



Clinical Tropical Medicine and Travelers' Health:

Virtual Update Course

September 27-28, 2024

Tropical dermatology

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Fundação Alfredo da Matta de Dermatologia

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Manaus

<http://photojournal.jpl.nasa.gov>

FUNDAÇÃO DE DERMATOLOGIA TROPICAL E VENEREOLOGIA "ALFREDO DA MATTA"



CAUSES OF NEGLECTED TROPICAL DISEASES, WHO, 2024

Buruli ulcer

Chagas disease

Dengue and Chikungunya

Dracunculiasis (guinea-worm disease)

Echinococcosis

Foodborne trematodiasis

Human African trypanosomiasis (sleeping sickness)

Leishmaniasis

Leprosy (Hansen's disease)

Lymphatic filariasis

Mycetoma, chromoblastomycosis and other deep mycoses

Onchocerciasis (river blindness)

Rabies

Scabies and other ectoparasites

Schistosomiasis

Soil-transmitted helminthiasis

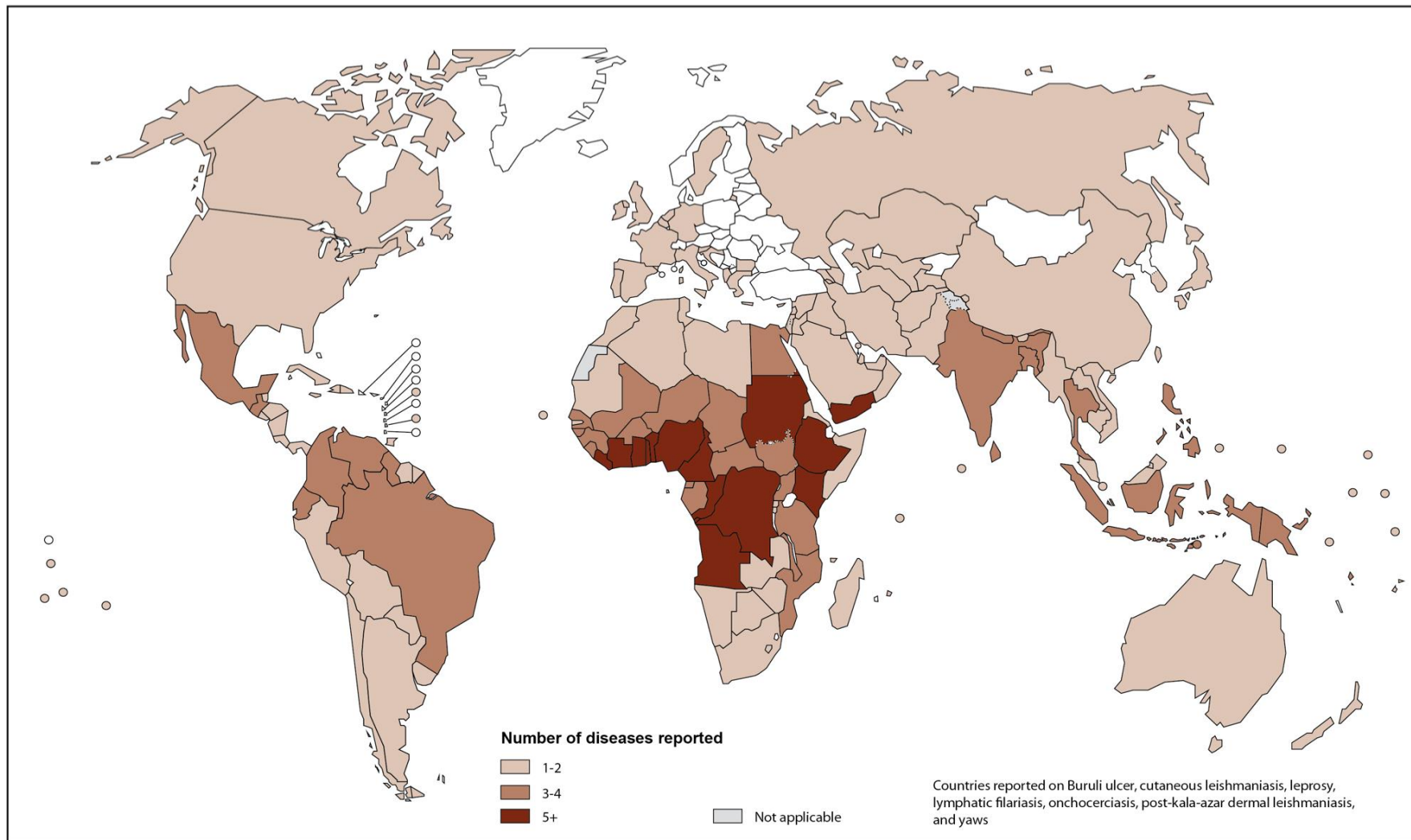
Snakebite envenoming

Taeniasis/Cysticercosis

Trachoma

Yaws (Endemic treponematoses)

COUNTRIES REPORTING CASES ON AT LEAST ONE SKIN NTD IN 2017-2021, WHO

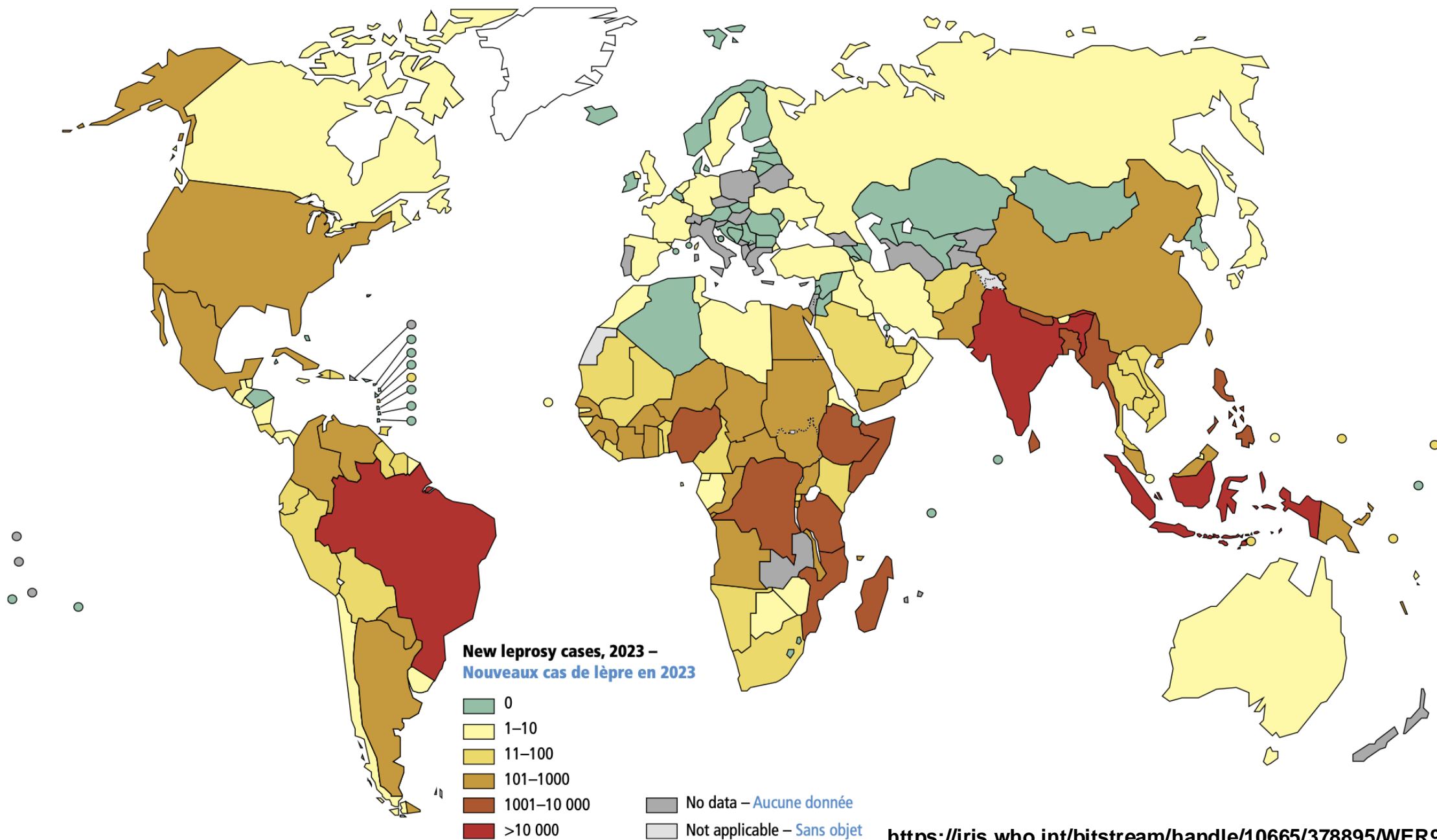


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © World Health Organization (WHO) 2023. All rights reserved.

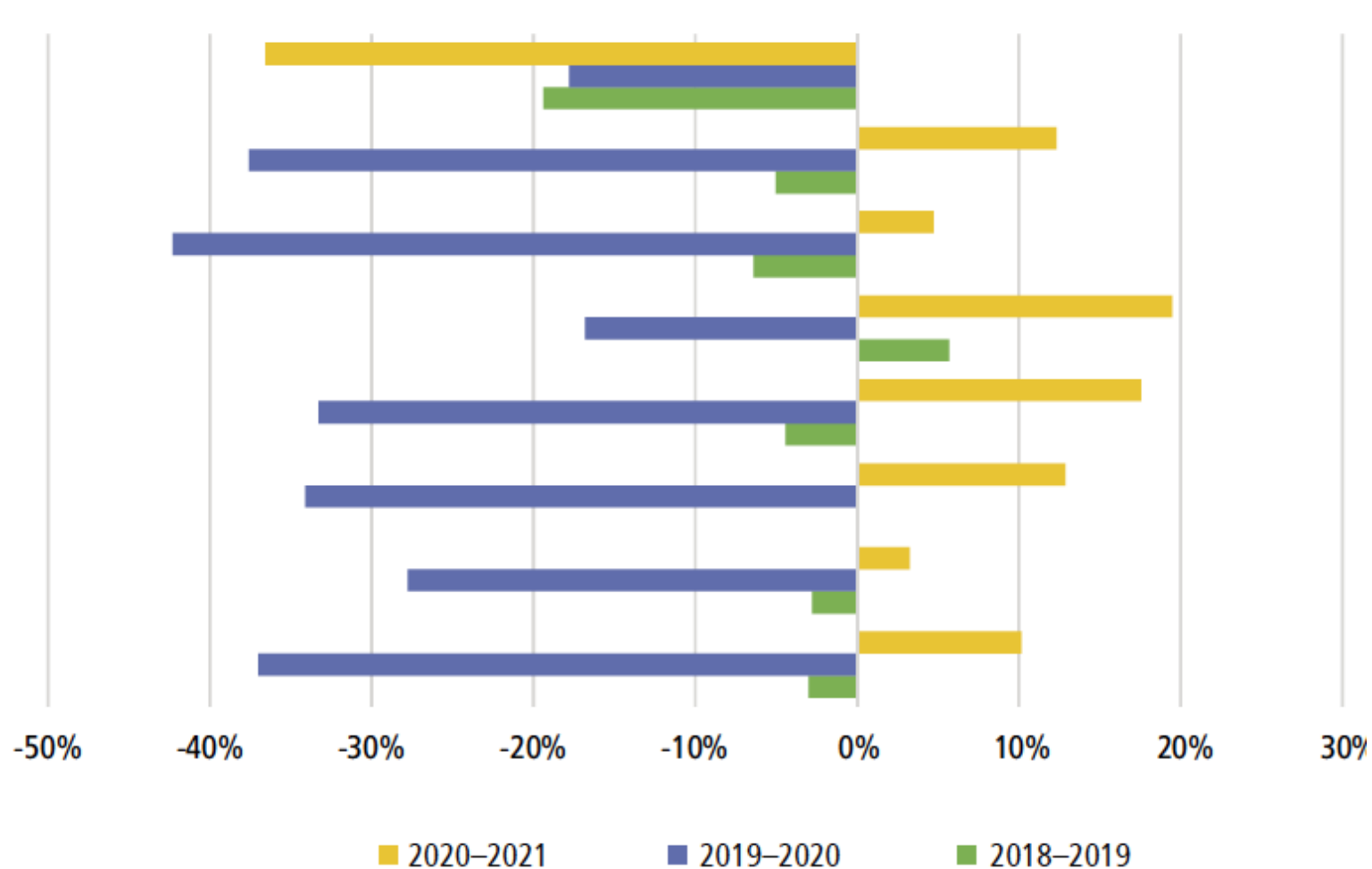
Data source: World Health Organization
Map production: Control of Neglected Tropical Diseases (NTD)
World Health Organization



GEOGRAPHICAL DISTRIBUTION OF NEW CASES OF LEPROSY, 2023



IMPACT OF COVID-19 IN LEPROSY, 2018-2021



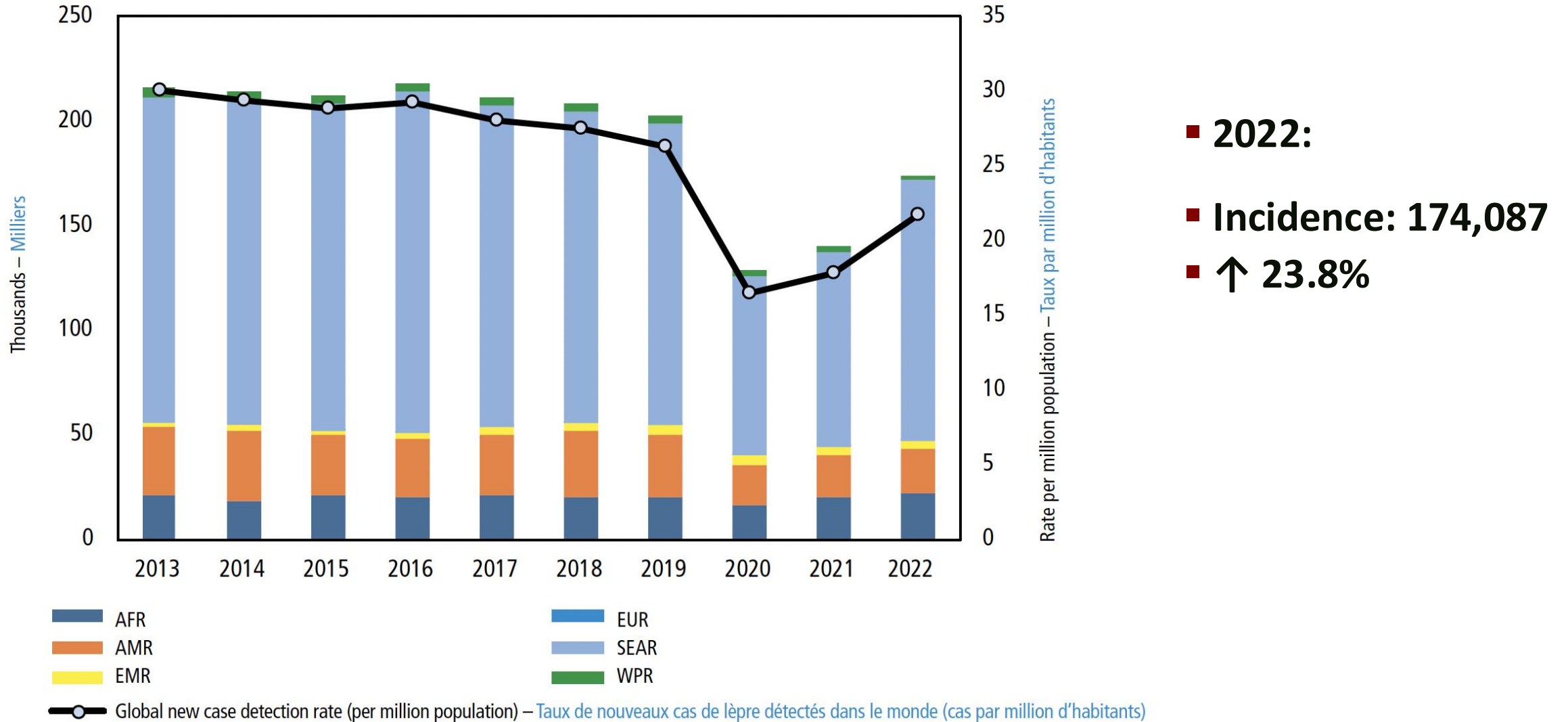
■ 2021:

