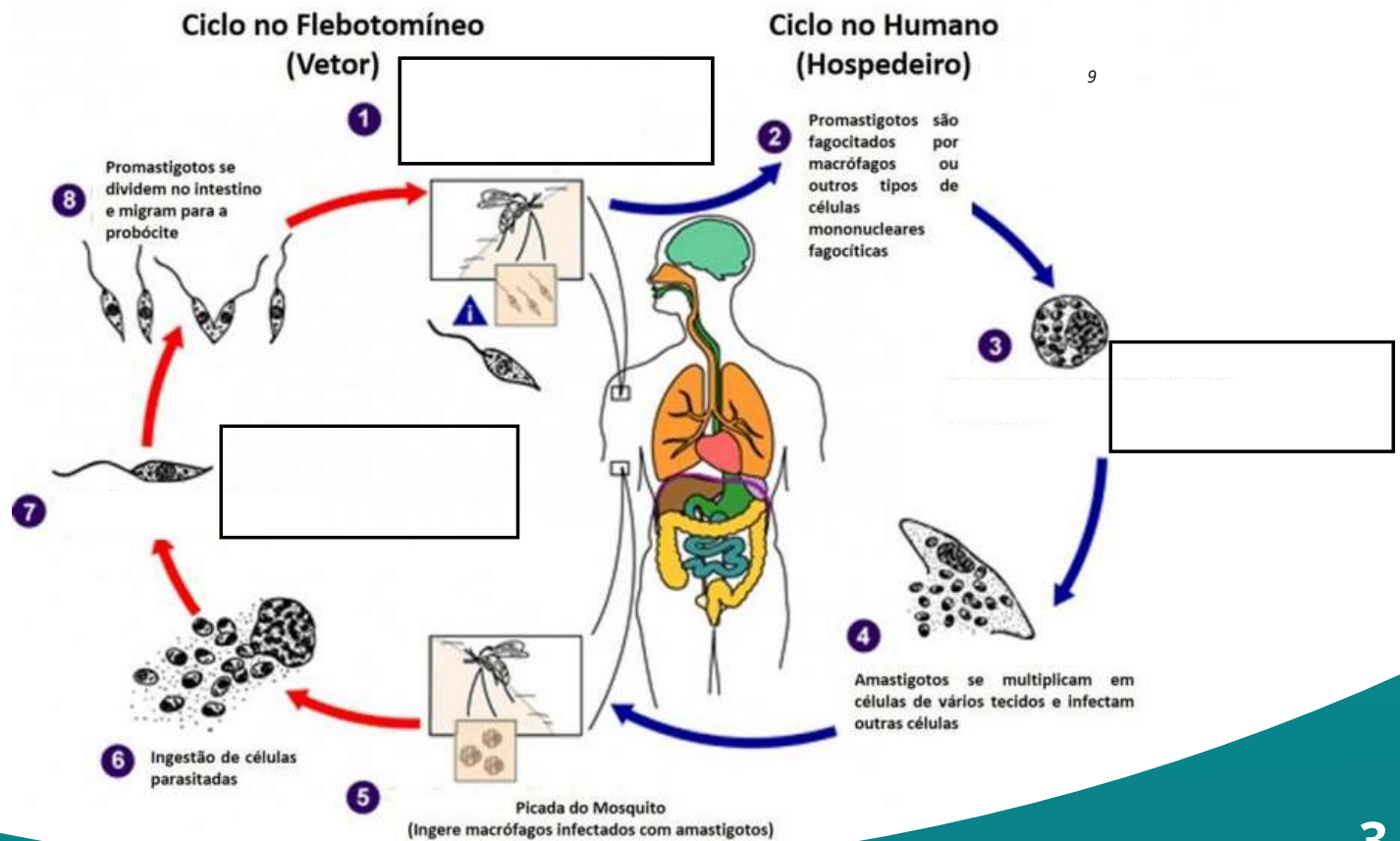


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**CICLO**



# SINAIS E SINTOMAS

## Leishmaniose cutânea



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## Leishmaniose cutaneomucosa



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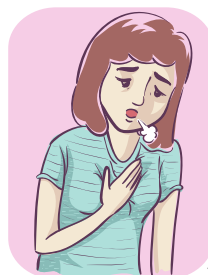
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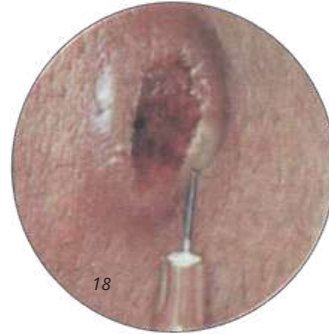
## Infecção inaparente

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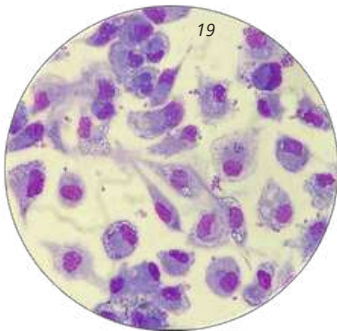
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## EXAMES PARASITOLÓGICOS

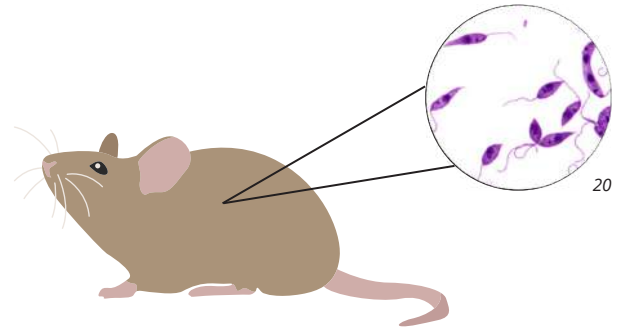
### Demonstração direta do parasito



### Isolamento em cultivo *in vitro*

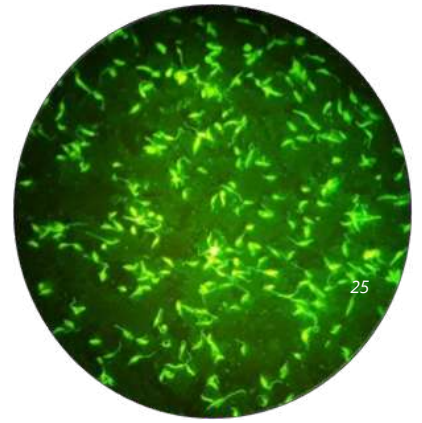


### Inoculação *in vivo* (em animais)



## EXAMES IMUNOLÓGICOS





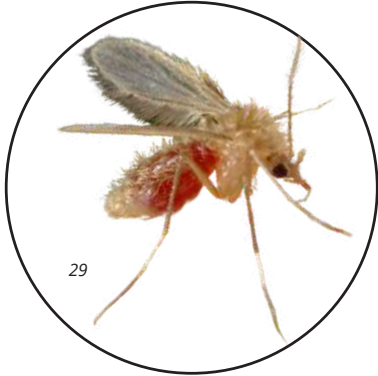
## TRATAMENTO





# LEISHMANIOSE VISCERAL AMERICANA

## VETOR



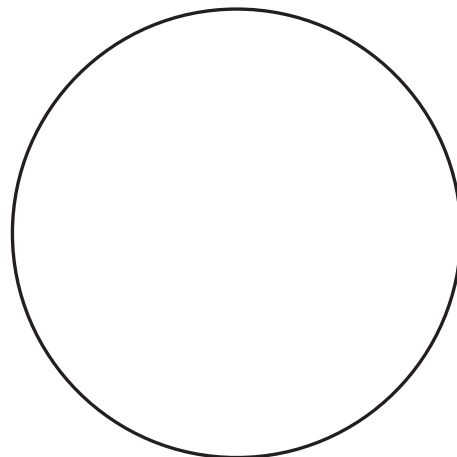
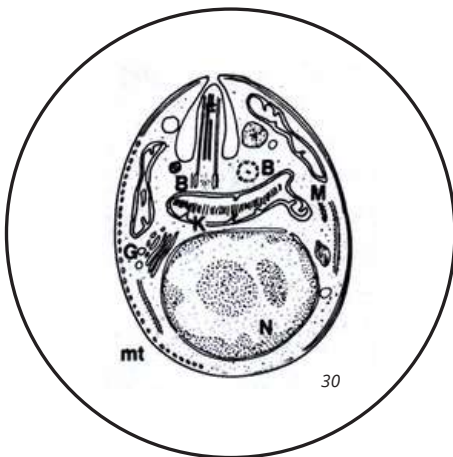
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## ETIOLOGIA

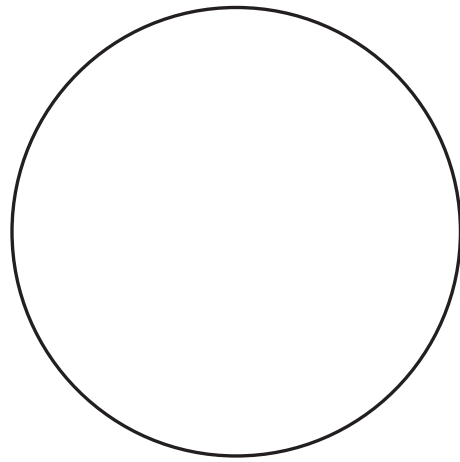
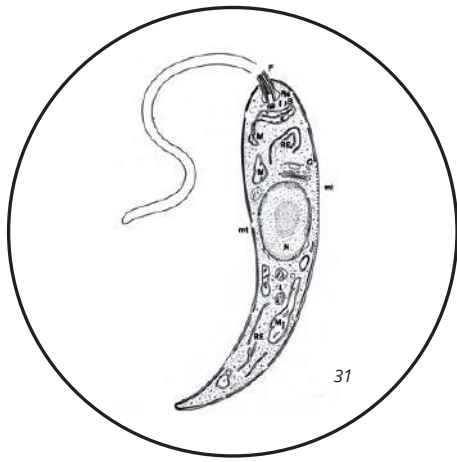
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## RESERVATÓRIOS



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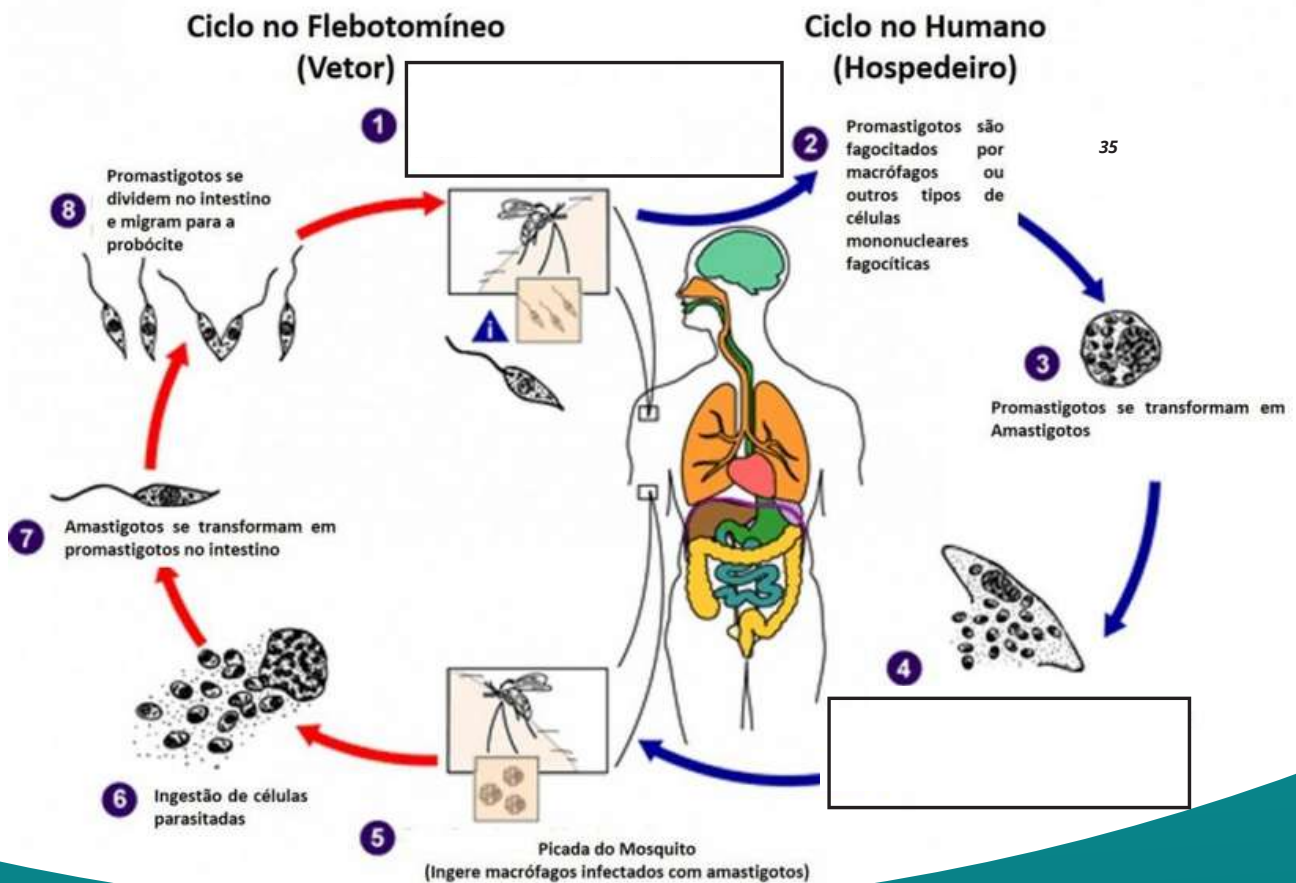


34 \_\_\_\_\_



33 \_\_\_\_\_

## CICLO

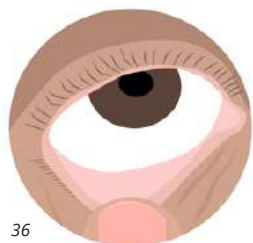


# SINAIS E SINTOMAS

## Infeção assintomática:

Sem manifestações clínicas.

### Fase aguda:



36

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38



39

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37

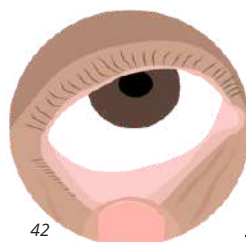
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### Fase de estado:



40

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### Fase final:



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46

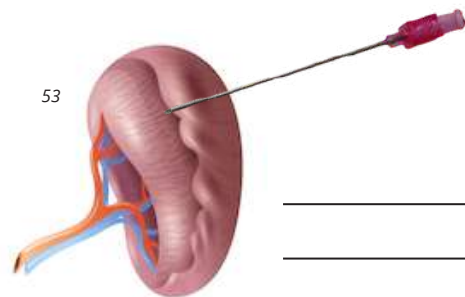
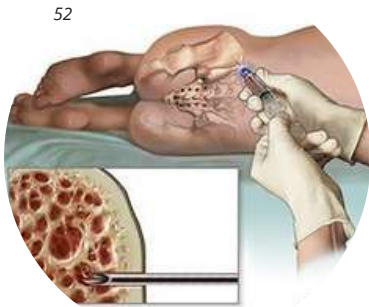
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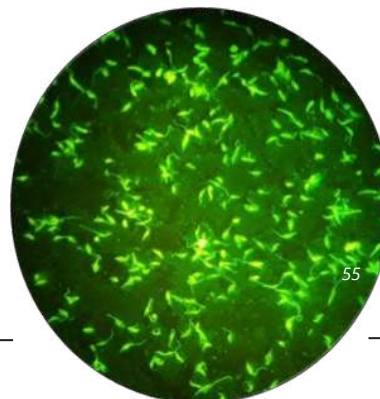
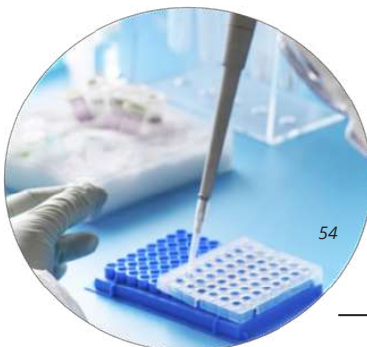


## DIAGNÓSTICO

### EXAMES PARASITOLÓGICOS



### EXAMES SOROLÓGICOS





## EXAMES INESPECÍFICOS



**OBS.:** Na Leishmaniose Visceral Americana, a Intradermorreação de Montenegro é negativa.

## TRATAMENTO



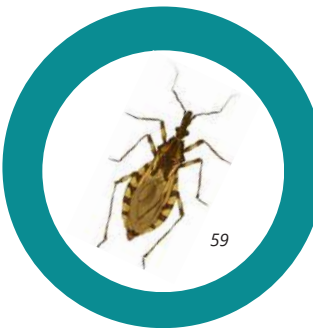
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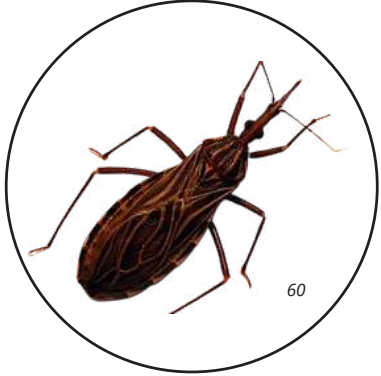
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# DOENÇA DE CHAGAS

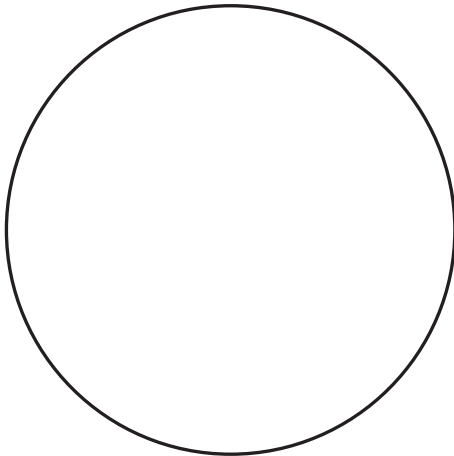
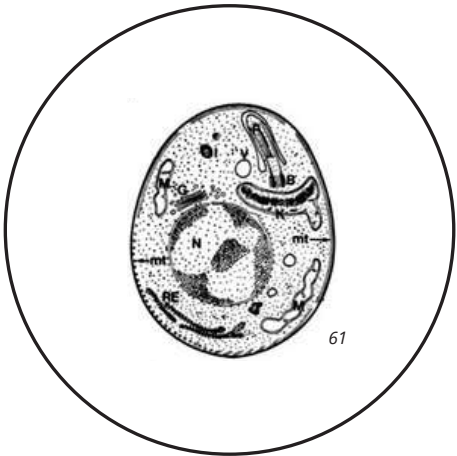
## VETOR



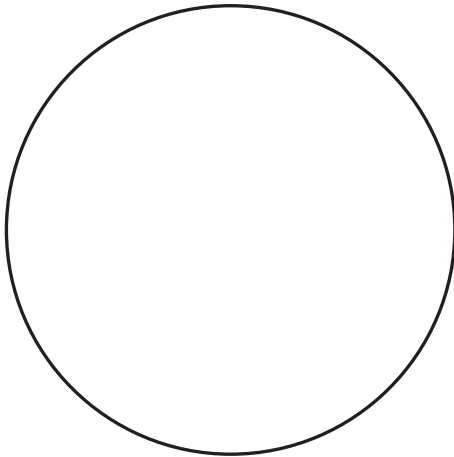
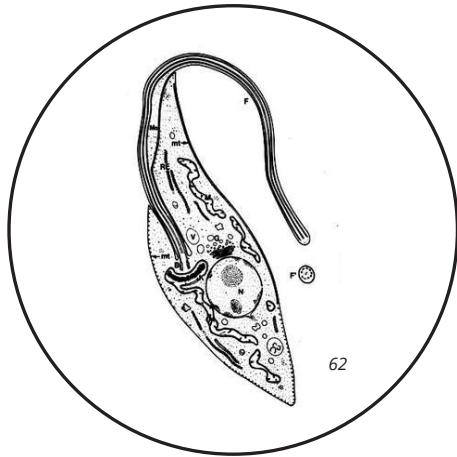
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## ETIOLOGIA

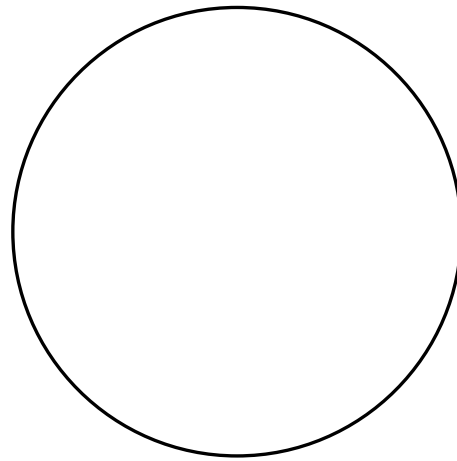
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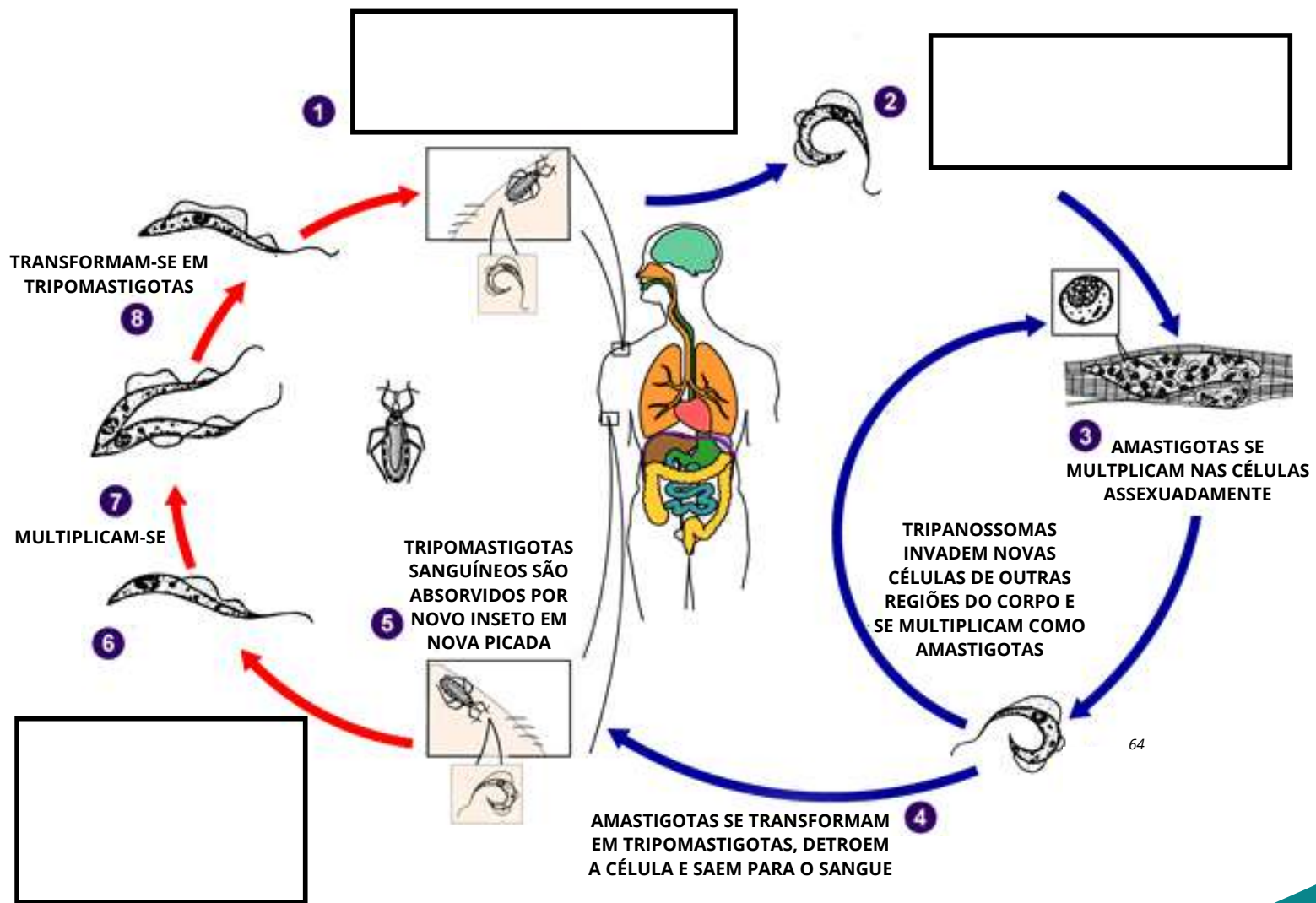


