

## **Publications du service de Parasitologie (Université) (depuis 1999-2006)**

**2006**

**SENDID B., LACROIX C., BOUGNOUX M.E.**

Is *Candida kefyr* an emerging pathogen in patients with oncohematological diseases ?

*Clin. Infect. Dis.*, 43 (5), 666-667, 2006

(Services cités : Parasitologie)

**2005**

**PAYS J.F., SALIOU P.**

A comparative approach to the French medical missions in Brazil and in sub-Saharan Africa before the Second World War.

*Parassitologia*, 47 (3-4), 361-368, 2005

(Services cités : Parasitologie)

Franco-Brazilian cooperation in the field of microbiology and tropical diseases dates back to the onset of those disciplines. Physicians were sent over by France, namely Marchoux, Simond and Salimbeni from 1901 to 1905 to study yellow fever, and Emile Brumpt from 1913 to 1914 to teach parasitology. These missions brought in some important results. After confirming that the yellow fever agent was a filterable virus and that *Stegomyia* (*Aedes*) its only vector, Simond and Marchoux clarified the biology of the mosquito and showed that sexual transmission of the virus could occur. They also set up different measures for the control of yellow fever outbreaks which Oswaldo Cruz was inspired by for his campaign against yellow fever. Emile Brumpt implemented the teaching of parasitology at the Faculty of Medicine in Sao Paulo and contributed to human American trypanosomiasis by defining the transmission of the disease and the cycle of the parasite responsible for it. He also developed the technique known as xenodiagnosis. Simond and Marchoux's works on yellow fever found an immediate application in French colonies, particularly in sub-Saharan Africa. However, the fight against large African endemics such as sleeping sickness, the other human trypanosomiasis, could not have been carried out successfully without the contribution of mobile teams following Eugene Jamot's initiative in addition to the permanent centres which characterized the French colonial system.

**2000**

**PAYS J.F.**

Did Chagas truly discover Chagas' disease?

*Rev. Prat.*, 50 (10), 1053-1056, 2000

(Services cités : Parasitologie)

**1999**

**PAYS J.F.**

Human American trypanosomiasis 90 years after its discovery by Carlos Chagas. II--Clinical aspects, physiopathology, diagnosis and treatment.

*Méd. Trop.*, 59 (1), 79-94, 1999

(Services cités : Parasitologie)

Cardiac, neurologic, and gastrointestinal manifestations of Chagas Disease have been well

documented, but underlying pathophysiologic mechanisms, especially of chronic myocarditis, remain unclear. In the last decades, vectorial and transfusional transmission has been diminished. However congenital forms, which were long unknown and are still poorly understood, and reactive forms, which occur in patients with acquired or induced immunodeficiency, have confounded conventional wisdom concerning the evolution of this disease. Several new diagnostic tools have been developed without replacing the traditional methods, e.g. the xenodiagnostic technique proposed by Brumpt. With regard to indirect diagnosis, further progress is needed to improve specificity and sensitivity as well as the discriminating ability of the numerous techniques now available. Recently several double-blind randomized trials showed that benznidazole may be useful for early stage disease in children under 12 years of age. Further study with long-term follow-up will be necessary to determine the value of generalizing treatment to all patients with Chagas disease regardless of age and disease stage. However the ideal trypanocidal agent has yet to be found. Although attempts to immunize animals have not been complete failures, current results are not adequate to hold forth hope of a vaccine for use in man within the foreseeable future. [References: 221]

**ROMANA C.A., PIZARRO J.C., RODAS E., GUILBERT E.**

Palm trees as ecological indicators of risk areas for Chagas disease.

*Trans. Roy. Soc. Trop. Med. Hyg.*, 93 (6), 594-595, 1999

(Services cités : Parasitologie)