■ Incidence: ↑ 10.2%

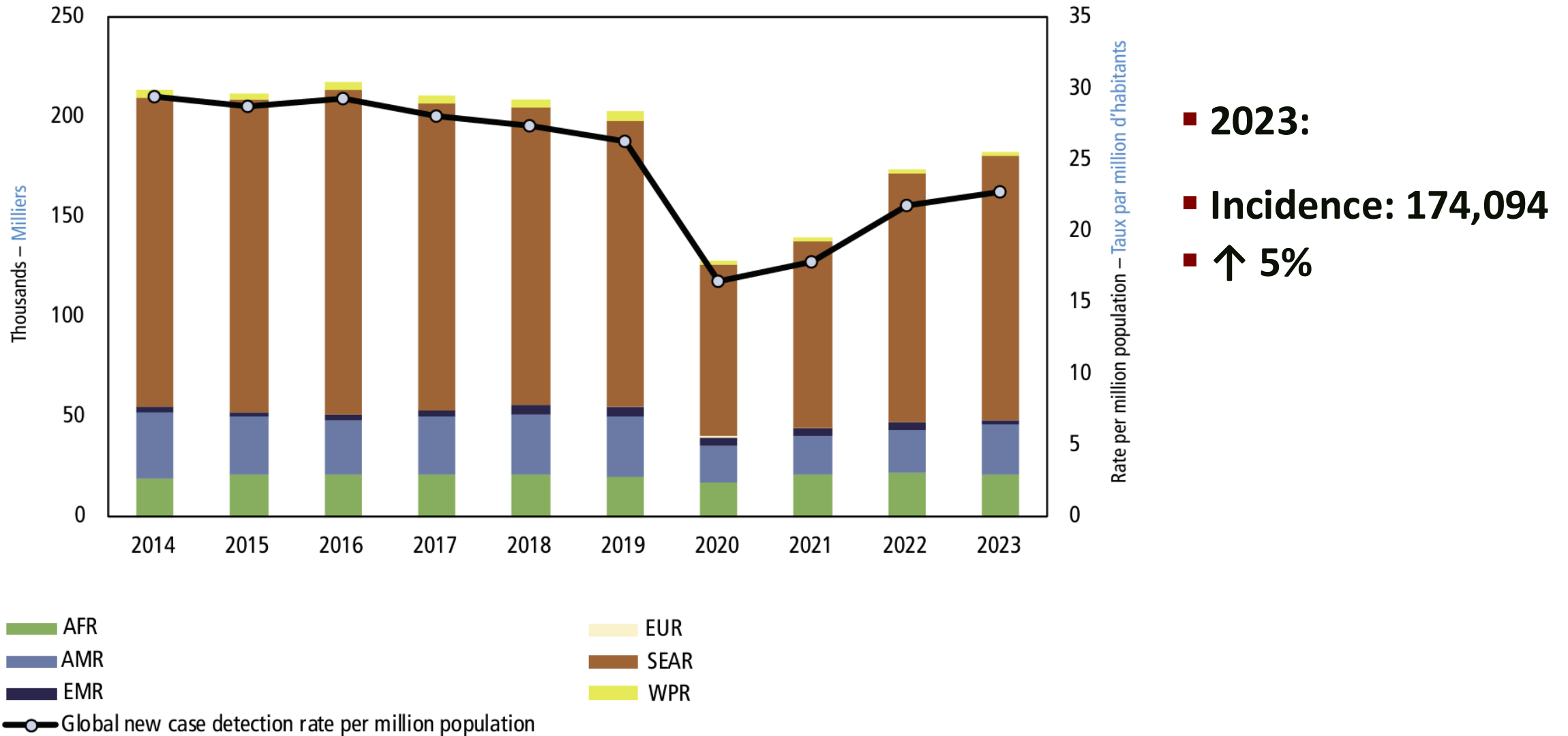
■ New adults cases with G2D: ↑ 17.6%

■ New children cases with G2D: ↑ 19.5%

LEPROSY DETECTION RATE. 2022



LEPROSY DETECTION RATE, 2023

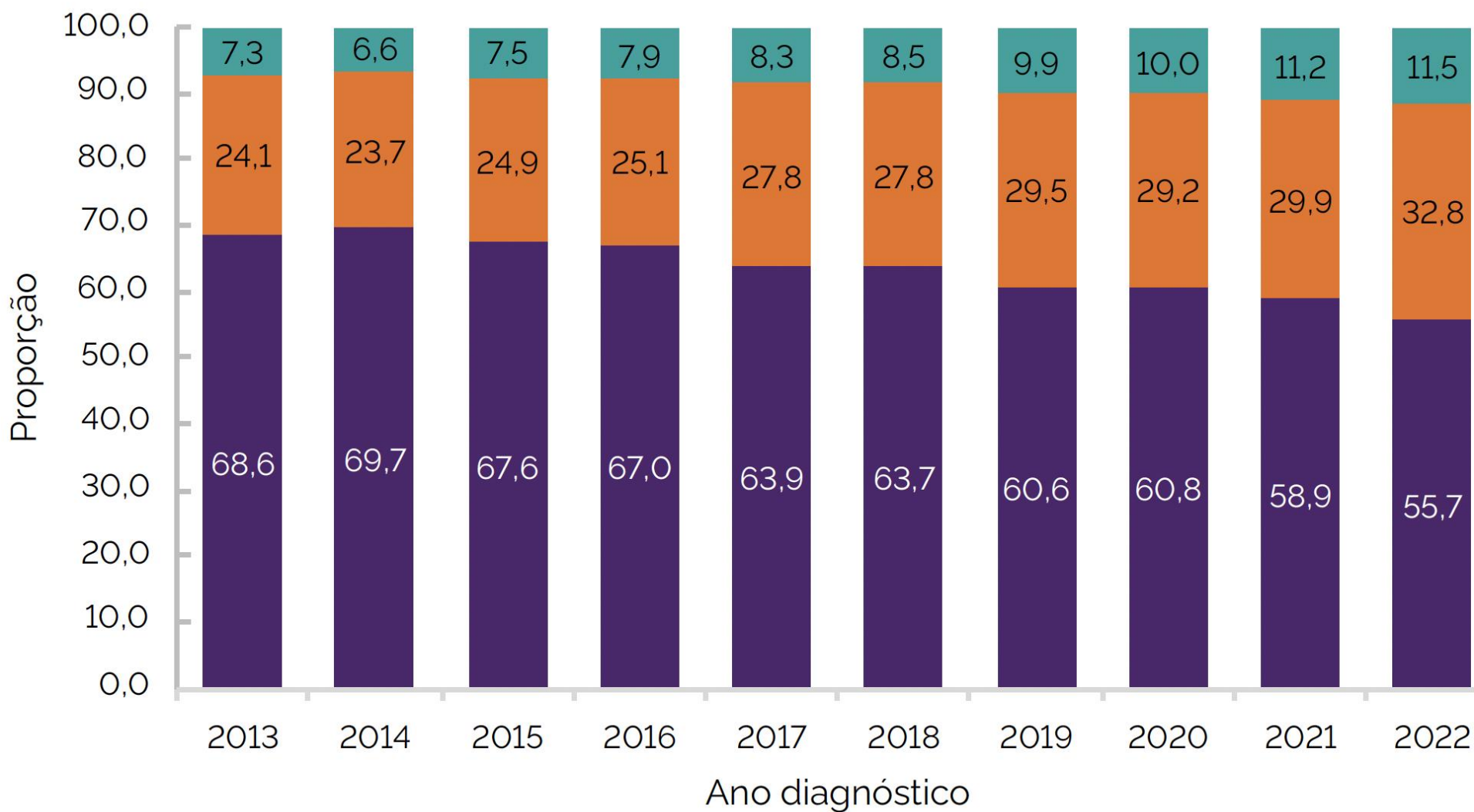


TRENDS IN NEW LEPROSY CASE DETECTION WITH G2D, 2014-2023

WHO Region – Région OMS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
African – Afrique	2 726 (2.9)	3 076 (3.1)	2 899 (2.9)	2 990 (2.9)	2 797 (2.6)	2 975 (2.7)	2 441 (2.2)	3 246 (2.8)	3 319 (2.8)	3 026 (2.5)
Americas – Amériques	2 227 ^a (2.3) ^a	2 101 ^b (2.1) ^b	1 940 (2.0)	2 150 (2.2)	2 324 (2.3)	2 544 (2.5)	1 610 ^c (1.6)	1 862 (1.8)	2 088 (2.0)	2 374 (2.3)
Eastern Mediterranean – Méditerranée orientale	300 (0.5)	315 (0.5)	299 (0.4)	314 (0.5)	309 (0.4)	236 (0.3)	252 (0.3)	209 (0.3)	200 (0.2)	223 (0.3)
European – Europe	–	–	4	1	2	4	4	–	13 ^d	10
South-East Asia – Asie du Sud-Est	8 525 (4.5)	8 572 (4.5)	7 538 (3.9)	6 513 (3.3)	5 626 (2.8)	4 817 (2.4)	2 713 (1.3)	2 953 (1.4)	3 771 (1.8)	3 899 (1.9)
Western Pacific – Pacifique occidental	337 (0.2)	321 (0.2)	373 (0.2)	306 (0.2)	260 (0.1)	264 (0.1)	192 (0.1)	199 (0.1)	166 (0.1)	197 (0.1)
World – Monde	14 115^a (1.9)^a	14 385^b (2.0)^b	13 053 (1.8)	12 274 (1.6)	11 318 (1.5)	10 840 (1.4)	7 212^c (0.9)	8 469 (1.1)	9 557^d (1.2)	9 729 (1.2)

- **5.3% of all new cases detected during 2023;**
- **New cases with G2D: ↑ 1.8%;**

TRENDS IN NEW LEPROSY CASE DETECTION WITH G2D, BRAZIL, 2013-2022



**2022: New cases with
G2D ↑ 5.5%**



**LATE
DIAGNOSIS**

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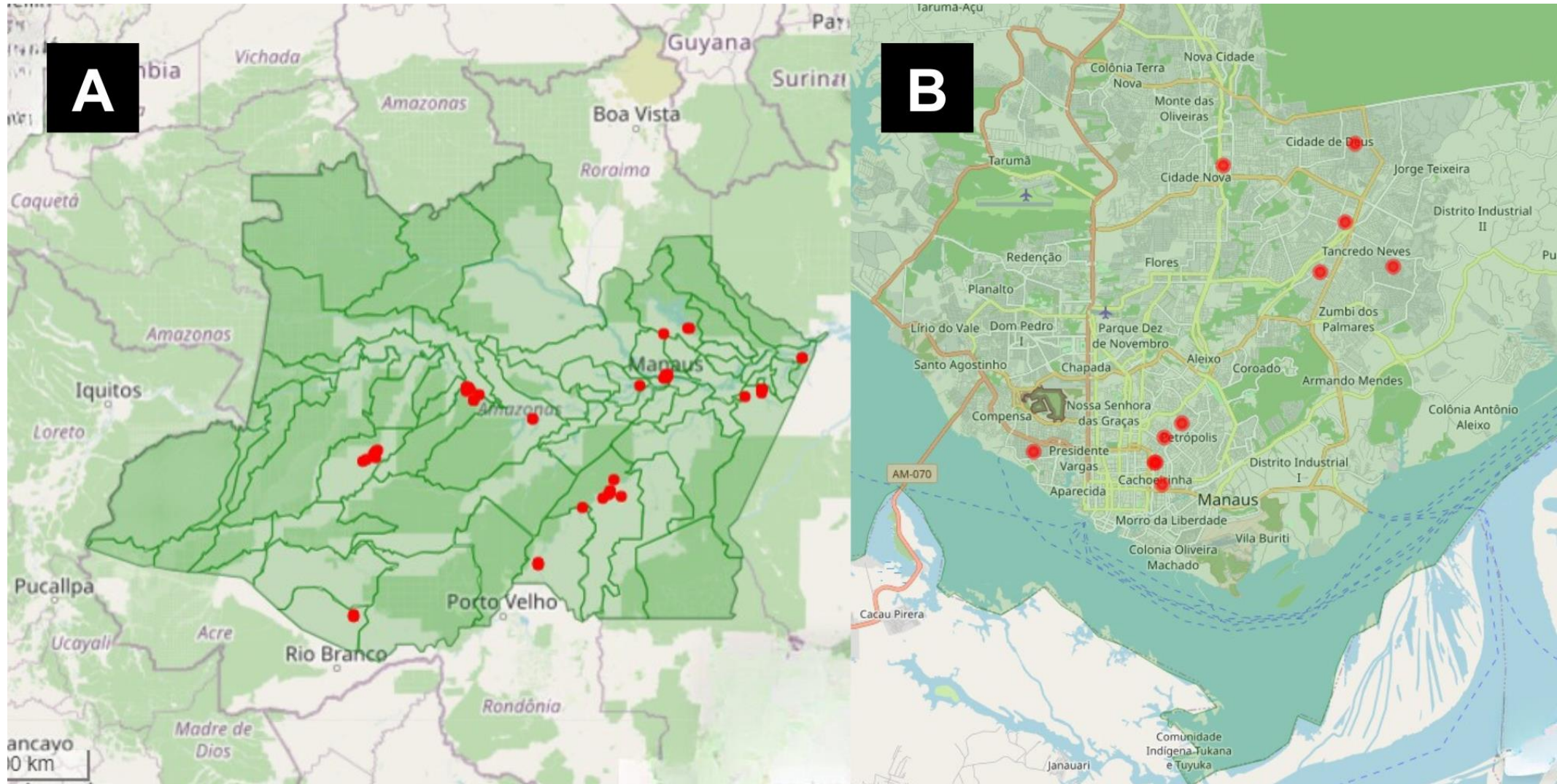








NEW LEPROSY CASES DIAGNOSED DURING THE AMAZON SKIN HEALTH PROGRAM (2023)



2023: 13,023 individuals examined, 69 (0.5%) **new cases of leprosy**

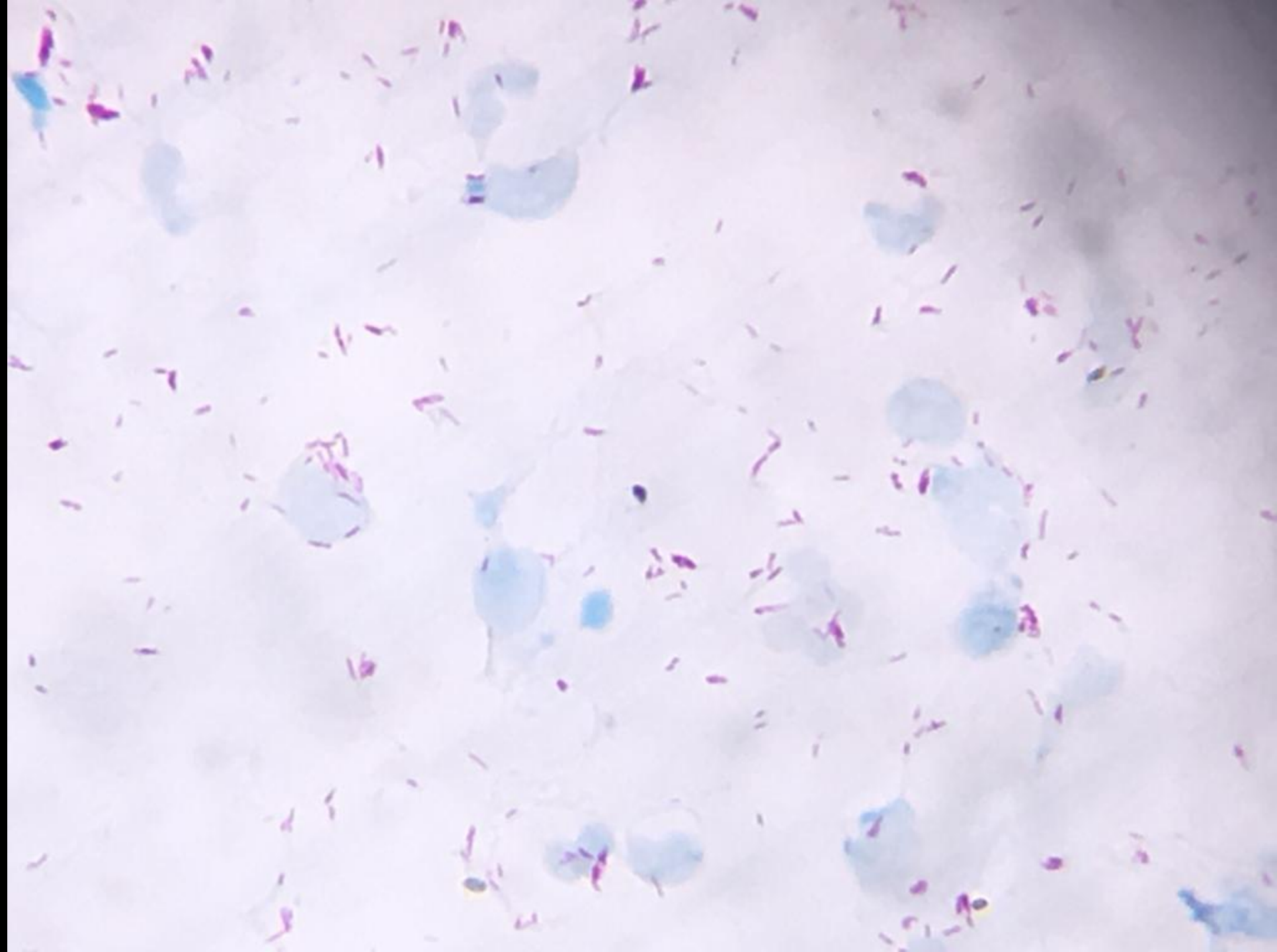
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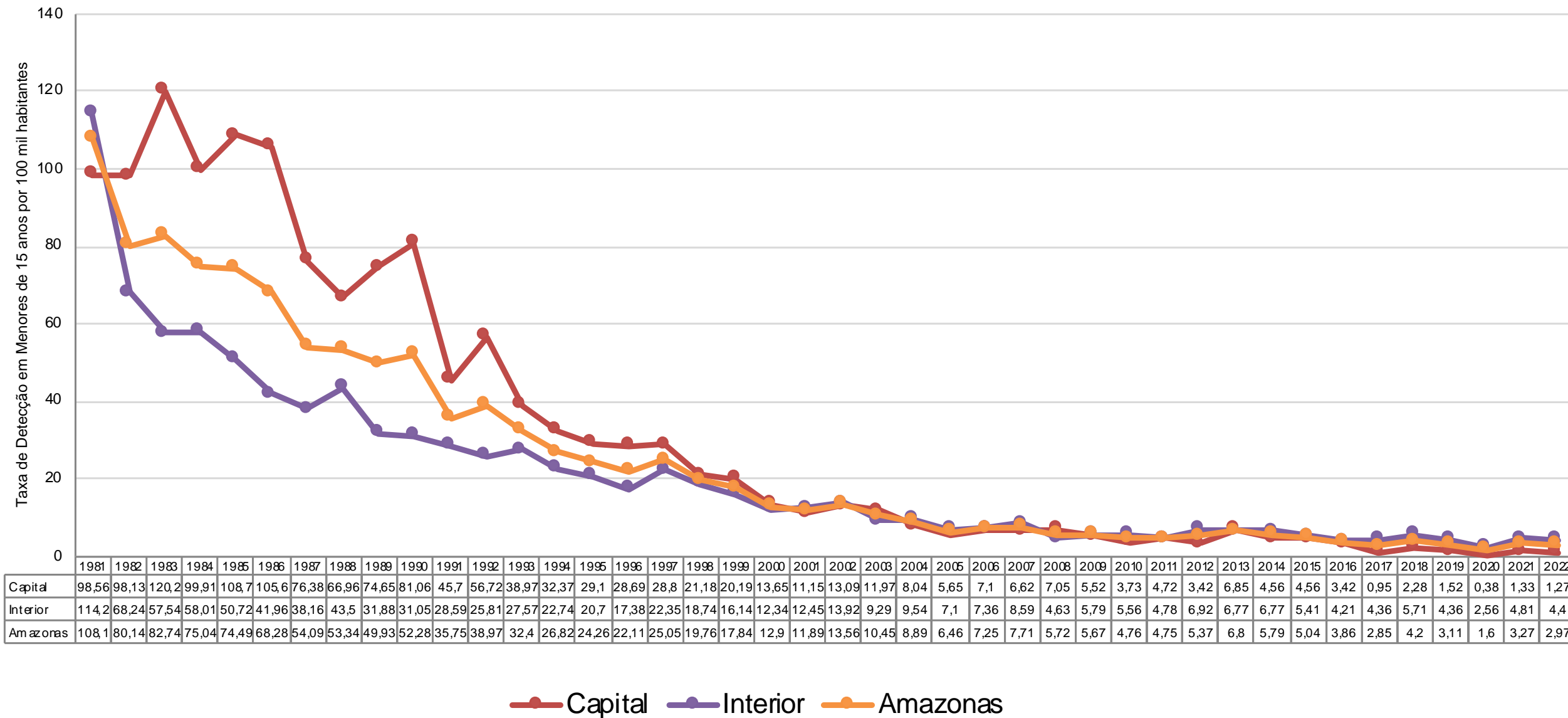






**LATE
DIAGNOSIS**

NEW LEPROSY CASE DETECTION AMONG CHILDREN, AMAZONAS STATE, 1981 - 2022

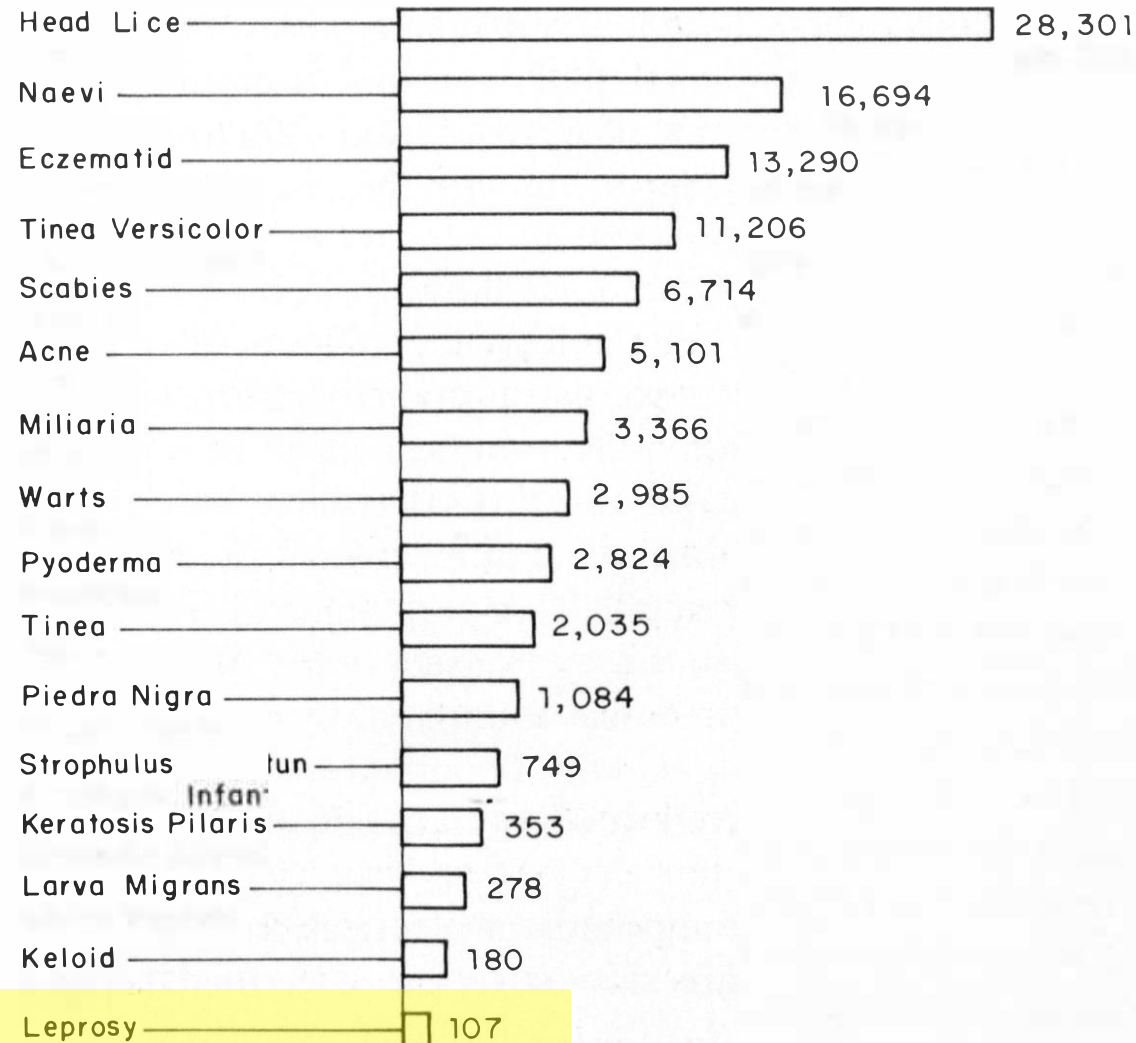






A study of leprosy and other skin diseases in school children in the state of Amazonas, Brazil

*S TALHARI, MARIA A A TORRECILA
& ANETTE C TALHARI



■ **1979-1982:**

■ **104,000 schoolchildren examined**

■ **107 new cases of leprosy**

■ **10.6 cases of leprosy per 10,000 children**

Almost 40 years later...

