

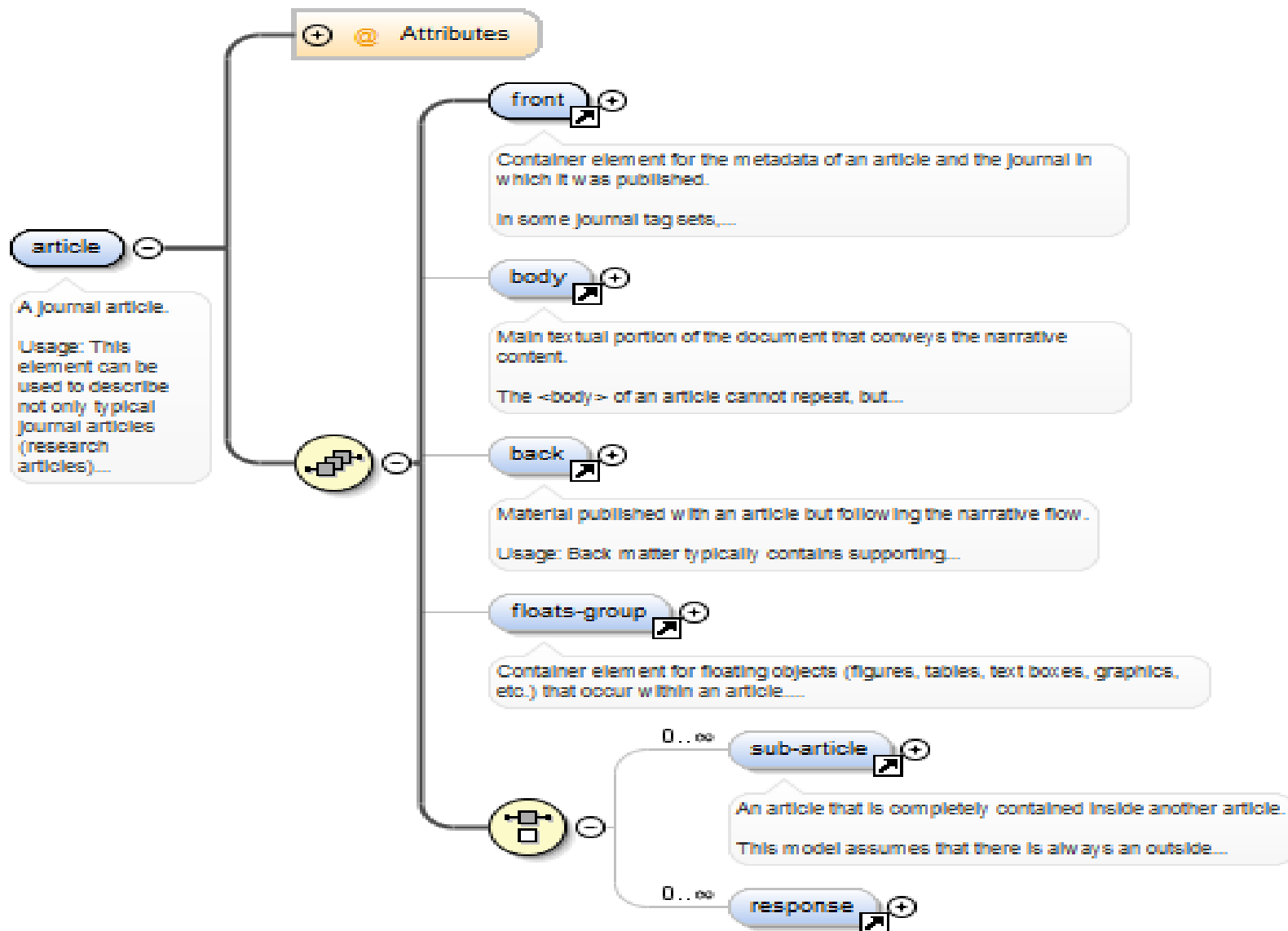
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Scientific Electronic Library Online

Adoção da Marcação XML-SciELO

Equipe Produção SciELO

IV Reunião sobre a adoção do SciELO Publishing Schema
FSP/USP São Paulo, 19 de Março 2014



O que é o XML (eXtensible Markup Language)?



