

Coimbra - Fundação Bissaya Barreto
23 e 24 de Fevereiro (5ª e 6ª) de 2017



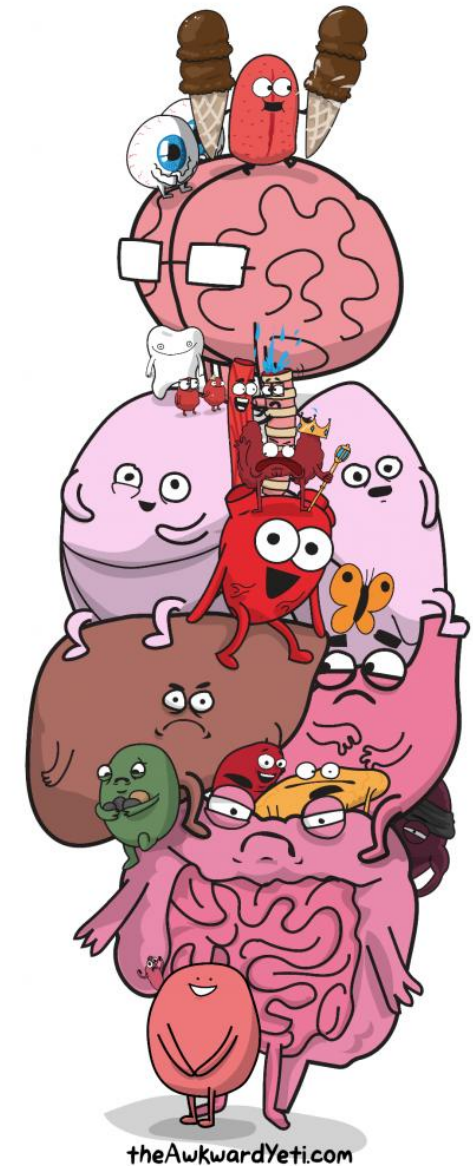
13^{as} Jornadas de Urologia
da Zona Centro em Medicina Familiar

Prevenção primária de doenças urológicas

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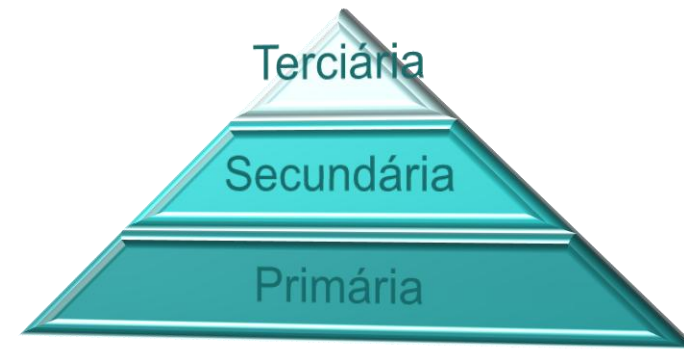
Prevenção Primária

“actions aimed at avoiding the manifestation of a disease”



• Prevenção primária em Urologia

- *Infeções do trato urinário*
- *Litíase urinária*
- *Neoplasias urinárias*
- *Disfunção erétil*
- *HBP*
- *Incontinência urinária*
- *Infertilidade masculina*
- *Dor pélvica crónica*
- ...



Identificar factores de risco
Corrigir hábitos nefastos
Introduzir fármacos profiláticos

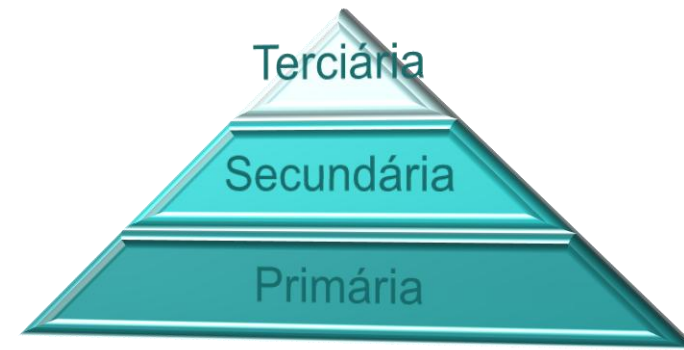
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Introduzir fármacos profiláticos

Prevenção Primária em Urologia

“actions aimed at avoiding the manifestation of a disease”



Review

Novel Strategies in the Prevention and Treatment of Urinary Tract Infections

Petra Lütthje[†] and Annelie Brauner^{*}

Department of Microbiology, Tumor and Cell Biology, Division of Clinical Microbiology, Karolinska Institutet and Karolinska University Hospital, Stockholm SE-171 76, Sweden; Petra.Luthje@ki.se

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[†] Current affiliation: Department of Laboratory Medicine, Division of Clinical Microbiology, Karolinska Institutet and Karolinska University Hospital, Stockholm SE-141 86, Sweden

The Influence of Increased Fluid Intake in the Prevention of Urinary Stone Formation: a Systematic Review

Tommie Prasetyo, Ponco Birowo, Nur Rasyid

Department of Urology, Faculty of Medicine, Universitas Indonesia - Cipto Mangunkusumo Hospital, Jakarta, Indonesia.

Correspondence mail:

Department of Urology, Faculty of Medicine, Universitas Indonesia - Cipto Mangunkusumo Hospital. Jl. Diponegoro no. 71, Jakarta 10430, Indonesia. email: tommie.prasetyo@gmail.com.

Review Article

Can lifestyle modification affect men's erectile function?