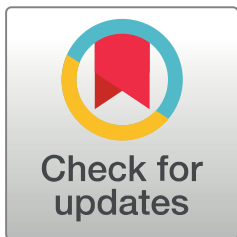
RESEARCH ARTICLE

Leprosy among schoolchildren in the Amazon region: A cross-sectional study of active search and possible source of infection by contact tracing

Valderiza Lourenço Pedrosa^{1*}, Luiz Claudio Dias¹, Enrique Galban², André Leturiondo¹, Jamile Palheta, Jr¹, Monica Santos^{1,3}, Milton Ozório Moraes⁴, Carolina Talhari^{1,3}

1 Departamento de Ensino e Pesquisa, Fundação Alfredo da Matta, Manaus, Brazil, **2** Departamento de Epidemiologia, Facultad de Medicina Calixto García, La Habana, Cuba, **3** Escola de Ciências da Saúde, Universidade do Estado do Amazonas, Manaus, Brazil, **4** Laboratório de Hanseníase, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil

* valpedrosa@fuam.am.gov.br



Leprosy among schoolchildren in the Amazon region: a cross-sectional study of active search and possible source of infection by contact tracing

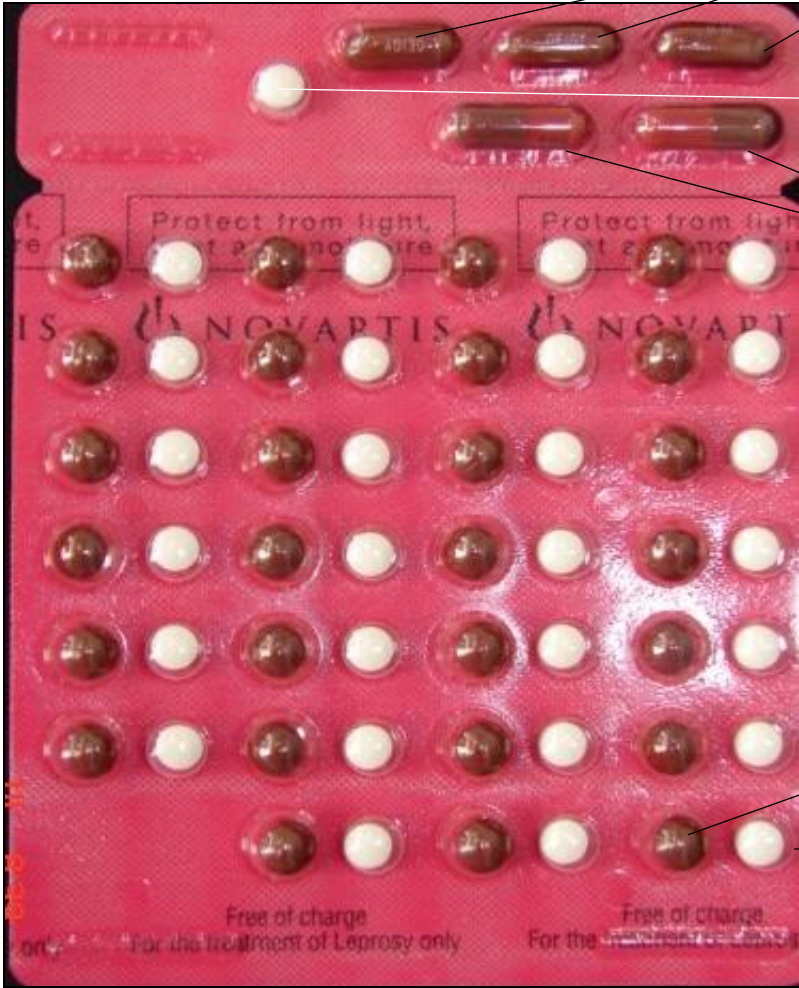
Valderiza Lourenço Pedrosa^{1*}, Luiz Claudio Dias¹, Enrique Galban², André Leturiondo¹, Jamile Palheta, Jr¹, Monica Santos^{1,3}, Milton Ozório Moraes⁴, Carolina Talhari^{1,3}

- 2014-2016
- 34,547 schoolchildren were examined
- 40 new leprosy cases were diagnosed
- Leprosy prevalence was 11.58 per 10,000 children
- **17 times higher than the registered rate in 2013 and higher than the study conducted in 1979**



LEPROSY UNIFORM TREATMENT

**Supervised
monthly dose**



Clofazimine

Dapsone

Rifampicin

Clofazimine

Dapsone

Paucibacillary: 6 months

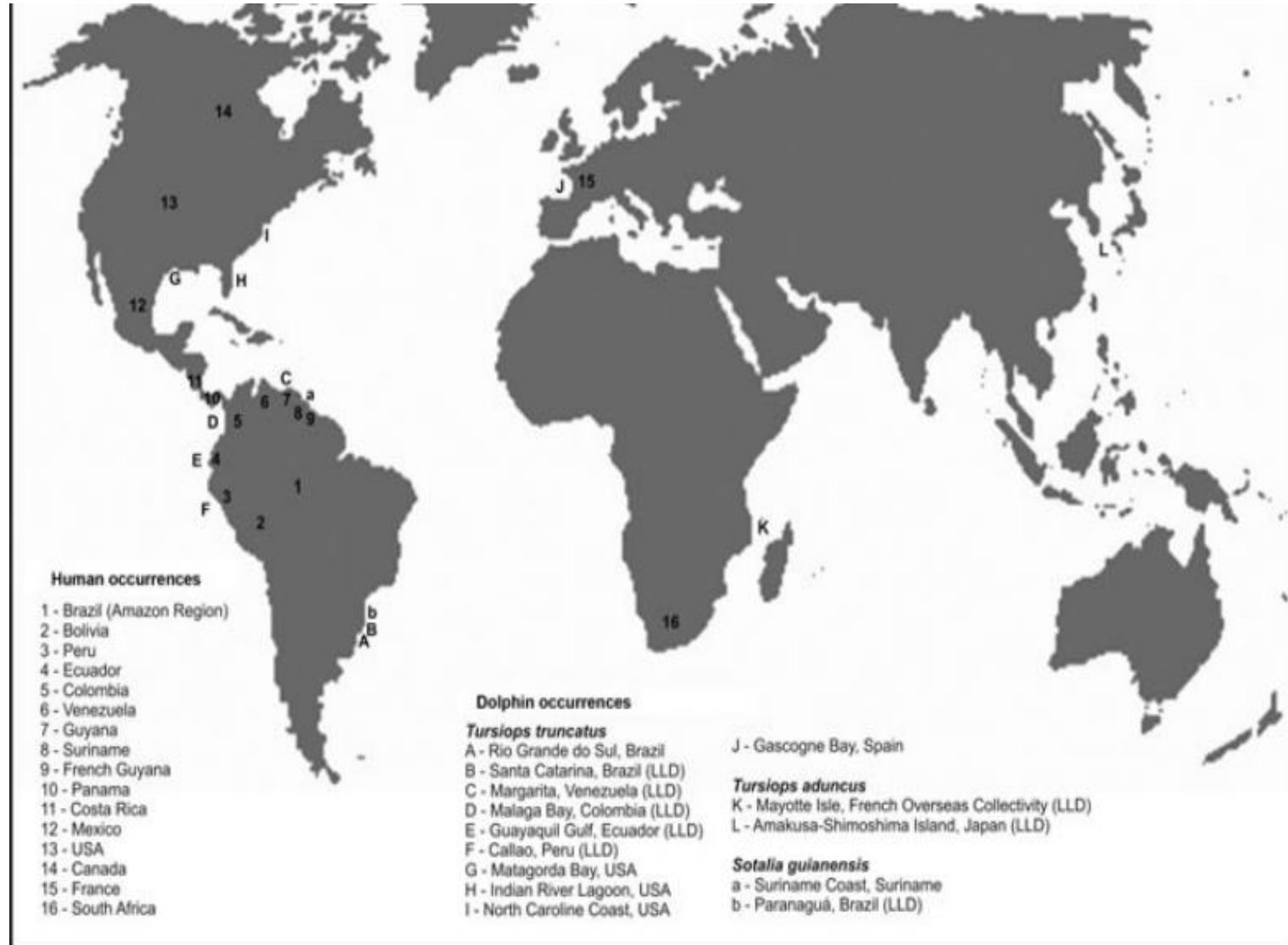
Multibacillary: 12 months

**Self-
administered
dose**

GEOGRAPHICAL OCCURRENCE OF LOBOMYCOSIS IN BOTH HUMANS AND DOLPHINS



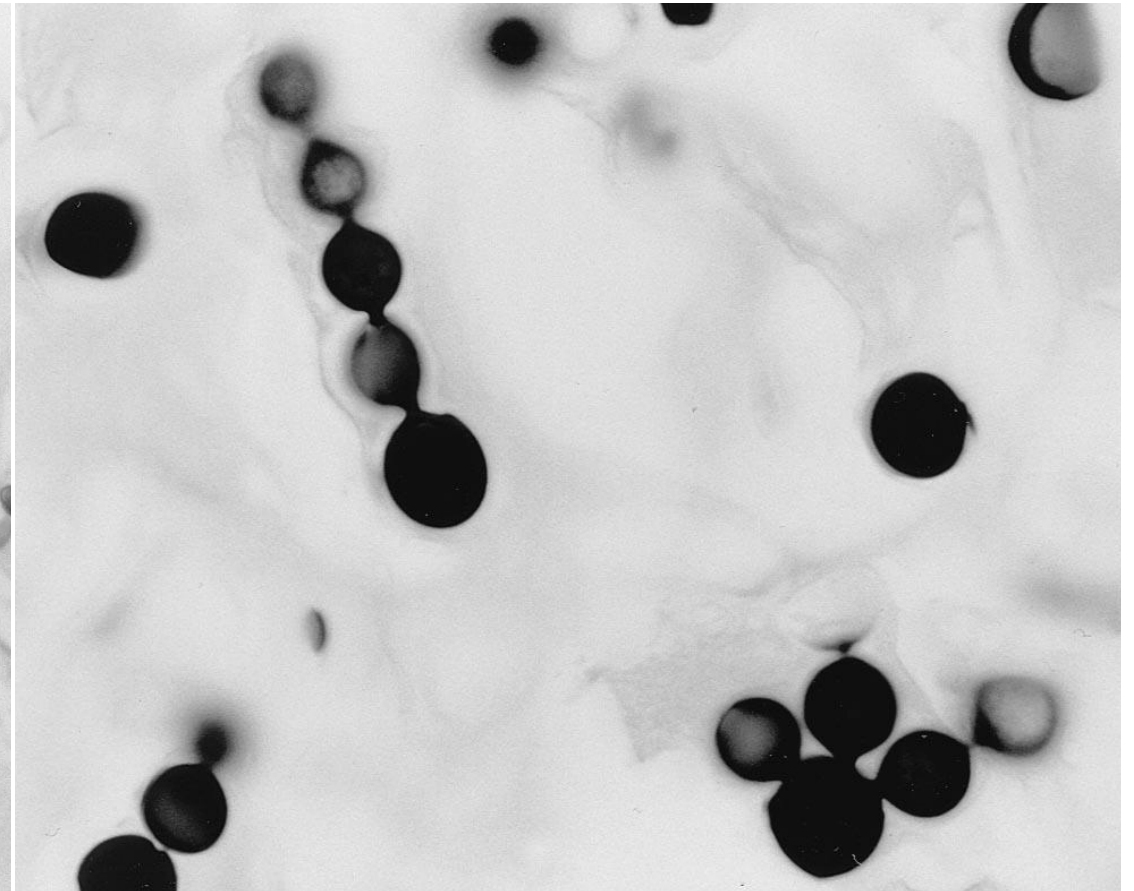
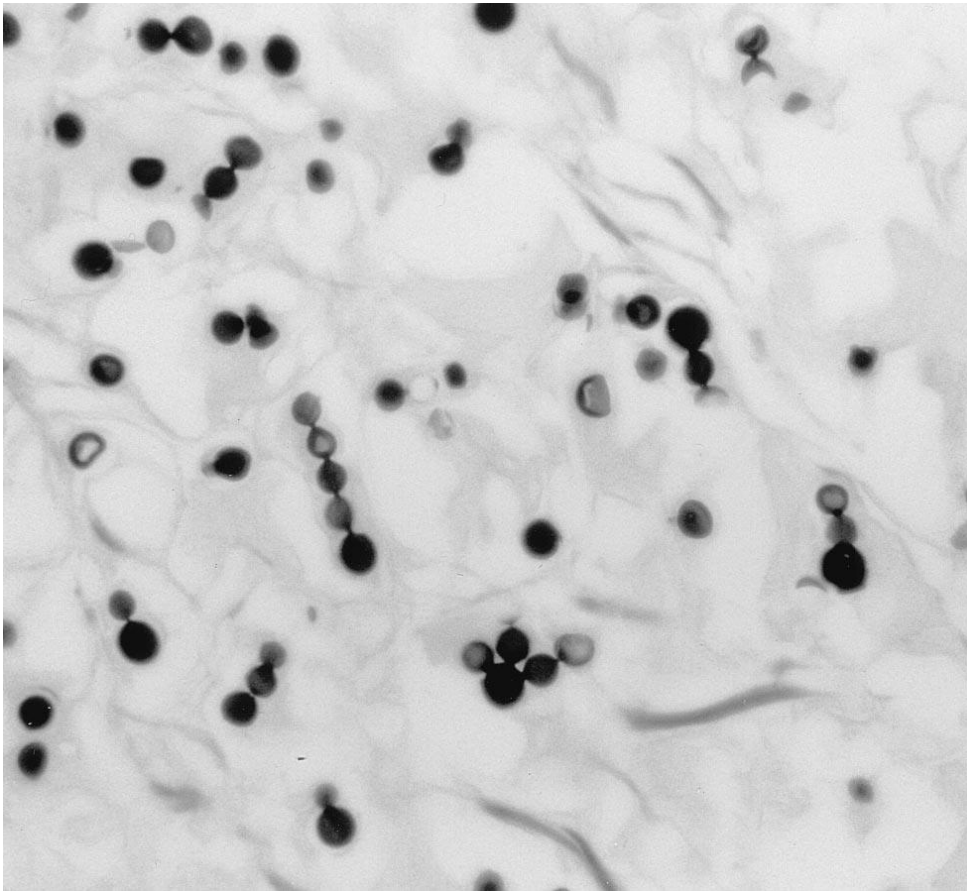
GEOGRAPHICAL OCCURRENCE OF LOBOMYCOSIS IN BOTH HUMANS AND DOLPHINS



Report of the First Human Case of Lobomycosis in the United States

ROBERT A. BURNS,¹ J. STEPHEN ROY,² CAVAN WOODS,¹ ARVIND A. PADHYE,^{3*}
AND DAVID W. WARNOCK³

*North Georgia Surgical Associates, Dalton, Georgia 30722¹; Dianon Systems Inc., Stratford, Connecticut 06615²;
and Mycotic Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious
Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia 30333³*









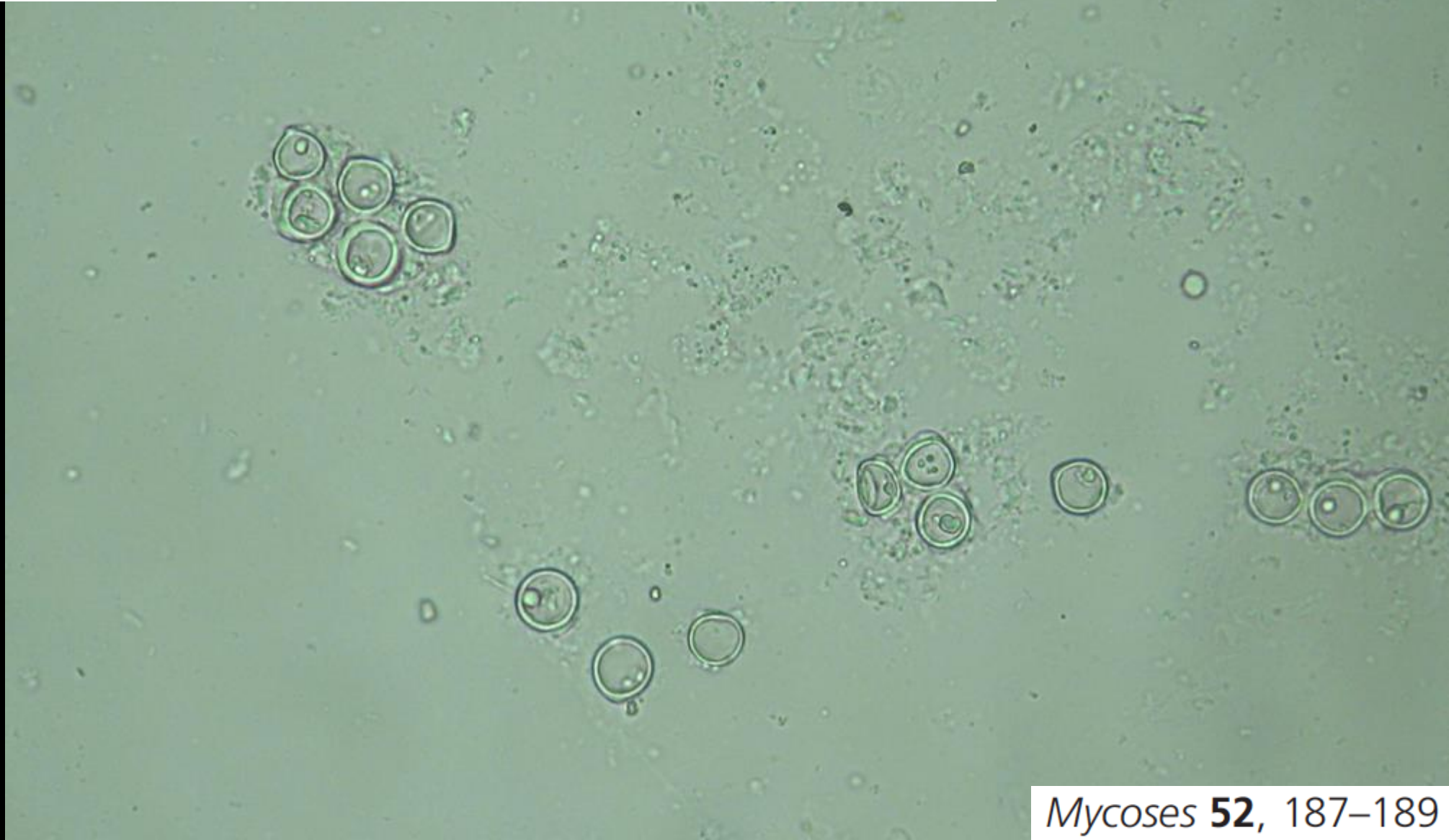


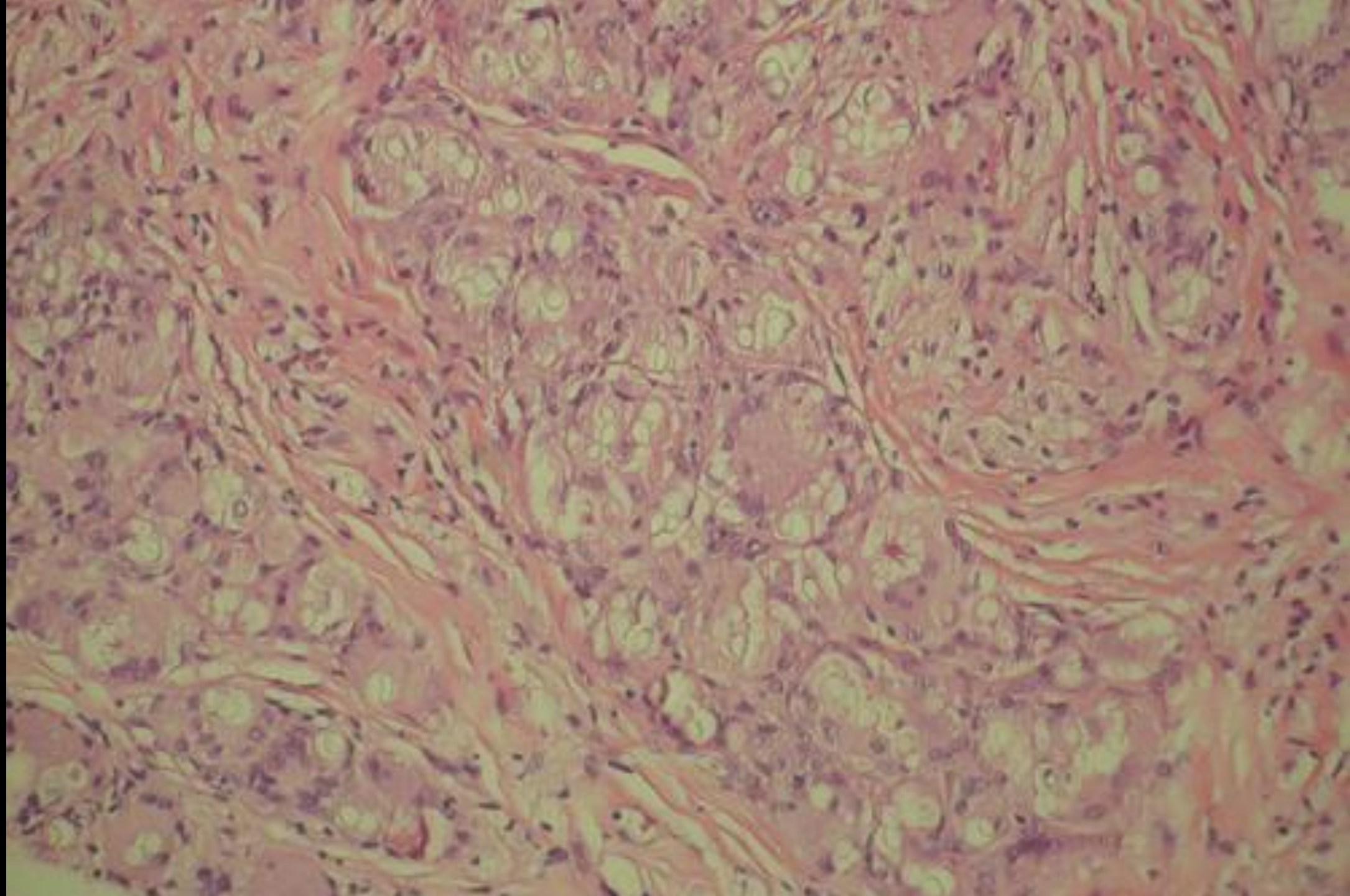




Exfoliative cytology as a rapid diagnostic tool for lobomycosis

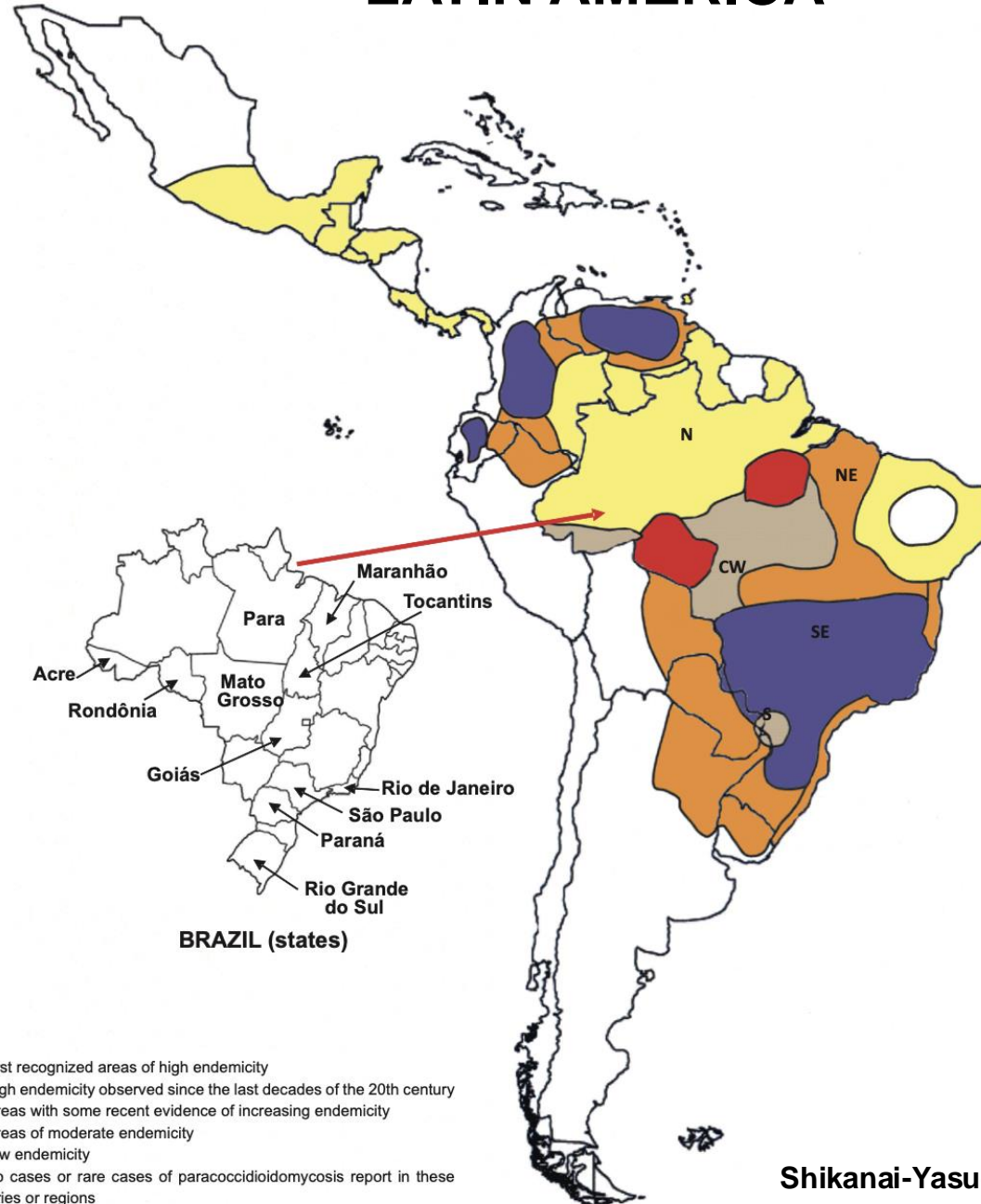
Carolina Talhari,^{1,2} Anette Chrusciak-Talhari,¹ João Vicente Braga de Souza,³ José Ribamar Araújo⁴
and Sinésio Talhari¹