- O **XML** (Extensible Markup Language, ou Linguagem de Marcação Extendida) foi criada para intercambiar informações e tem foco no conteúdo propriamente dito;
- Enquanto o **HTML** foi criado para apresentar o texto com enfoque na exibição do conteúdo;
- O **XML** já vem sendo utilizado no mercado editorial desde os anos 90. A área de periódicos científicos foi uma das pioneiras na adoção do **XML** para estruturação do texto completo com sucesso;
- O **XML** permite criar qualquer etiqueta (tag) necessária para descrever o dado e sua estrutura.
- Abre a possibilidade de indexação no **Pubmed Central (PMC)**.



- A **separação** entre estrutura e apresentação garantem:
 - ✓ maior **flexibilidade** de utilização do conteúdo (no todo ou em partes)
 - ✓ apresentação em diversos **layouts e formatos**
 - ✓ **preservação digital** do conteúdo
 - ✓ **intercâmbio** fácil entre bases de dados

eXtensible Markup Language

XML – SciELO conteúdo e estrutura



TEXTO



Eder Maciel



XML



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    Alegre, 14040-904, Ribeirão Preto, SP, Brasil. Tel:
      <phone>+55-16-3602-3980</phone>. e-mail: <email>scombati@forp.usp.br</email></corresp>
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  </sec>
  <sec>
    <title>Methods:</title>
    <p id="para2">Positive serum samples for <i>Ehrlichia canis</i>,
      <i>Babesia canis</i>, <i>Toxoplasma gondii</i>,
      <i>Neospora caninum</i> and <i>Trypanosoma cruzi</i>
      were tested using three serological methods enzyme linked immunosorbent
      assay (ELISA), indirect immunofluorescent antibody test
      (IFAT) and Kalazar Detect<sup>TM</sup>, for canine visceral
      leishmaniasis.</p>
  </sec>
  <sec>
    <title>Results:</title>
    <p id="para3">Of the 57 dog samples tested, 24 (42.1%) tested
      positive using one of the three serological methods: 10/57
      (17.5%) for ELISA, 11/57 (19.3%) for
      IFAT and 3/57 (5.3%) for Kalazar Detect<sup>TM</sup>.</p>
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    <title>Conclusions:</title>
    <p id="para4">Our results demonstrated that the presence of other infectious
      agents may lead to cross-reactivity on leishmaniasis serological tests.</p>
  </sec>
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<p id="para9">A total of 24/57 (42.1%) dog samples tested positive
using any of the three serological methods for <italic>Leishmania</italic> sp.
(<xref ref-type="table" rid="t01">Table 1</xref>). Of the positive ELISA samples, the optical density
(OD) values of the <italic>T. cruzi</italic> samples ranged from 0.299 to
0.941, with an average of 0.531 ±0.226, and the OD value of the <italic>E.
canis</italic> sample was 0.385 (<xref ref-type="fig" rid="f01">Figure 1</xref>).
Of the positive IFAT samples, the titer values ranged from 40 to 160 and
from 40 to 80 for the <italic>T. cruzi</italic> and <italic>T. gondii</italic> samples,
respectively. Of the positive dipstick samples, the number of samples that cross-reacted
using this method was lower than those observed using the ELISA and IFAT methods
(<xref ref-type="table" rid="t01">Table 1</xref>).</p>
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**LINKS, TÍTULOS E NOTAS DE
TABELAS E FIGURAS**