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**CICLO**



# SINTOMAS

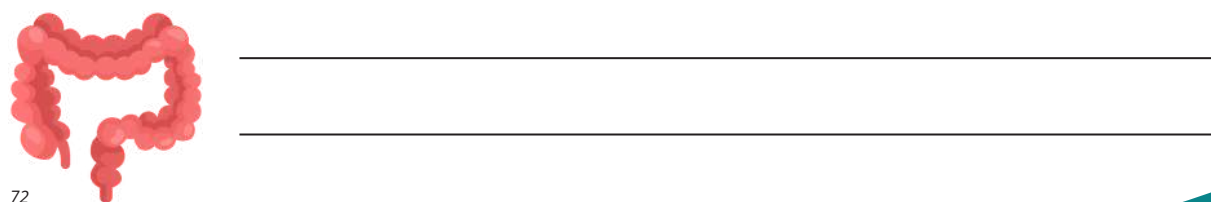
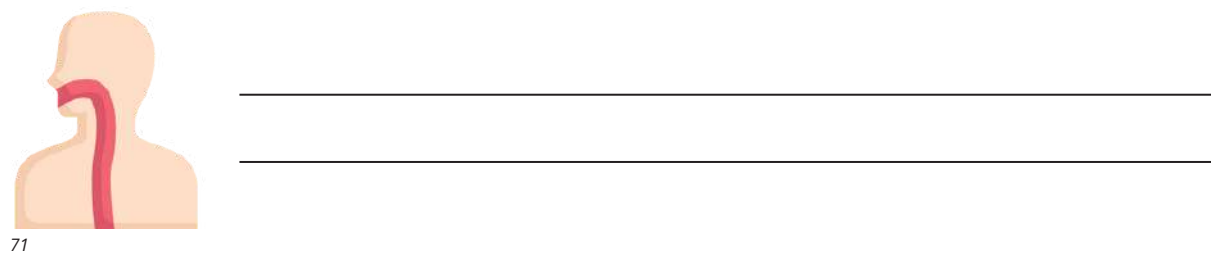
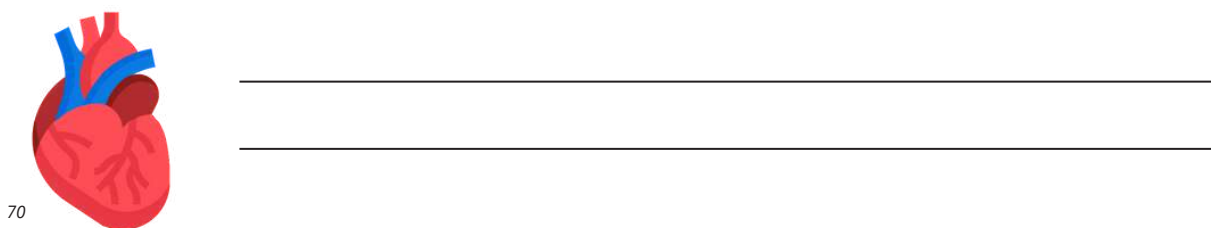
## Fase aguda



## Forma crônica assintomática

Sem sinais e sintomas aparentes.

## Forma crônica sintomática



## **DIAGNÓSTICO**

### Fase aguda

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### Forma crônica

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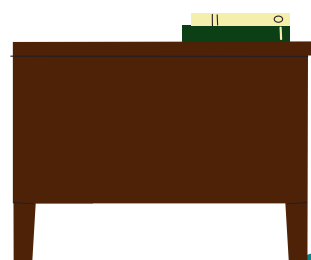
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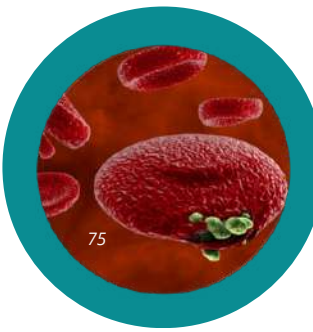


73



74





# MALÁRIA

## VETOR



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## ETIOLOGIA

Agentes etiológicos:

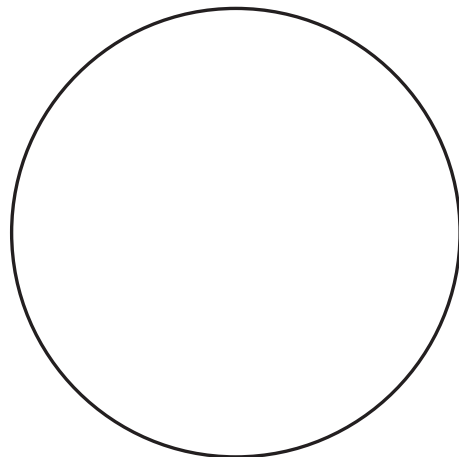
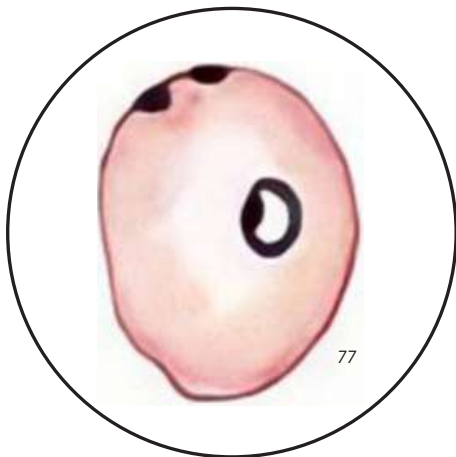
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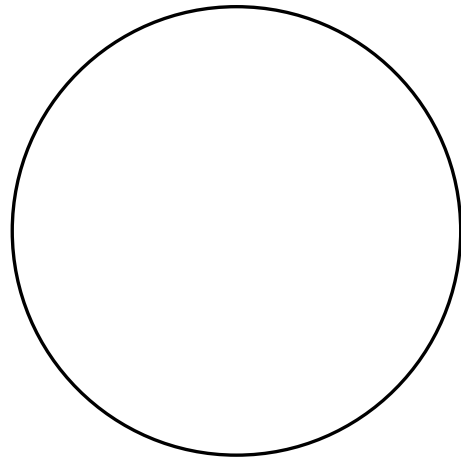
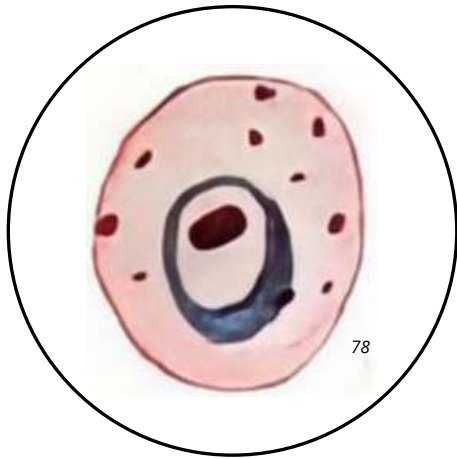
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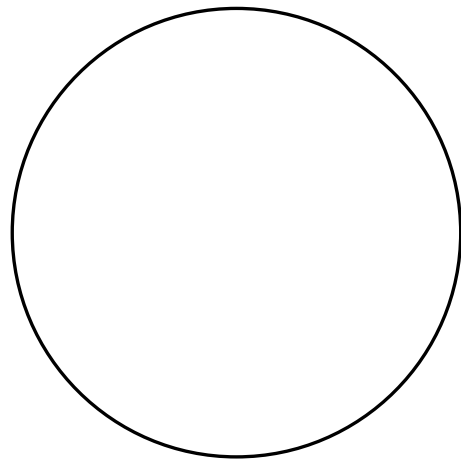
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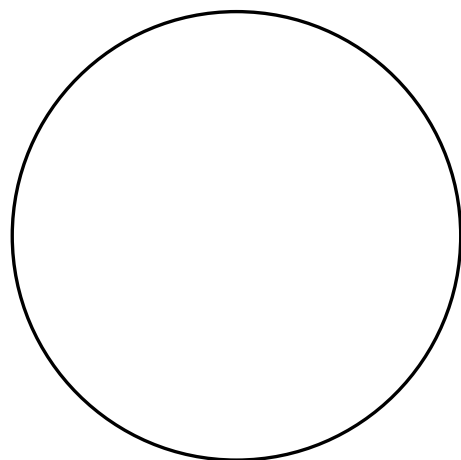
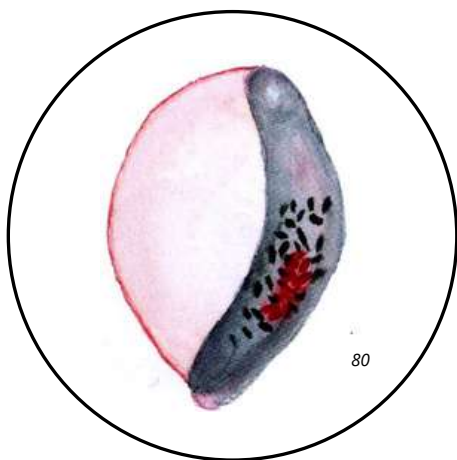
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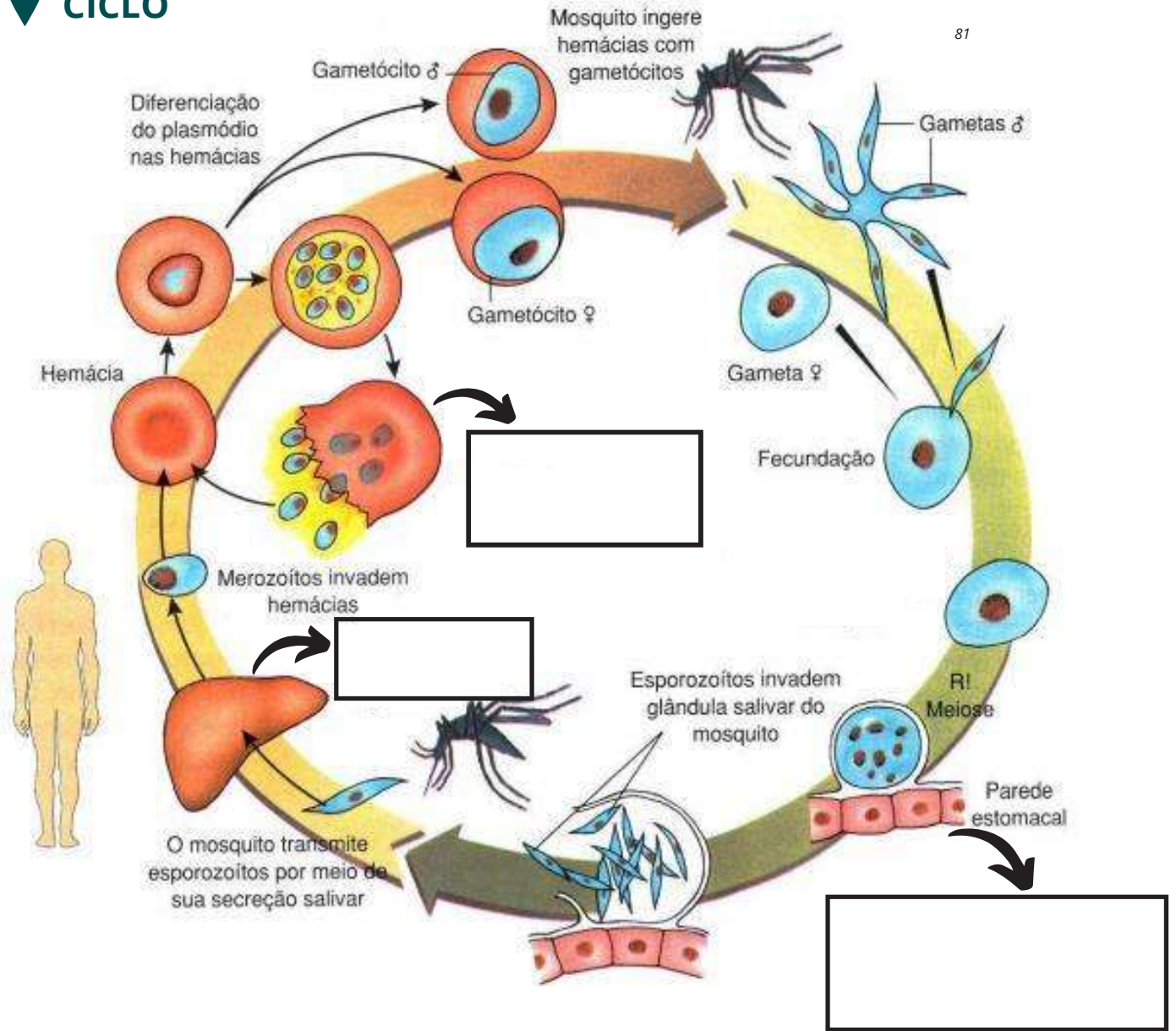
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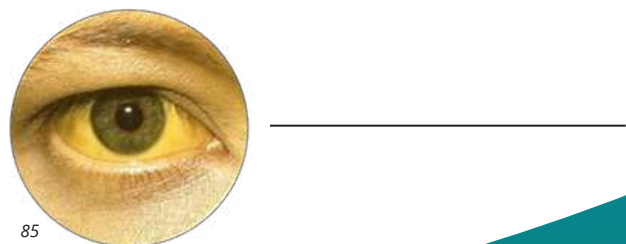
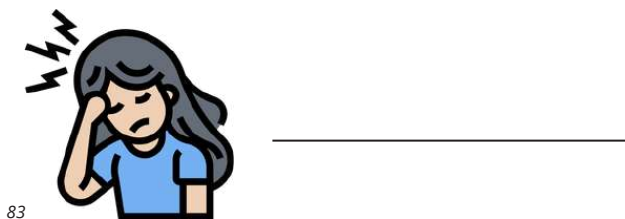
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# CICLO

81

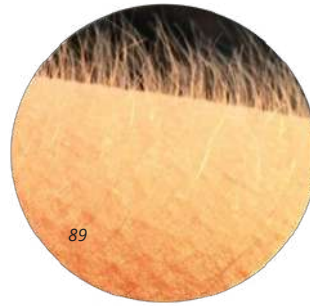


# SINAIS E SINTOMAS

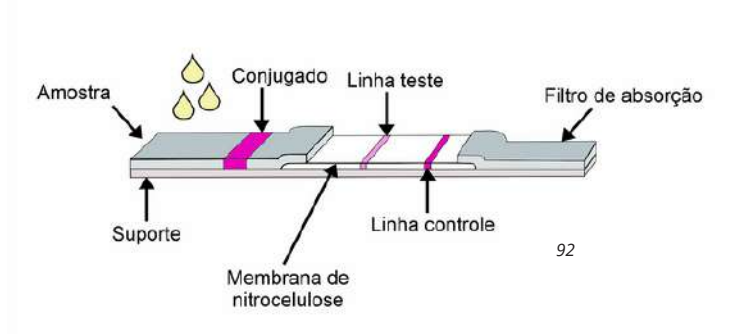




## Acesso malárico



## DIAGNÓSTICO



## TRATAMENTO

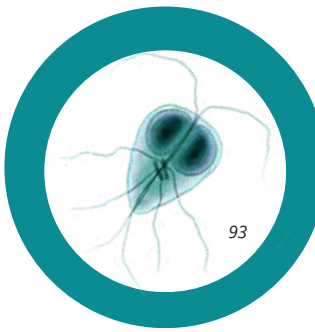
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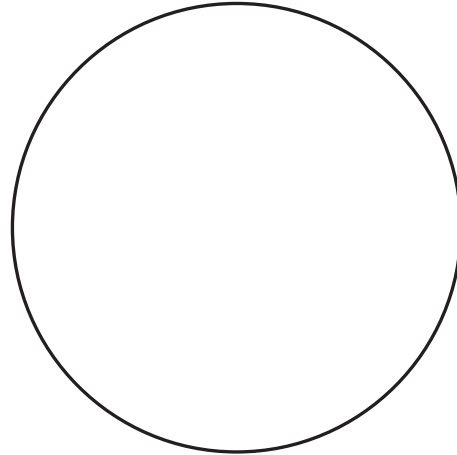
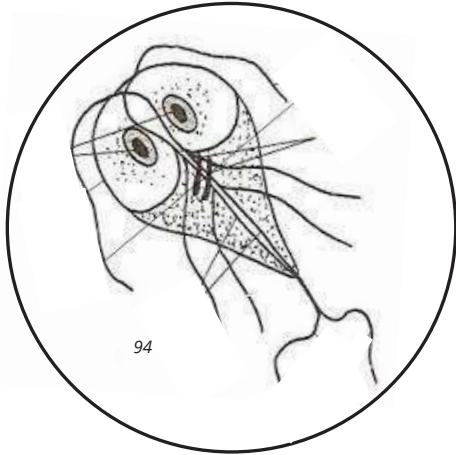
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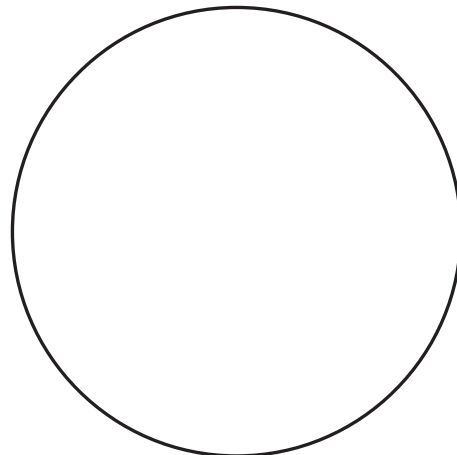
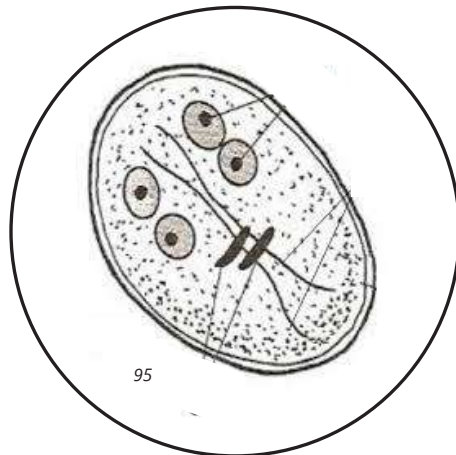
# GIARDÍASE

## ETIOLOGIA

Agente etiológico: \_\_\_\_\_

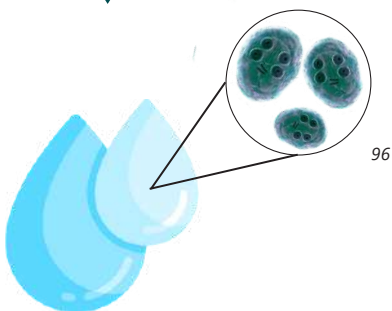


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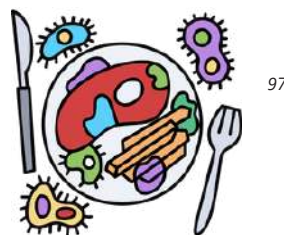


Forma: \_\_\_\_\_

## FORMAS FREQUENTES DE INFECÇÃO

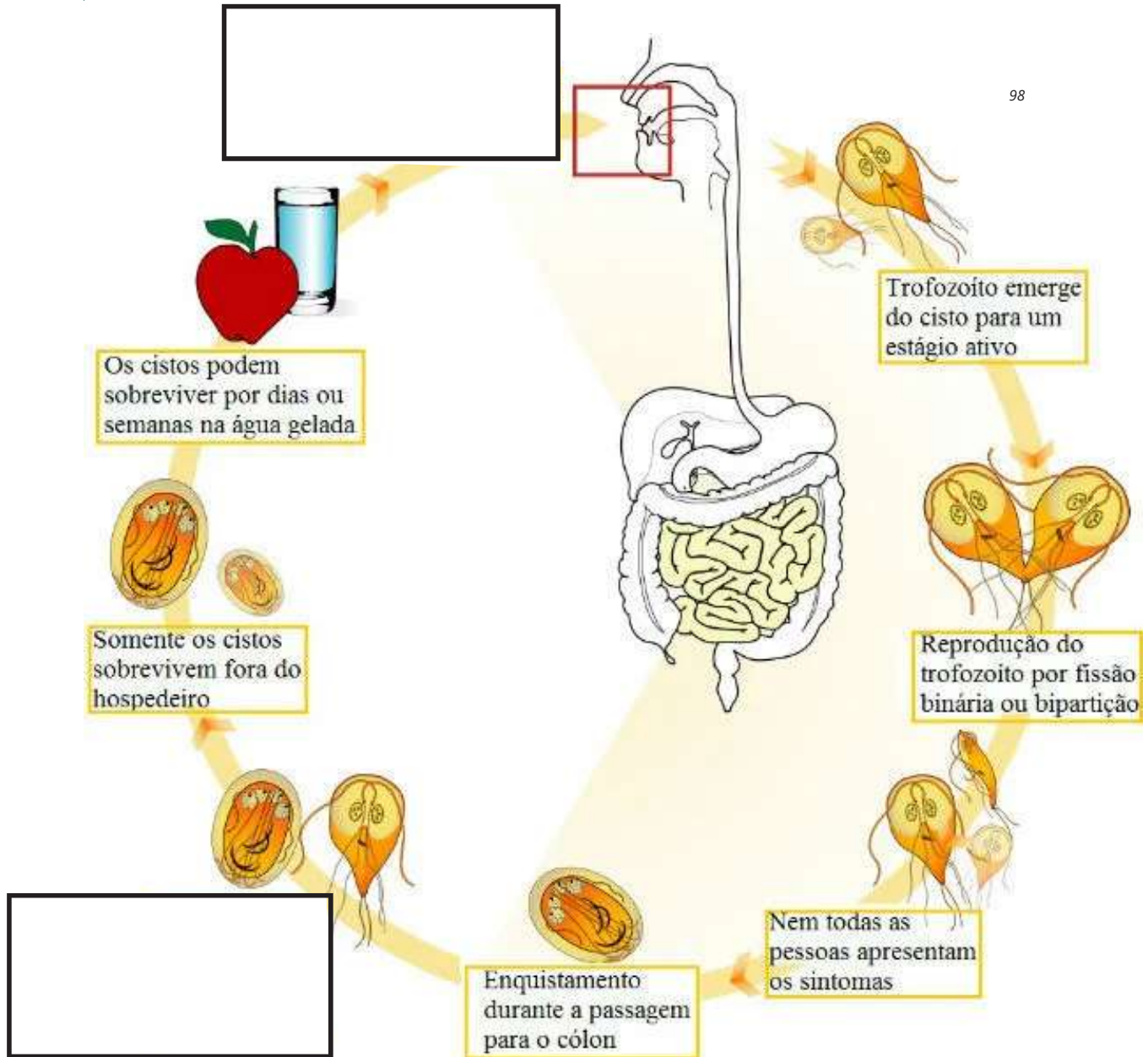


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## CICLO



## SINAIS E SINTOMAS

### Infeção assintomática:

Sem sinais e sintomas aparentes.