GEOGRAPHICAL AREAS OF PARACOCCIDIOIDOMYCOSIS ENDEMICITY IN LATIN AMERICA

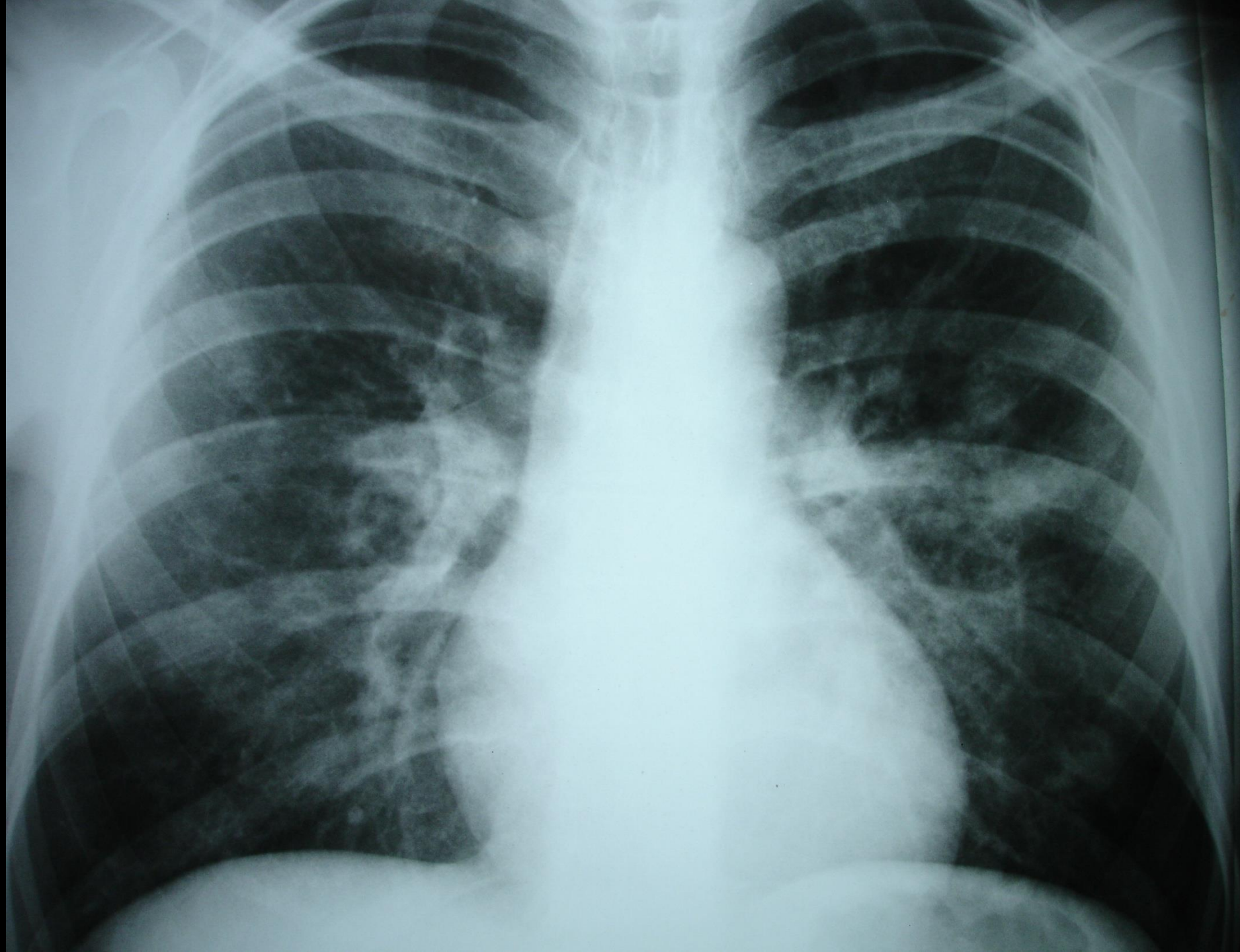


- first recognized areas of high endemicity
- high endemicity observed since the last decades of the 20th century
- areas with some recent evidence of increasing endemicity
- areas of moderate endemicity
- low endemicity
- no cases or rare cases of paracoccidioidomycosis report in these countries or regions









Oral exfoliative cytology as a rapid diagnostic tool for paracoccidioidomycosis

Carolina Talhari,^{1,2} João Vicente Braga de Souza,³ Vilmar José Parreira,⁴ Dieter Reinel⁵ and Sinésio Talhari¹



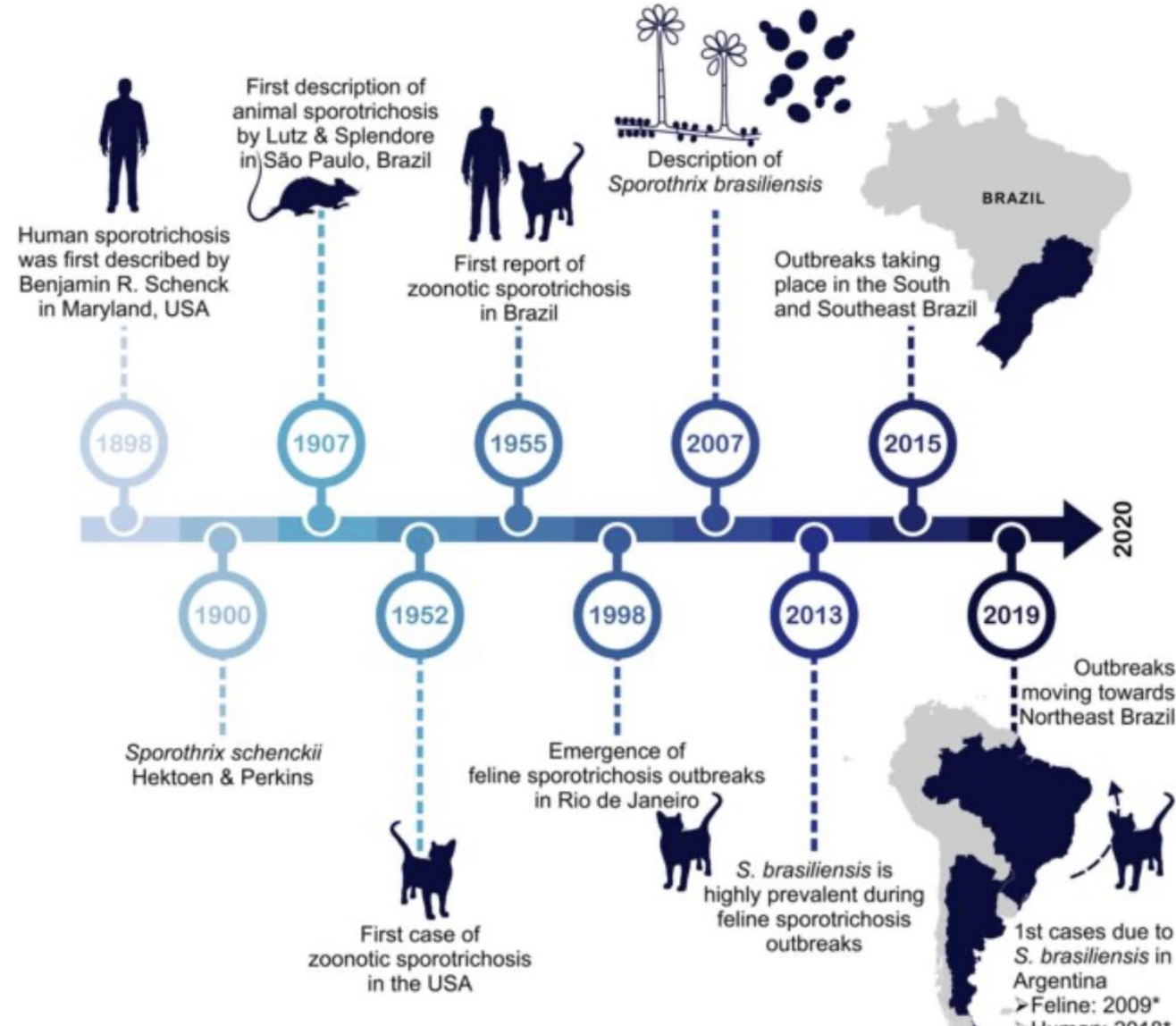


BRAZILIAN GUIDELINES FOR THE CLINICAL MANAGEMENT OF PARACOCCIDIOIDOMYCOSIS

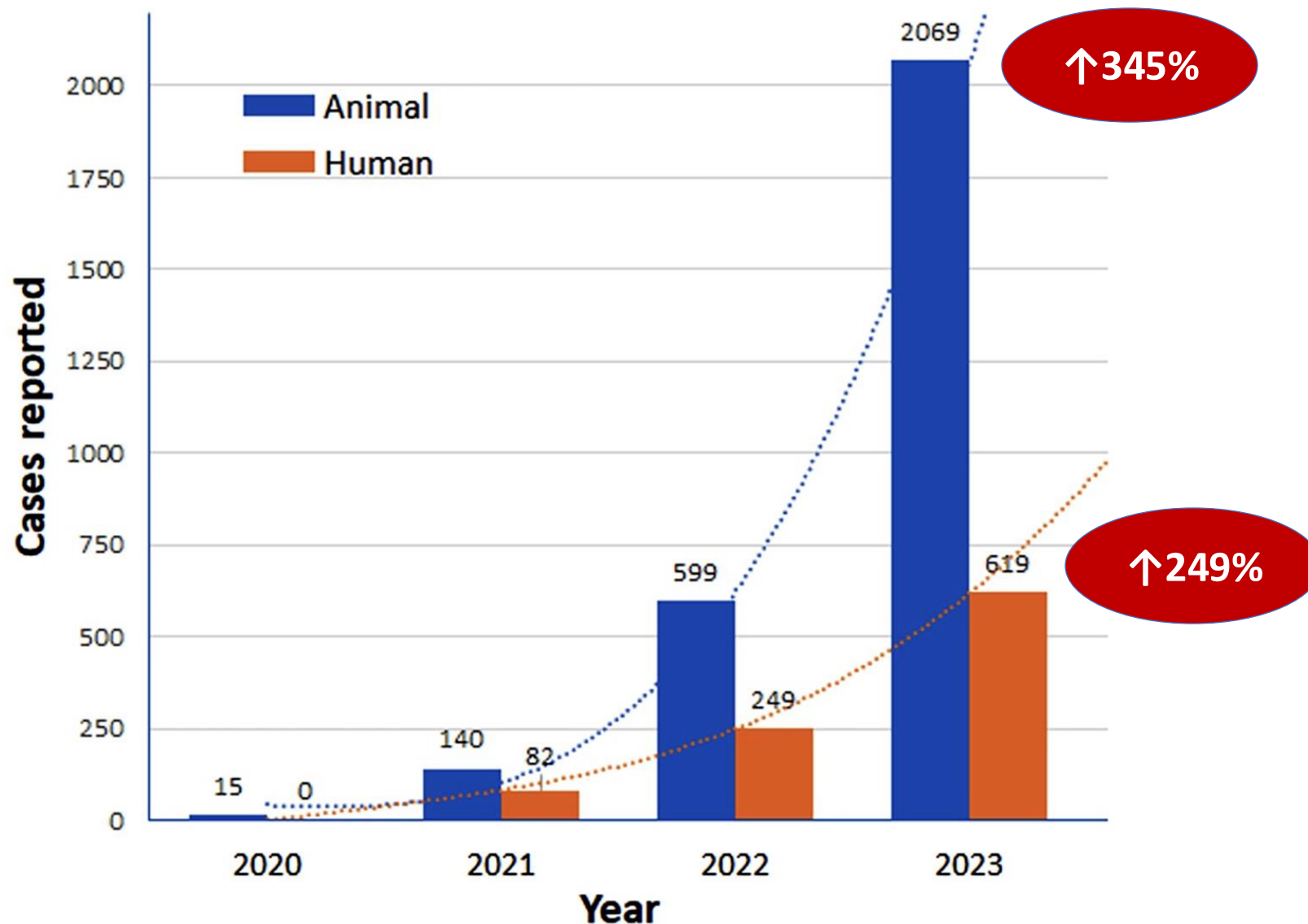
MOST COMMONLY USED DRUGS IN PATIENTS WITH PARACOCCIDIOIDOMYCOSIS.

Drugs	Dose	Average duration
Itraconazole*	200mg daily **Children < 30kg e > 5 years, 5 to 10mg/kg/day, adjust dose without opening the capsule	9-18 months
Cotrimoxazole*	Trimethoprim, 160mg + Sulfamethoxazole, 800mg (VO 8/8h or 12/12h) Children –Trimetoprim, 8 to 10mg/kg + Sulfamethoxazole, 40 to 50mg/kg, VO 12/12h	18-24 months***
Amphotericin B	Deoxycholate 0.5-0.7mg/kg/day (IV) Lipid formulation 3-5mg/kg/day (IV)	2-4 weeks**** (until improvement)

TIMELINE OF KEY GROUNDBREAKING EVENTS THAT CONTRIBUTED TO THE 120-YEAR HISTORY OF HUMAN AND ANIMAL SPOROTRICHOSIS



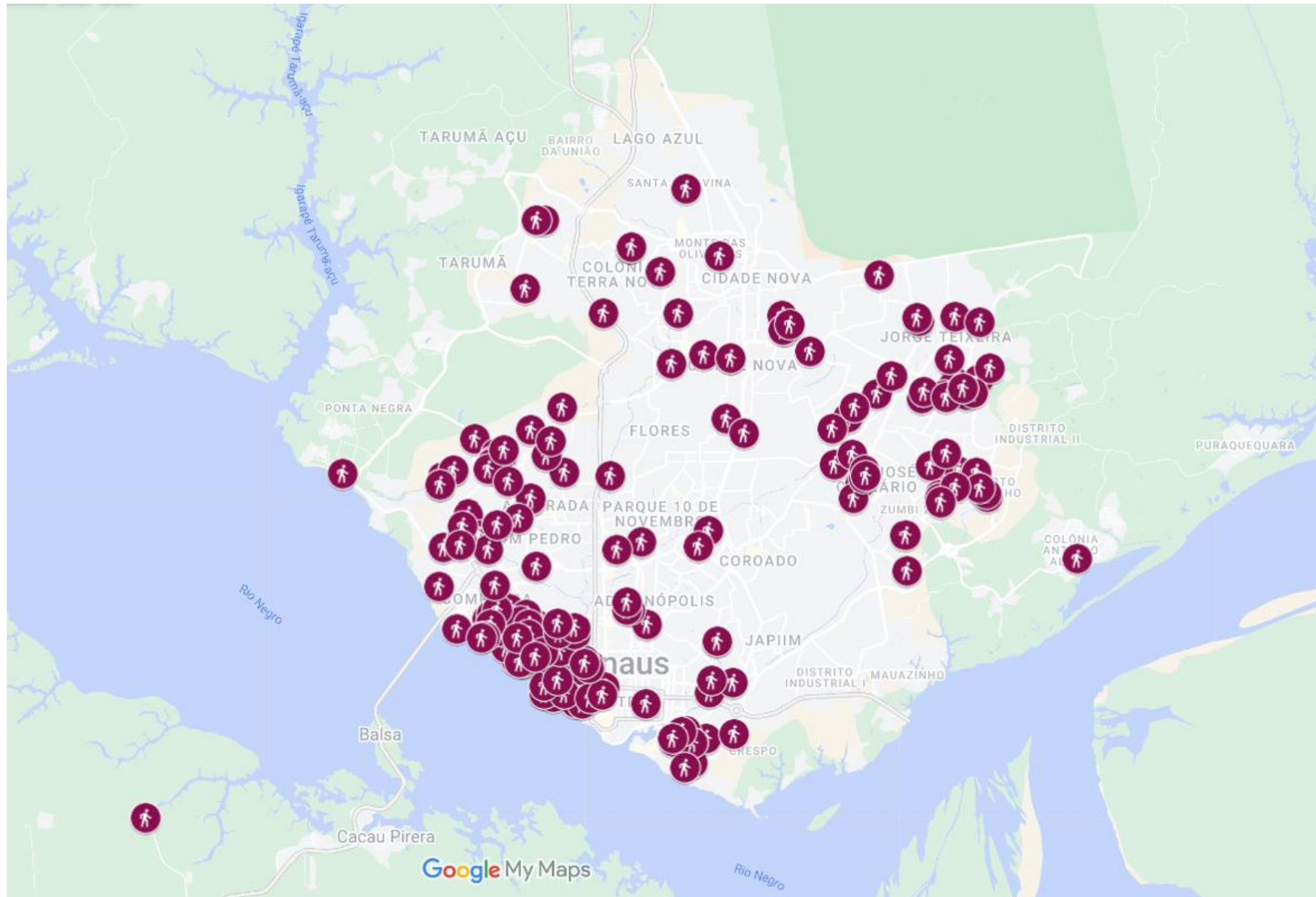
GRAPHIC CURVE REPRESENTATION OF THE EXPONENTIAL NUMBER OF SPOROTRICHOSIS CASES IN ANIMALS AND HUMANS, IN AMAZON STATE, BRAZIL, FROM 2021 TO 2023



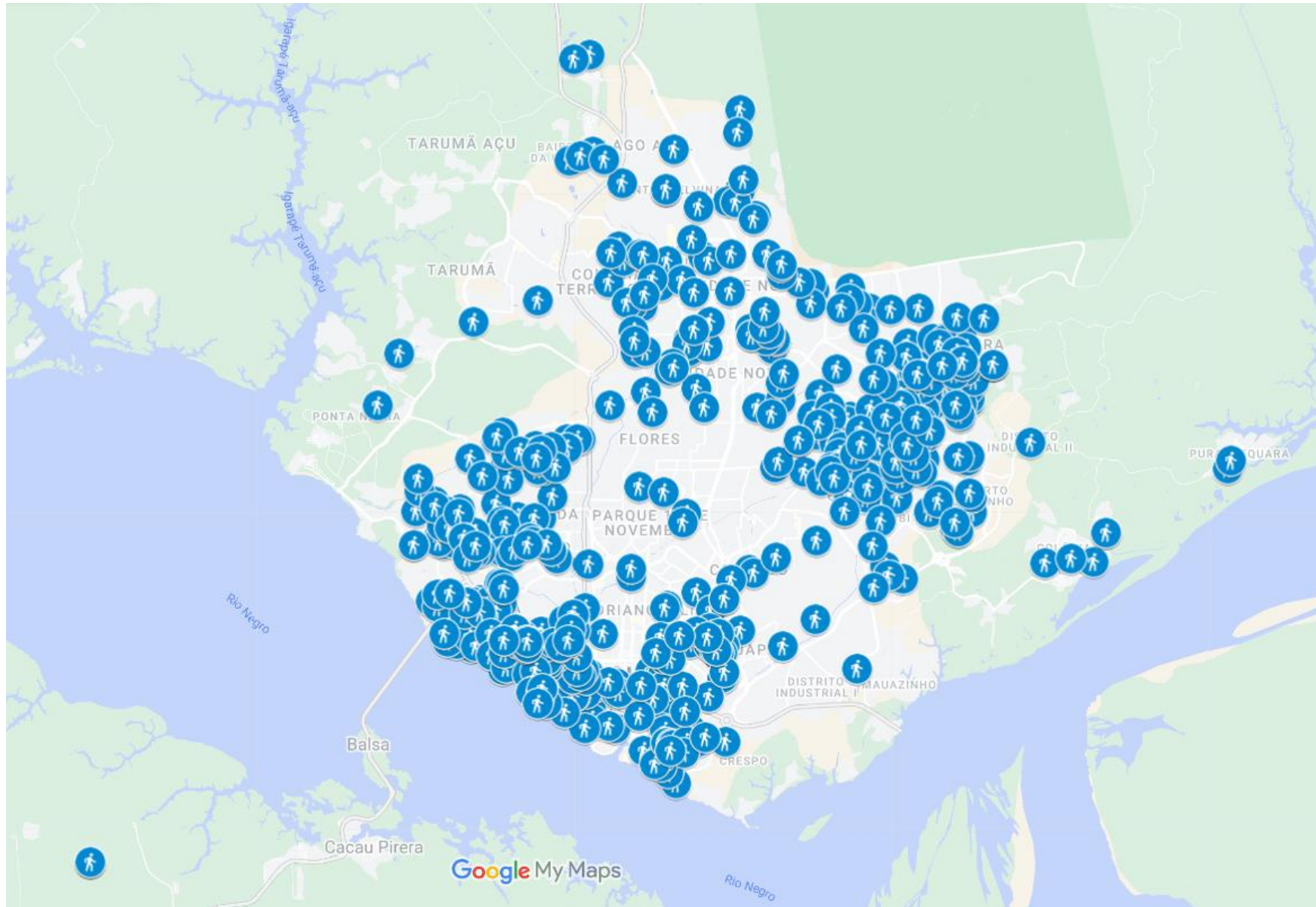
HUMAN CASES OF SPOROTHRICOSIS IN MANAUS, 2021