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  = 0.0005) of hydrogen averages between lactose-digester and lactose-maldigester subjects.
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  shows breath hydrogen average during testing time.
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  The frequencies of the CC, CT and TT genotypes were 80%, 20% and 0%, respectively. The frequency of the -13910*C allele was 90% and the frequency of the -13910*T allele was 10%.
</p>
-<p>
  The population in this study was in Hardy-Weinberg equilibrium for the SNP C/T-
  <sub>13910</sub>
  (
  -<named-content content-type="scientific-name">
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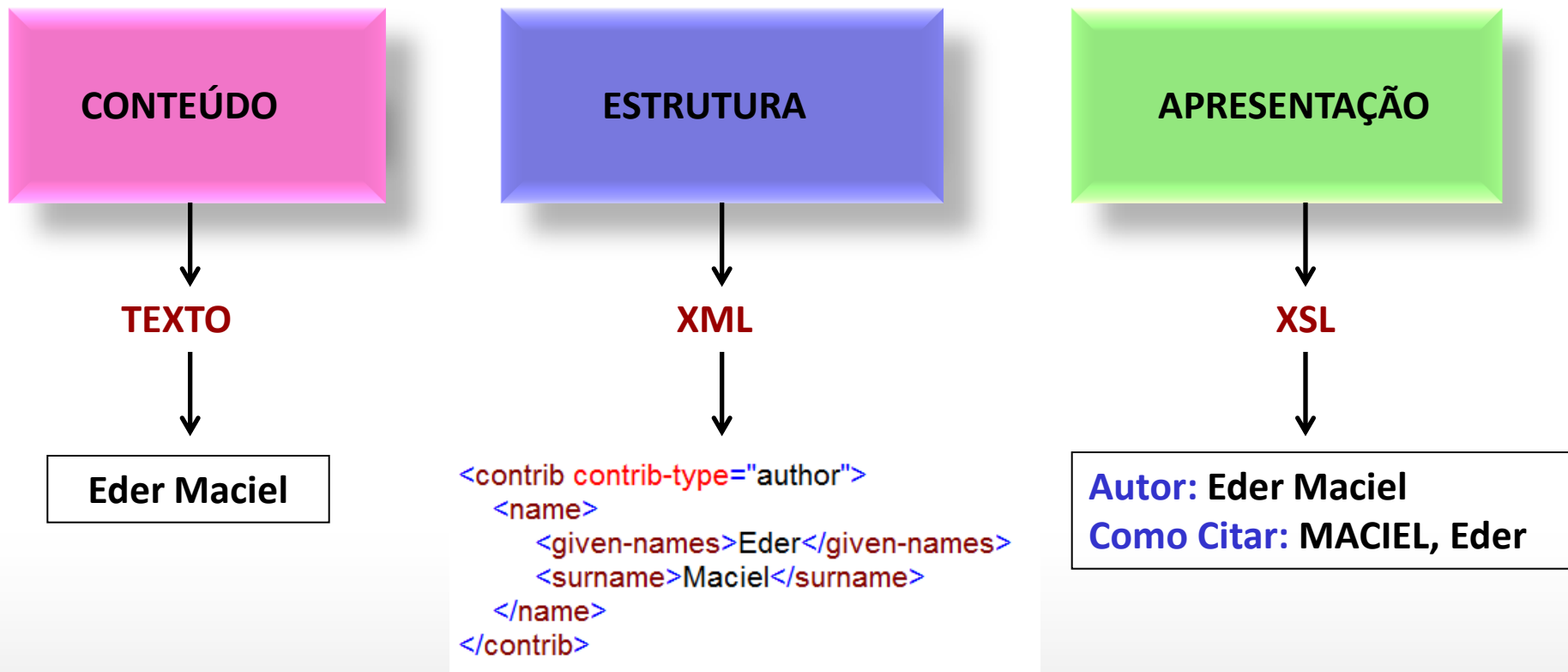
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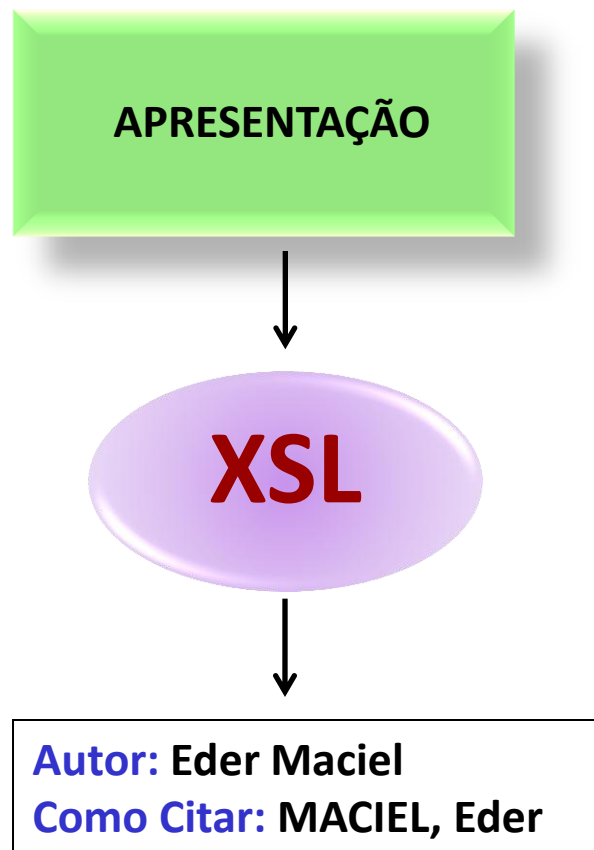
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XML – eXtensible Markup Language

- O XML **descreve a estrutura e o significado dos dados** e torna possível a reutilização desses dados de várias formas.