### Fase aguda:



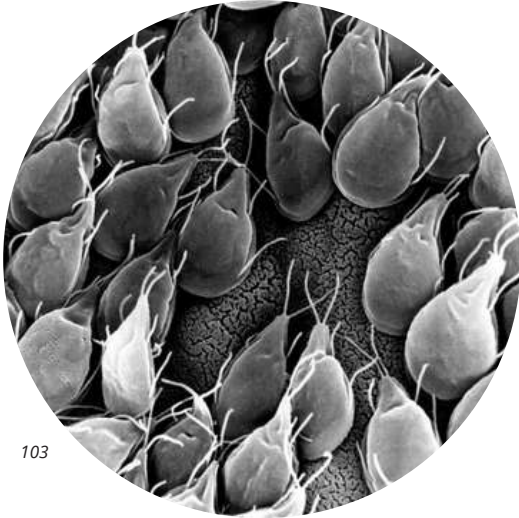
99



100



## Forma crônica



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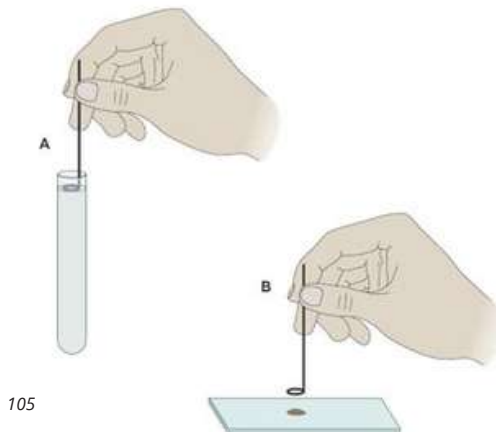
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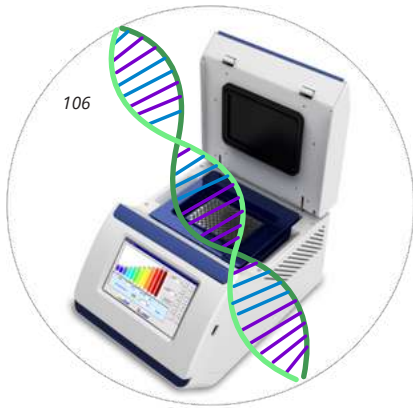
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## **DIAGNÓSTICO**



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## TRATAMENTO

Drogas que podem ser usadas:

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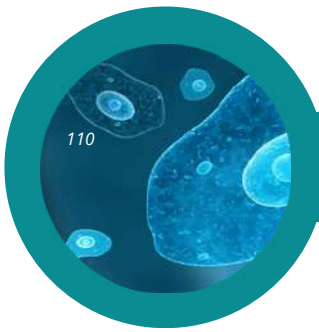
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# AMEBÍASE

## ETIOLOGIA

Agentes etiológicos:

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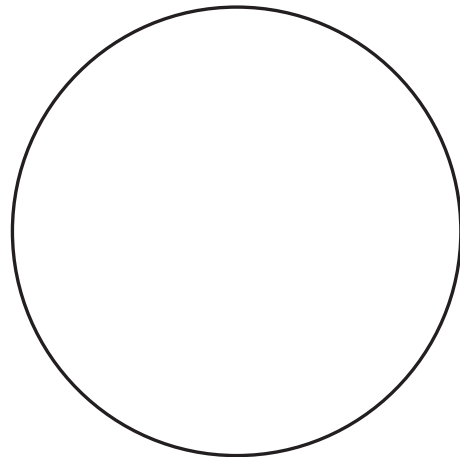
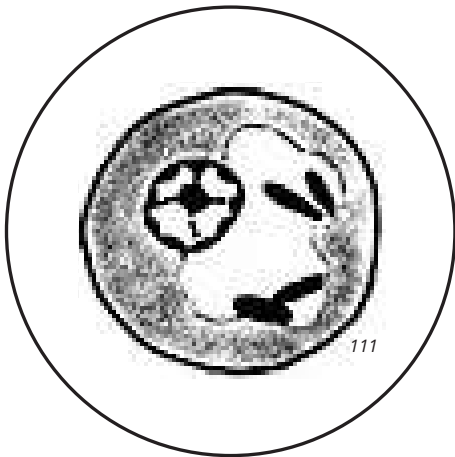
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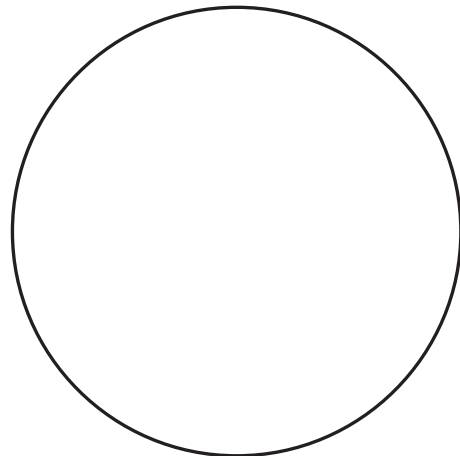
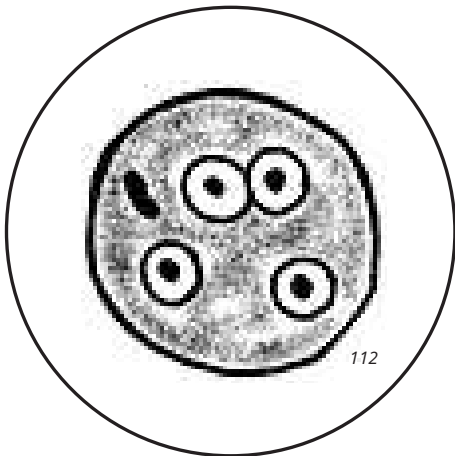
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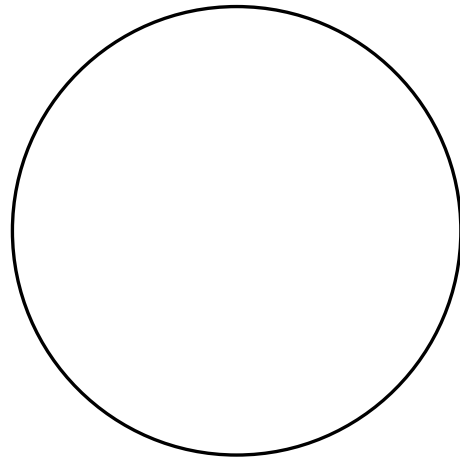
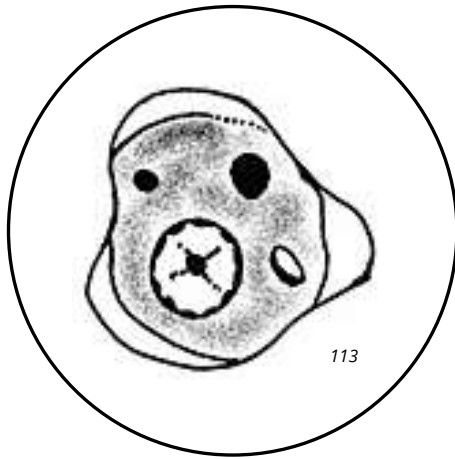
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Forma: \_\_\_\_\_

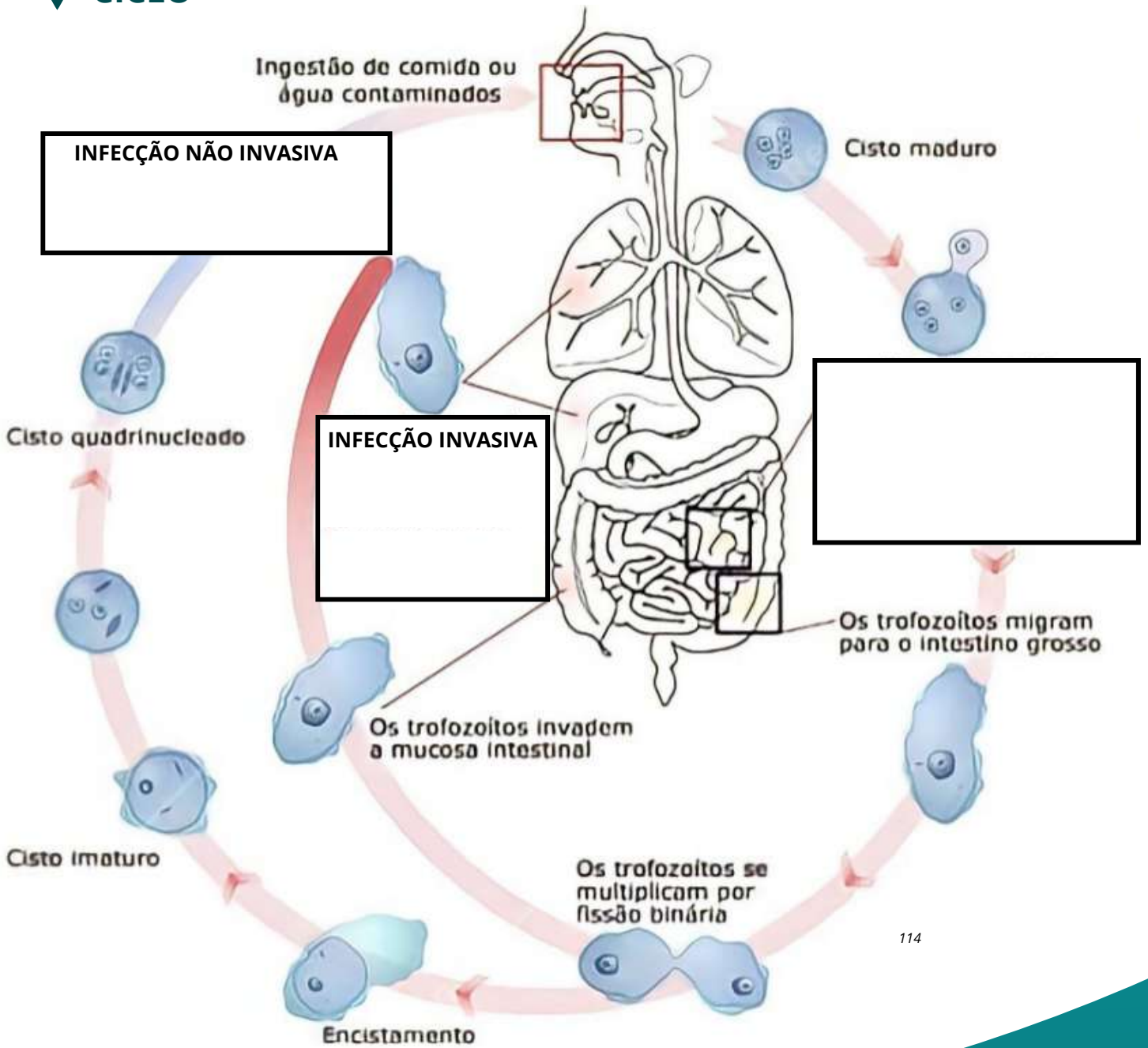


Forma: \_\_\_\_\_



Forma: \_\_\_\_\_

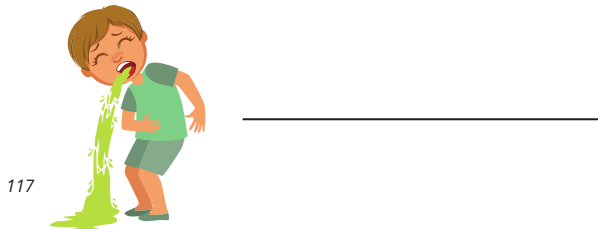
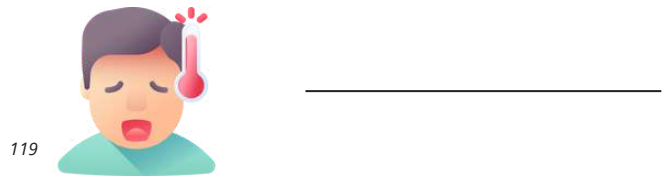
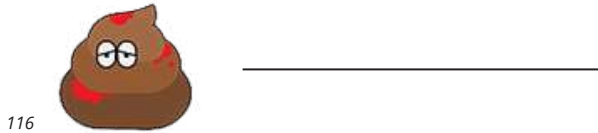
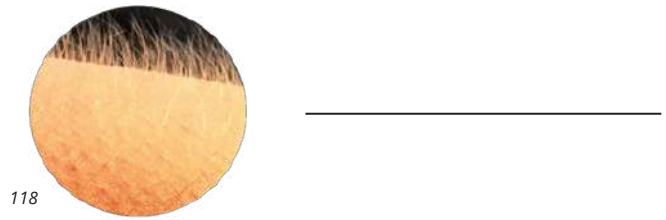
**CICLO**



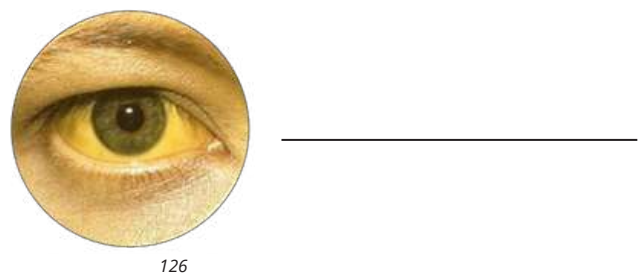
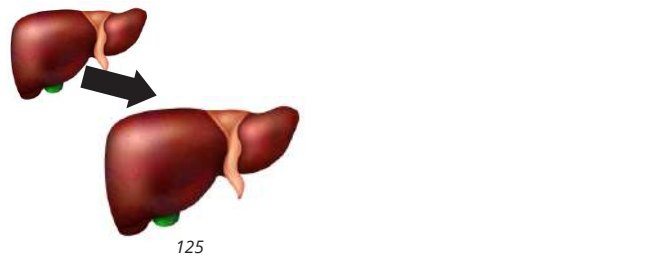
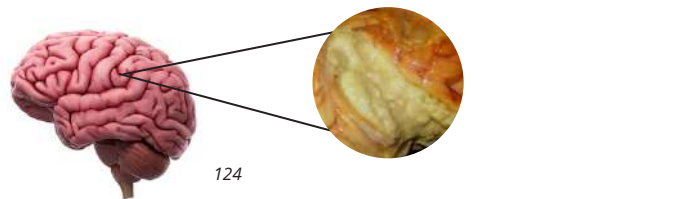
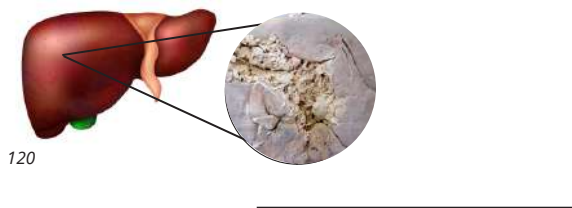
114

# SINAIS E SINTOMAS

## Amebíase intestinal



## Amebíase extraintestinal





## **DIAGNÓSTICO**

### Exame parasitológico



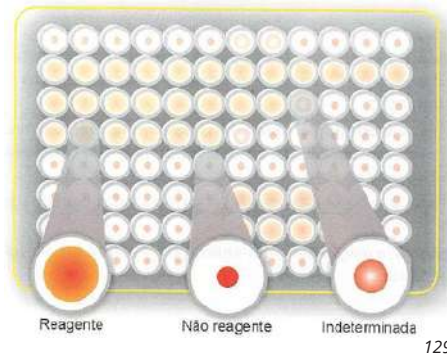
127

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### Exame sorológicos



128

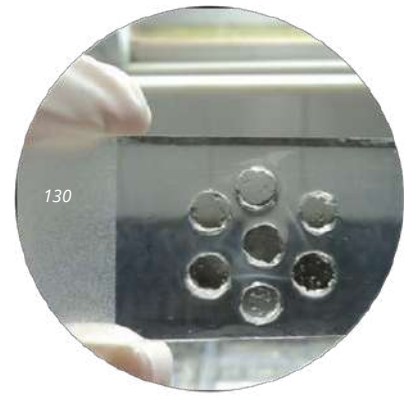


Reagente

Não reagente

Indeterminada

129



130

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## **TRATAMENTO**

### Luz intestinal

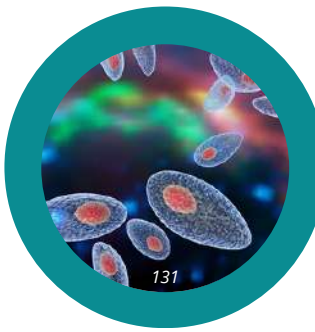
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### Ação tissular

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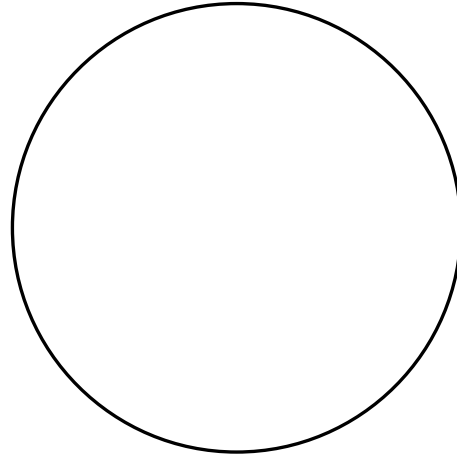
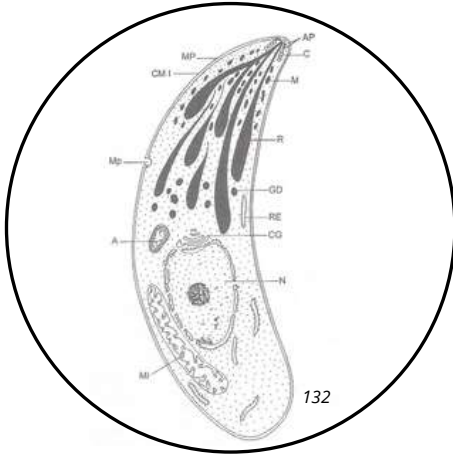
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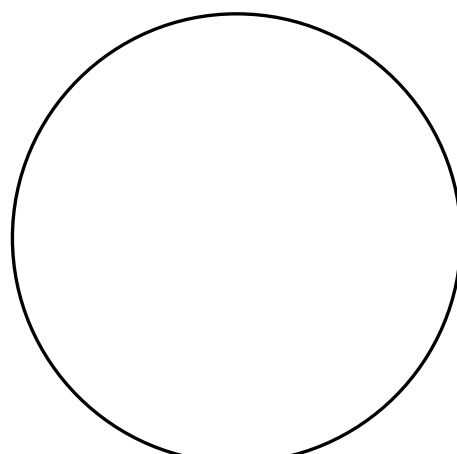
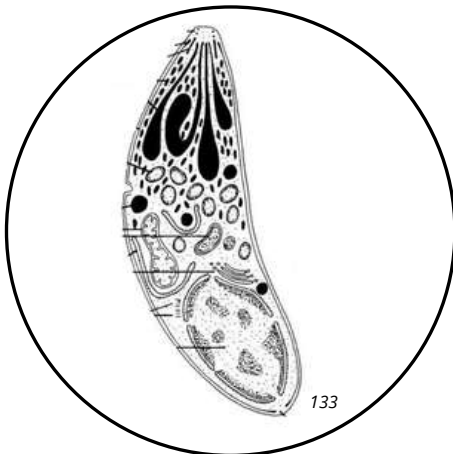
# TOXOPLASMOSE

## ETIOLOGIA

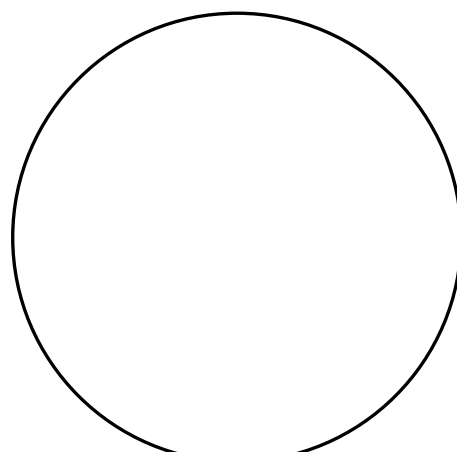
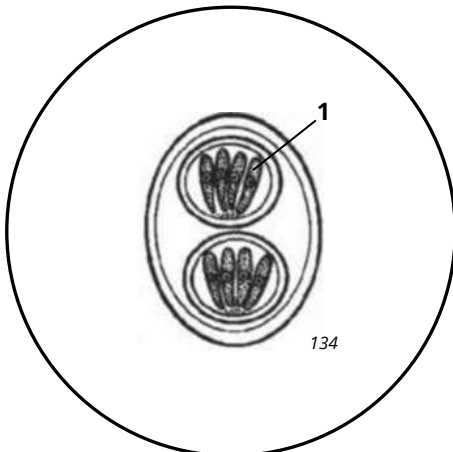
Agente etiológico: \_\_\_\_\_



Forma: \_\_\_\_\_

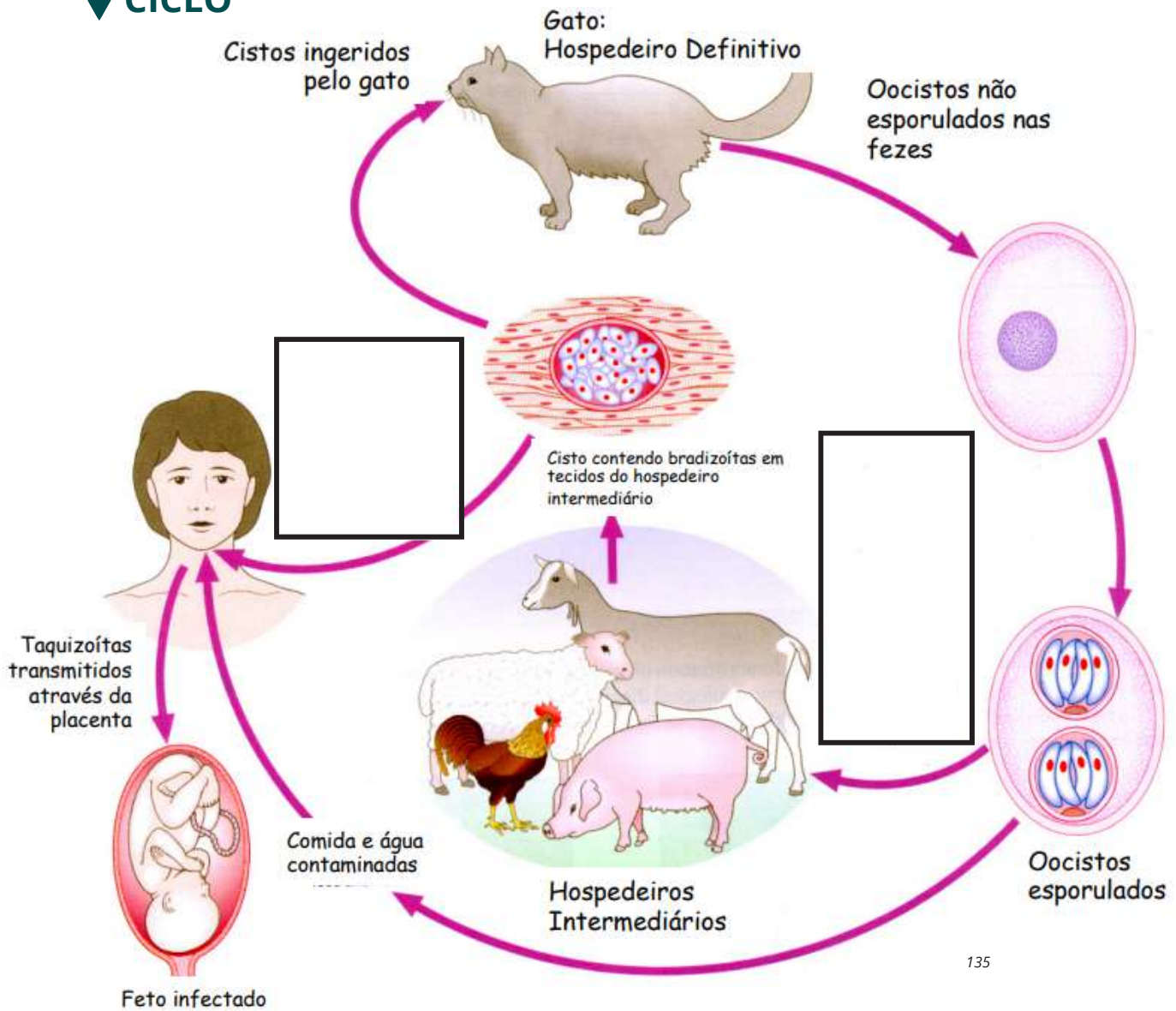


Forma: \_\_\_\_\_



Forma (apontada): \_\_\_\_\_

## CICLO



135

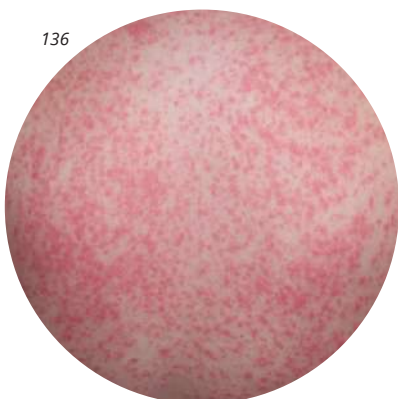
## SINAIS E SINTOMAS

### Infecção assintomática:

Sem sinais e sintomas aparentes.