Marah C. Hehemann¹, James A. Kashanian²

¹Department of Urology, Loyola University Health Systems, Maywood, IL, USA; ²Department of Urology, Weill Cornell Medicine, New York, NY, USA

Prevention and early detection of prostate cancer



Jack Cuzick, Mangesh A Thorat, Gerald Andriole, Otis W Brawley, Powel H Brown, Zoran Culig, Rosalind A Eeles, Leslie G Ford, Freddie C Hamdy, Lars Holmberg, Dragan Ilic, Timothy J Key, Carlo La Vecchia, Hans Lilja, Michael Marberger, Frank L Meyskens, Lori M Minasian, Chris Parker, Howard L Parnes, Sven Perner, Harry Rittenhouse, Jack Schalken, Hans-Peter Schmid, Bernd J Schmitz-Dräger, Fritz H Schröder, Arnulf Stenzl, Bertrand Tombal, Timothy J Wilt, Alicja Walk

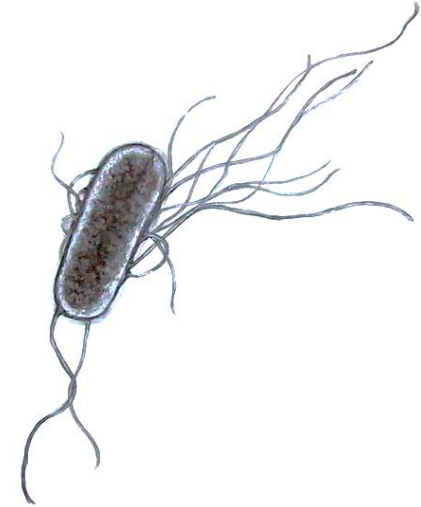
Infecções do Trato Urinário

Infecções do Tracto Urinário (ITUs)

- Vias de infecção
 - **Ascendente +++**
 - Reservatório intestinal
 - Hematogénea
 - Linfática

- Patogéneos urinários
 - *E. coli* (85% ITUs da comunidade)
 - *Proteus* e *Klebsiella*
 - *S. saprophyticus* (10% ♀ jovem)

Enterobactérias
Gram -

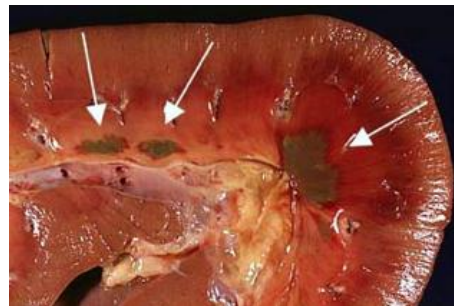
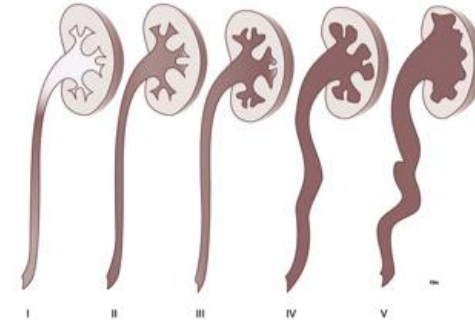
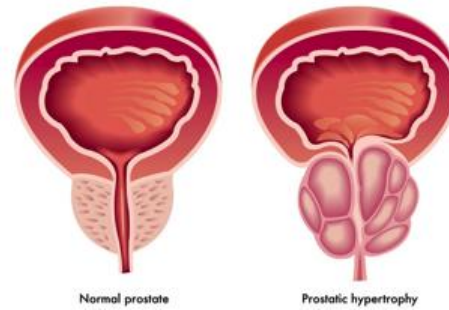


Factores de virulência
Colonização + Aderência

ITUs

• Δ Mecanismos de defesa do hospedeiro

- Obstrução
- Refluxo VU
- Doenças de base
 - **Diabetes mellitus** ♀
- Necrose papilar renal
- HIV
- Gravidez



ITUs – Medidas gerais

- **Hidratação**
- Evitar banhos de imersão
- Micções regulares
- **Micção pós-coito**
- **Higiene**
- Vestuário adequado
- Regularização do trânsito intestinal
- Evitar uso de **espermicidas**



ITUs – Prevenção Não ATB

- Prevenção da COLONIZAÇÃO
 - Estrogénios intra-vaginais (⊘ **orais**)
 - Probióticos – *Lactobacilli*

♀ Pós-menopausa



ORIGINAL ARTICLE

A Controlled Trial of Intravaginal Estriol in Postmenopausal Women with Recurrent Urinary Tract Infections

Raul Raz, and Walter E. Stamm

N Engl J Med 1993; 329:753-756 | [September 9, 1993](#) | DOI: 10.1056/NEJM199309093291102

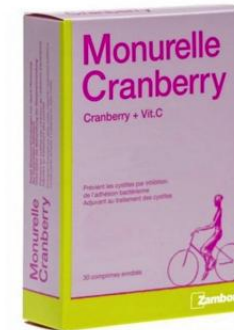


The NEW ENGLAND
JOURNAL of MEDICINE

ITUs – Prevenção Não ATB

- Prevenção da ADERÊNCIA
 - Arando

♀ Pré-menopausa



Papers



Randomised trial of cranberry-lingonberry juice and *Lactobacillus* GG drink for the prevention of urinary tract infections in women

BMJ 2001 ; 322 doi: <https://doi.org/10.1136/bmj.322.7302.1571> (Published 30 June 2001)

Cite this as: *BMJ* 2001;322:1571



Drug and Vaccine Development for the Treatment and Prevention of Urinary Tract Infections

VALERIE P. O'BRIEN,¹ THOMAS J. HANNAN,²
HAILYN V. NIELSEN,¹ and SCOTT J. HULTGREN¹

¹Department of Molecular Microbiology, Center for Women's Infectious Disease Research;
²Department of Pathology & Immunology, Washington University Medical School, St. Louis, MO 63110

ITUs – Vacinas

- **Imunoestimuladores**

- Lisado bacteriano 18 estirpes *E.coli*
 - OM-89 (**Uro-Vaxom®**)
 - 1 cápsula jejum – 3 meses
 - 12 meses de eficácia