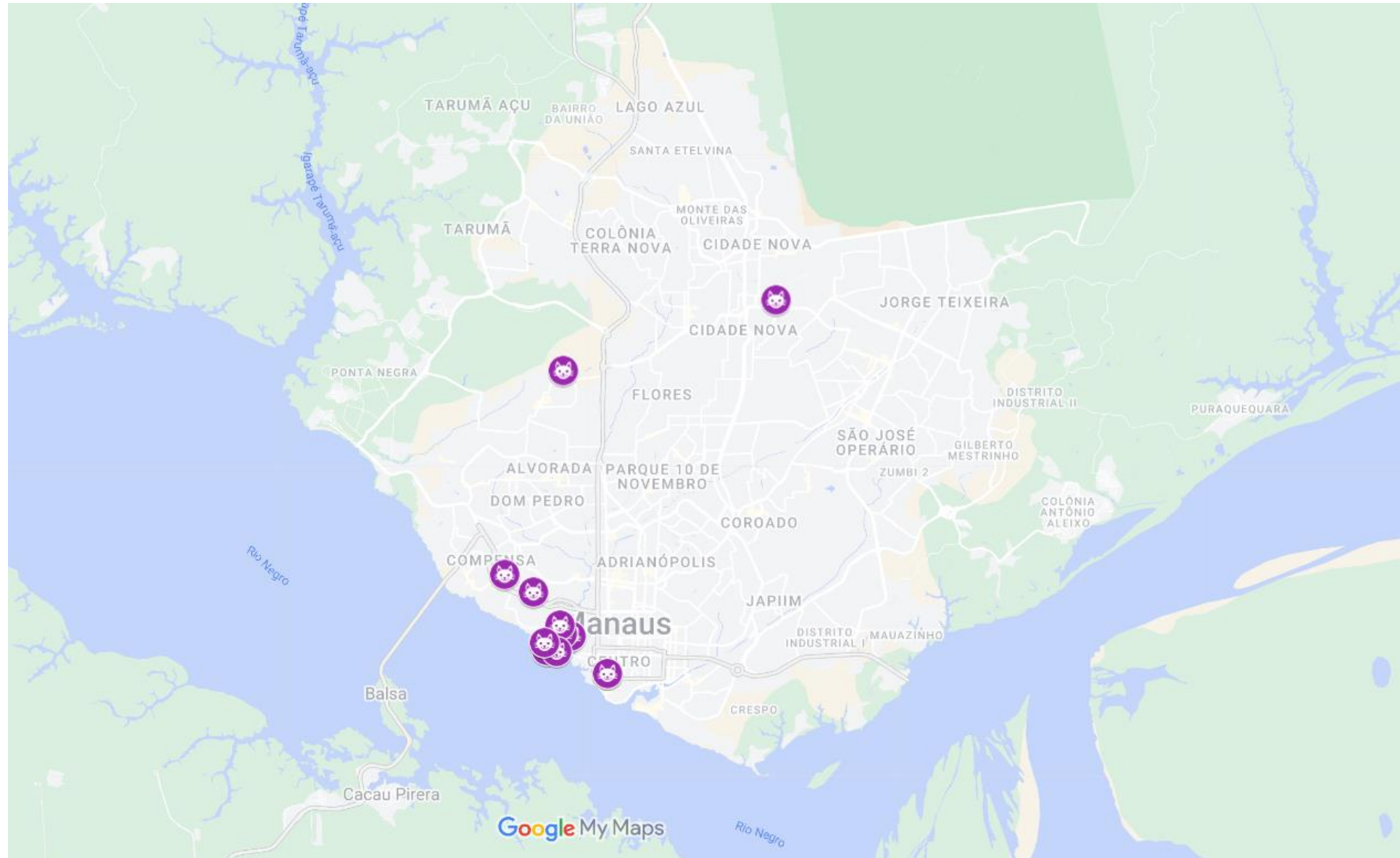
HUMAN CASES OF SPOROTHRICOSIS IN MANAUS, 2022



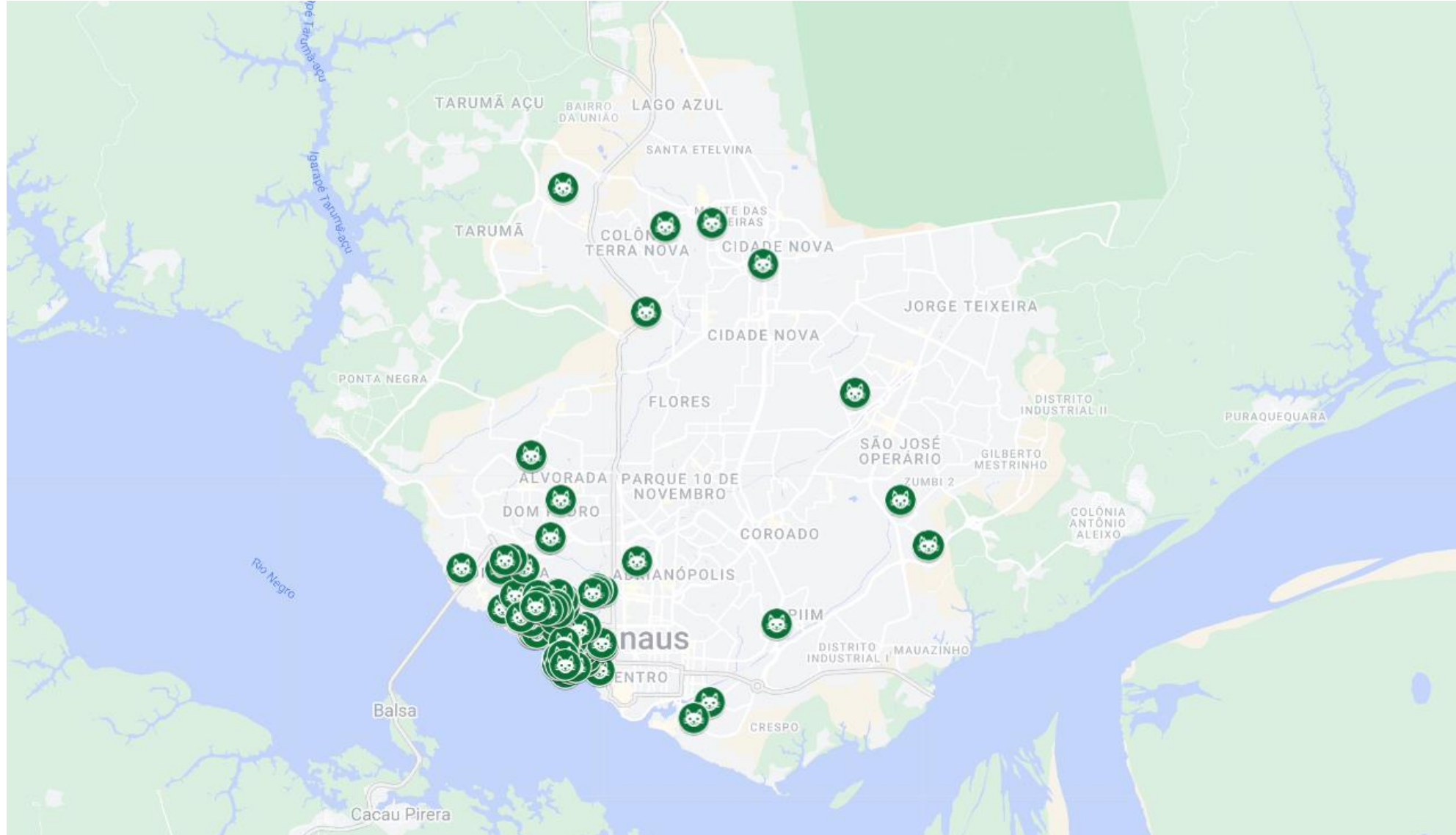
HUMAN CASES OF SPOROTHRICOSIS IN MANAUS, 2023



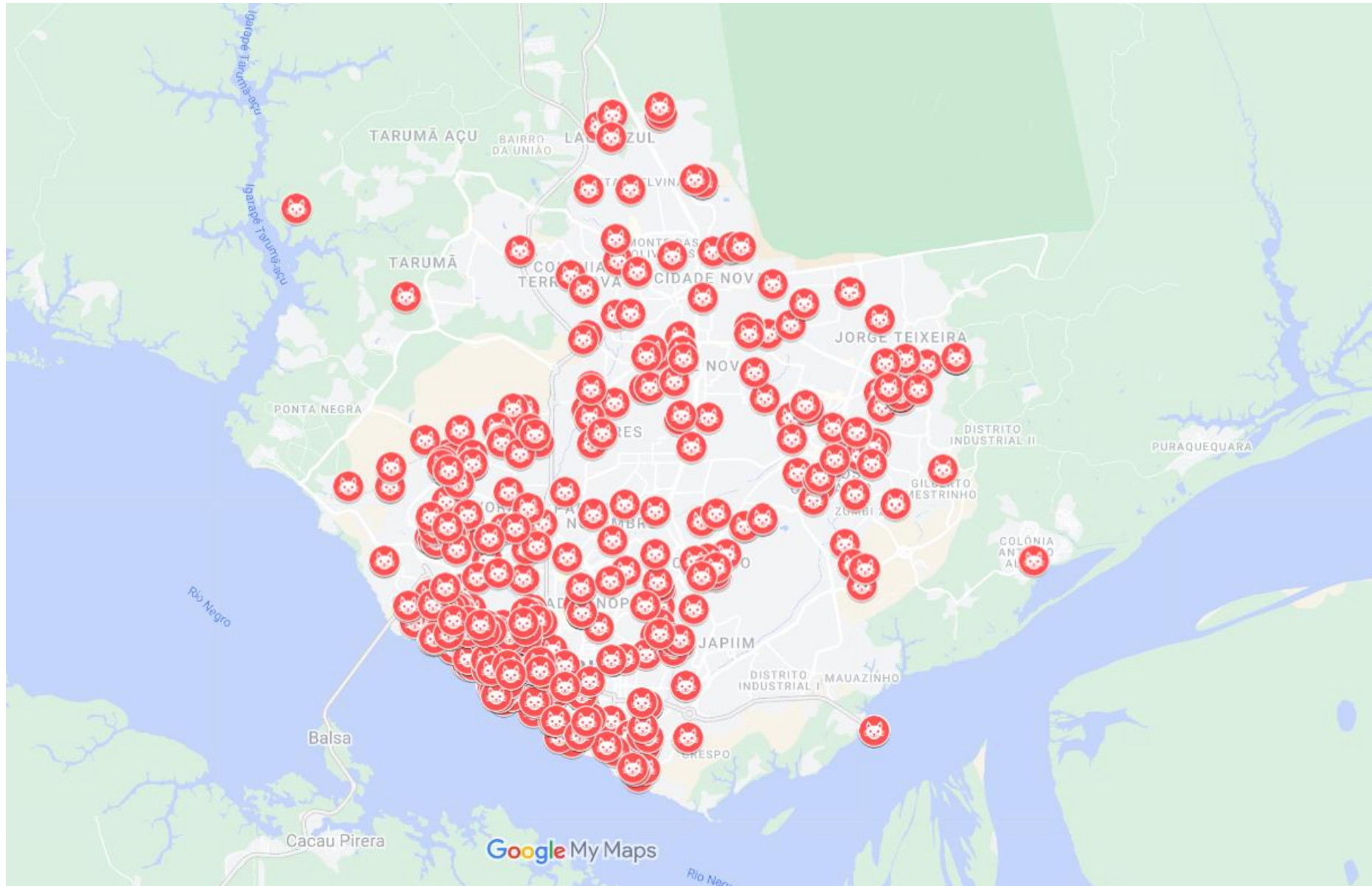
FELINE CASES OF SPOROTHRICOSIS IN MANAUS, 2020



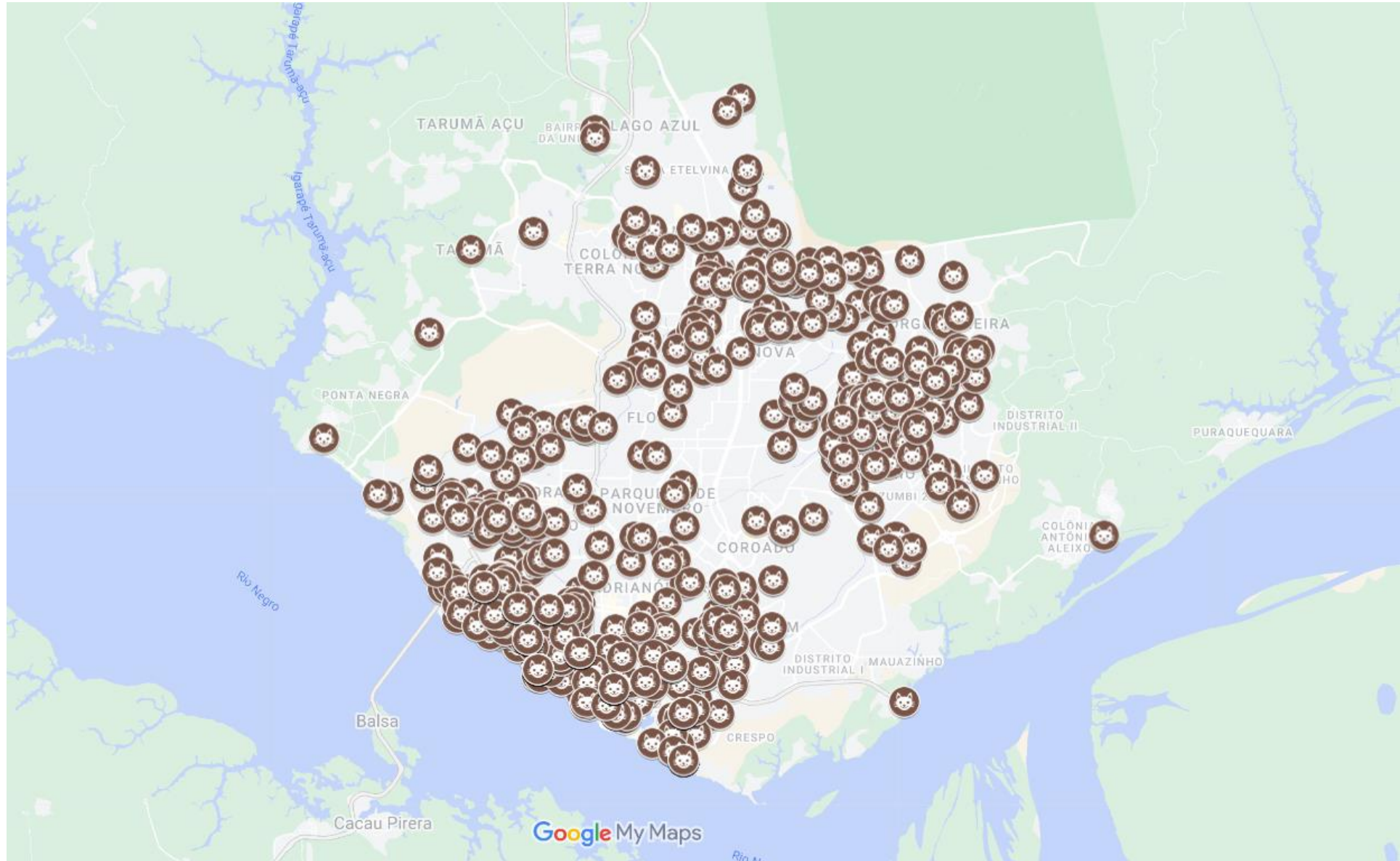
FELINE CASES OF SPOROTHRICOSIS IN MANAUS, 2021



FELINE CASES OF SPOROTHRICOSIS IN MANAUS, 2022



FELINE CASES OF SPOROTHRICOSIS IN MANAUS, 2023





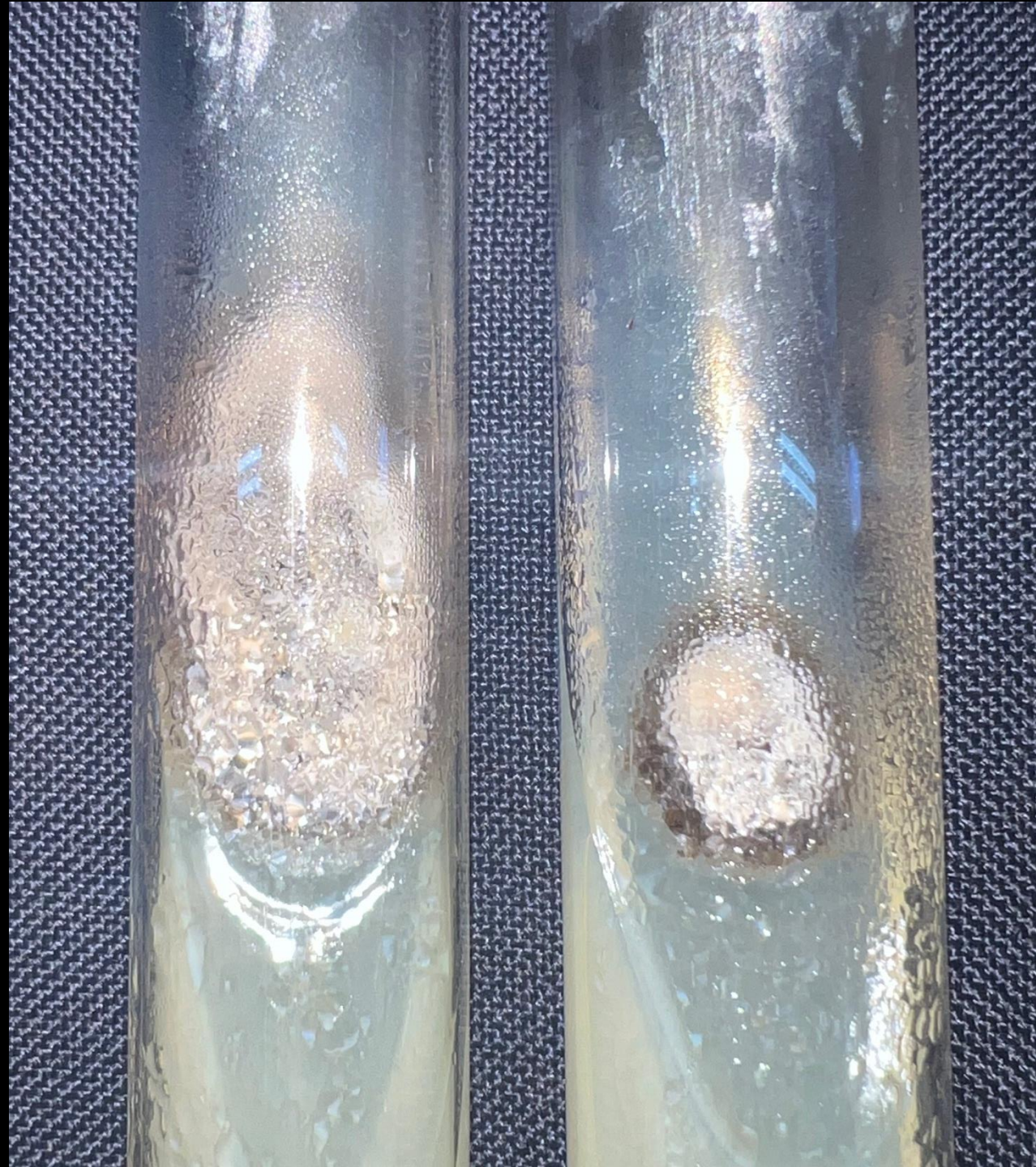


















Human sporotrichosis: recommendations from the Brazilian Society of Dermatology for the clinical, diagnostic and therapeutic management[☆]

Treatment	Clinical forms						
	Cutaneous (LC, FC, multiple inoculations) Mucosal		Osteoarticular ^a		Systemic ^b		Immunoreactive
	Immuno-competent	Immuno-suppressed ¹	Immuno-competent	Immuno-suppressed ¹	Immuno-competent	Immuno-suppressed ¹	Hyperergic
Itraconazole ² 100 mg capsule	100–200 mg/d	200–400 mg/d	200–400 mg/d	400 mg/d	200–400 mg/d	400 mg/d	100 mg/d
Terbinafine ³ 250 mg tablet	250–500 mg/d	250–1000 mg/d	Rarely	Rarely	Rarely	Not indicated as monotherapy	250 mg/d
Potassium iodide ⁴ 0.07 g/drop aqueous solution	2.8–3.5 g/d	Not indicated	Not indicated	Not indicated	Not indicated	Not indicated	2.8–3.5 g/d ⁵
Amph. B deoxycholate ⁶ 50 mg lyophilized powder	Rarely	0.5–1.0 mg/Kg/d	Rarely	Rarely	0.5–1.0 mg/Kg/d	0.5–1.0 mg/Kg/d	No indication
Amph. B lipid/liposomal complex ⁷ 5 mg/mL suspension	Rarely	3.0–5.0 mg/Kg/d	Rarely	Rarely	3.0–5.0 mg/Kg/d	3.0–5.0 mg/Kg/d	No indication
Adjuvant ⁸	Specific	Specific	Specific	Specific cases	Specific	Specific	Specific cases

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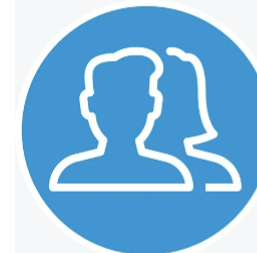
New report flags major increase in sexually transmitted infections, amidst challenges in HIV and hepatitis

21 May 2024 | News release | Reading time: 3 min (921 words)

Global HIV, viral hepatitis epidemics and sexually transmitted infections (STIs) continue to pose significant public health challenges, causing 2.5 million deaths each year, according to a new WHO report - [Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030](#).

New data show that STIs are increasing in many regions. In 2022, WHO Member States set out an ambitious target of reducing the annual number of adult syphilis infections by ten-fold by 2030, from 7.1 million to 0.71 million. Yet, new syphilis cases among adults aged 15-49 years increased by over 1 million in 2022 reaching 8 million. The highest increases occurred in the Region for the Americas and the African Region.