### Toxoplasmose febril aguda:

136

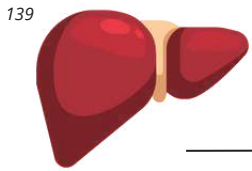


137



138





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**Linfadenite toxoplásmica:**



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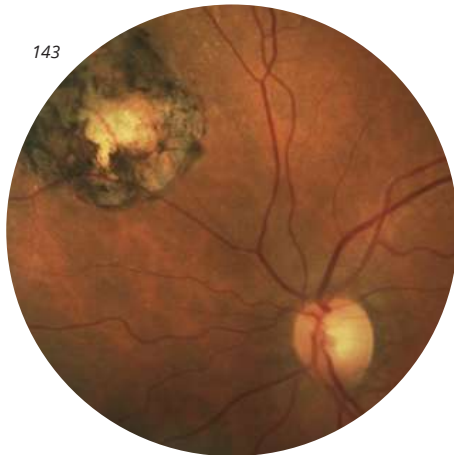
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**Toxoplasmose ocular:**



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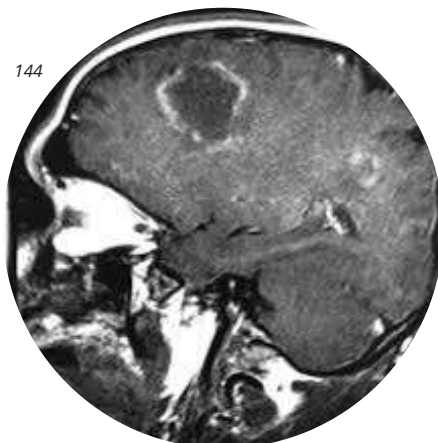
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**Neurotoxoplasmose:**



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## Toxoplasmose neonatal

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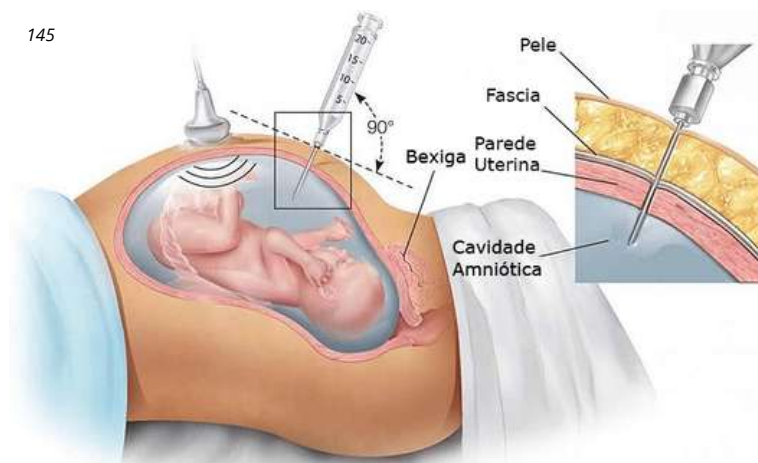
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## **DIAGNÓSTICO**

### Demonstração do parasito



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### Testes sorológicos:

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## **TRATAMENTO**

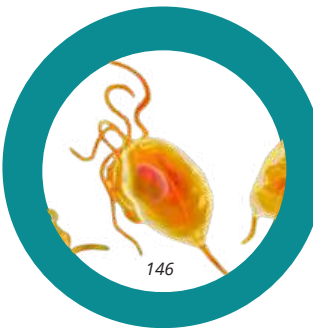
Fase aguda sintomática: \_\_\_\_\_

Fase aguda em gestantes (até 18ª semana): \_\_\_\_\_

Confirmação de infecção fetal: \_\_\_\_\_

Toxoplasmose ocular ativa: \_\_\_\_\_

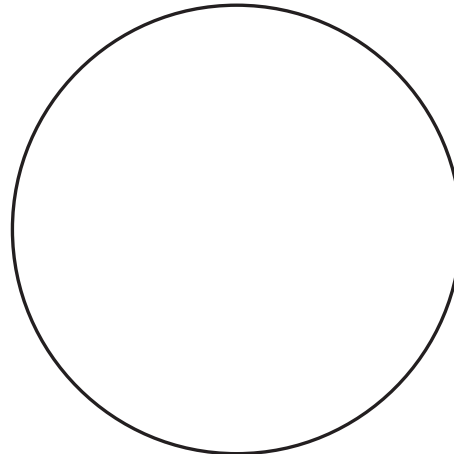
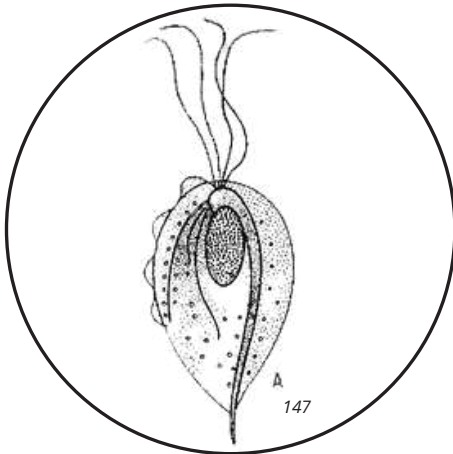
Encefalite em imunodeficientes: \_\_\_\_\_



# TRICOMONÍASE

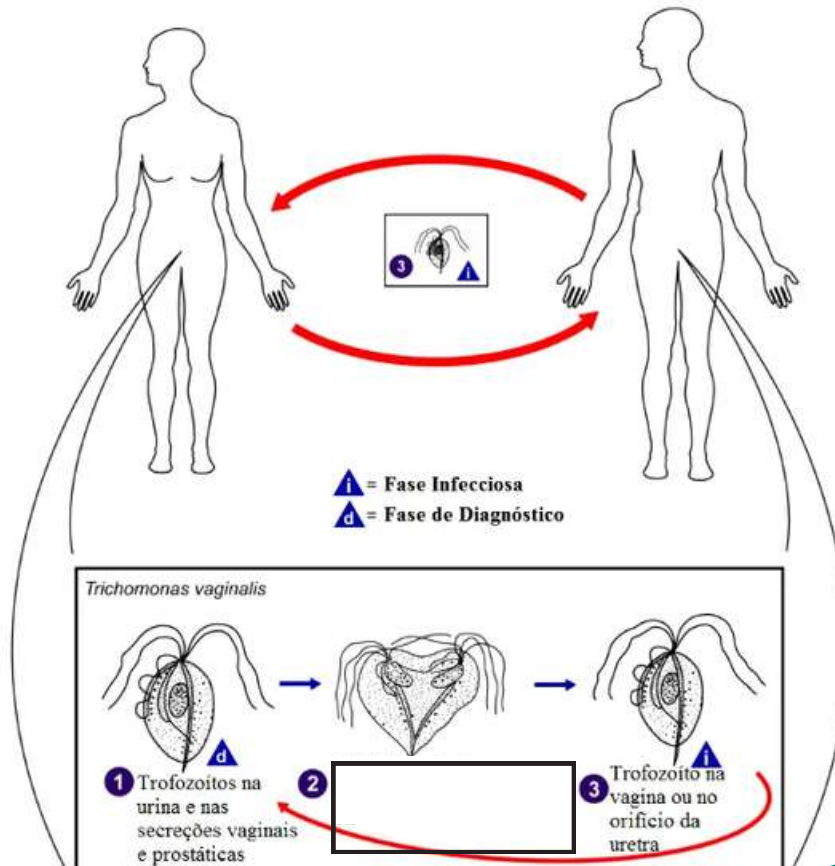
## ETIOLOGIA

Agente etiológico: \_\_\_\_\_



Forma: \_\_\_\_\_

## CICLO



148

## SINAIS E SINTOMAS

Mulheres:

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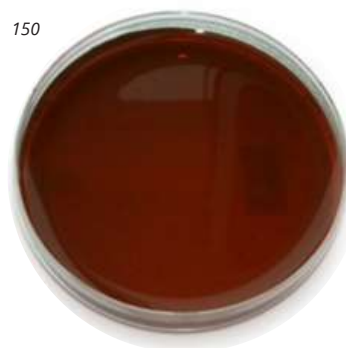
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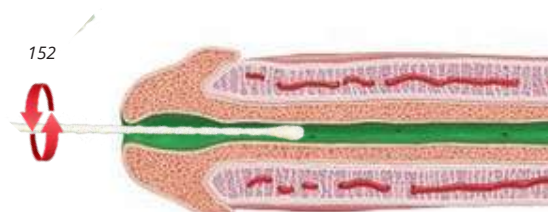
## DIAGNÓSTICO

149



150





## TRATAMENTO

Drogas que podem ser usadas:

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# UNIDADE II

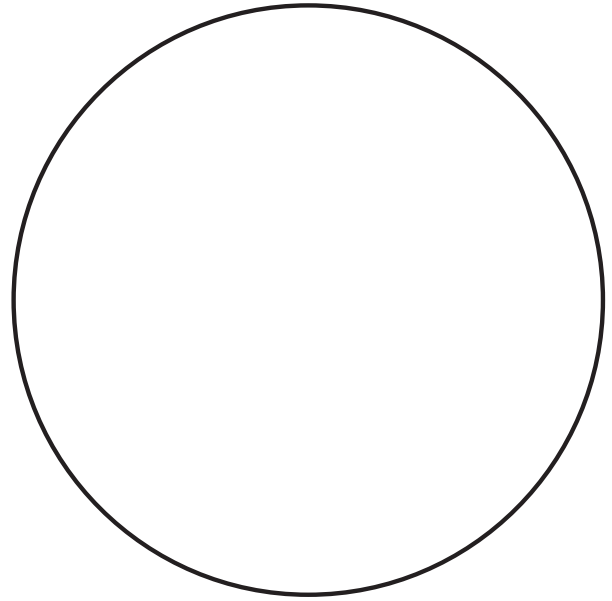
# VERMINOSES



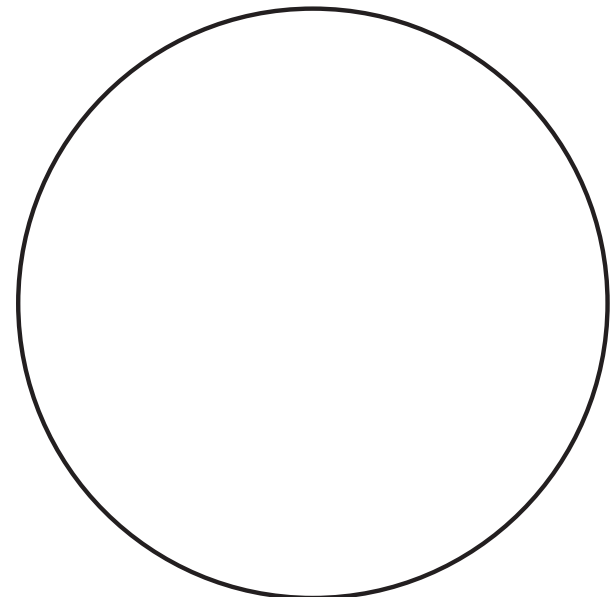
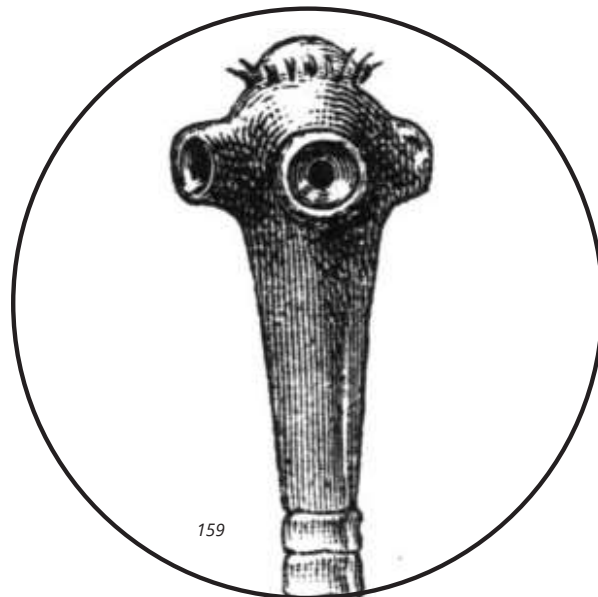


# TENÍASE

## ETIOLOGIA

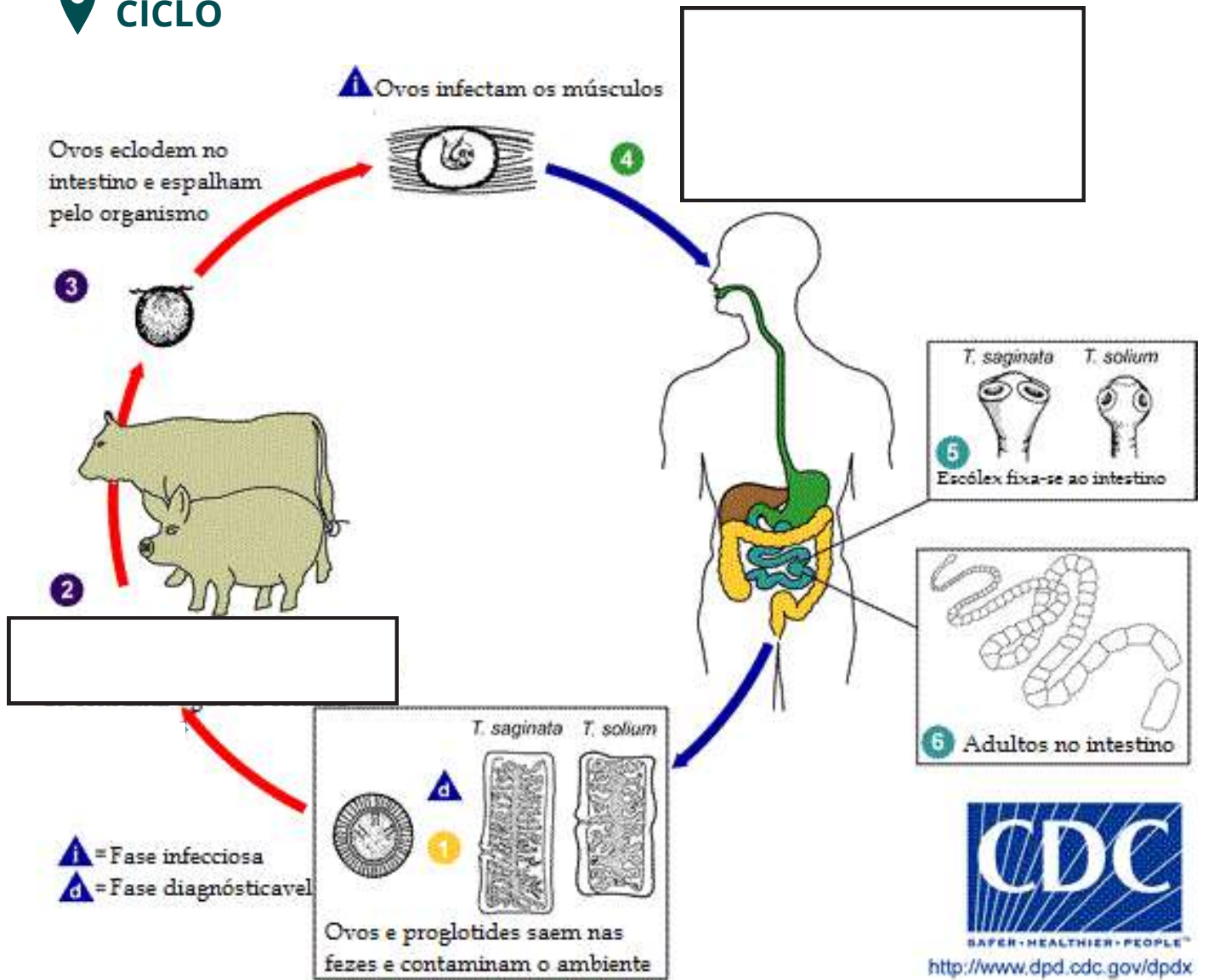


Agente causador: \_\_\_\_\_



Agente causador: \_\_\_\_\_

## CICLO



160

## SINAIS E SINTOMAS

161



Principal achado laboratorial: \_\_\_\_\_

162



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163



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164



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165



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## DIAGNÓSTICO

166

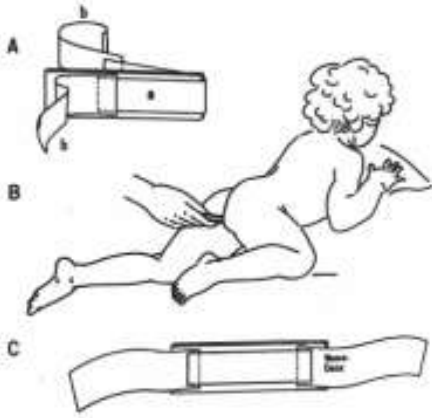


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167



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## TRATAMIENTO

### Recomendados

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### Alternativos

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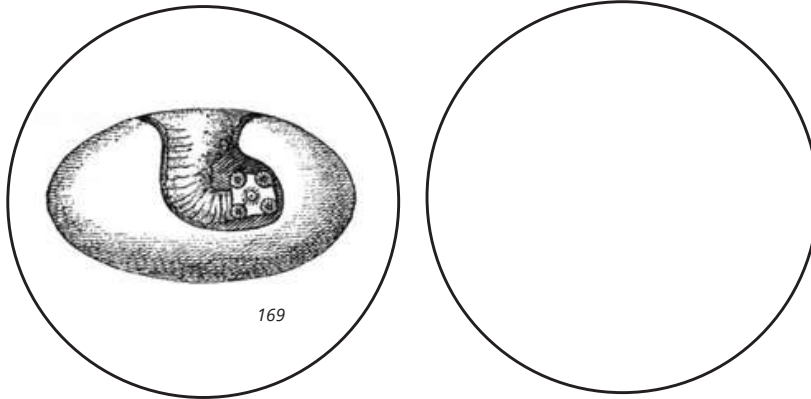
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168