Original Article

Palatal Harvesting Technique Modification for Better Control of the Connective Tissue Graft Dimensions

 Article Indicators

Reino, Danilo Maeda Novaes Jr., Arthur Belém Grisi, Márcio Fernando de Moraes
Maia, Luciana Prado Souza, Sérgio Luis Scombatti de

 Author affiliation

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Subepithelial connective tissue graft (SCTG) has been extensively used for a variety of clinical applications. However, the surgical procedure may not allow control of graft thickness. The purpose of this case series is to illustrate a modification to the single incision palatal harvesting technique in order to control the SCTG thickness without increasing patient discomfort. Fifty cases from thirty systemically and periodontally healthy patients with at least one multiple gingival recession were treated with coronally advanced flaps combined with a SCTG. The palatal area served as the donor site, from where a single perpendicular incision was made to obtain a full thickness flap. Next, 1-2 mm of the flap was elevated and dissected to obtain a partial thickness flap. The graft remained attached to the full-partial thickness flap. After determining the desired SCTG thickness, the graft was harvested from the palatal flap. The patients healed uneventfully at 7 days postoperatively and primary closure was obtained for all palatal donor sites. The SCTG length and width varied depending on the needs of each case, but the SCTG thickness was well controlled with only 0.24 mm standard deviation. The suggested modification granted control of the SCTG dimensions and achieved complete wound closure within a week.


<http://dx.doi.org/10.1590/0103-6440201302343>


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Anais Brasileiros de Dermatologia
Print version ISSN 0365-0596

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http://dx.doi.org/10.1590/abd1806-4841.20132799

Diagnostic Challenges of CD4+/CD56+/CD123+ hematological neoplasms*

HTML SciELO

Desafio diagnóstico de neoplasias CD4+/CD56+/CD123+

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¹Ph.D. Immunologist at the, Pediatric Hematology and Oncology Research Program, Cancer Research Center, Brazilian National Cancer Institute (INCA), Rio de Janeiro (RJ), Brazil.
²Ph.D. Hematologist at the, Fleury Group, São Paulo (São Paulo), Brazil.

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Diagnostic Challenges of CD4⁺/CD56⁺/CD123⁺ hematological neoplasms*
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2. Ph.D. Hematologist at the Fleury Group, São Paulo (São Paulo), Brazil.

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... with CD4⁺/CD56⁺/CD123⁺ ascribed as blastic ...
... CD4⁺/CD56⁺/CD123⁺ neoplasms are highly ...
heterogeneous, the precise diagnosis requires an extensive immunophenotypic panel.^{2,3} Although highly suggestive, the cytochemical positivity for CD4, CD56 together with CD123 in the absence of myeloperoxidase, CD3, CD2, CD15, and CD7, is not sufficient to determine the BDCN malignant nature. Despite the expression of CD123, the aforementioned phenotype could also correspond to acute myeloid dendritic cell leukemia or acute myeloid leukemia (myeloid leukemia cutis), especially with monocytic differentiation. The diagnostic work-up of these entities relies on a comprehensive antibody panel that should also include CD13, CD33, CD15, CD14, CD64, CD16, CD34, CD117, BDCA-2 (CD303), BDCA-4 (CD304), BDCA-3 (CD141) and TCL1. BDCN are phenotypically recognized by expression of specific plasmacytoid dendritic cell proteins (CD303 and CD304) in the absence or dim expression of myeloid markers. Conversely, acute myeloid dendritic cell leukemias specifically express CD141 along with some myeloid markers. By exclusion, the absence of CD303, CD304 and CD141, along with the presence of myeloid and monocytic markers, supports the diagnosis of myelomonocytic leukemia. Additional molecular tests targeting well-characterized abnormalities could serve as ancillary diagnostic tools.

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neoplasms are highly heterogeneous, the precise diagnosis requires an extensive immunophenotypic panel.^{2,3} Although highly suggestive, the cytochemical positivity for CD4, CD56 together with CD123 in the absence of myeloperoxidase, CD3, CD2, CD15, and CD7, is not sufficient to determine the BDCN

Journal List • An Bras Dermatol • v.88(4); Jul-Aug 2013 • PMID:3760959



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doi: 10.1590/abd1806-4841.20132799

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Leandro S. Thiago¹, Alex Freire Sandes²
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See the article "Case for diagnosis" in volume 88 on page 131.