Media Contacts



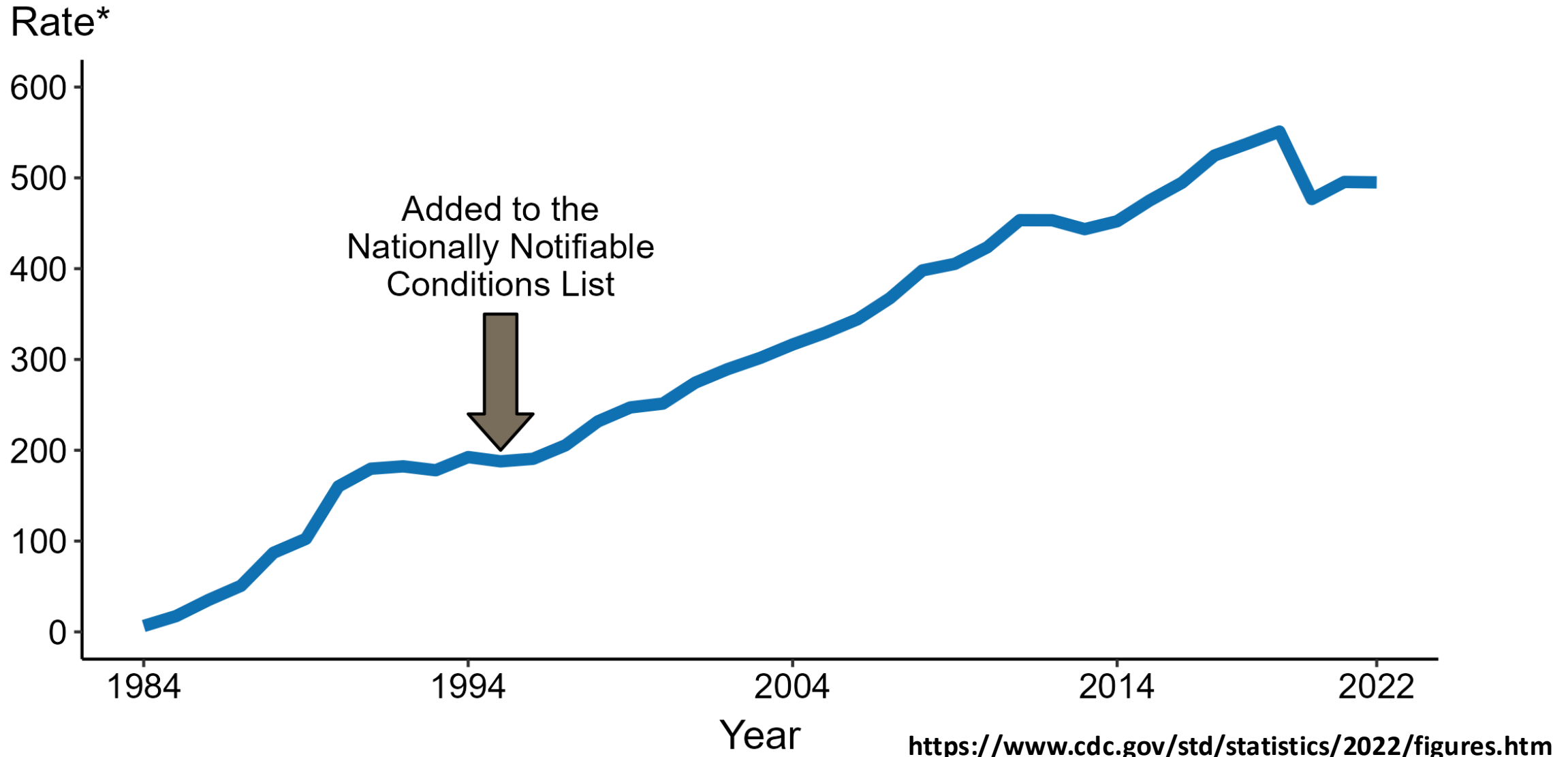
WHO Media Team

World Health Organization

Email: mediainquiries@who.int

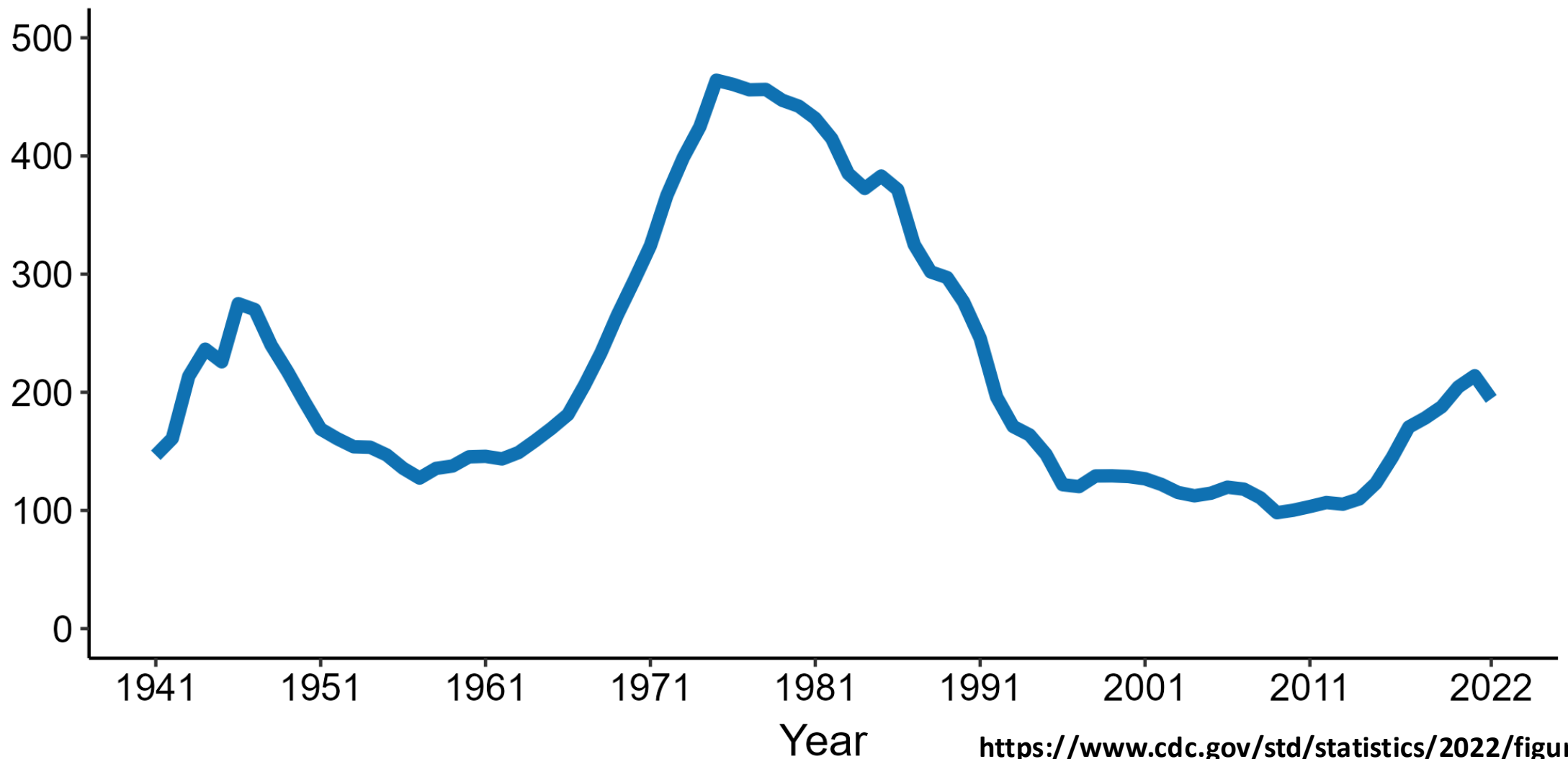
Related

CHLAMYDIA — RATES OF REPORTED CASES BY YEAR, UNITED STATES, 1984–2022



GONORRHEA — RATES OF REPORTED CASES BY YEAR, UNITED STATES, 1941–2022

Rate*







Main etiological agents identified in 170 men with urethritis attended at the Fundação Alfredo da Matta, Manaus, Amazonas, Brazil^{☆,☆☆}

Lucilene Sales de Souza ^a, José Carlos Sardinha ^a, Sinésio Talhari ^a, Marcel Heibel ^b, Mônica Nunes dos Santos ^{b,c}, Carolina Talhari ^{a,b,*}

Etiological agents	n*	%
<i>N. gonorrhoeae</i>	46	27.1
<i>N. gonorrhoeae</i> and <i>C. trachomatis</i>	21	12.4
<i>C. trachomatis</i>	13	7.6
<i>N. gonorrhoeae</i> and HSV-2	11	6.5
<i>N. gonorrhoeae</i> and <i>U. urealyticum</i>	9	5.3
<i>U. urealyticum</i>	7	4.1
<i>M. genitalium</i>	5	2.9

- *N. gonorrhoeae* was identified by PCR in 102 (60.0%) patients and *C. trachomatis* in 50 (29.4%) – 89.4% had *N. gonorrhoeae* and/or *C. trachomatis*

TREATMENT OF NONGONOCOCCAL URETHRITIS - CDC

Recommended Regimen for Nongonococcal Urethritis

Doxycycline 100 mg orally 2 times/day for 7 days

Alternative Regimens

Azithromycin 1 g, orally in a single dose

OR

Azithromycin 500 mg orally in a single dose; then 250 mg orally daily for 4 days

TREATMENT OF GONOCOCCAL URETHRITIS

Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:

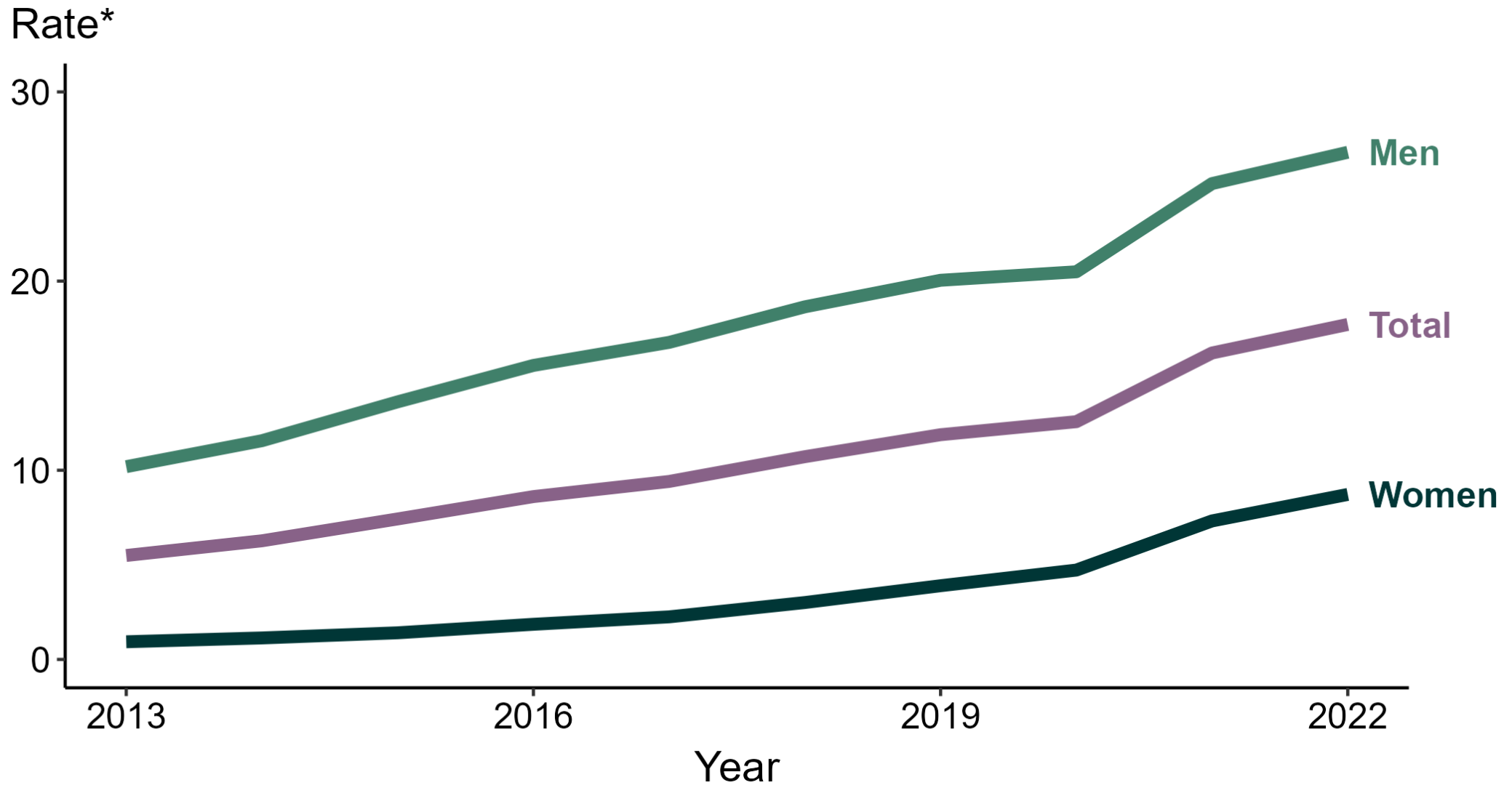
Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb).

- For persons weighing ≥ 150 kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

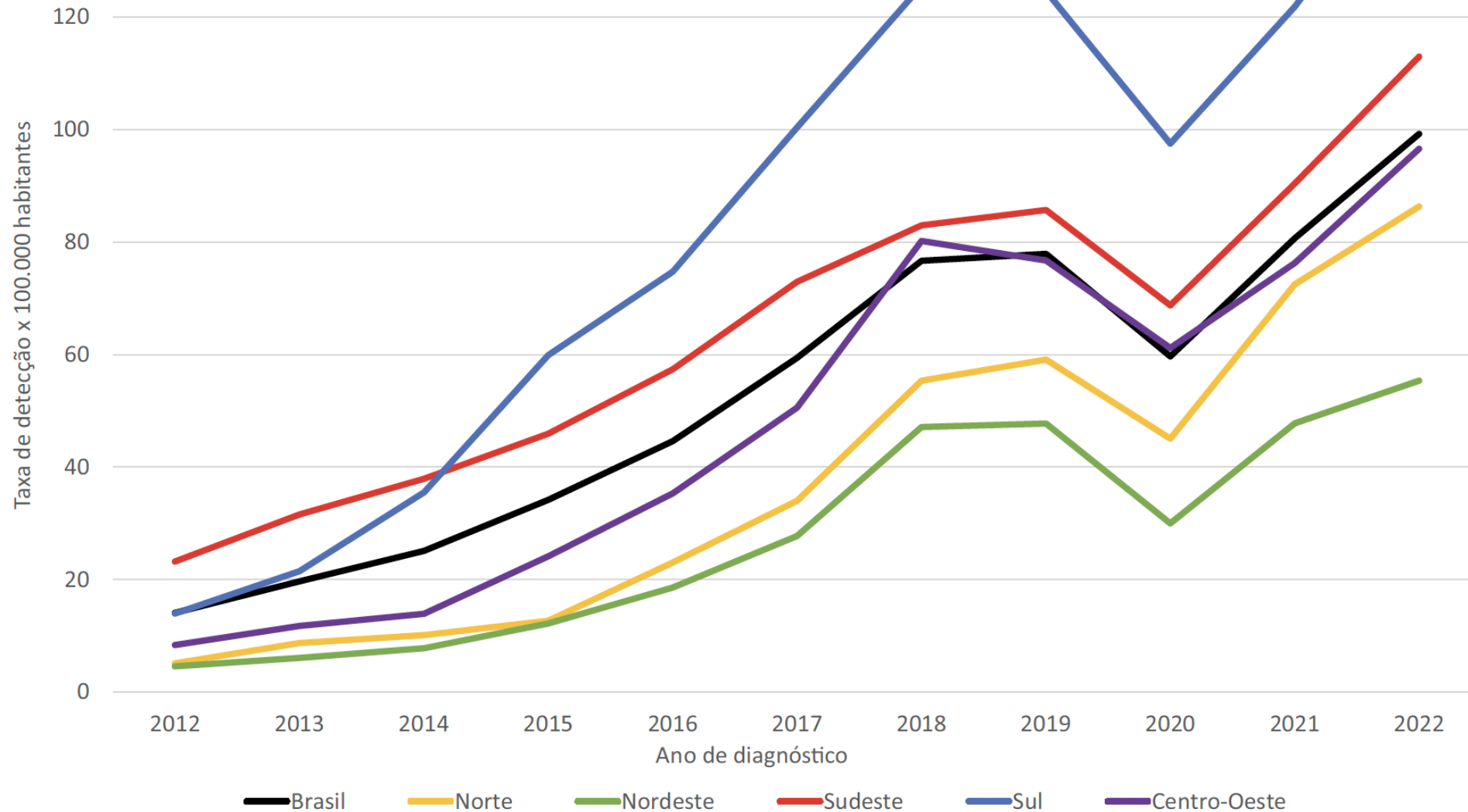
TREATMENT OF URETHRITIS – BRAZILIAN GUIDELINES

CONDIÇÃO CLÍNICA	PRIMEIRA OPÇÃO	SEGUNDA OPÇÃO	COMENTÁRIOS
Uretrite sem identificação do agente etiológico	<p>Ceftriaxona 500mg, IM, dose única</p> <p>MAIS</p> <p>Azitromicina 500mg, 2 comprimidos, VO, dose única</p>	<p>Ceftriaxona 500mg, IM, dose única</p> <p>MAIS</p> <p>Doxiciclina 100mg, 1 comprimido, VO, 2x/dia, por 7 dias</p>	–
Uretrite gonocócica e demais infecções gonocócicas NÃO complicadas (uretra, colo do útero, reto e faringe)	<p>Ceftriaxona 500mg, IM, dose única</p> <p>MAIS</p> <p>Azitromicina 500mg, 2 comprimidos, VO, dose única</p>	–	–

PRIMARY AND SECONDARY SYPHILIS — RATES OF REPORTED CASES BY SEX, UNITED STATES, 2013–2022



ACQUIRED SYPHILIS INCIDENCE, ACCORDING TO REGION, BRAZIL – 2012-2022















TREATMENT OF ACQUIRED SYPHILIS

Recommended Regimen for Primary and Secondary Syphilis* Among Adults

Benzathine penicillin G 2.4 million units IM in a single dose

* Recommendations for treating syphilis among persons with HIV infection and pregnant women are discussed elsewhere in this report (see Syphilis Among Persons with HIV Infection; Syphilis During Pregnancy).

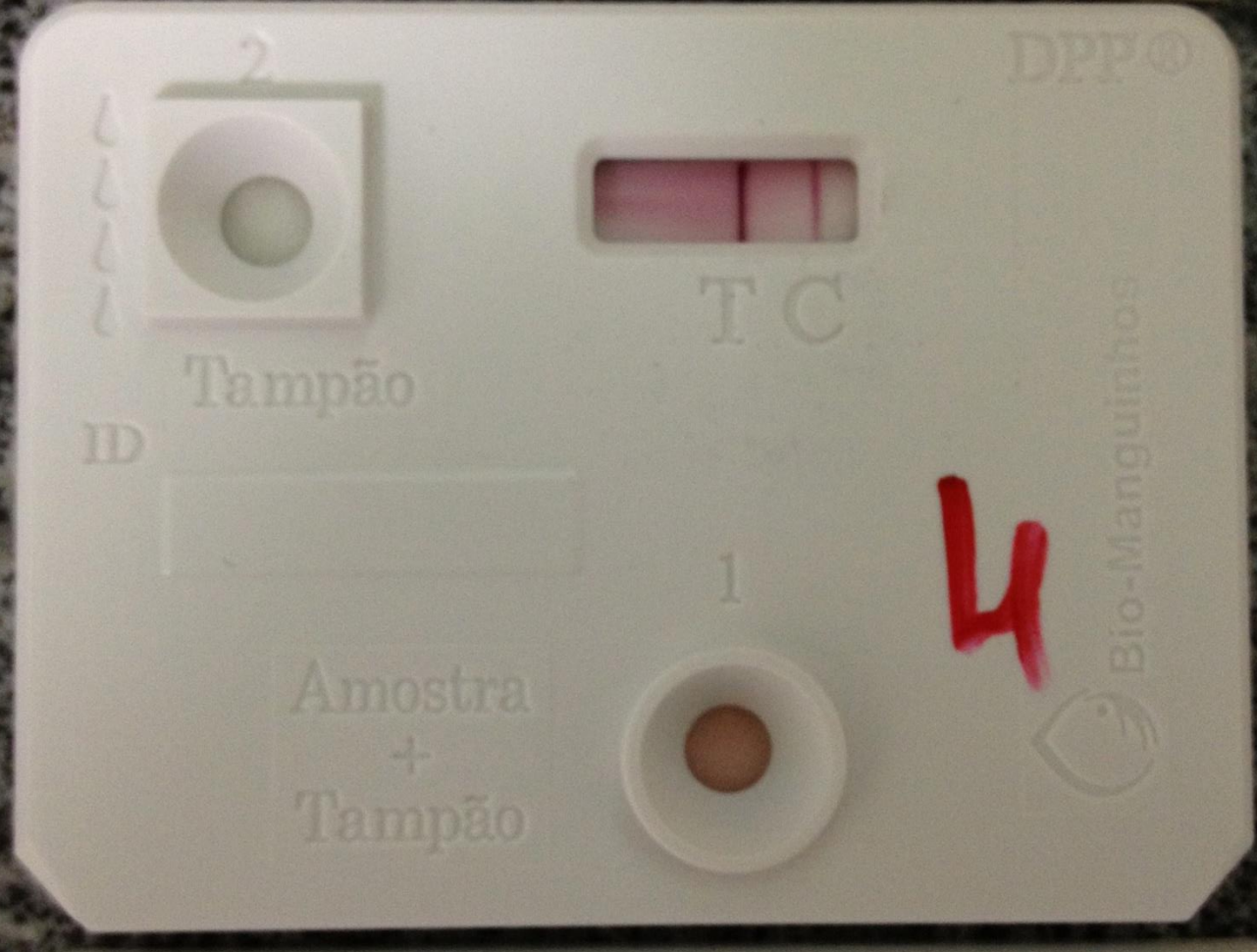
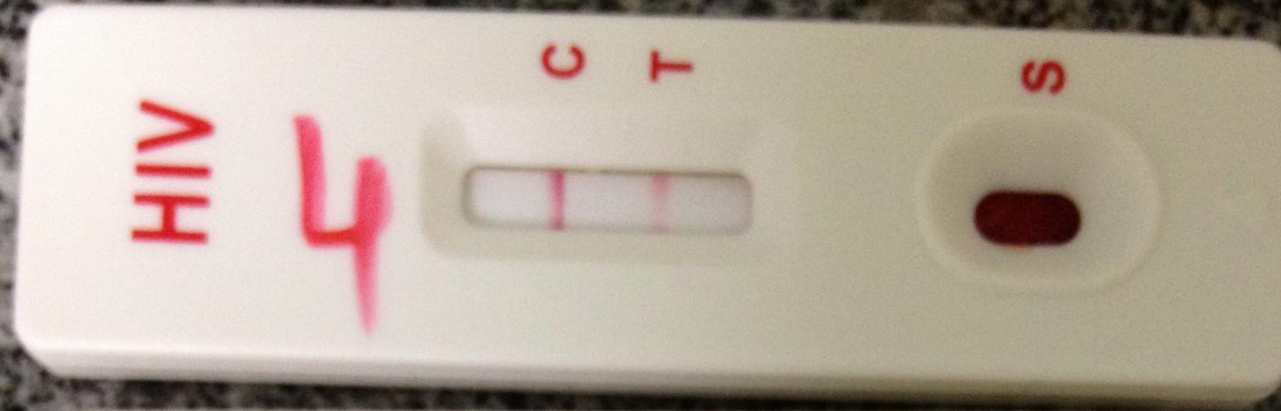
Available data demonstrate that use of additional doses of benzathine penicillin G, amoxicillin, or other antibiotics do not enhance efficacy of this recommended regimen when used to treat primary and secondary syphilis, regardless of HIV status (591–593).