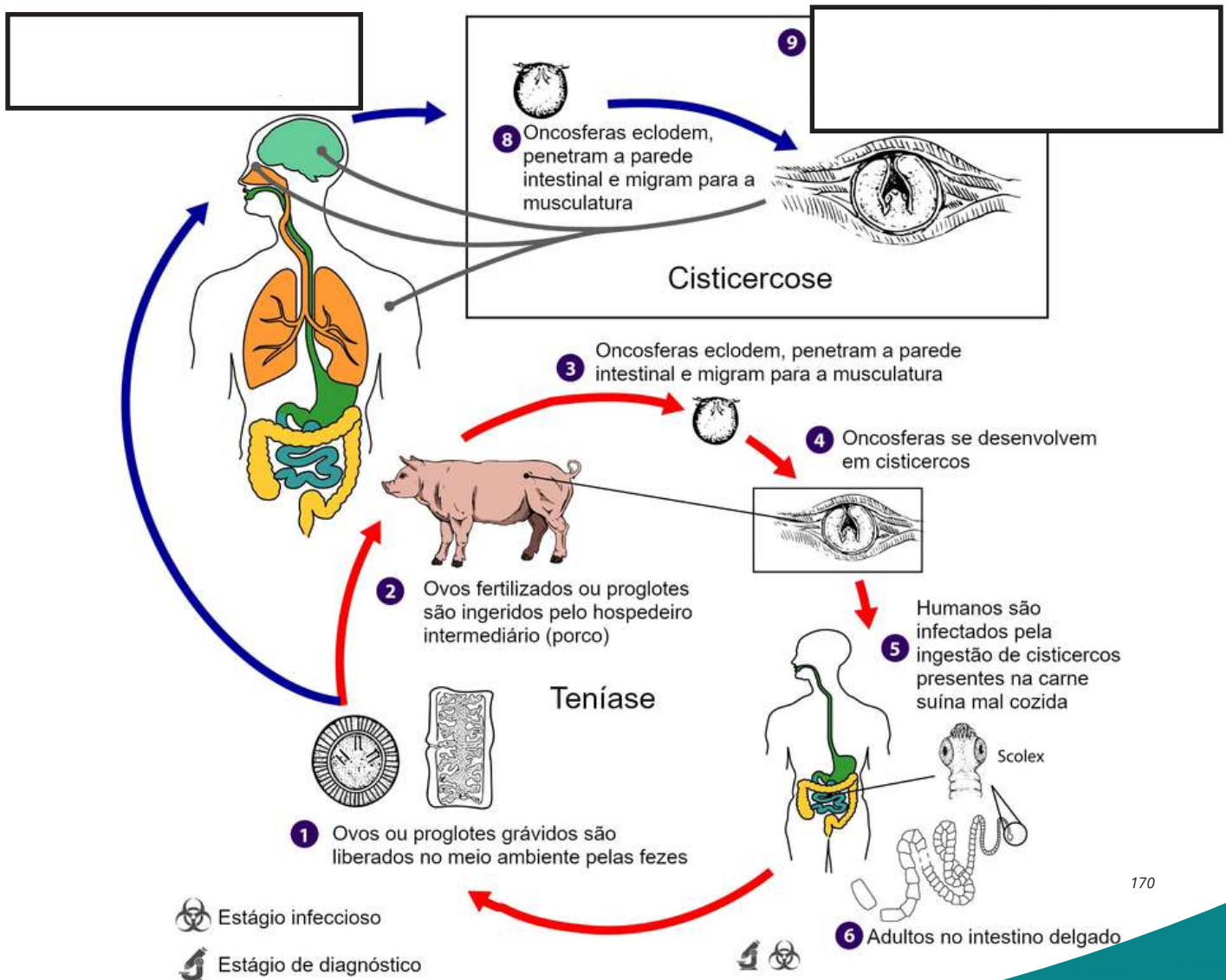
# CISTICERCOSE

## ETIOLOGIA



Agente causador: \_\_\_\_\_

## CICLO



NEUROCISTICERCOSE

Formas convulsivas

171



Formas hipertensivas e pseudotumorais

172



175



173



176



174



Formas psíquicas

177



178



# OFTALMOCISTICERCOSE

179



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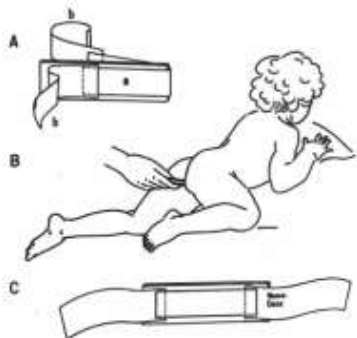
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## DIAGNÓSTICO

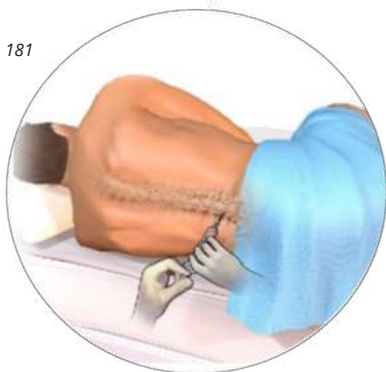
180



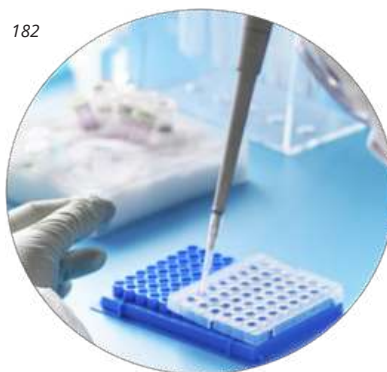
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181



182



183



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## TRATAMIENTO

### Cirúrgico

184



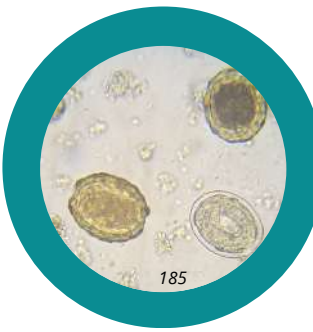
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### Quimioterápico

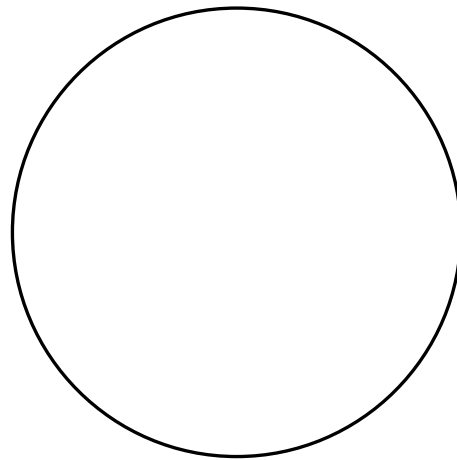
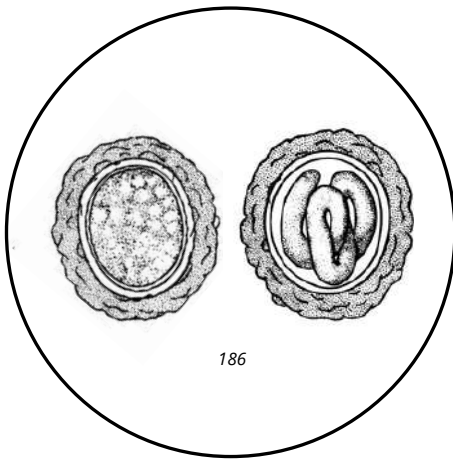
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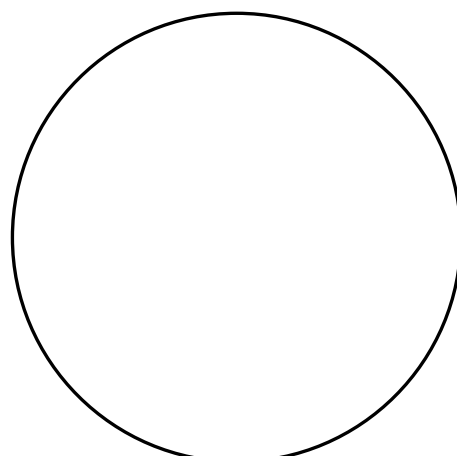
# ASCARIDÍASE

## ETIOLOGIA

Agente etiológico: \_\_\_\_\_

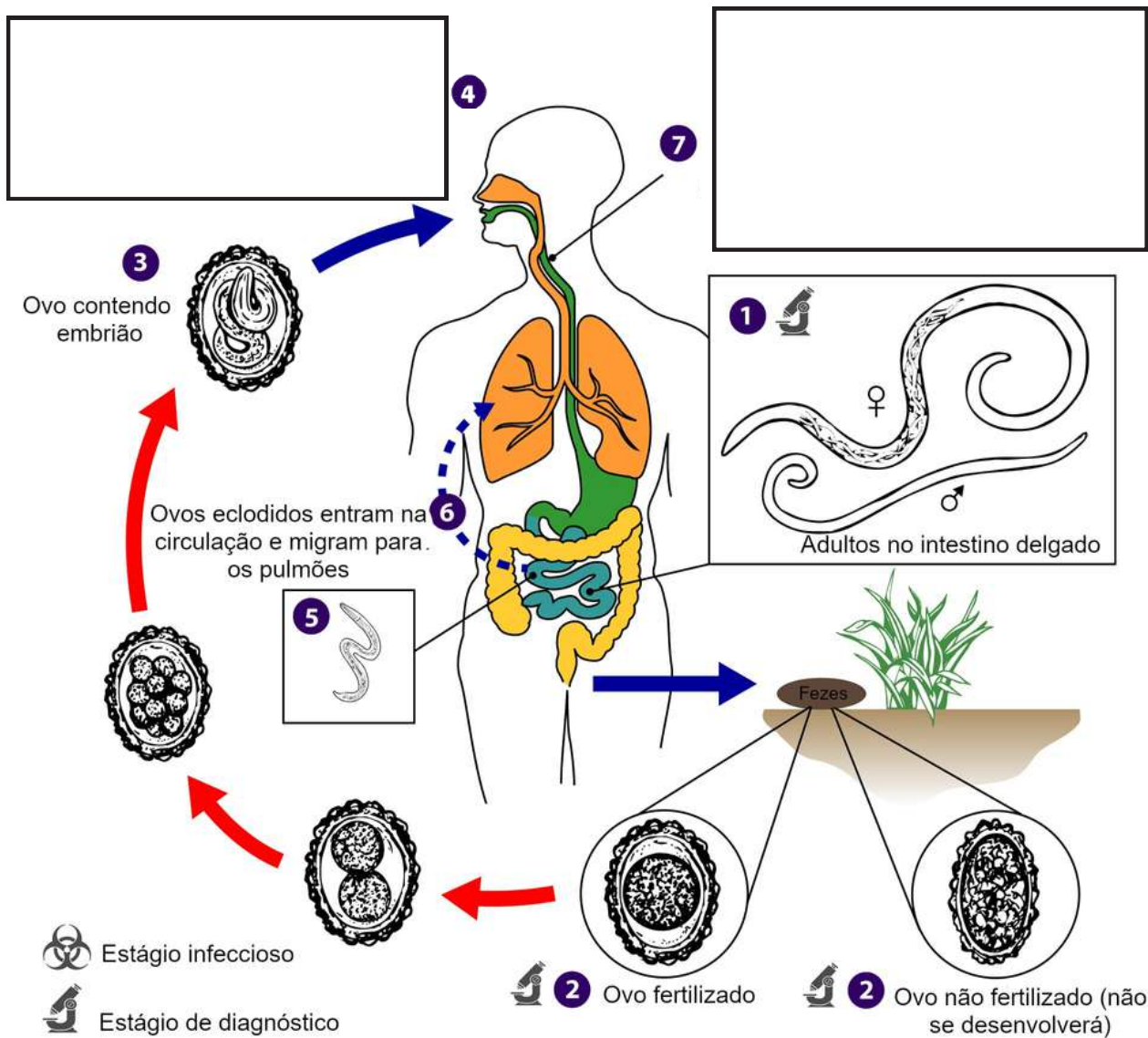


Forma: \_\_\_\_\_



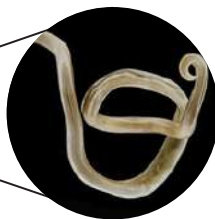
Forma: \_\_\_\_\_





188

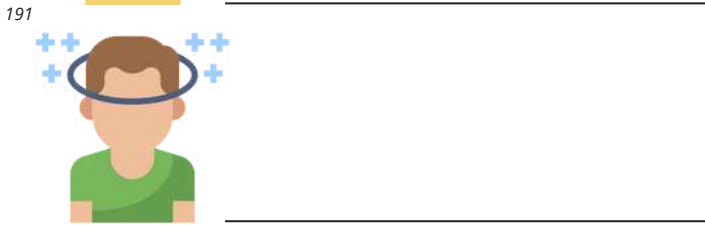
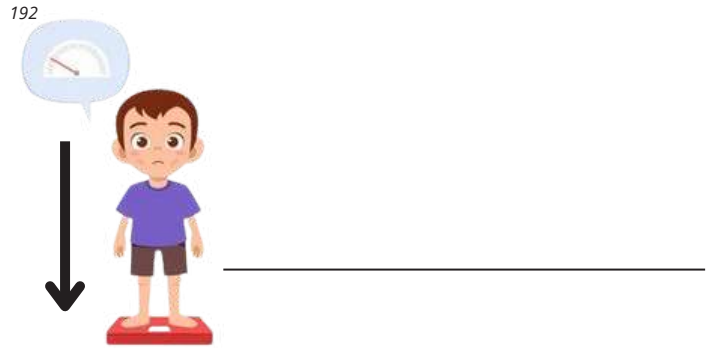
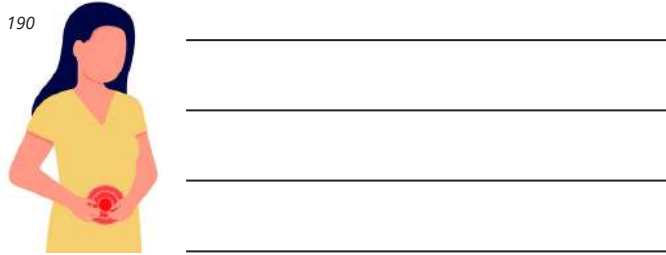
189



**ACHADOS CLÍNICOS:**  
 Pneumonia eosinofílica  
 Febre  
 Tosse seca  
 Perda de peso

Nome da síndrome: \_\_\_\_\_

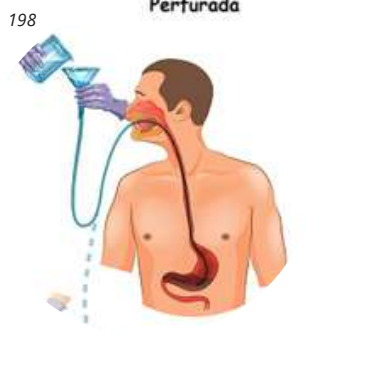
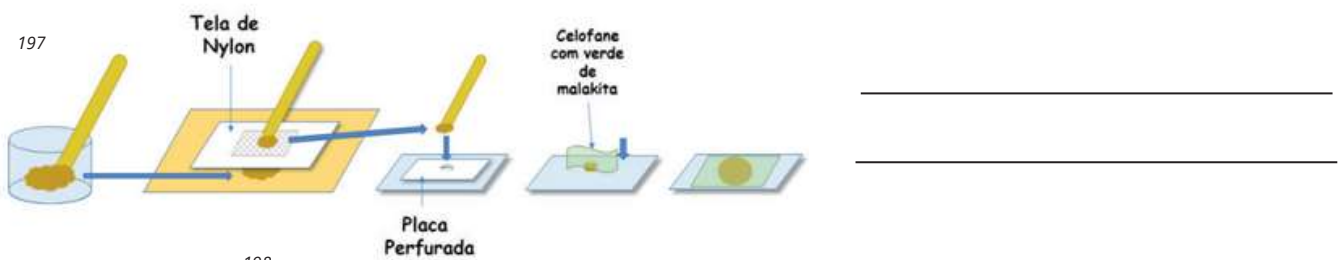
## SINAIS E SINTOMAS



## Complicações da forma crônica



## DIAGNÓSTICO



200



201



## TRATAMENTO

Drogas que podem ser usadas:

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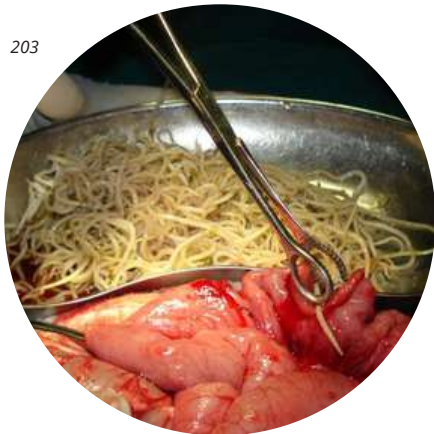


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202



203




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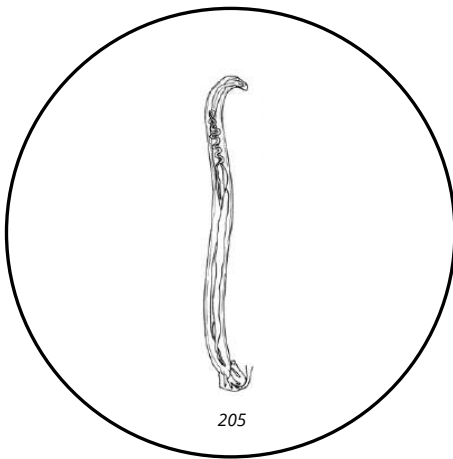
# ANCILOSTOMÍASE

## ETIOLOGIA

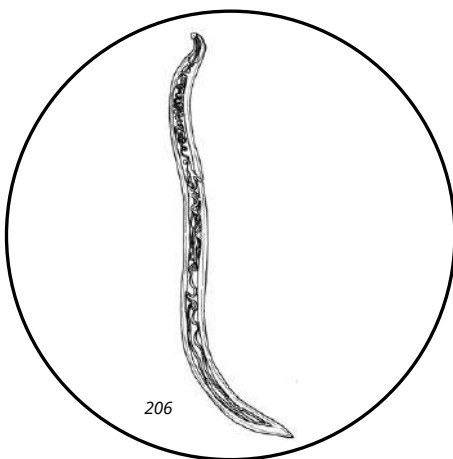
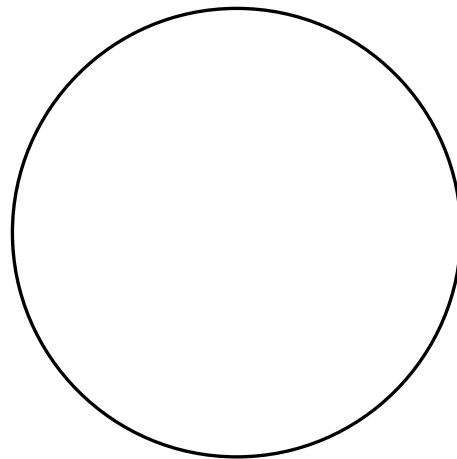
Agentes etiológicos:

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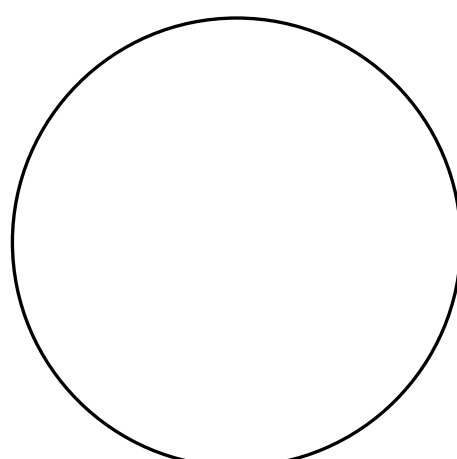
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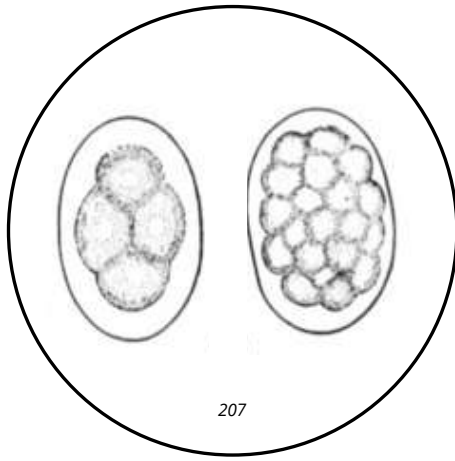


Macho de *Necator americanus*

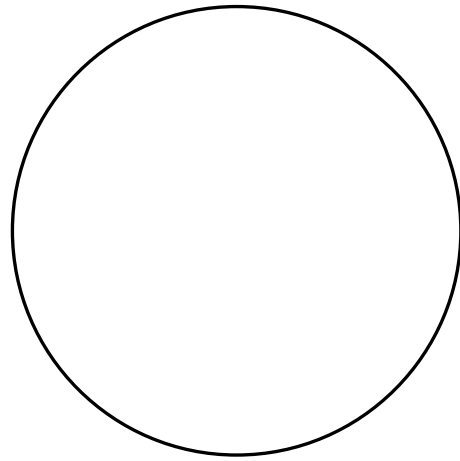


Fêmea de *Necator americanus*



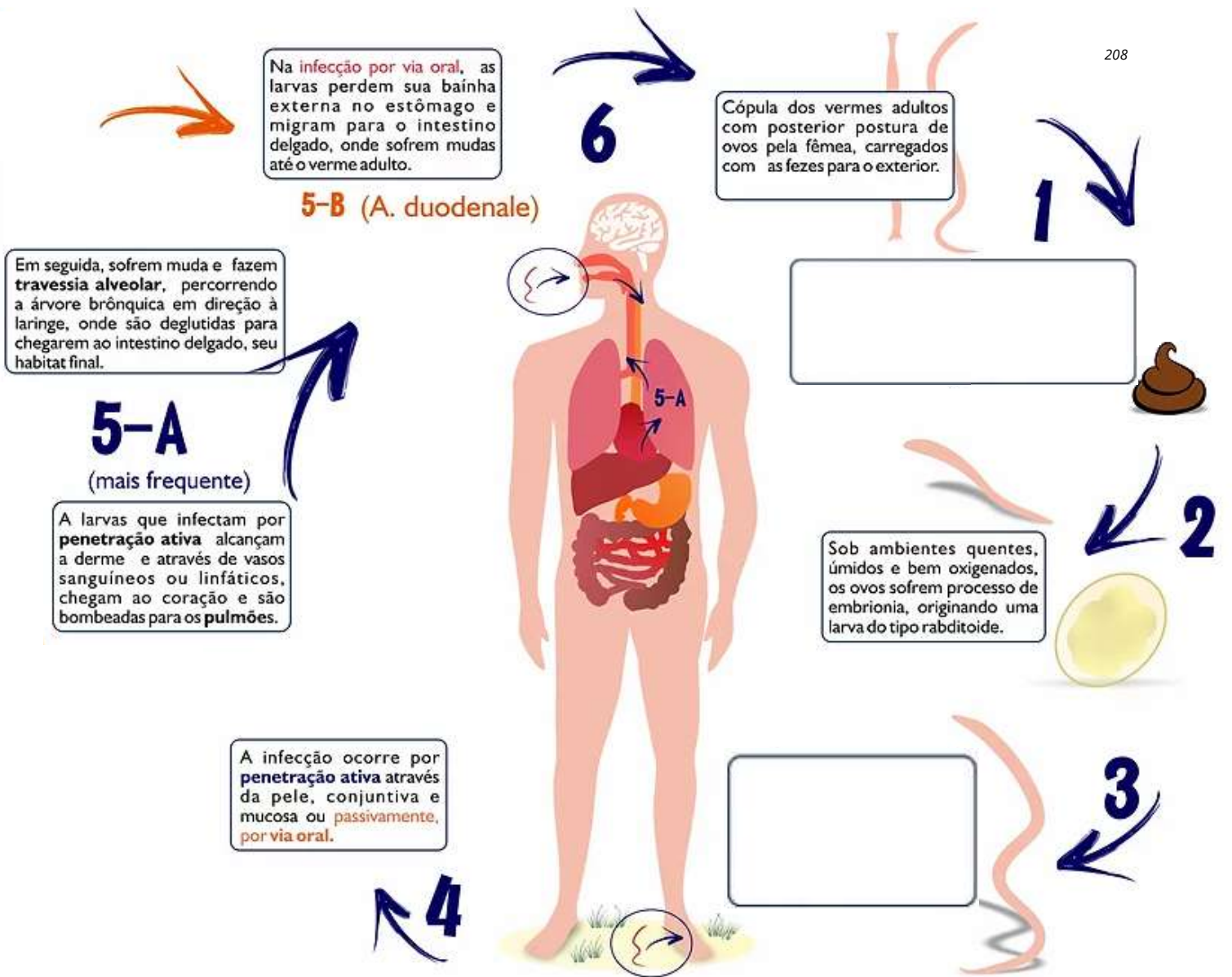


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Ovos de ancilostomídeos

**CICLO**



## SINAIS E SINTOMAS

### Fase aguda:

209



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213



\_\_\_\_\_

210



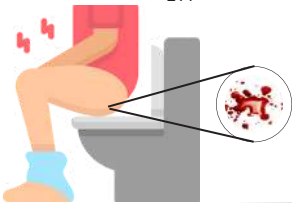
\_\_\_\_\_

214



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211



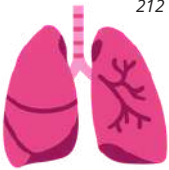
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215