- **Bactérias inativadas**

- 10 estirpes de uropatogénios inativados
 - Solco-Urovac®
 - Strovac®



ITUs – Prevenção ATB

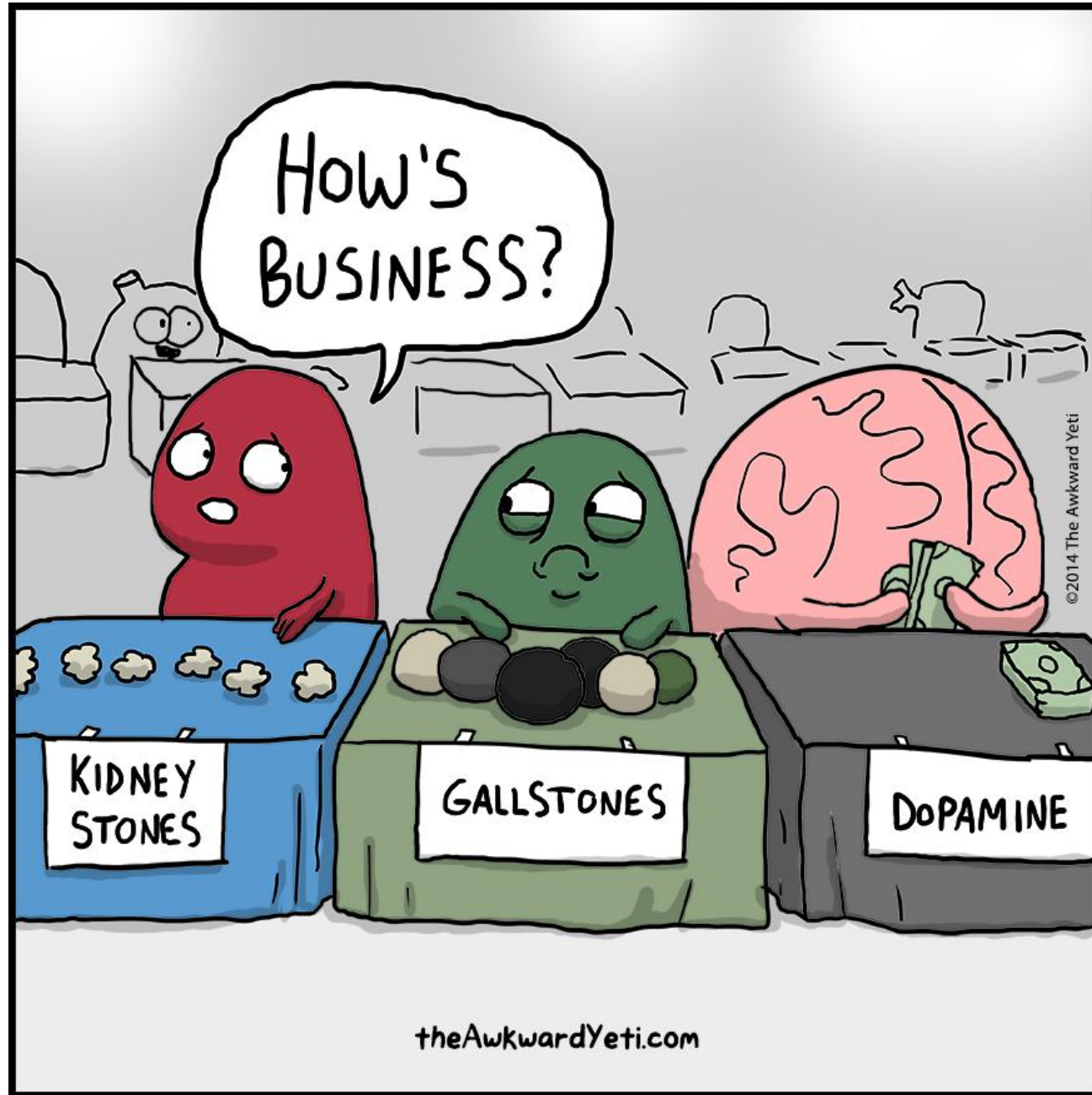
- **Baixa dose contínua**

- Nitrofurantoína 50 a 100 mg
- SMX+TMP 40 a 200 mg
- Cefalexima 250 mg
- Quinolonas (intolerantes)

- **Toma única pós-coital**



Litíase urinária



Litíase urinária

- **“Medical Nutrition Therapy”**
 - Alimentos e/ou suplementos nutricionais específicos
 - **Individualizado**
- **Grupos de Risco**

EAU Guidelines on Urolithiasis

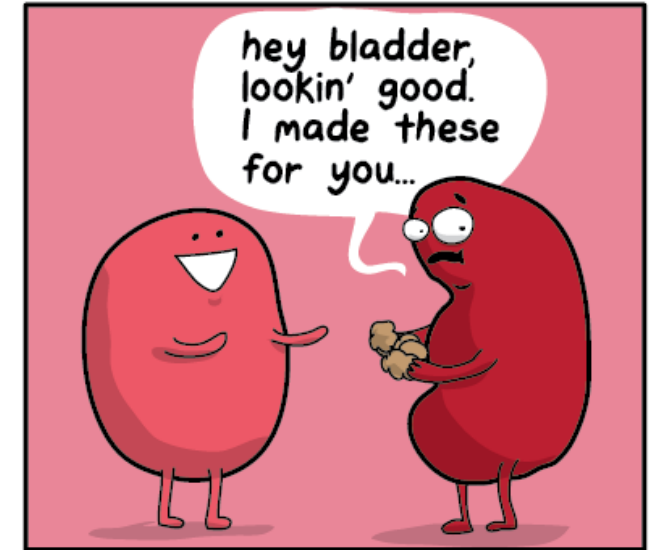
General factors
Early onset of urolithiasis (especially children and teenagers)
Familial stone formation
Brushite-containing stones (CaHPO ₄ ·2H ₂ O)
Uric acid and urate-containing stones
Infection stones
Solitary kidney (the kidney itself does not particularly increase the risk of stone formation, but prevention of stone recurrence is of more importance)
Diseases associated with stone formation
Hyperparathyroidism
Metabolic syndrome
Nephrocalcinosis
Polycystic kidney disease (PKD)
Gastrointestinal diseases (i.e., jejunio-ileal bypass, intestinal resection, Crohn's disease, malabsorptive conditions, enteric hyperoxaluria after urinary diversion) and bariatric surgery [21]
Sarcoidosis
Spinal cord injury, neurogenic bladder