In the January/February 2013 edition, Maio *et al*¹ describe a patient with CD4⁺/CD56⁺/CD123⁺ ascribed as blastic plasmacytoid dendritic cell neoplasia (BDCN). However, since CD4⁺/CD56⁺/CD123⁺ neoplasms are highly heterogeneous, the precise diagnosis requires an extensive immunophenotypic panel.^{2,3} Although highly suggestive, the cytochemical positivity for myeloperoxidase, CD3, CD2, CD5, and CD7, is not sufficient to determine the BDCN malignant nature. Despite the expression of CD123, the aforementioned phenotype could also correspond to acute myeloid dendritic cell leukemia or acute myeloid leukemia (myeloid leukemia cutis), especially with monocytic differentiation. The diagnostic work-up of these entities should also include CD13, CD33, CD15, CD14, CD64, CD16, CD304, BDCA-3 (CD141) and TCL1. BDCN are phenotypically recognized by expression of specific plasmacytoid dendritic cell proteins (CD303 and CD304) in the absence or dim expression of myeloid markers. Conversely, acute myeloid dendritic cell leukemias specifically express CD141 along with some myeloid markers. By exclusion, the absence of CD303, CD304 and CD141, along with the presence of myeloid and monocytic markers, supports the diagnosis of myelomonocytic leukemia. Additional molecular tests targeting well-characterized abnormalities could serve as ancillary diagnostic tools.

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Diagnostic Challenges of CD4+/CD56+/CD123+ hematological neoplasms*

Leandro S. Thiago and Alex Freire Sandes

Additional article information

monocytic markers, supports the diagnosis of myelomonocytic leukemia. Additional molecular tests targeting well-characterized abnormalities could serve as ancillary diagnostic tools.

Although the panel herein proposed could not be entirely performed on skin biopsies, it could be easily applied by flow cytometry on circulating cells during the disseminated phase.

It is clear that strong collaborative efforts are required to improve diagnosis and management of these rare diseases.

Footnotes

¹Work performed at the Pediatric Hematology and Oncology Research Program, Cancer Research Center, Brazilian National Cancer Institute (INCA) - Rio de Janeiro (RJ), Brazil.

Conflict of interest: none

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See the article "Case for diagnosis" in volume 88 on page 131.

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- Maio P, Fernandes C, Afonso A, Sachse F, Cabeçadas J, Cardoso J. Case for diagnosis. An Bras Dermatol. 2013;88(4):131-133. [PubMed]
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Diagnostic Challenges of CD4+/CD56+/CD123+ hematological neoplasms*

Desafio diagnóstico de neoplasias hematológicas CD4+/CD56+/CD123+

S. Thiago¹, Alex Freire Sandes²

Article indicators

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In the January/February 2013 edition, Maio *et al*¹ describe a patient with CD4⁺/CD56⁺/CD123⁺ ascribed as blastic plasmacytoid dendritic cell neoplasia (BDCN). However, since CD4⁺/CD56⁺/CD123⁺ neoplasms are highly heterogeneous, the precise diagnosis requires an extensive immunophenotypic panel.^{2,3} Although highly suggestive, the cytochemical positivity for CD4, CD56 together with CD123 in the absence of myeloperoxidase, CD3, CD2, CD5, and CD7, is not sufficient to determine the BDCN malignant nature. Despite the expression of CD123, the aforementioned phenotype could also correspond to acute myeloid dendritic cell leukemia or acute myeloid leukemia (myeloid leukemia cutis), especially with monocytic differentiation. The diagnostic work-up of these entities relies on a comprehensive antibody panel that should also include CD13, CD33, CD15, CD14, CD64, CD16, CD34, CD117, BDCA-2 (CD303), BDCA-4 (CD304), BDCA-3 (CD141) and TCL1. BDCN are phenotypically recognized by expression of specific plasmacytoid dendritic cell proteins (CD303 and CD304) in the absence or dim expression of myeloid markers. Conversely, acute myeloid dendritic cell leukemias specifically express CD141 along with some myeloid markers. By exclusion, the absence of CD303, CD304 and CD141, along with the presence of myeloid and monocytic markers, supports the diagnosis of myelomonocytic leukemia. Additional molecular tests targeting well-characterized abnormalities could serve as ancillary diagnostic tools.