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212



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### Fase crônica:

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## DIAGNÓSTICO

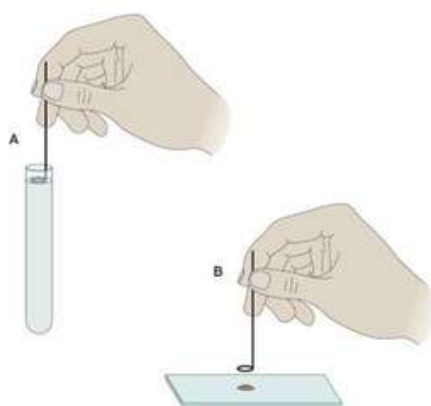


216

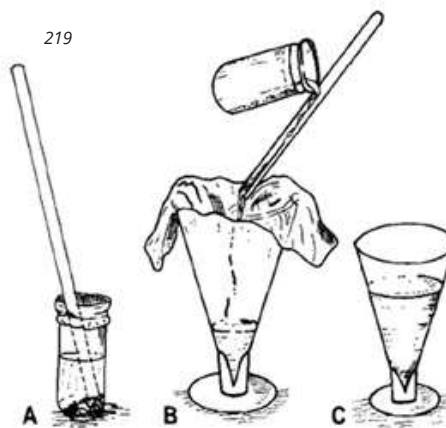
\_\_\_\_\_

## Exames de fezes:

217



219



218

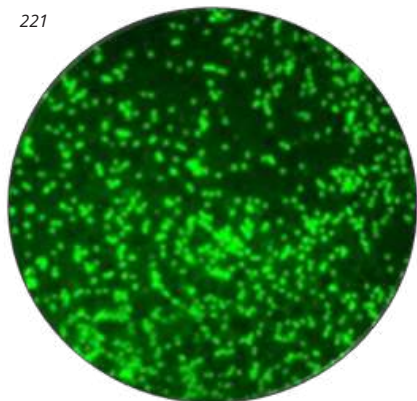


220



## Testes imunológicos

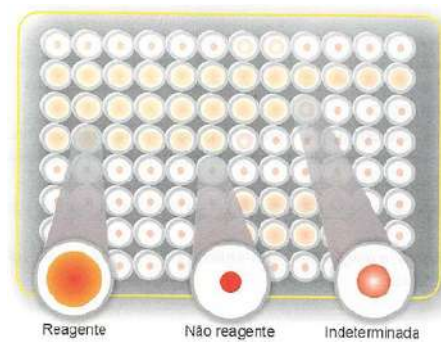
221



222



223



# TRATAMENTO



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225

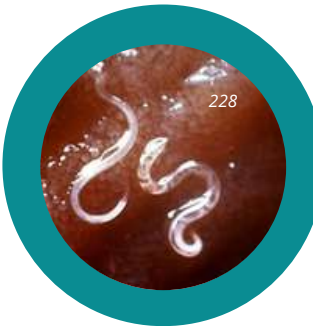


226



227





228

# LARVA MIGRANS CUTÂNEA

## ETIOLOGIA

Agentes etiológicos:

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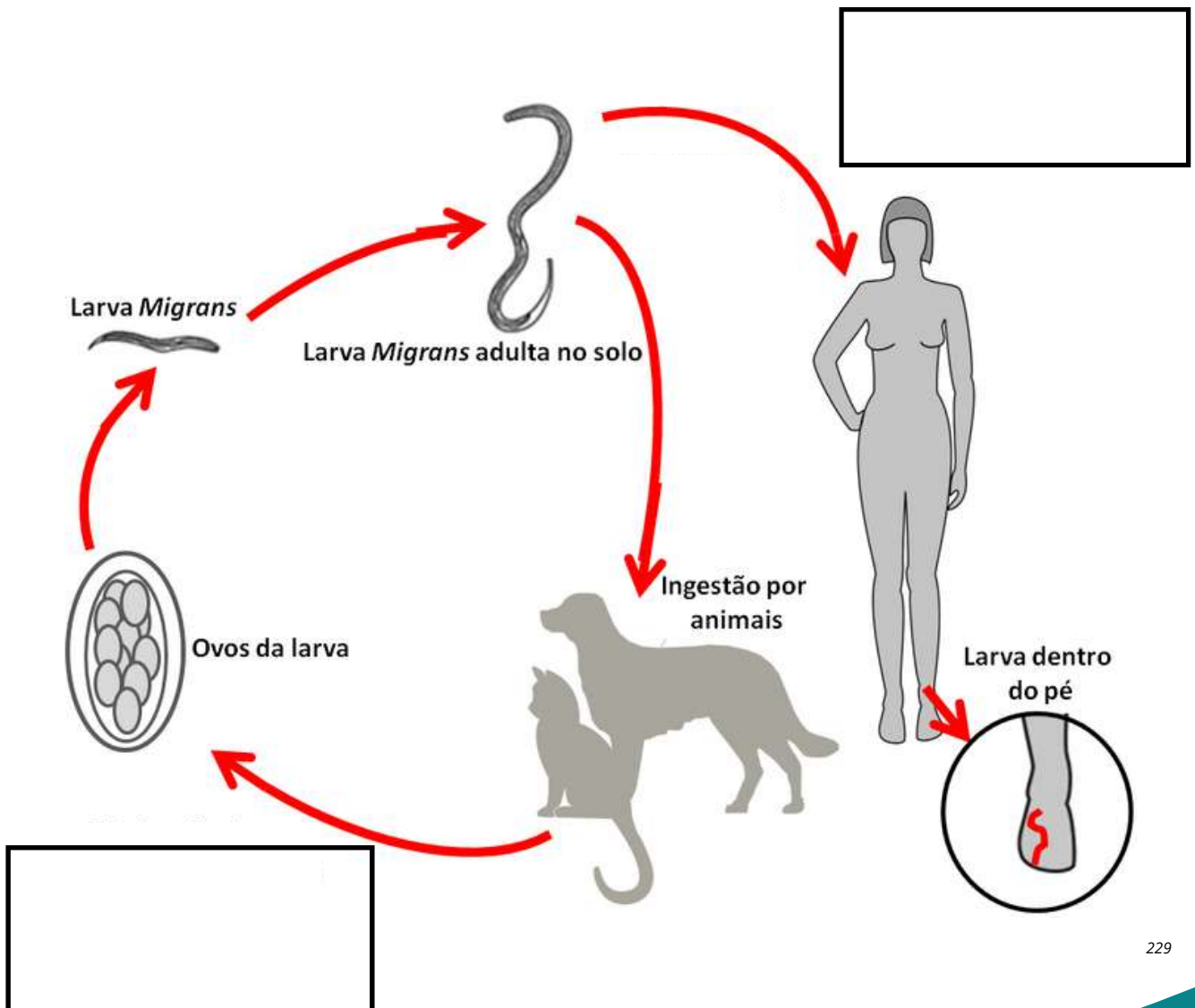
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## CICLO



229

## SINAIS E SINTOMAS

230



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231



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## DIAGNÓSTICO

232



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233



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# TRATAMENTO

234



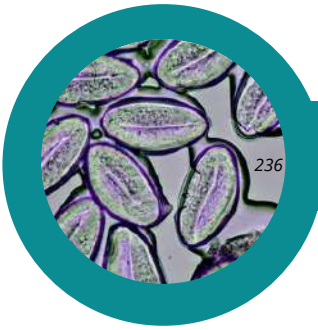
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235

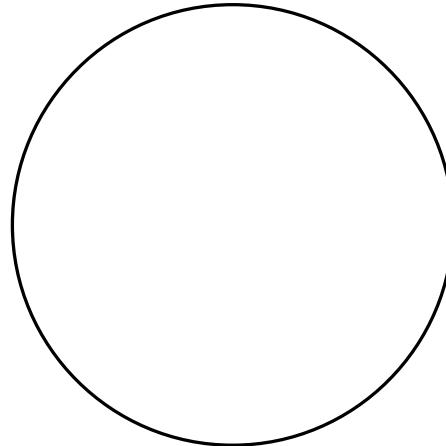
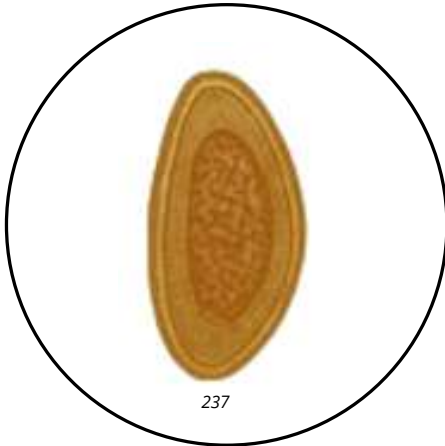




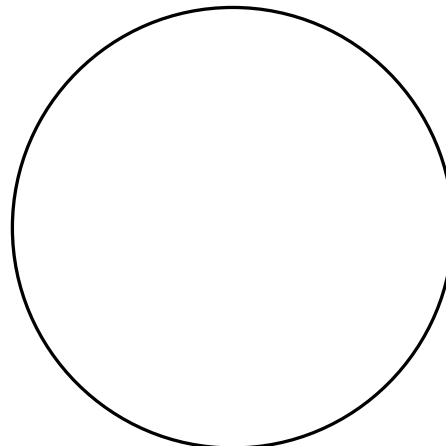
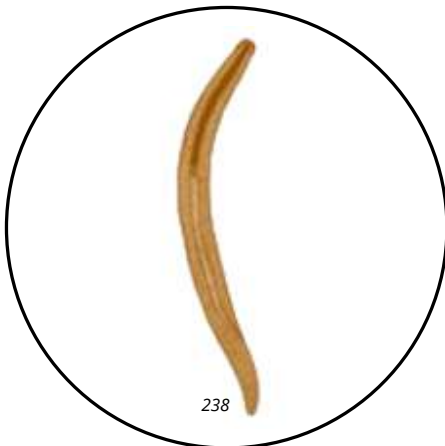
# ENTEROBÍASE

## ETIOLOGIA

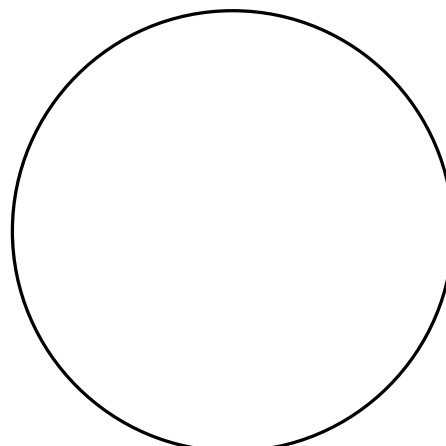
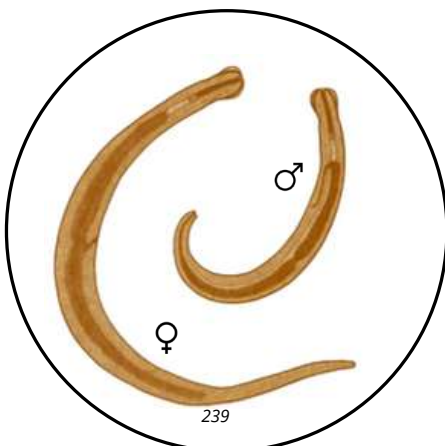
Agente etiológico: \_\_\_\_\_



Forma: \_\_\_\_\_



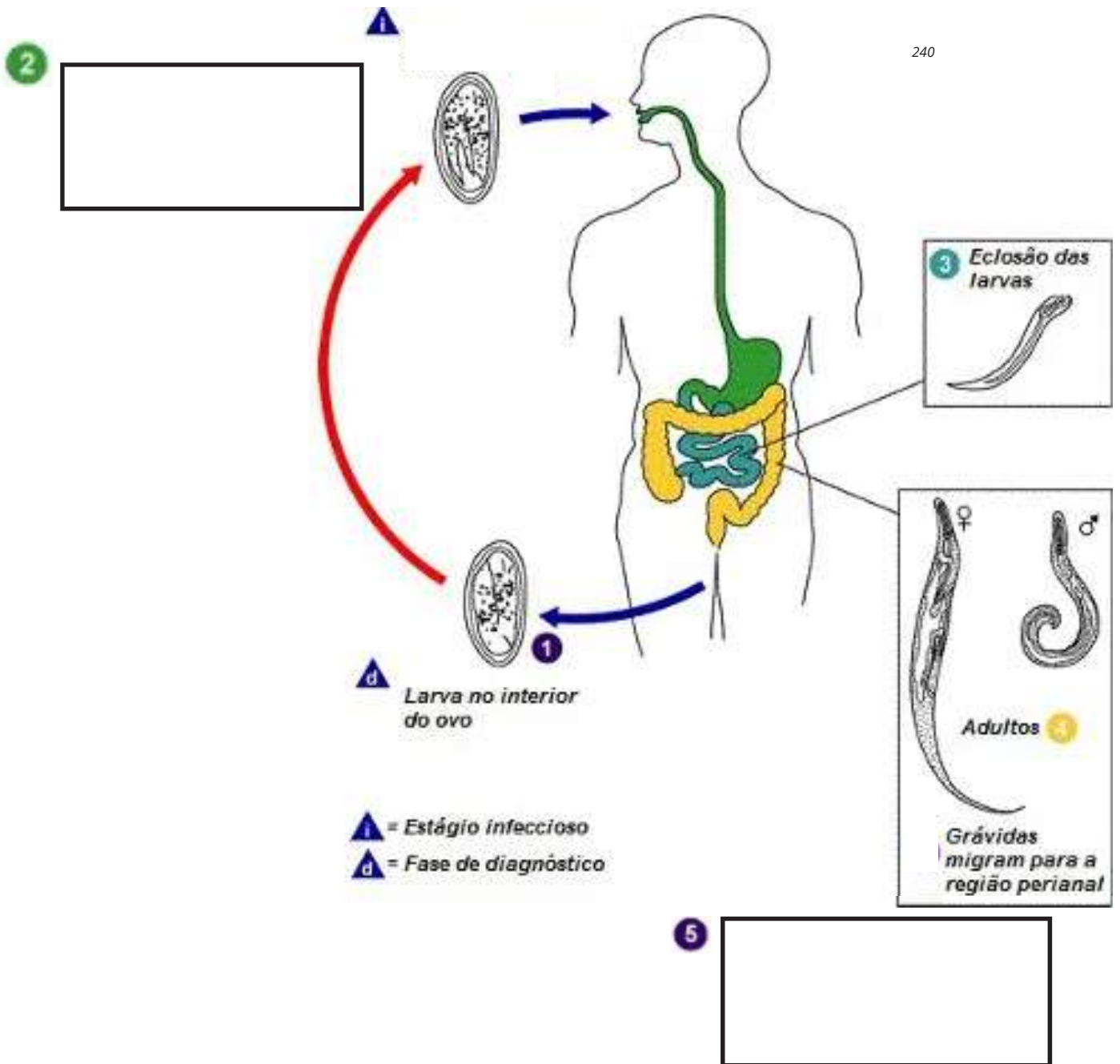
Forma: \_\_\_\_\_



Forma: \_\_\_\_\_

## CICLO

240



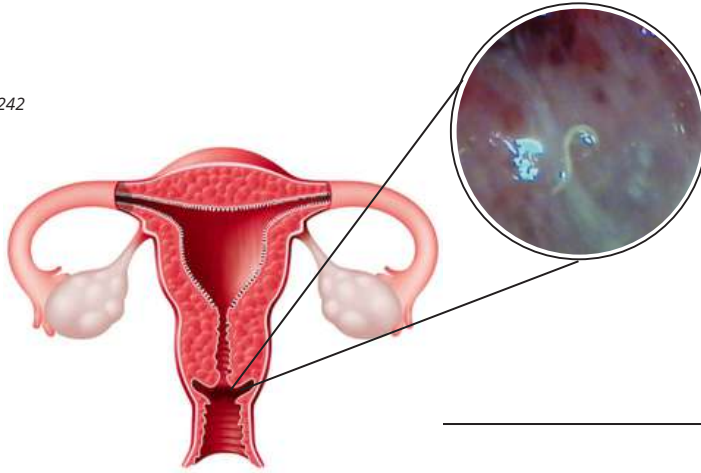
## SINAIS E SINTOMAS



241

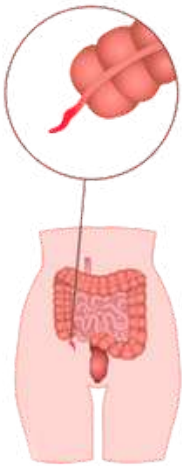
# Possíveis complicações

242



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243



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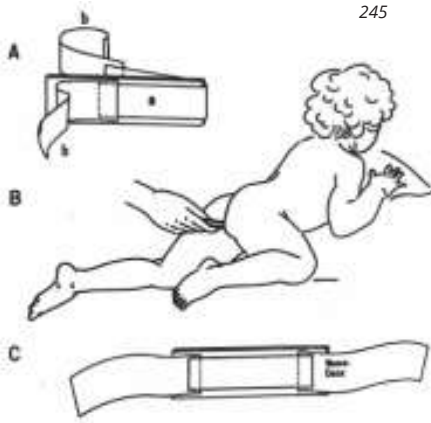
244



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## 📍 DIAGNÓSTICO

245



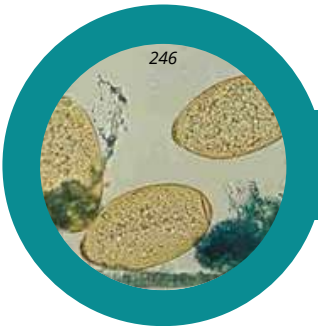
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## 📍 TRATAMENTO

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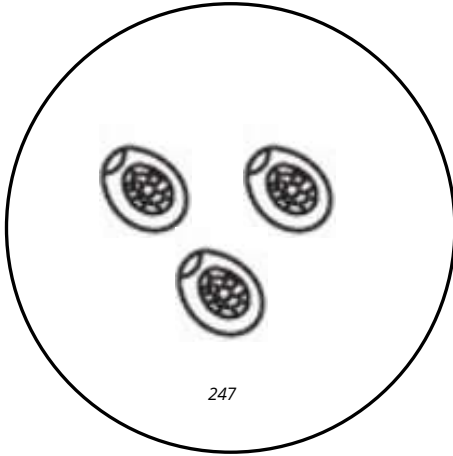
246



# FASCIOLÍASE

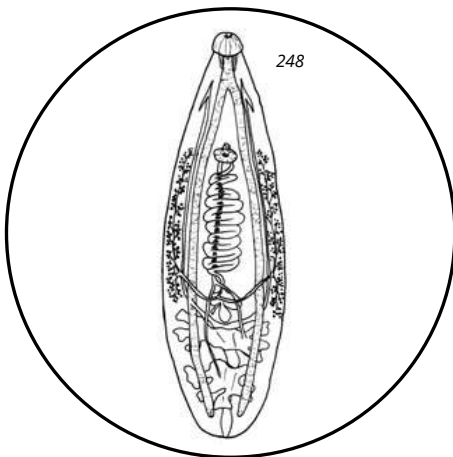
## ETIOLOGIA

Agente etiológico: \_\_\_\_\_



247

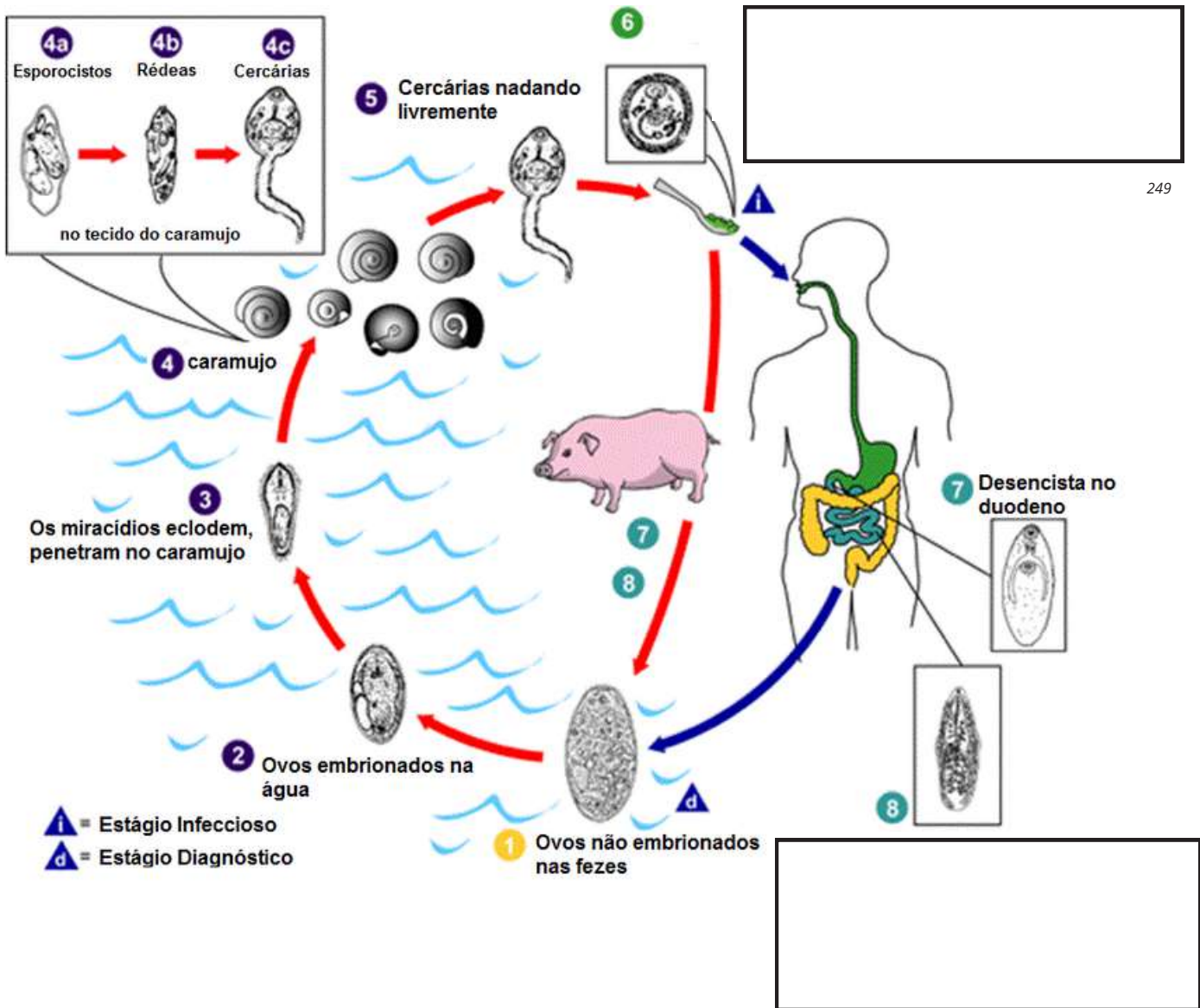
Forma: \_\_\_\_\_



248

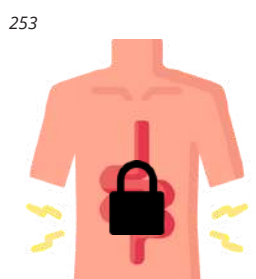
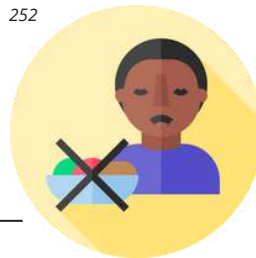
Forma: \_\_\_\_\_