Litíase urinária e Fluídos

- Volume urinário > **2-2,5 L/dia**
 - Ingestão circadiana
 - Bebidas com pH neutro

- **EVITAR**

Sumos de fruta
Alto teor de **sódio**
Adoçadas com **frutose**



theAwkwardYeti.com

EAU Guidelines on Urolithiasis

Recommendations	LE	GR
Advise patients that a generous fluid intake is to be maintained, allowing for a 24-h urine volume ≥ 2.5 L.	1b	A
In patients with a small urine volume, advise patients to increase fluid intake.	1b	A

Litíase urinária e Dieta

- **Cálcio**

- Ingestão moderada e distribuída
- **Suplementos** – hiperoxalúria entérica!



- **Sódio**

- Ingestão **3-5 g/dia**
- Hiperoxalúria
- Hipocitratúria

Nephrol Dial Transplant (2016) 31: 39–45
doi: 10.1093/ndt/gfu243
Advance Access publication 16 July 2014

Salt and nephrolithiasis

Andrea Ticinesi^{1,2}, Antonio Nouvenne², Naim M. Maalouf³, Loris Borghi^{1,2} and Tiziana Meschi^{1,2}

¹Department of Clinical and Experimental Medicine, University of Parma, Parma, Italy, ²Internal Medicine and Critical Subacute Care Unit, Parma University Hospital, Parma, Italy and ³Charles and Jane Pak Center for Mineral Metabolism and Clinical Research and Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas, TX, USA

FULL REVIEW

Litíase urinária e Síndrome Metabólica

- **Proteínas animais**

- 0,8-1,0 g/Kg
- Carga ácida → ↓ pH_u
- Precursores de ácido úrico, oxalato e cistina

- **Carboidratos**

- Frutose → ↑ oxalato_u

KJU
Korean Journal of Urology

www.kjurology.org
<http://dx.doi.org/10.4111/kju.2014.55.12.775>

Review Article



Medical and Dietary Therapy for Kidney Stone Prevention

Zeynep Gul, Manoj Monga¹

Case Western Reserve University School of Medicine, Cleveland, OH, ¹The Cleveland Clinic, Glickman Urological and Kidney Institute, Cleveland, OH, USA

Litíase urinária e Síndrome Metabólica

- **Obesidade**

- Risco > em ♀

- **Resistência à Insulina**

- Δ excreção de amónia \rightarrow \downarrow pH_u

- **Cálculos**

Oxalato de Cálcio +++
Ácido Úrico



Review Article

The Association of Metabolic Syndrome and Urolithiasis

Yee V. Wong,¹ Paul Cook,² and Bhaskar K. Somani¹

¹Department of Urology, University Hospital Southampton NHS Trust, Southampton SO16 6YD, UK

²Department of Biochemical Pathology, University Hospital Southampton NHS Trust, Southampton SO16 6YD, UK

