MICROORGANISMS WITHOUT BORDERS

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INTRODUCTION

Portugal has an important relationship with ancient colonies. We report 5 cases of exposure/infection due to tropical microorganisms.

CASE 1

Asymptomatic 10-month boy
Natural from Portugal
Mother with **zika virus** infection in 1st trimester in **Brazil**:
- no circulating virus
- IgM 16 IU/ml/ IgG>32 IU/ml (+) → IgM<16 (-)/ IgG 256 IU/ml (+)
During pregnancy, seroconversion was observed
In surveillance – no symptoms, excellent neurodevelopment

CASE 2

Newborn, clinically well
Perinatal exposure to **Tripanossoma cruzi**
Mother from **Brazil** had Chagas disease and died 7 days after delivery due to cardiac complications
IgG + with a downward profile; Serial serum parasitological test and **Tripanossoma cruzi** DNA: negative
In surveillance - normal neurodevelopment, normal echocardiogram

CASE 3

15-years-old Portuguese girl
Small hypopigmented lesion in the right forearm with 2 years of evolution
Mother from **Brazil** with delayed diagnosis of multibacillary lepromatous leprosy
Skin biopsy revealed **paucibacillary Hansen's disease**
Treated with dapsone and rifampicin with clinical improvement

Bacillus in red (Fig 1.) and arrows (Fig. 2)

CASE 4

17-years-old adolescent
Natural from **Guiné**
At Emergency department: right ocular pain, hyperemia and hypovision
Ophthalmologic evaluation: granumolatus iritis, vitritis, and chorioretinitis
Toxoplasma IgG +
Ocular toxoplasmosis treated with trimethoprim-sulfamethoxazole and prednisolone, with clinical improvement

CASE 5

7-years-old girl from **Guiné**
Nodular cutaneous lesions and chronic osteomyelitis since 2 years old
Histoplasma duboisii was observed in bone and ganglionar tissues
Started treatment with amphotericin B followed by itraconazol with slightly improvement with still growing **Histoplasma** on bone tissue – started posaconazol
At the same time pulmonar tuberculosis was diagnosed, completed treatment

CONCLUSION

Currently, with increasing migration of people, diseases considered tropical can be seen in industrialized countries. Pediatricians must be aware of them in order to better diagnose and treat. Also a proper surveillance in cases of exposure must be guaranteed.