# CICLO



249

# SINAIS E SINTOMAS





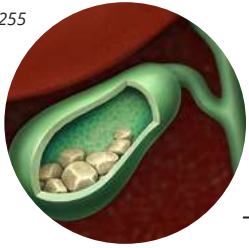
254



257



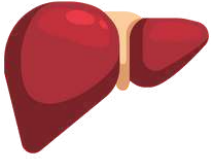
255



258



256

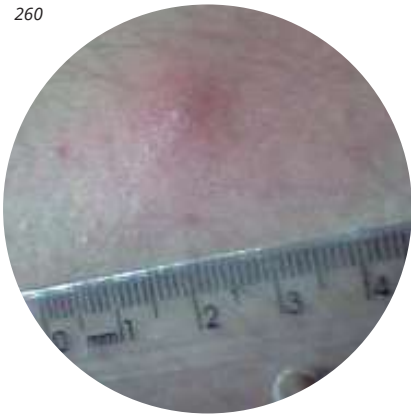


## DIAGNÓSTICO

259



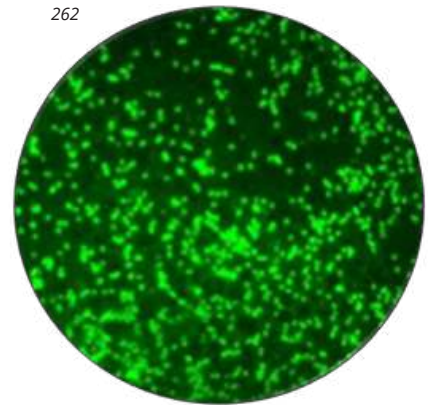
260



261



262



## TRATAMENTO

Drogas que podem ser usadas:

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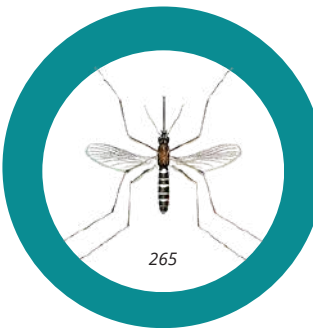
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263

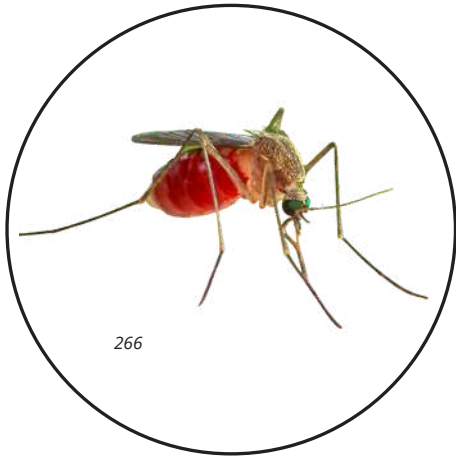
264





# FILARIOSE

## VETOR



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## ETIOLOGIA

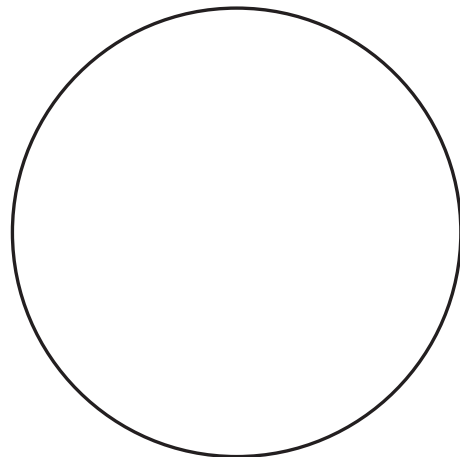
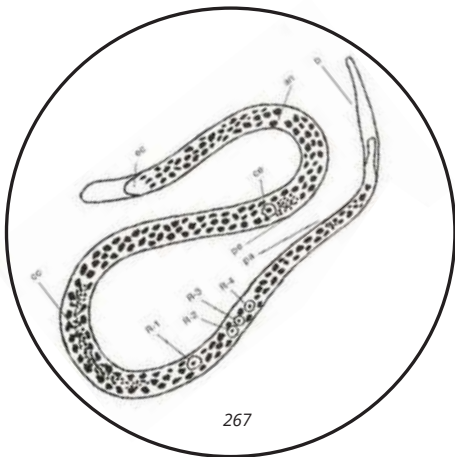
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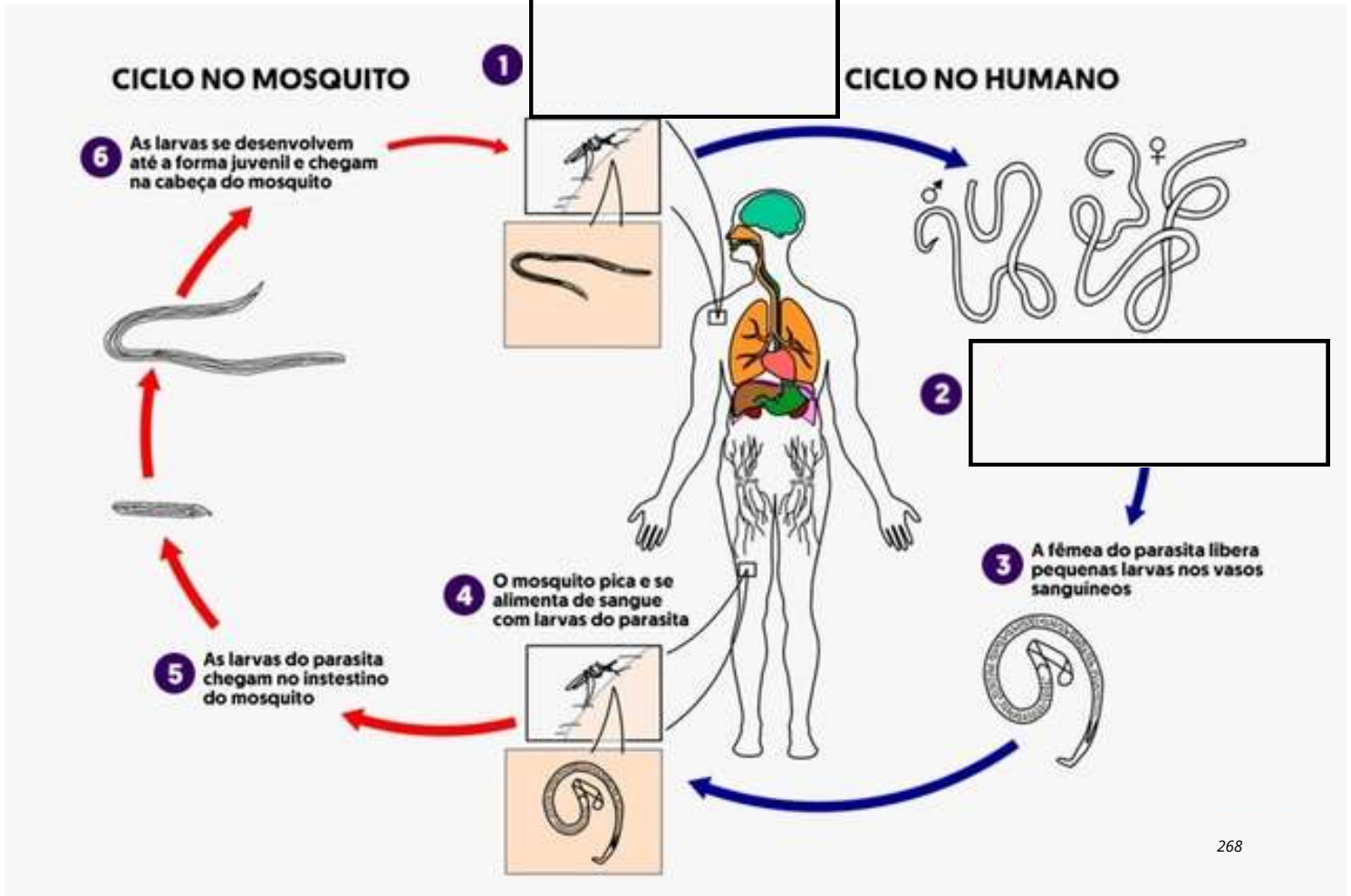
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Agentes etiológicos:



Forma adulta *Wuchereria bancrofti*

## CICLO

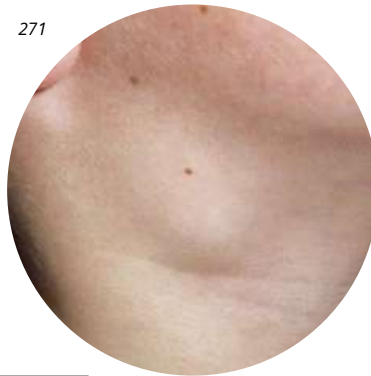


## SINAIS E SINTOMAS

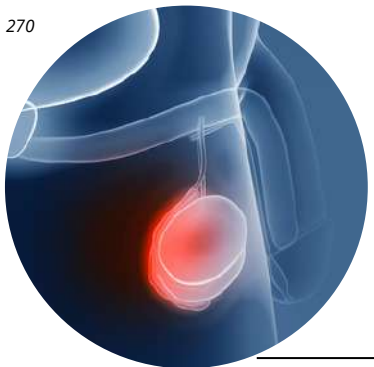
269



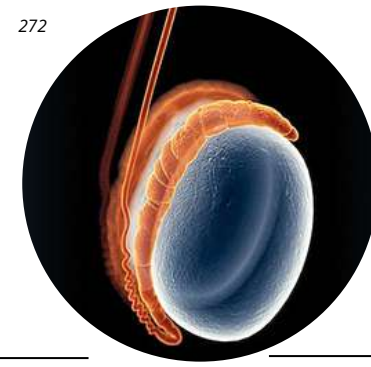
271



270



272



273



276



274



277



275



278



**Forma crônica:**

279



281



280



282



## DIAGNÓSTICO

283



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285



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284



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286



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## TRATAMENTO

Drogas que podem ser usadas:

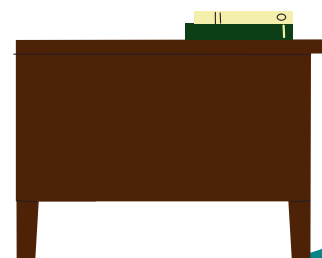
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287



288



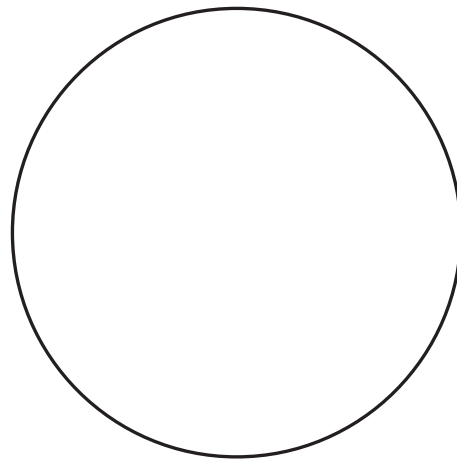
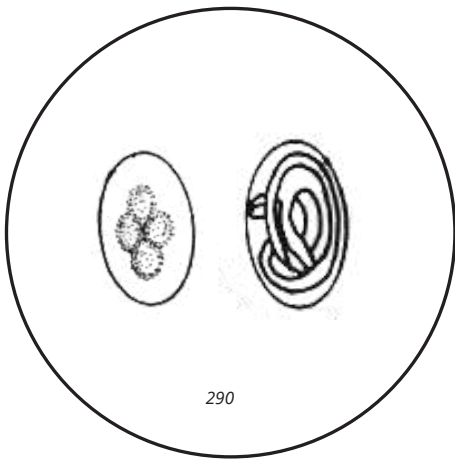
# ESTRONGILOIDÍASE

## ETIOLOGIA

Agentes etiológicos:

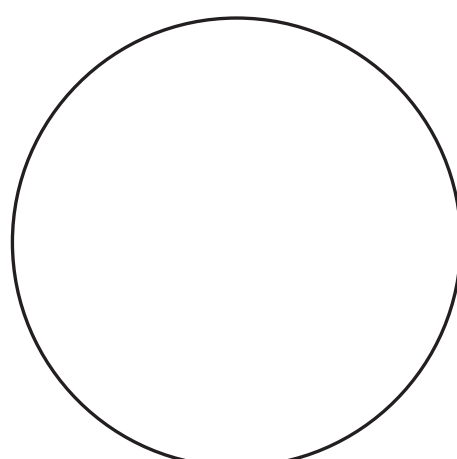
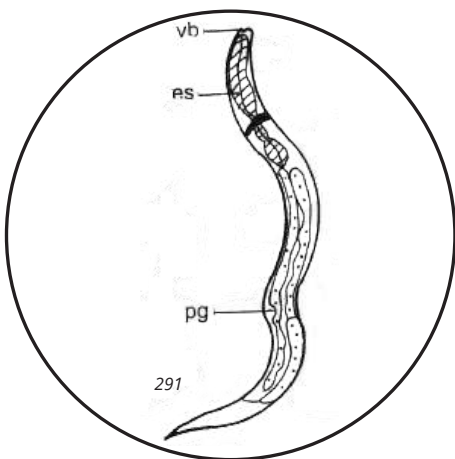
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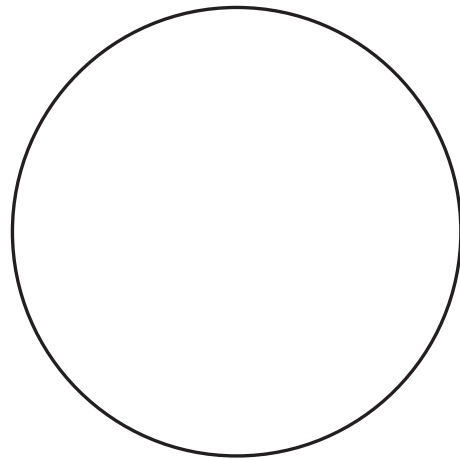
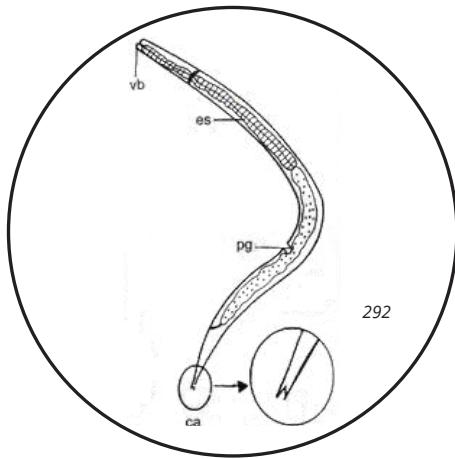
Forma de *Strongyloides stercoralis*:

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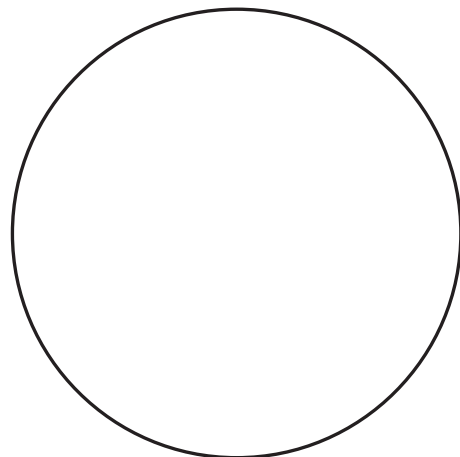
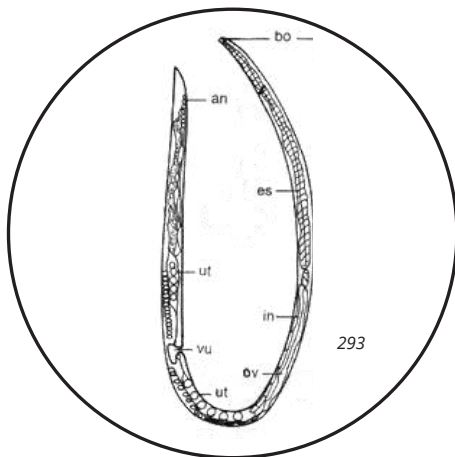


Forma de *Strongyloides stercoralis*:

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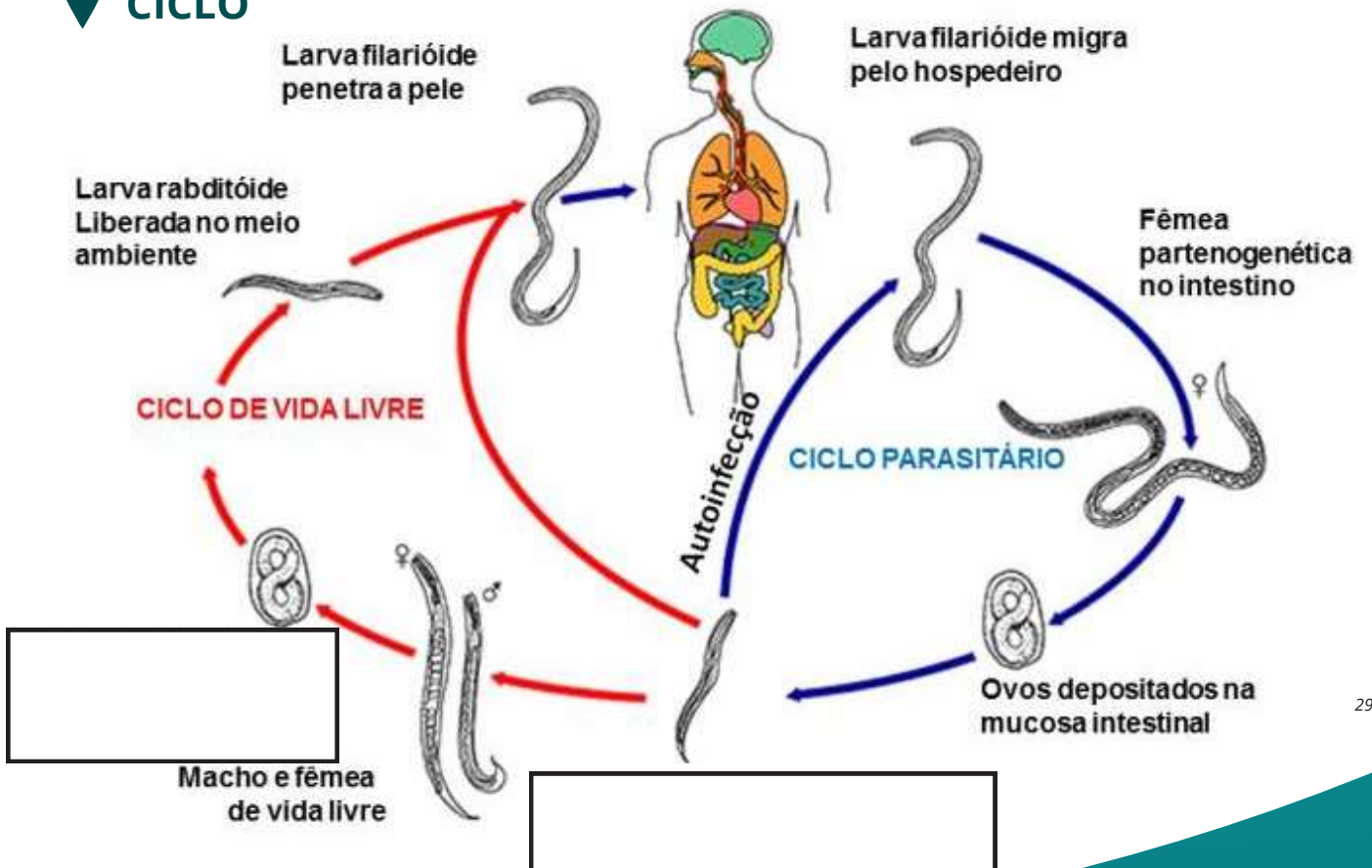


Forma de *Strongyloides stercoralis*: \_\_\_\_\_



Forma de *Strongyloides stercoralis*: \_\_\_\_\_

**CICLO**

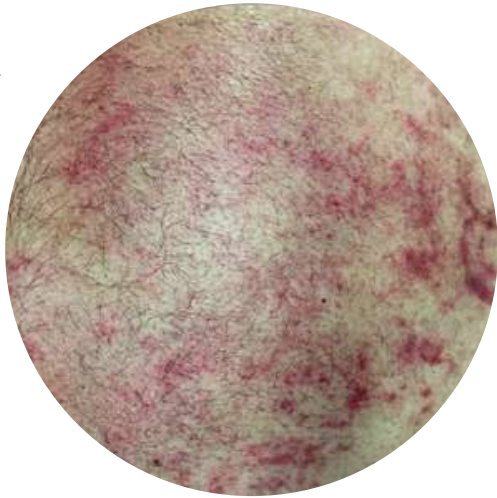




# SINAIS E SINTOMAS

## Forma cutânea:

295



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## Casos de reinfeção

296



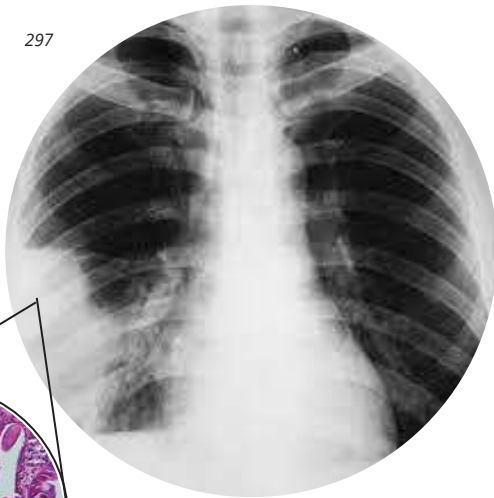
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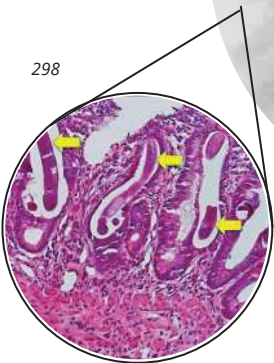
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## Forma pulmonar:

297



298



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299



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300



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301



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## Forma intestinal:

302



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305



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303



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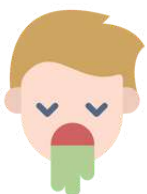
306



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304



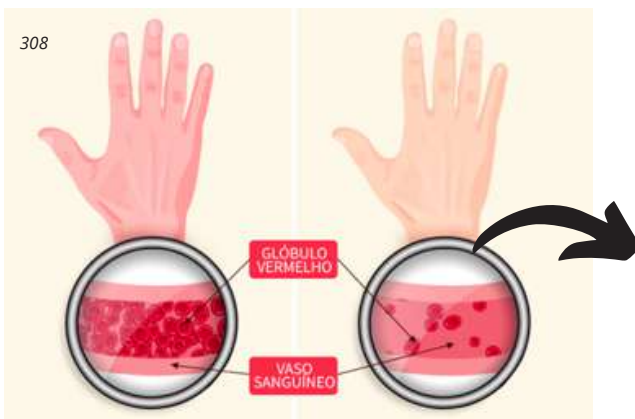
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307