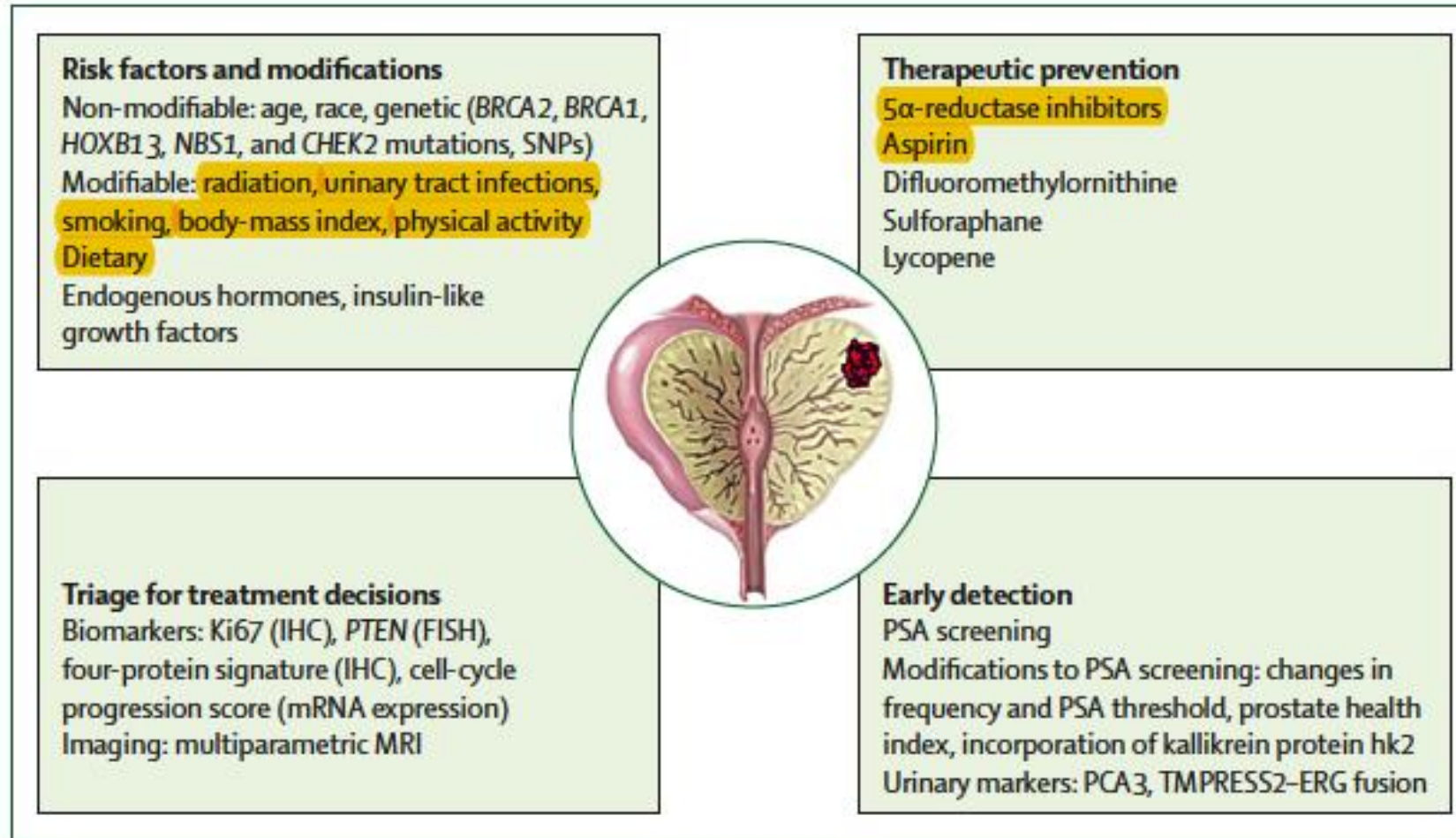
Recomendações da EAU

EAU Guidelines on Urolithiasis

Fluid intake (drinking advice)	Fluid amount: 2.5-3.0 L/day Circadian drinking Neutral pH beverages Diuresis: 2.0-2.5 L/day Specific weight of urine: < 1010
Nutritional advice for a balanced diet	Balanced diet* Rich in vegetables and fibre Normal calcium content: 1-1.2 g/day Limited NaCl content: 4-5 g/day Limited animal protein content: 0.8-1.0 g/kg/day
Lifestyle advice to normalise general risk factors	BMI: retain a normal BMI level Adequate physical activity Balancing of excessive fluid loss

Neoplasias Urológicas

Neoplasia da Próstata



Neoplasia da Próstata

- Factores de risco modificáveis:
 - Radiação
 - ITUs
 - Tabagismo
 - Síndrome metabólica
 - Actividade física
 - Dieta ???



Estudo

SELECT

Neoplasia da Próstata

- **Inibidores da 5 α -redutase**
 - ↓ 25% incidência global CaP Gleason 6
 - ↑ CaP alto grau

- **AAS**
 - ↓ 10% incidência global CaP

- **Estatinas**

Estudos

PCPT

REDUCE



Neoplasia da Próstata

EAU - ESTRO - SIOG Guidelines on Prostate Cancer

In summary, hereditary factors are important in determining the risk of developing clinical PCa, while exogenous factors may have an important impact on the risk of progression. **There is, as yet, insufficient evidence to recommend lifestyle changes** (such as a reduced intake of animal fat and an increased intake of fruit, cereals and vegetables) **in order to decrease the risk.** But such lifestyle modifications might be associated with other non-specific benefits and must therefore be encouraged.

3.2.1 *Guideline for preventative measures*

At this moment in time **no definitive recommendation can be provided for preventive measures** due to the lack of conclusive data.

Neoplasia da Bexiga

- **Tabaco**

Aminas
aromáticas

- **Exposição ocupacional**

- Plantas industriais; tintas processadas e corantes; metal; petróleo; tintas de cabelo?

- Radiação ionizante

- Ciclofosfamida e Pioglitazona

- *Schistosomiasis*



Neoplasia do Rim

- **Tabaco** RR ↑ 1,4-2,5 x
- **Obesidade** RR ↑ 1,07 x por cada U de IMC
- **HTA**
- **AINEs** RR ↑ 1,5x
- **DRC**

EAU Guidelines on **Renal Cell Carcinoma**

3.1.1 *Summary of evidence and recommendation*

Summary of evidence	LE
Several verified risk factors have been identified including smoking, obesity and hypertension . These are considered definite risk factors for RCC.	2a

Recommendation	GR
For the most important primary prevention of for RCC, eliminate cigarette smoking and reduce weight .	B

Neoplasia do Pénis

EAU Guidelines on Penile Cancer

Risk factors	Relevance	Ref
Phimosis	OR 11-16 vs. no phimosis	[14, 15]
Chronic penile inflammation (balanoposthitis related to phimosis) Balanitis xerotica obliterans (lichen sclerosus)	Risk	[16]
Sporalene and UVA phototherapy for various dermatological conditions such as psoriasis	Incidence rate ratio 9.51 with > 250 treatments	[17]
Smoking	5-fold increased risk (95% CI: 2.0-10.1) vs. non-smokers	[14, 15, 18]
HPV infection condylomata acuminata	22.4% in verrucous SCC 36-66.3% in basaloid-warty	[6, 19]
Rural areas, low socioeconomic status, unmarried		[20-23]
Multiple sexual partners, early age of first intercourse	3-5-fold increased risk of penile cancer	[13, 15, 24]

HPV = human papilloma virus; OR = odds ratio; SCC = squamous cell carcinoma; UVA = ultraviolet A.

Neoplasia do Testículo

- **Síndromes de disgenesia testicular**
 - Criptorquidia
 - Hipospádias
 - ↓ Espermatogénese (infertilidade)
- **História familiar** (1º grau) ou **pessoal** de tumor testicular
- Papel da **AUTO-EXAME Testicular**

IF YOU NOTICE ANY CHANGES OR IRREGULARITIES, THEN TELL YOUR DOCTOR IMMEDIATELY.



Testicular Self-Exam Instructions and Reminders
For our free mobile app: go to www.BallChecker.com
For monthly text reminders: text @selfexam to 81010



GRAB YOUR GONADS!

- 1 MAKE A DATE WITH YOUR TESTICLES**
 15 MINUTES PER DAY
 examine your scrotum monthly
- 2 KNOW WHEN TO HOLD 'EM**
 check your family jewels after showering, when the sac is soft and relaxed.
- 3 CHECK YOUR BALLS!**
 using both hands, gently roll the testicles between your fingers.
 notice the size, shape and feel of your balls. normal testicles will feel soft and move freely inside the scrotum.
- 4 TALK TO YOUR DOC**
 any lumps or swelling should be reported to your doctor ASAP. other testicular cancer warnings include a dull ache in the abdomen or groin, or blood in your semen.