Recommended Regimen for Syphilis Among Infants and Children

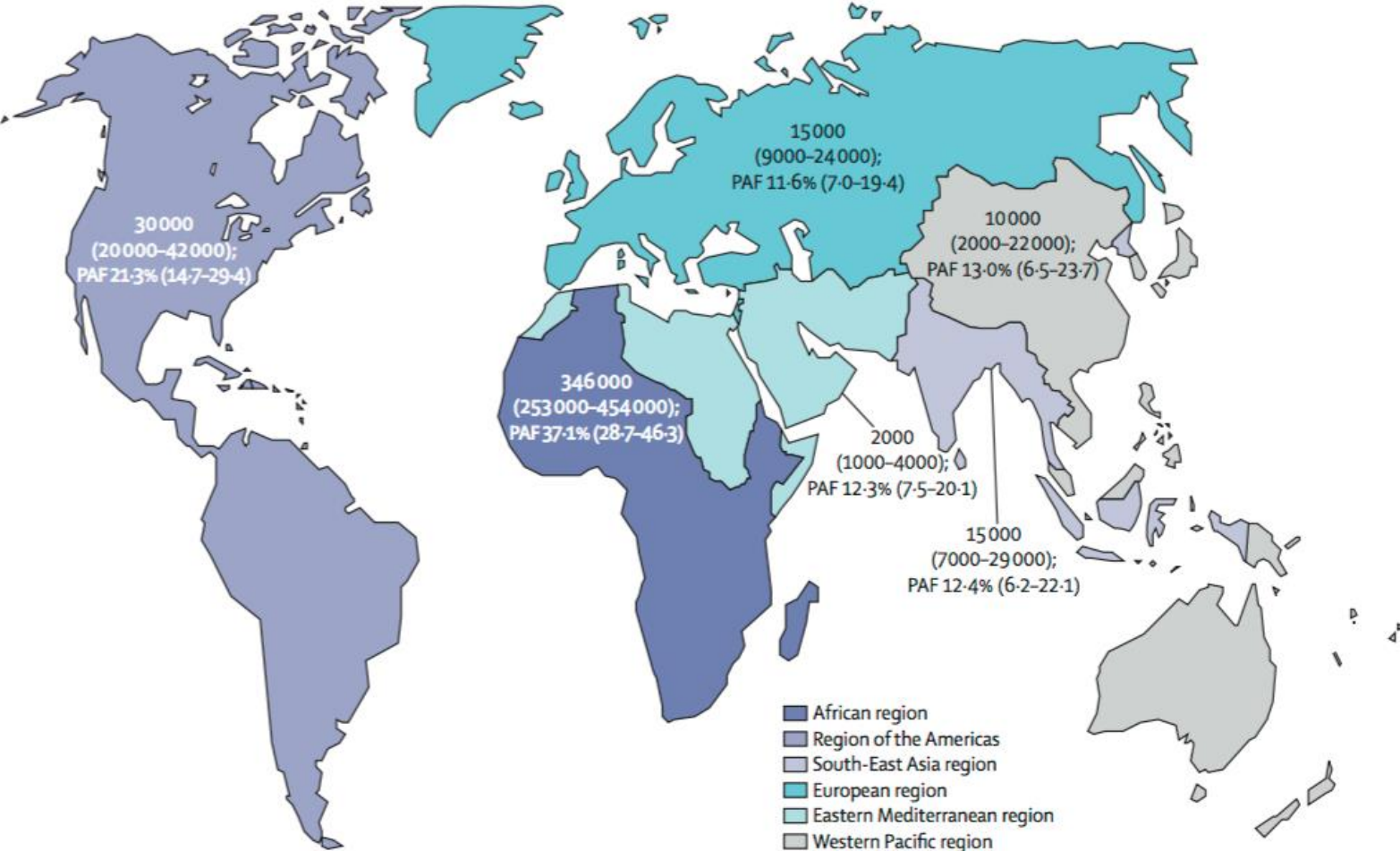
Benzathine penicillin G 50,000 units/kg body weight IM, up to the adult dose of 2.4 million units in a single dose







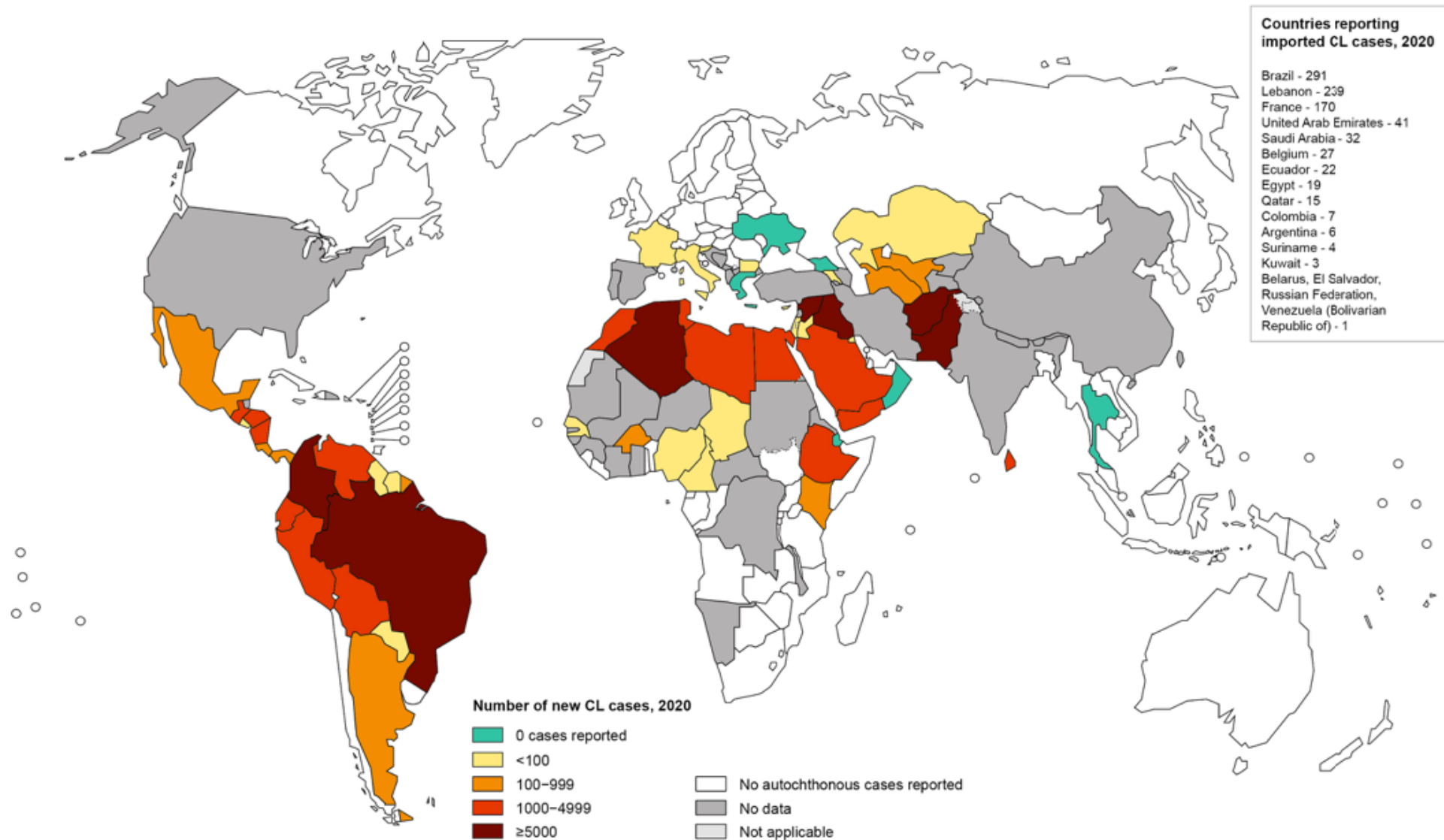
Global and regional estimates of the contribution of herpes simplex virus type 2 infection to HIV incidence: a population attributable fraction analysis using published epidemiological data







GLOBAL DISTRIBUTION OF CUTANEOUS LEISHMANIASIS, 2020



GLOBAL DISTRIBUTION OF CUTANEOUS LEISHMANIASIS, 2022



Leishmaniasis

Status of endemicity of cutaneous leishmaniasis: 2022

View more indicators/years

Filter by WHO region

Data repository

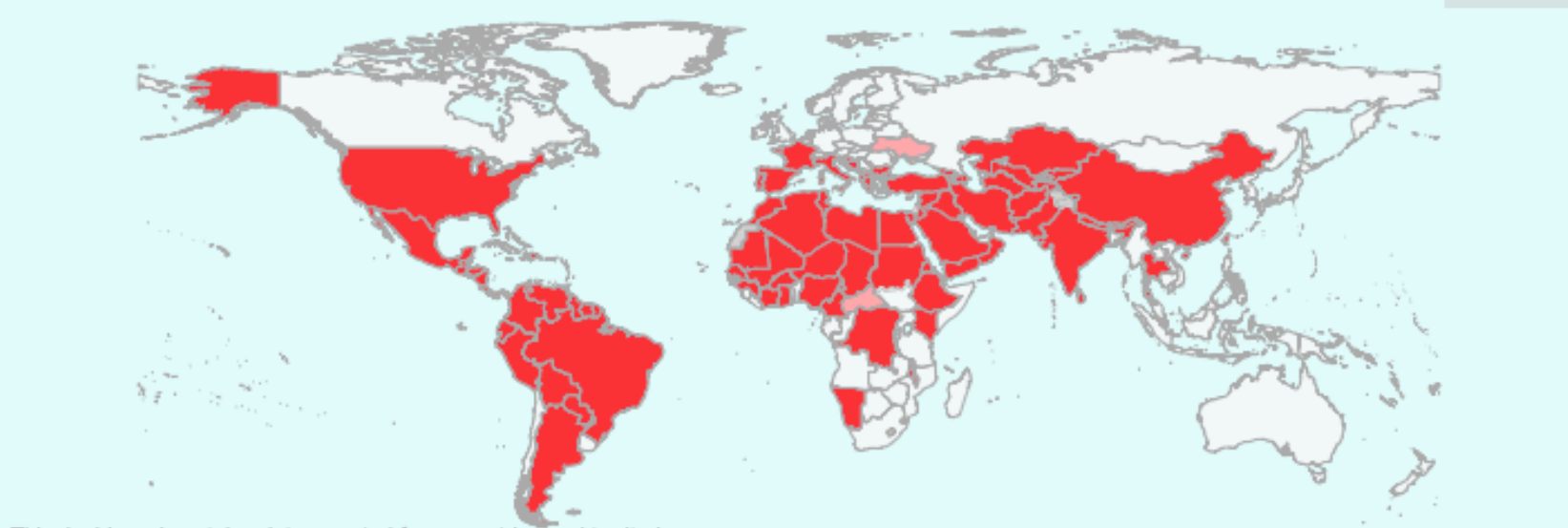
Static maps

Data table

Country or territory	Data
<input checked="" type="radio"/> Afghanistan	Endemic
<input checked="" type="radio"/> Albania	Endemic
<input checked="" type="radio"/> Algeria	Endemic
<input type="radio"/> Andorra	No autochthonous cases reported
<input type="radio"/> Angola	No autochthonous cases reported
<input type="radio"/> Antigua and Barbuda	No autochthonous cases reported
<input checked="" type="radio"/> Argentina	Endemic
<input checked="" type="radio"/> Armenia	Endemic
<input type="radio"/> Australia	No autochthonous cases reported
<input type="radio"/> Austria	No autochthonous cases reported
<input checked="" type="radio"/> Azerbaijan	Endemic

Clear X Filter X

Map



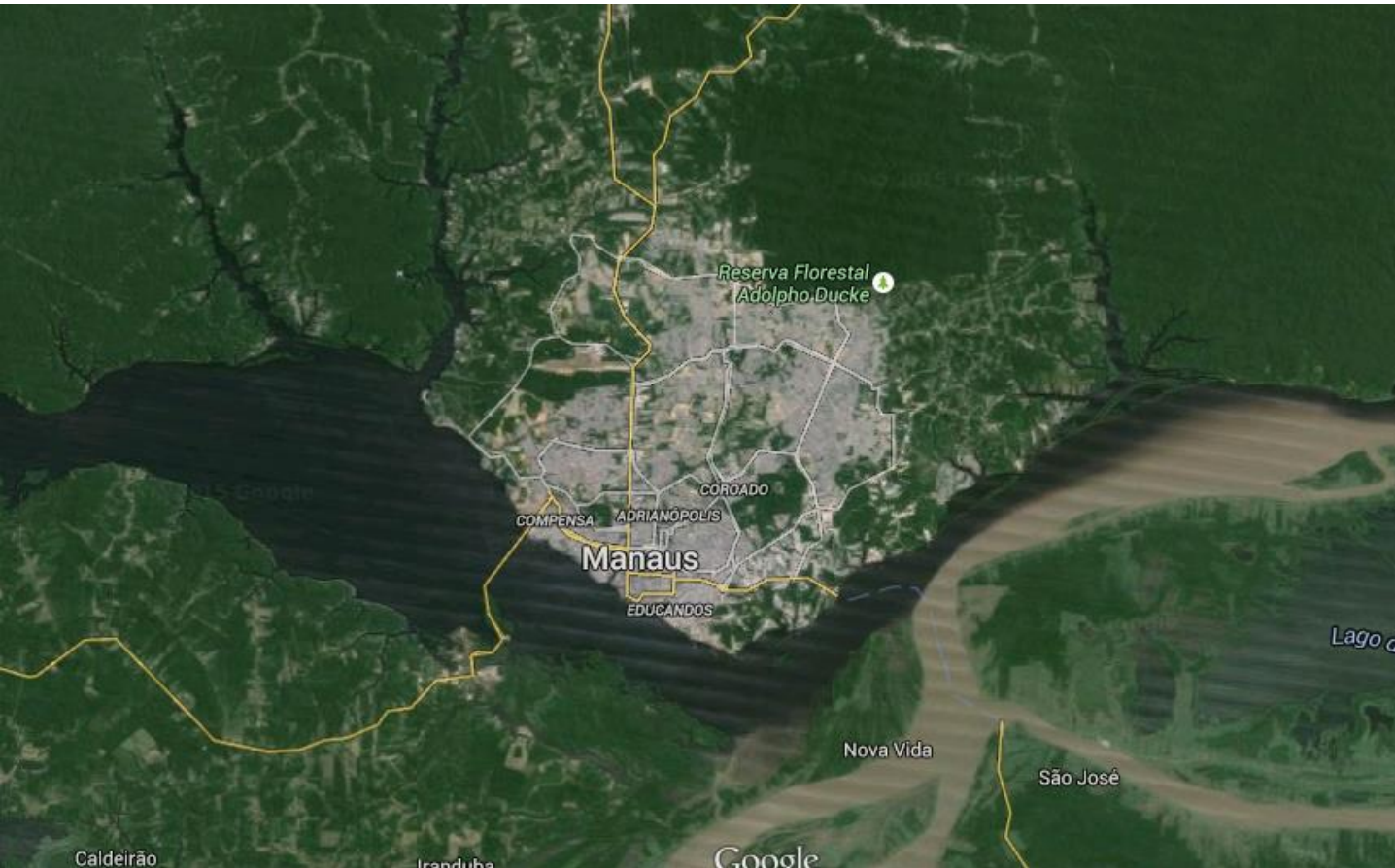
This dashboard contains data reported from countries and territories

Map disclaimer

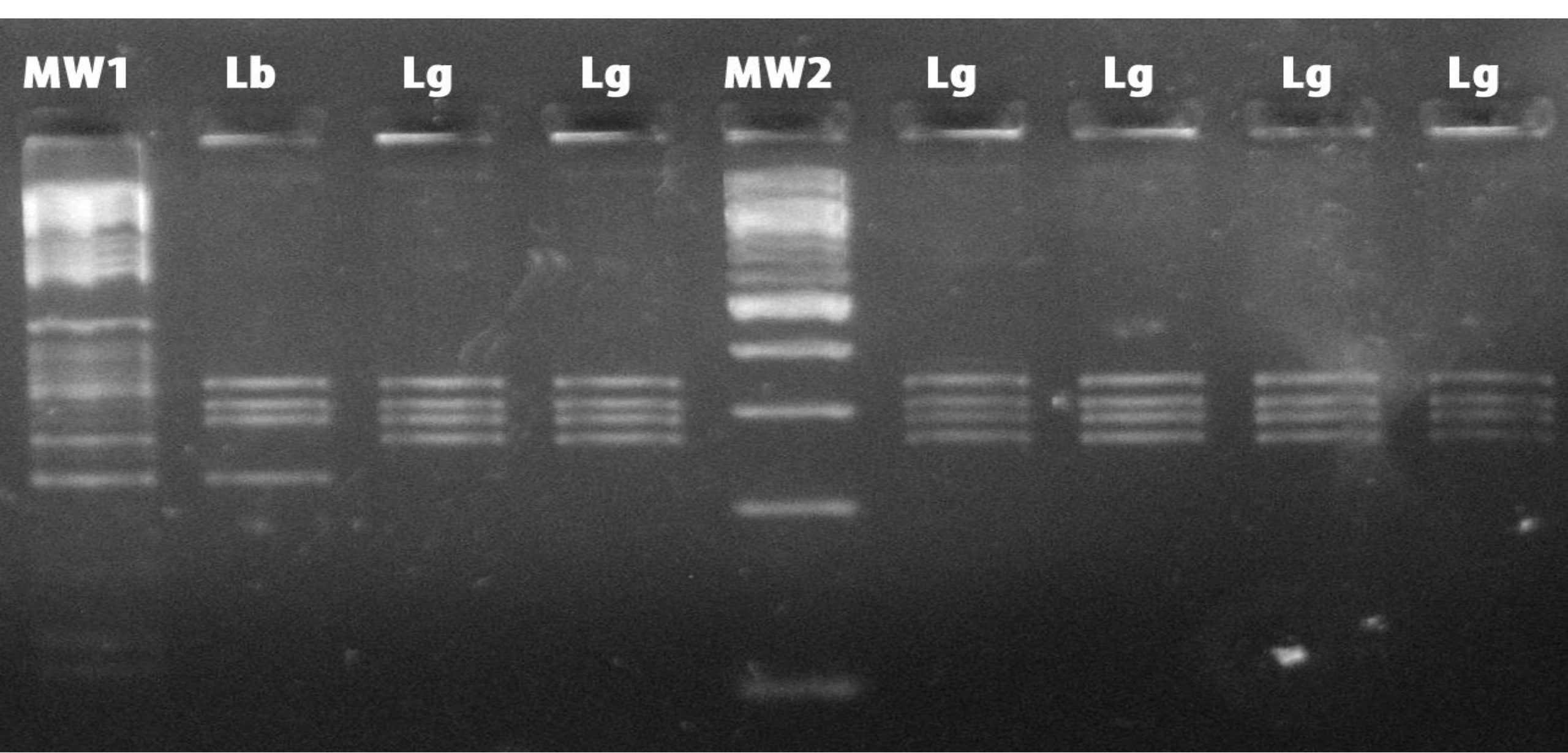
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The borders of the map provided reflect the current political geographic status as of the date of publication (2023). However, the technical health information is based on data accurate with respect to the year indicated (2022). The disconnect in this arrangement should be noted but no implications regarding political or