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308



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## Forma disseminada:

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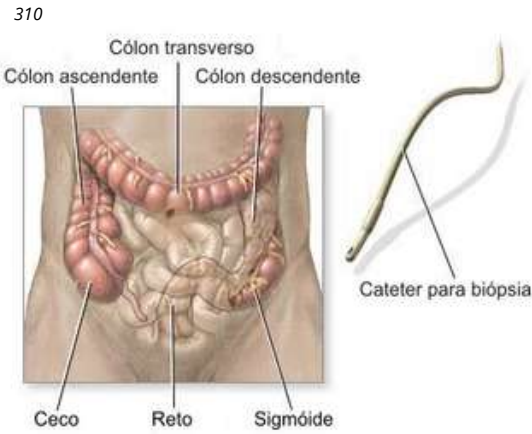
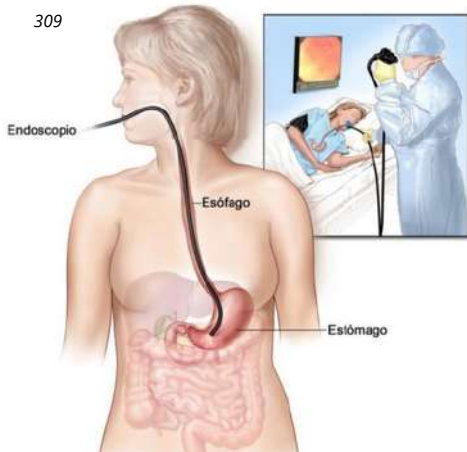
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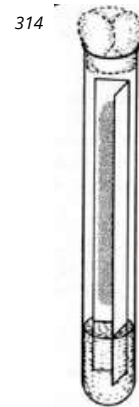
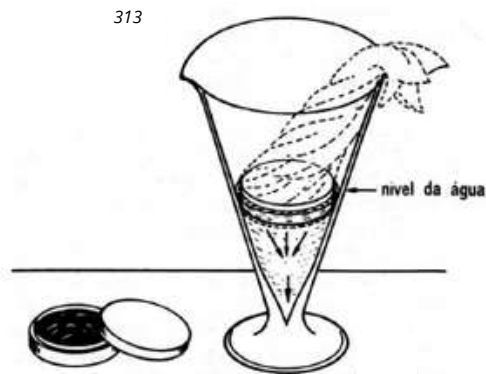
## **DIAGNÓSTICO**

Tríade clássica: \_\_\_\_\_

## Direto:



## \* Exames de fezes



## Indireto:



## TRATAMENTO

Drogas que podem ser usadas:

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318

319

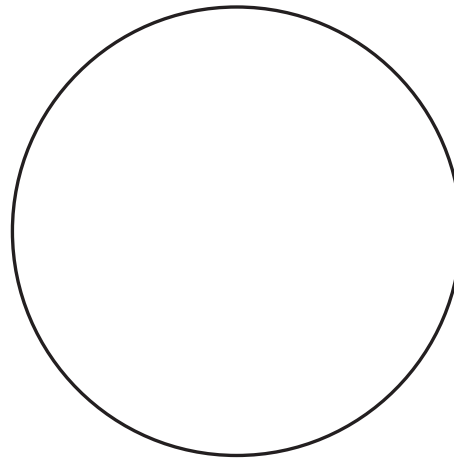




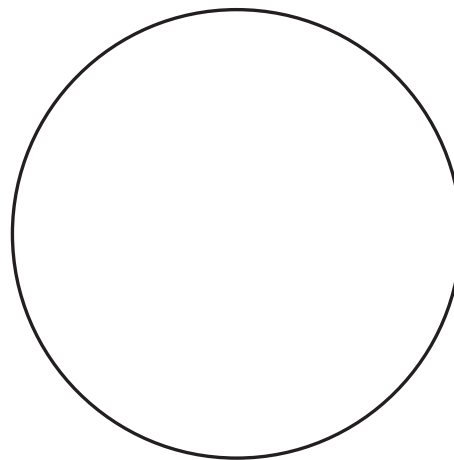
# ESQUISTOSSOMOSE

## ETIOLOGIA

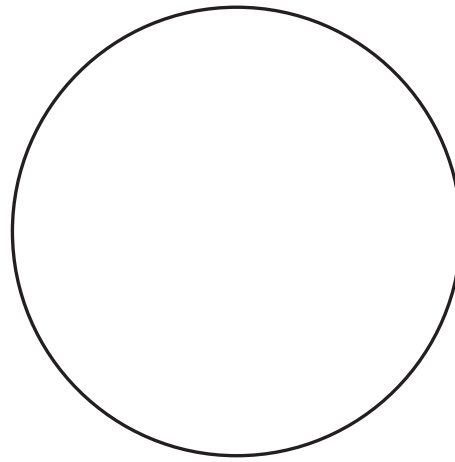
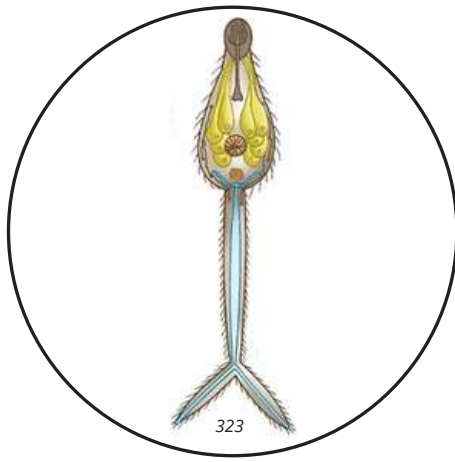
Agente etiológico: \_\_\_\_\_



Forma: \_\_\_\_\_

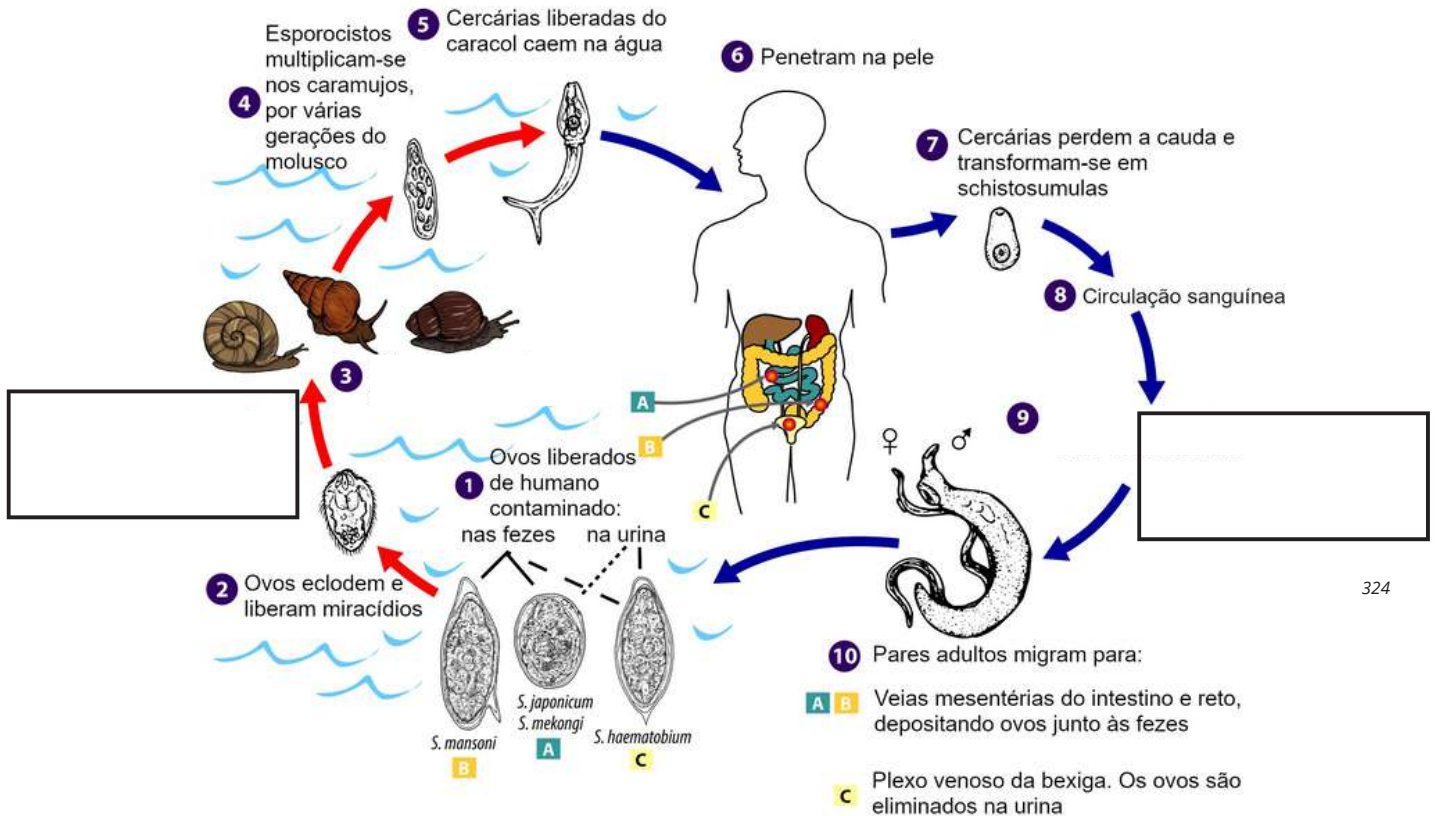


Forma: \_\_\_\_\_



Forma: \_\_\_\_\_

## CICLO



324

## SINAIS E SINTOMAS

### Fase inicial

325



326



327



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329



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328



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330



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### Fase tardia

331



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333



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332



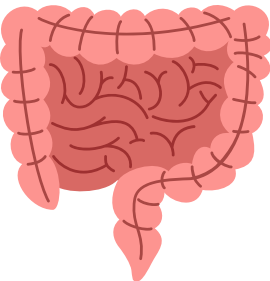
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334



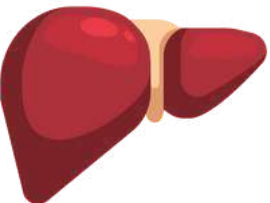
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335



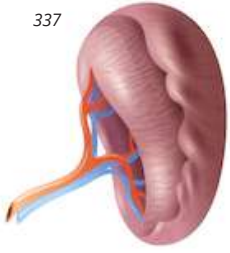
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336



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337



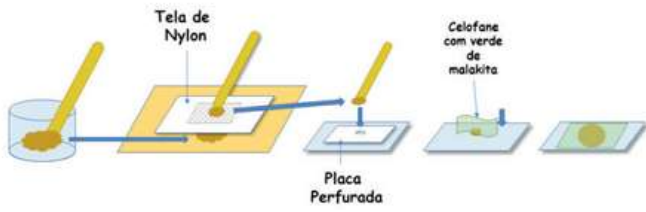
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## DIAGNÓSTICO

338



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339

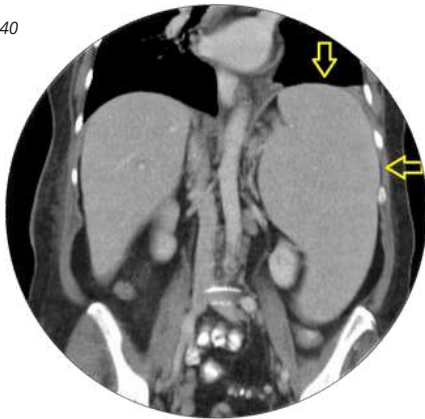


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340



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# TRATAMENTO

## Fase aguda

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## Fase crônica

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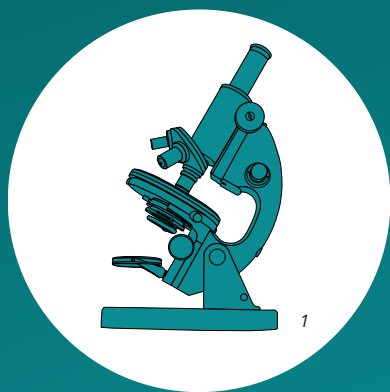


341

342



# UNIDADE III



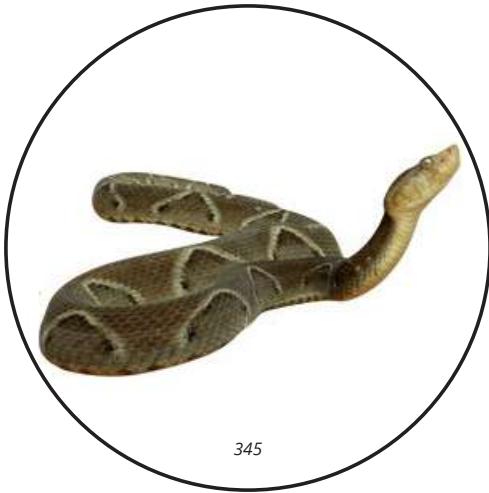
# ANIMAIS PEÇONHENTOS

344



# OFÍDIOS

## 📍 OFÍDIOS DE IMPORTÂNCIA MÉDICA



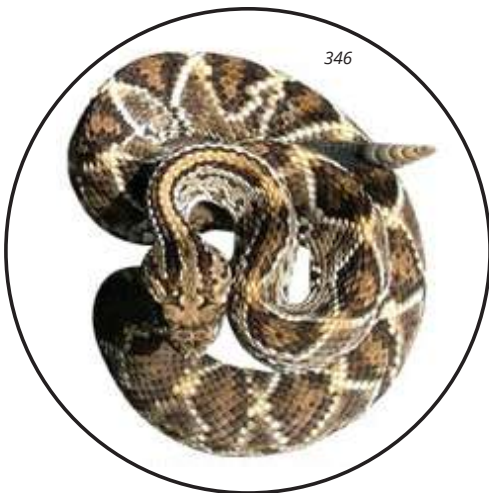
345

Tipo de acidente:

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Representante da classe:

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346

Tipo de acidente:

---

Representante da classe:

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347

Tipo de acidente:

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Representante da classe:

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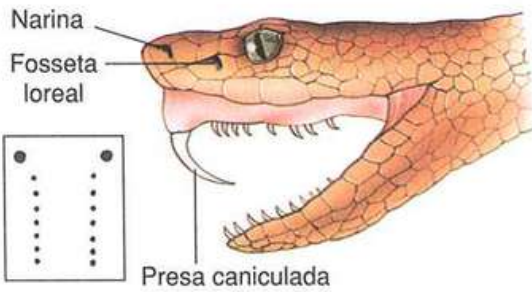


Tipo de acidente: \_\_\_\_\_

Representante da classe: \_\_\_\_\_

## DENTIÇÃO

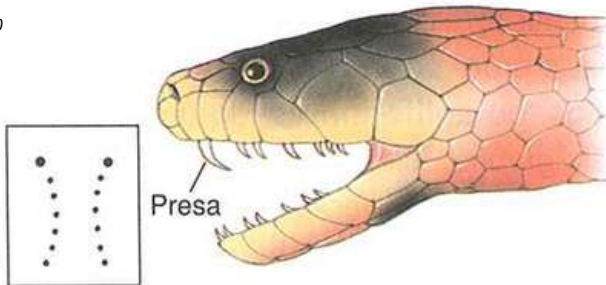
349



Tipo: \_\_\_\_\_

Ofídios: \_\_\_\_\_

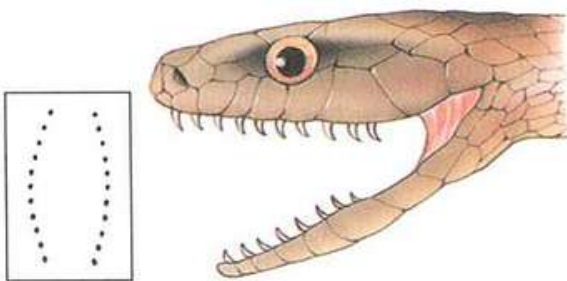
350



Tipo: \_\_\_\_\_

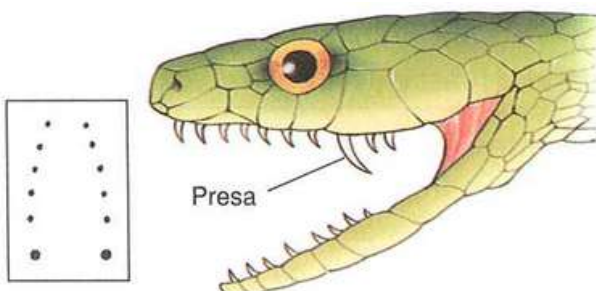
Ofídios: \_\_\_\_\_

351



Tipo: \_\_\_\_\_

352



Tipo: \_\_\_\_\_

Acidente botrópico



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Acidente crotálico



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363

Fácies típica:

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364

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## Acidente laquético

365



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368



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366



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369



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367



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370



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## Acidente elapídico



371

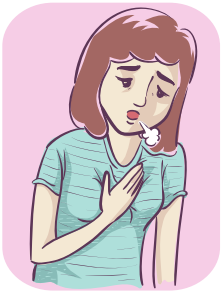
Fácies típica:

\_\_\_\_\_

372



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## **DIAGNÓSTICO**

### Acidente botrópico

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\_\_\_\_\_  
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### Acidente crotálico

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### Acidente laquético

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\_\_\_\_\_  
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### Acidente elapídico

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## TRATAMENTO

### Acidente botrópico

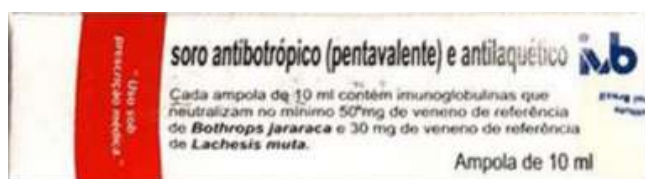
375



#### CASOS LEVES:

Nº de ampolas: \_\_\_\_\_

376



#### CASOS MODERADOS:

Nº de ampolas: \_\_\_\_\_

#### CASOS GRAVES:

Nº de ampolas: \_\_\_\_\_

### Acidente crotálico

377



#### CASOS MODERADOS:

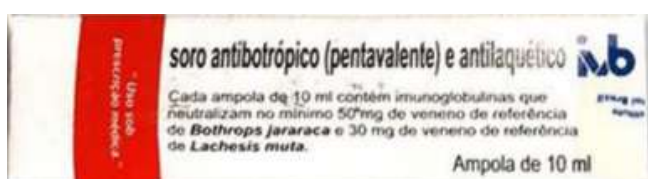
Nº de ampolas: \_\_\_\_\_

#### CASOS GRAVES:

Nº de ampolas: \_\_\_\_\_

### Acidente laquético

378



#### CASOS LEVES:

Nº de ampolas: \_\_\_\_\_

#### CASOS MODERADOS:

Nº de ampolas: \_\_\_\_\_

#### CASOS GRAVES:

Nº de ampolas: \_\_\_\_\_

### Acidente elapídico

379



#### CASOS GRAVES:

Nº de ampolas: \_\_\_\_\_



380



## ESCORPIÕES

### 📍 ESCORPIÕES DE IMPORTÂNCIA MÉDICA



381

Espécie:

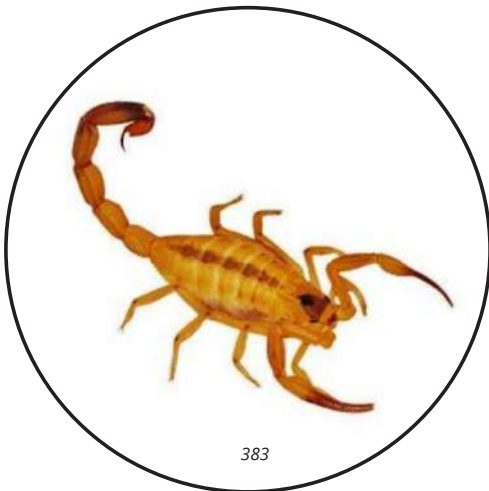
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382

Espécie:

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Espécie:

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Espécie:

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## SINAIS E SINTOMAS

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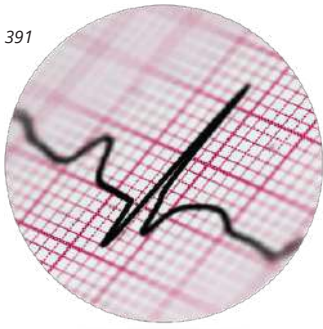


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## TRATAMIENTO

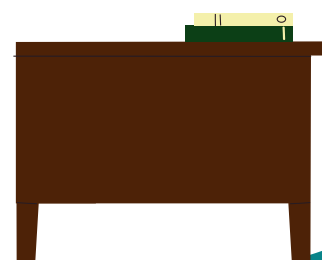
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### Específico

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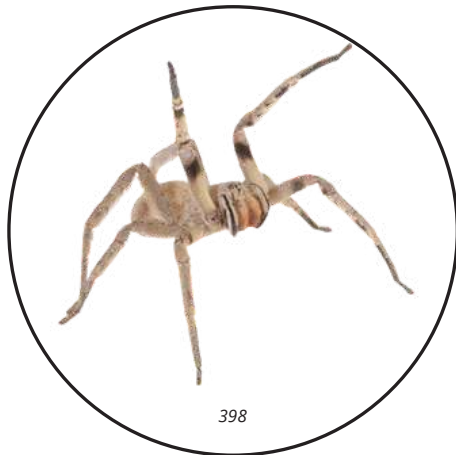
# ARANHAS

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## SINAIS E SINTOMAS

### Phoneutria:

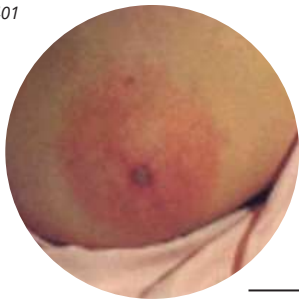
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### Loxosceles:

#### Forma cutânea:

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### Forma cutâneo-visceral (hemolítica):

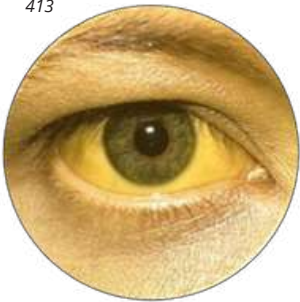
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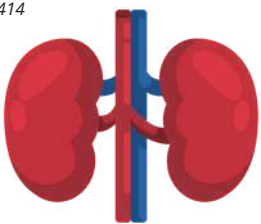
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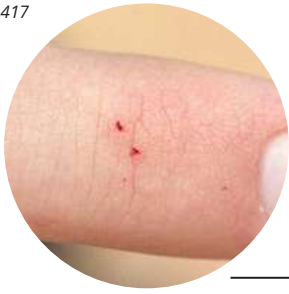


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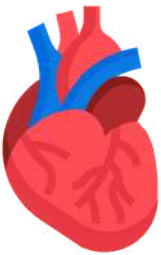
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## **TRATAMIENTO**

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**ANTIARACNÍDICO**

**SOROS:**

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