NUTTY NUGGET
 an octopus' testicles are stored inside its head. talk about test on the brain

NUTTY NUGGET
 testicles will expand from a muscle called the cremaster.

locate the epididymis, a cord-like structure atop and behind the testis. check for lumps under the skin of the scrotum.


DON'T LET CANCER MESS WITH YOUR TESTS

www.theheartguts.com
 © Heart Guts. All rights reserved.

CATCH IT EARLY

Testicular cancer is the most common type of cancer in men.

There is a 95% chance of complete recovery if caught on time

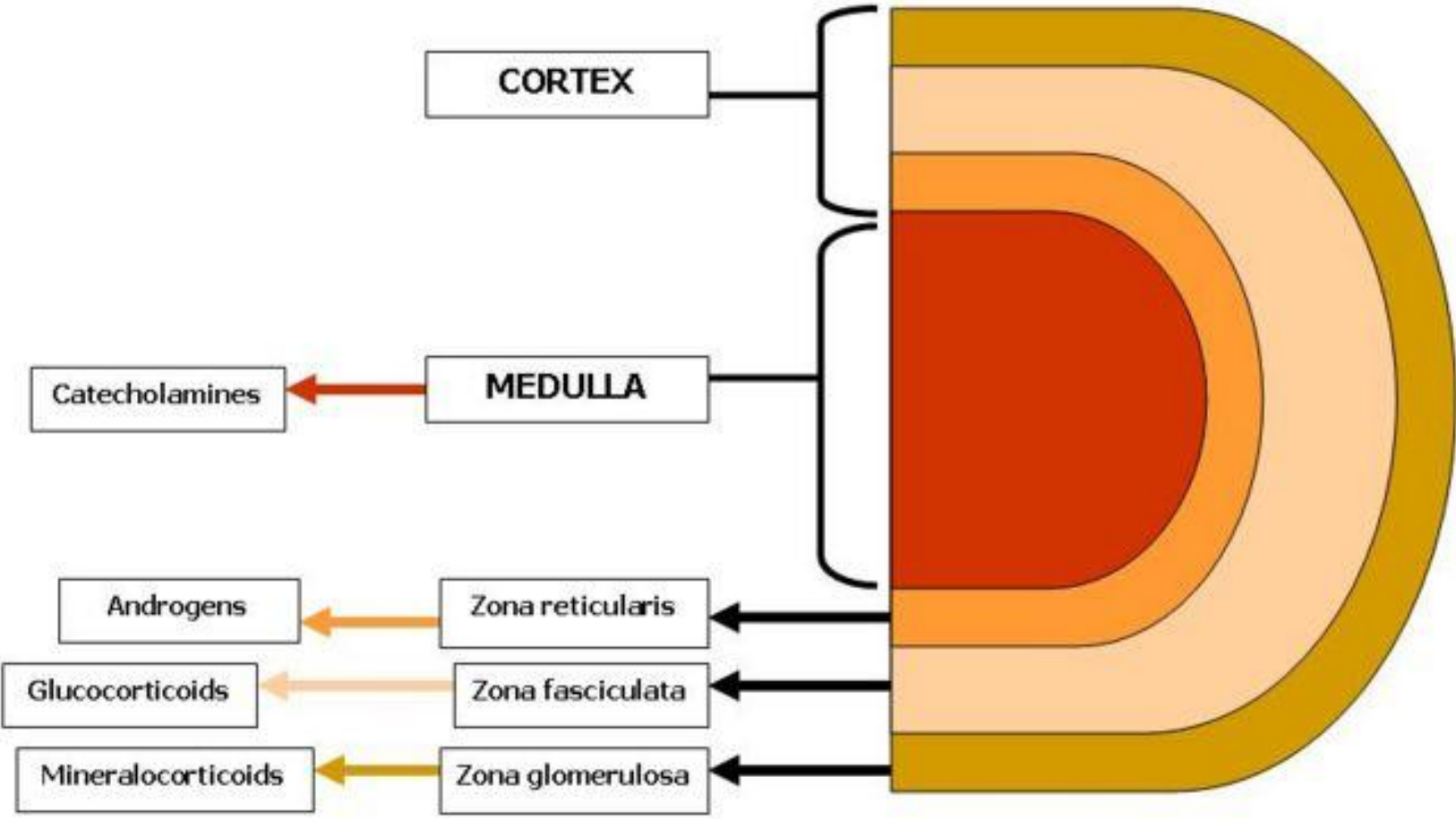


SELF-EXAMINATE

CANCER RESEARCH UK



Neoplasia da Suprarrenal



Neoplasia da Suprarrenal

Table 1. Symptoms and Signs Suggestive of Adrenal Hyperfunction or Malignant Disease.

Disorder	Symptoms	Signs
Cushing's syndrome	Patient may be asymptomatic if disease is subclinical; symptoms may include weight gain with central obesity, facial rounding and plethora, supraclavicular and dorsocervical fat pads, easy bruising, thin skin, poor wound healing, purple striae, proximal muscle weakness, emotional and cognitive changes (e.g., irritability, spontaneous tearfulness, depression, and restlessness), opportunistic and fungal infections, altered reproductive function, acne, and hirsutism	Hypertension , osteopenia, osteoporosis, fasting hyperglycemia, diabetes mellitus, hypokalemia, hyperlipidemia, and leukocytosis with relative lymphopenia
Pheochromocytoma	Patient may be asymptomatic; episodic symptoms may occur in spells (paroxysms) that can be extremely variable in presentation but typically include forceful heartbeat , pallor , tremor , headache , and diaphoresis ; spells may be either spontaneous or precipitated by postural change, anxiety, medications (e.g., metoclopramide, anesthetic agents), and maneuvers that increase intraabdominal pressure (e.g., change in position, lifting, defecation, exercise, colonoscopy, pregnancy, and trauma)	Hypertension (paroxysmal or sustained), orthostatic hypotension, pallor, retinopathy grades 1 to 4, tremor, and fever
Primary aldosteronism	If hypokalemia is present, nocturia, polyuria, muscle cramps, and palpitations may be present	Hypertension , mild or severe; possibly hypokalemia and mild hypernatremia
Adrenocortical carcinoma	Symptoms may include mass effect (e.g., abdominal pain) and symptoms related to adrenal hypersecretion of cortisol (Cushing's syndrome) , androgens (hirsutism, acne, amenorrhea or oligomenorrhea, oily skin, and increased libido) , estrogens (gynecomastia) , or aldosterone (hypokalemia-related symptoms)	Hypertension , osteopenia, osteoporosis, fasting hyperglycemia, diabetes mellitus, hypokalemia, hyperlipidemia, and leukocytosis with relative lymphopenia
Metastatic cancer	History of an extraadrenal cancer	Cancer-specific signs