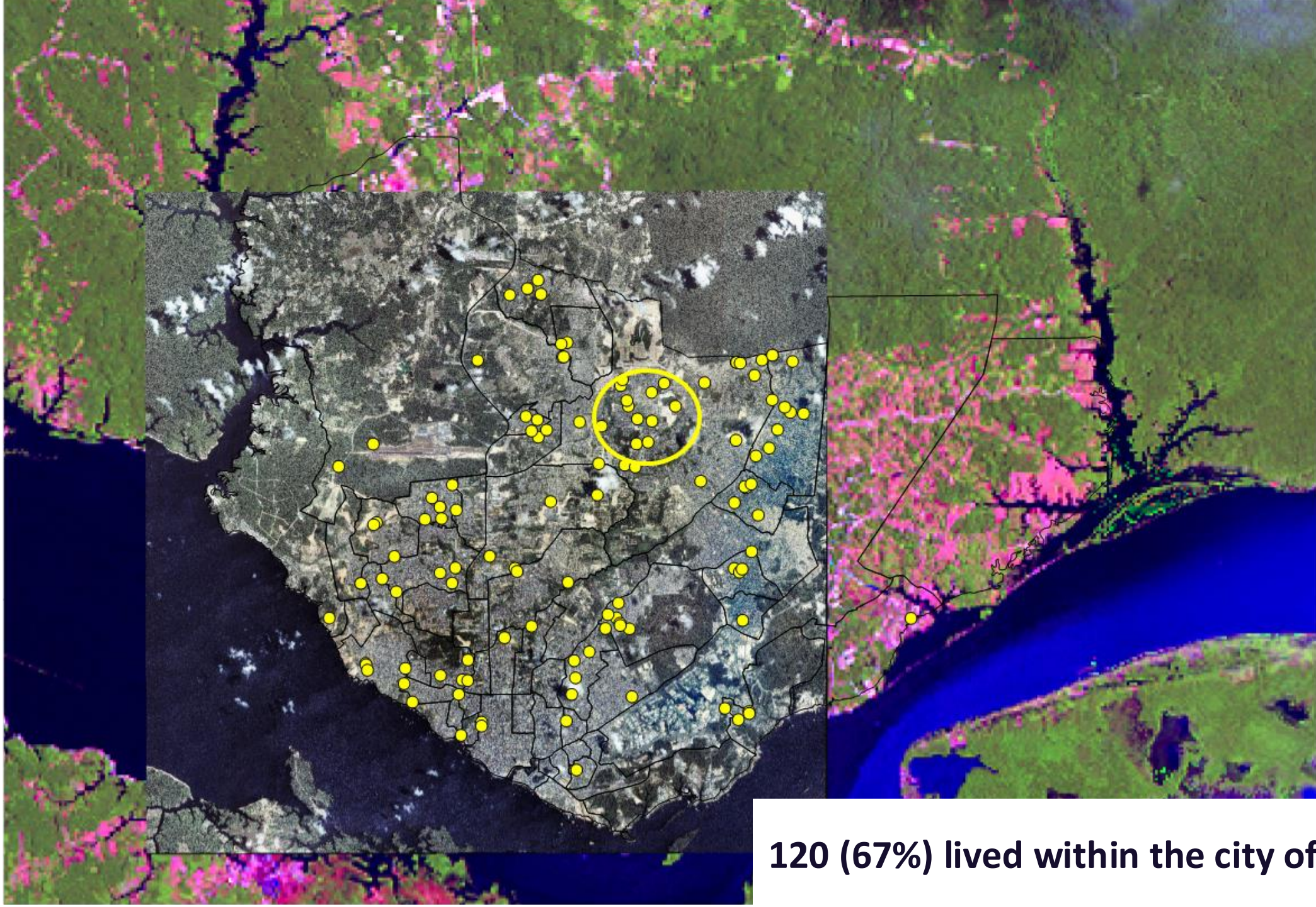
SUSTAINED PRESENCE OF CUTANEOUS LEISHMANIASIS IN URBAN MANAUS, THE LARGEST HUMAN SETTLEMENT IN THE AMAZON



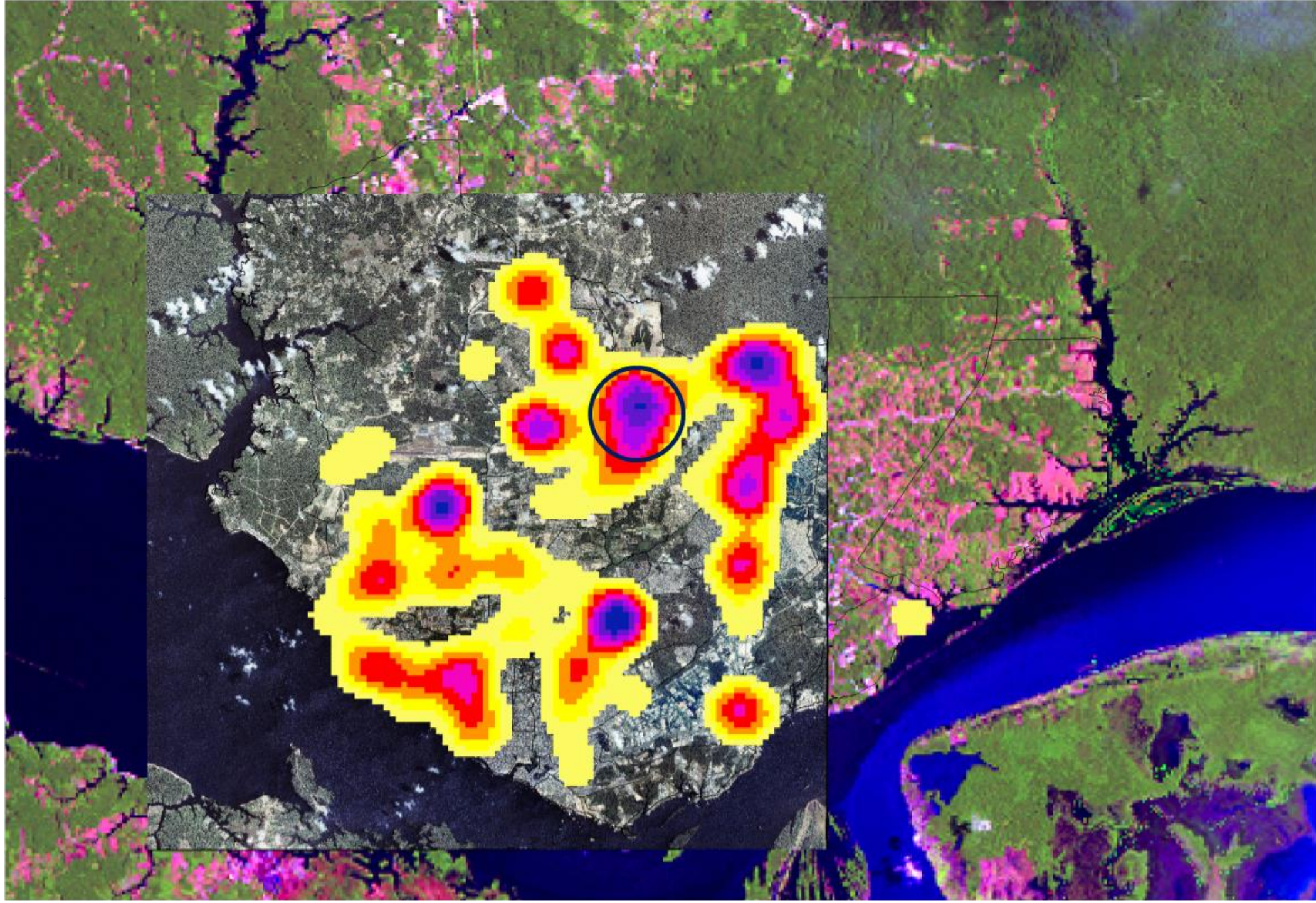
- 172 patients included
- NWL was confirmed by direct microscopic examination, histopathology and PCR
- Cases were classified in urban or rural according to their places of residence



9 (5.2%) - *L. (V.) braziliensis*
163 (94.8%) - *L. guyanensis*



120 (67%) lived within the city of Manaus















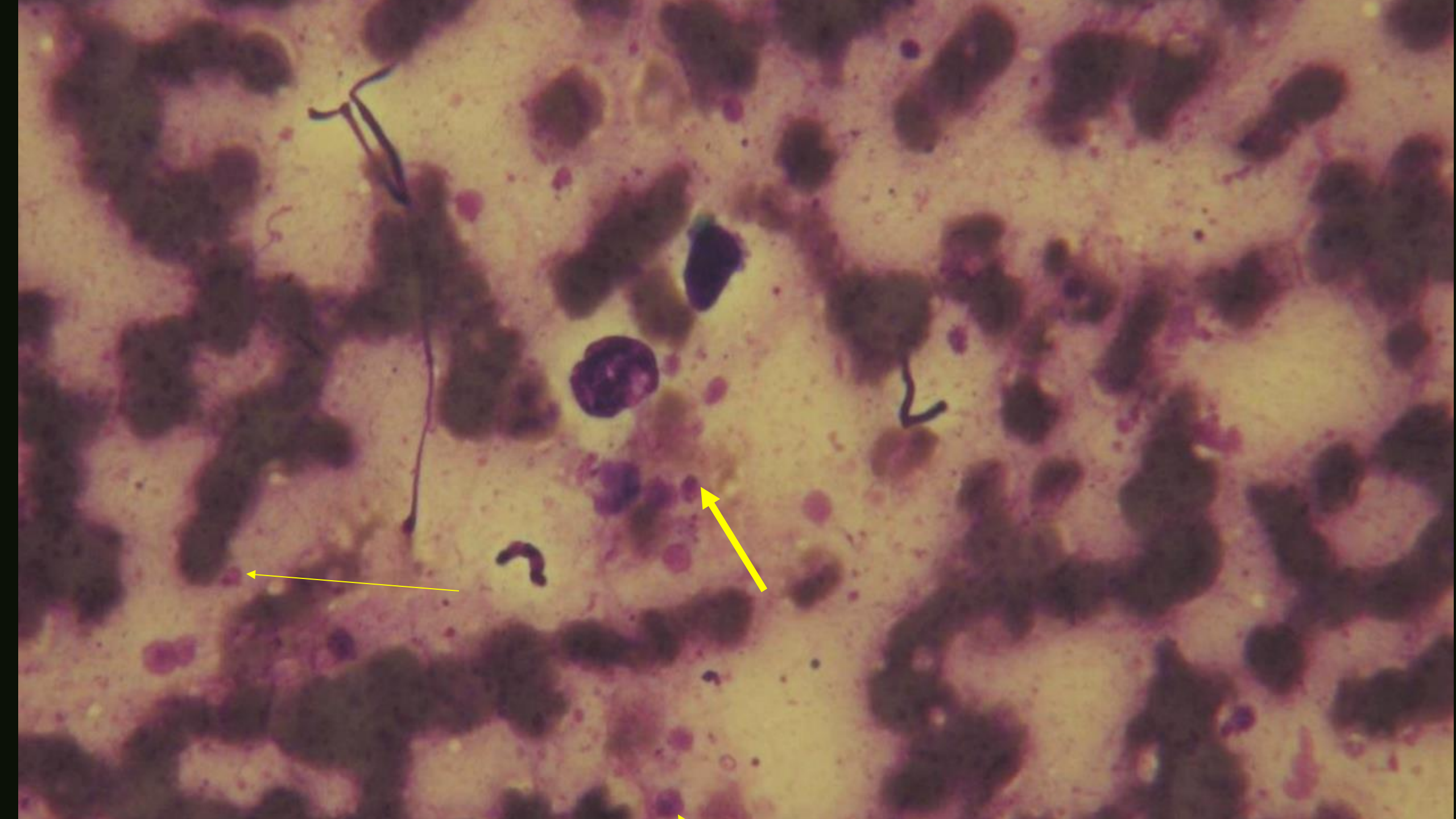


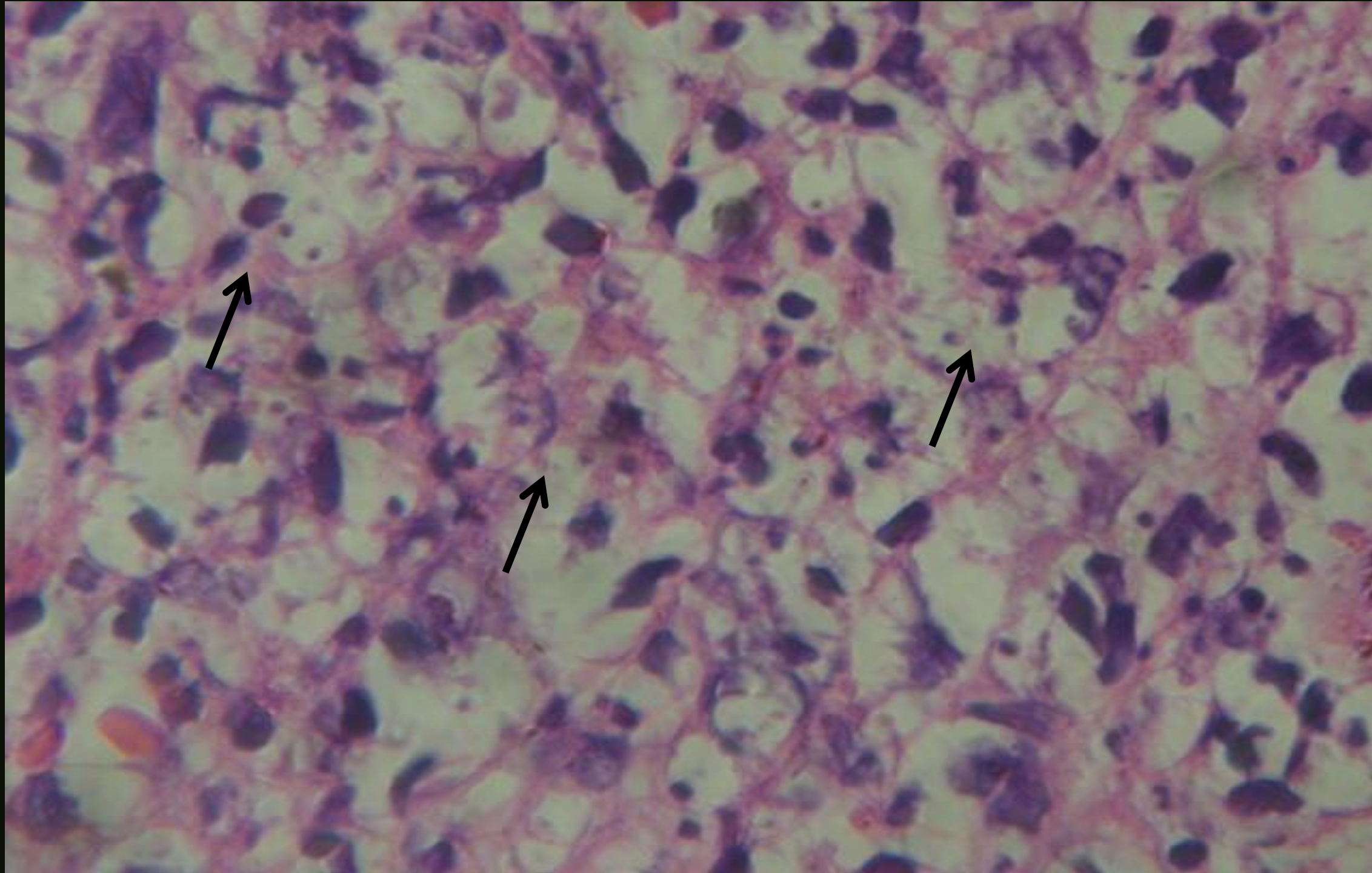




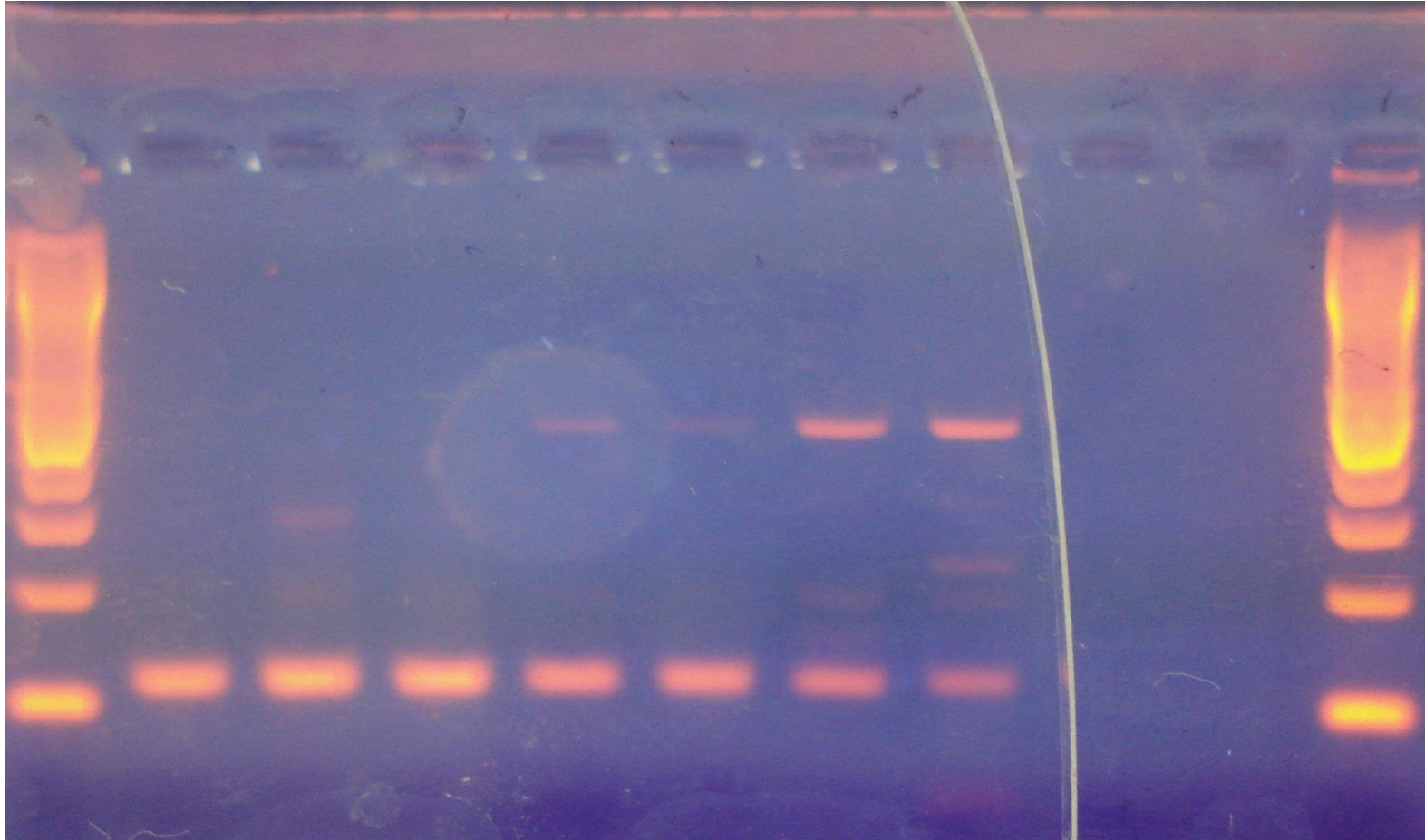








REAL-TIME PCR APPLICATIONS FOR DIAGNOSIS OF LEISHMANIASIS



qPCR-based methods having proven to be very effective, however, a standardized method does not exist.

TREATMENT FOR NEW WORLD CUTANEOUS LEISHMANIASIS

Pentavalent antimonial (Sb^v) therapy – 20 mg of Sb^v per kg, IV or IM, 30 days

Amphotericin B deoxycholate or lipid formulations of amphotericin B – 3 mg per kg daily, by IV infusion, for a total of 6 to 10 or more doses

Pentamidine isethionate – 4 mg per kg, IM, for a total of 3 doses

A randomized clinical trial comparing meglumine antimoniate, pentamidine and amphotericin B for the treatment of cutaneous leishmaniasis by *Leishmania guyanensis* *

	Meglumine	%	Pentamidine	%
Cura definitiva	35	53.8	36	57.1
Clinical Failure	23	35.4	22	34.9
Loss	5	7.7	4	6.3
Excluded	2	3.1	1	1.6
Total		65		63
	<i>p</i> = 0.99 *			
ITT	35/63	55.5	36/62	58.1
CI 95%		(42.5 - 68.1)		(44.8 - 70.5)
	<i>p</i> = 0.857*			
PP	35/58	60.3	36/58	62.1
CI 95%		(46.7 - 72.9)		(48.4 - 74.5)
	<i>p</i> = 0.99*			

AN OPEN LABEL RANDOMIZED CLINICAL TRIAL COMPARING THE SAFETY AND EFFECTIVENESS OF ONE, TWO OR THREE WEEKLY PENTAMIDINE ISETHIONATE DOSES (SEVEN MILLIGRAMS PER KILOGRAM) IN THE TREATMENT OF CUTANEOUS LEISHMANIASIS IN THE AMAZON REGION

Follow-up endpoints	one dose		two doses		three doses		p-value
	healed	failed	healed	failed	healed	failed	
2 months after treatment							
No. of patients healed/failed	50	3	52	1	53	0	0,325
%	94,3%	5,7%	98,1%	1,9%	100,0%	0,0%	
confidence interval 95%	(83,3–98,5)		(88,6–99,99)		-		
6 months after treatment							
No. of patients healed/failed	24	29	43	10	51	2	<0,001
%	45,3%	54,7%	81,1%	18,9%	96,2%	3,8%	
confidence interval 95%	(33,5–61,2)		(67,6–90,1)		(85,9–99,3)		
Fisher's Exact Test							

Leishmania guyanensis

Treatment of cutaneous leishmaniasis with a sequential scheme of pentamidine and tamoxifen in an area with a predominance of *Leishmania (Viannia) guyanensis*: A randomised, non-inferiority clinical trial





- **Pentavalent antimonial (Sbv) therapy – 20 mg of Sbv per kg, IV, 120 days**

Pentamidine– 7 mg /week – 3 weeks





**Pentavalent antimonial (Sbv)
therapy – 20 mg of Sbv per kg, IV,
120 days**

Itraconazol, 100 mg, PO, 30 days

Pentamidine– 7 mg /week – 3 weeks



Environment

Deforestation of Brazilian Amazon rises in September -satellite data

Reuters



In Lula's Brazil, Amazon deforestation rises for first time in 15 months

By Lisandra Paraguassu and Jake Spring

August 7, 2024 5:15 PM GMT-4 · Updated 2 months ago



De Manaus a Porto Alegre: as imagens que mostram 'corredor' com fumaça de queimadas se espalhando pelo Brasil



<https://g1.globo.com/meio-ambiente/noticia/2024/08/19/de-manaus-a-porto-alegre-as-imagens-que-mostram-corredor-com-fumaca-de-queimadas-se-espalhando-pelo-brasil.ghtml/>