Neoplasia da Suprarrenal

- Feocromocitoma esporádico – **40-50 anos**
- **HTA (70-90%)**
- Tríade clássica (20-40%)
 - Cefaleia
 - Diaforese
 - Palpitações
- *Pheocromocytoma Multisystem Crisis*
 - Remoção emergente do tumor

Alta especificidade – 93,8%
Alta sensibilidade – 90,9%

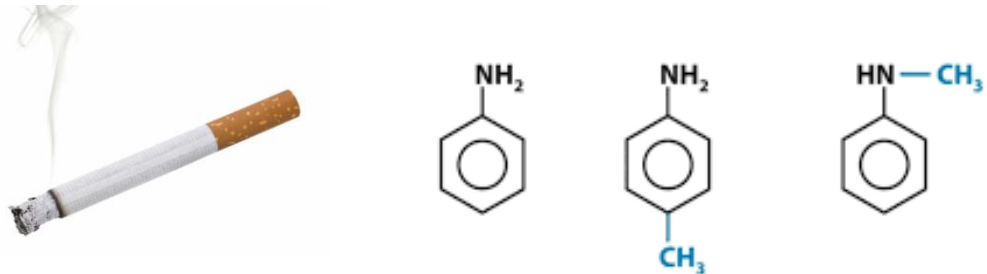
Prevenção de Neoplasias Urológicas

Próstata




SELENIUM 200 µg
FDC vita E 400 UI + selênio
FINASTERIDA 5 mg
Tromalyt® 150mg

Bexiga




Nc1ccccc1
Cc1ccc(N)cc1
CNc1ccccc1

Rim



Pênis



Disfunção eréctil

Disfunção eréctil e Doença Cardiovascular (CV)

- Factores de risco **comuns** com a **Doença CV**

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Platinum Priority – Collaborative Review – Andrology
Editorial by Hillary A. Keenan on pp. 979–980 of this issue

A Systematic Review of the Association Between Erectile Dysfunction and Cardiovascular Disease

*Giorgio Gandaglia^a, Alberto Briganti^a, Graham Jackson^b, Robert A. Kloner^c,
Francesco Montorsi^a, Piero Montorsi^d, Charalambos Vlachopoulos^{c,*}*

Disfunção erétil e Doença Cardiovascular (CV)

- Factores de risco **comuns** com a **Doença CV**

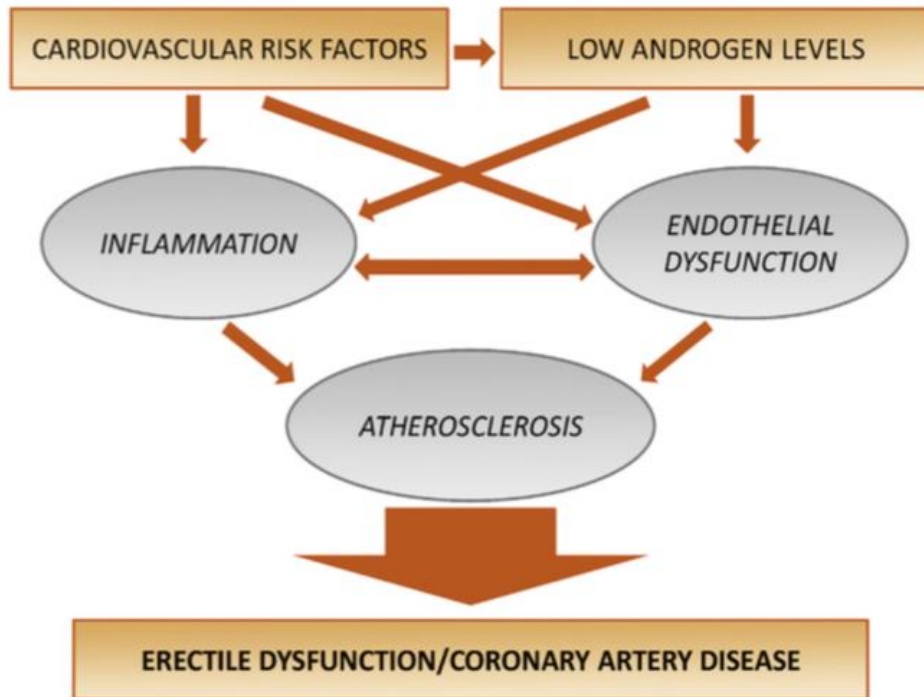


Table 2 – Association between erectile dysfunction and cardiovascular disease: practice points

- ED is common, especially with **advancing age**.
- **ED and CVD share the same risk factors**.
- ED and CVD have a common pathophysiologic background.
- ED is highly prevalent in CAD patients.
- ED is a marker of generalized vascular disease.
- **ED precedes a CVD event by 2–5 yr** (average: 3 yr).
- ED predicts cardiovascular events and all-cause mortality.
- ED patients with an intermediate-risk score need further evaluation of CV risk.
- ED treatment should include CVD risk reduction.

CAD = coronary artery disease; CV = cardiovascular; CVD = cardiovascular disease; ED = erectile dysfunction.

Disfunção erétil e Estilos de Vida

- Melhoria da função erétil independente do uso de iPDE5

REVIEW ARTICLE

ONLINE FIRST

The Effect of Lifestyle Modification and Cardiovascular Risk Factor Reduction on Erectile Dysfunction

A Systematic Review and Meta-analysis

Bhanu P. Gupta, MD; M. Hassan Murad, MD; Marisa M. Clifton, MD; Larry Prokop, MLS; Ajay Nehra, MD; Stephen L. Kopecky, MD

Table 1. Characteristics of Clinical Trials

Characteristic	Esposito et al, ¹⁶ 2004	Esposito et al, ¹⁵ 2006	Herrmann et al, ²⁰ 2006	Lamina et al, ¹⁸ 2009	Wing et al, ¹⁷ 2010	Dadkhah et al, ¹⁹ 2010
Country	Italy	Italy	United States	Nigeria	United States	Iran
Study duration	24 mo	24 mo	12 wk	8 wk	12 mo	12 wk
Sample size						
Intervention	55	35	8	25	185	66
Control	55	30	4	25	187	65
Inclusion criteria	Obesity and IIEF-5 score <22	Metabolic syndrome and IIEF-5 score ≤21	IIEF-5 score <16	HTN with ED	DM with ED	IIEF-5 score <21
Planned intervention	Exercise and lifestyle change	Mediterranean diet	Atorvastatin	Interval exercise program	Weight loss	Atorvastatin
Lost to follow up, %	6	0	0	14	17.7	10
Quality score ^a	7	3	6	6	7	9
Age, y	43.5	44.3 (6.4)	58.0 (13.0)	62.1 (5.23)	60.7	63.9
BMI, mean (SD)	36.9 (NA)	27.9 (3.5)	NA	24.2 (3.1)	35.3 (NA)	25.7 (NA)
CAD	Excluded	Excluded	NA	Excluded	NA	Included
Hypertension	Excluded	Included	Included	Included	Excluded	Included
DM	Excluded	Excluded	Excluded	Excluded	Included	Included
Current smoker	Excluded	Excluded	Included	Excluded	NA	Included
Laboratory values, mean (SD), mg/dL						
Total cholesterol	213 (NA)	215 (36)	NA	100.5 (38.7)	183.5 (NA)	159.7 (NA)
Triglycerides	169 (NA)	158 (57)	NA	NA	NA	150.4 (NA)
HDL cholesterol	39 (NA)	39 (6)	NA	NA	39 (NA)	45.2 (NA)
LDL cholesterol	140.2 (NA)	140 (19)	139 (16)	NA	108 (NA)	138.1 (NA)
Glucose	110 (10)	NA	NA	103	70.7 (9.9)	103 (NA)

Abbreviations: BMI, body mass index (calculated as weight in kilograms divided by height in meters squared); CAD, coronary artery disease; DM, diabetes mellitus; ED, erectile dysfunction; HDL, high density lipoprotein; HTN, hypertension; IIEF-5, International Index of Erectile Dysfunction²¹ score; LDL, low density lipoprotein; NA, not available.

SI conversion factors: To convert all types of cholesterol to millimoles per liter, multiply by 0.0259; triglycerides to millimoles per liter, multiply by 0.0113; glucose to millimoles per liter, multiply by 0.0555.

^aNine-point Delphi consensus criteria.²²

Recomendações da EAU

3.1.1.3.2 Summary of evidence on the epidemiology/aetiology/pathophysiology of ED

EAU Guidelines on Erectile Dysfunction, Premature Ejaculation, Penile Curvature and Priapism

Summary of evidence	LE
ED is common worldwide.	2b
ED shares common risk factors with cardiovascular disease.	2b
Lifestyle modification (regular exercise and decrease in body mass index) can improve erectile function.	1b
ED is a symptom, not a disease. Some patients may not be properly evaluated or receive treatment for an underlying disease or condition that may be causing ED.	4
ED is common after RP, irrespective of the surgical technique used.	2b
ED is common after external radiotherapy and brachytherapy.	2b
ED is common after cryotherapy and high-intensity focused US.	2b

Conclusões

- **Conceitos chave da Prevenção Primária:**

- Identificar populações de risco
- Corrigir hábitos nefastos
- Introduzir fármacos profiláticos

- ITUs

- Medidas gerais
- Estrogénios tópicos, arando, vacinas
- ATB profiláticos

- Litíase urinária

- Hidratação e Dieta
- Síndrome Metabólica

Conclusões

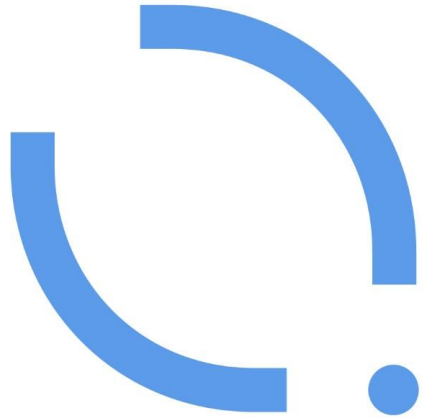
- Neoplasias Urológicas

- **Próstata:** ?
- **Bexiga:** Tabaco
- **Rim:** Tabaco, Obesidade, HTA
- **Pénis:** Tabaco, HPV, Fimose e Balanite Crónica
- **Testículo:** AUTO-EXAME
- **Suprarrenal:** Hiperprodução hormonal, HTA

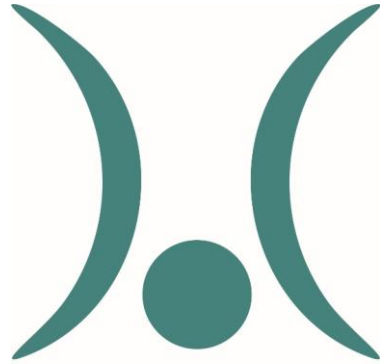
- Disfunção Eréctil

- Preditor de DCV
- Modificação de estilos de vida → melhoria da função eréctil independente dos iPDE5!!!

Obrigada pela vossa atenção!!!



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