XML-SciELO:

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- Granularidade na **afiliação** (instituição, cidade , estado, país, etc.);
- Informação de **Financiamento** - (Seção “Agradecimentos”);
- Dupla identificação das **Referências** – todos os elementos identificados e referências apenas para apresentação

Afiliação:

- Cada **elemento** é identificado de forma a ser possível extrair dados de análise da produção científica de cada coleção

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Identificação das Referências

- Dupla **identificação das referências** – todos os elementos identificados e referências preservadas para apresentação

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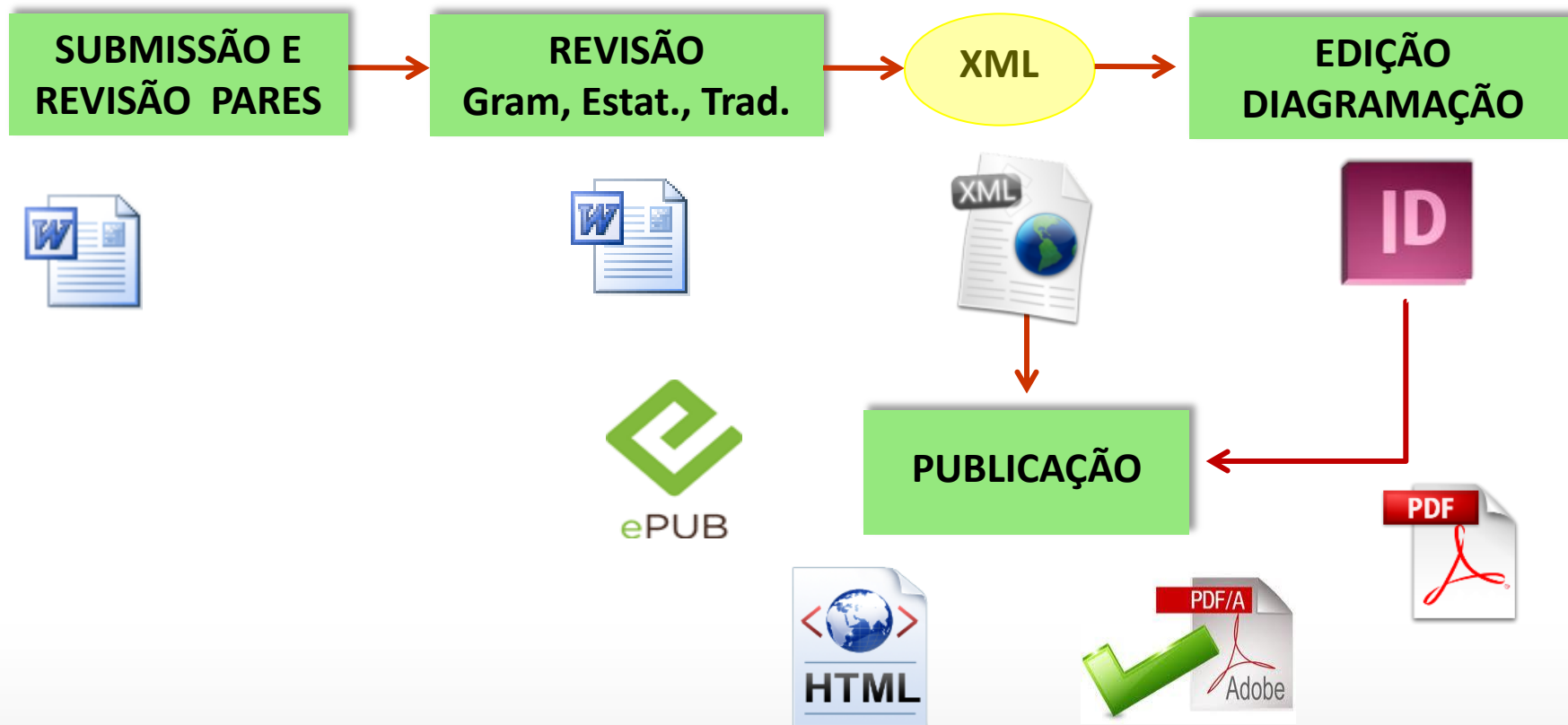
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No fluxo de edição do periódico, onde o XML poderá ser introduzido?



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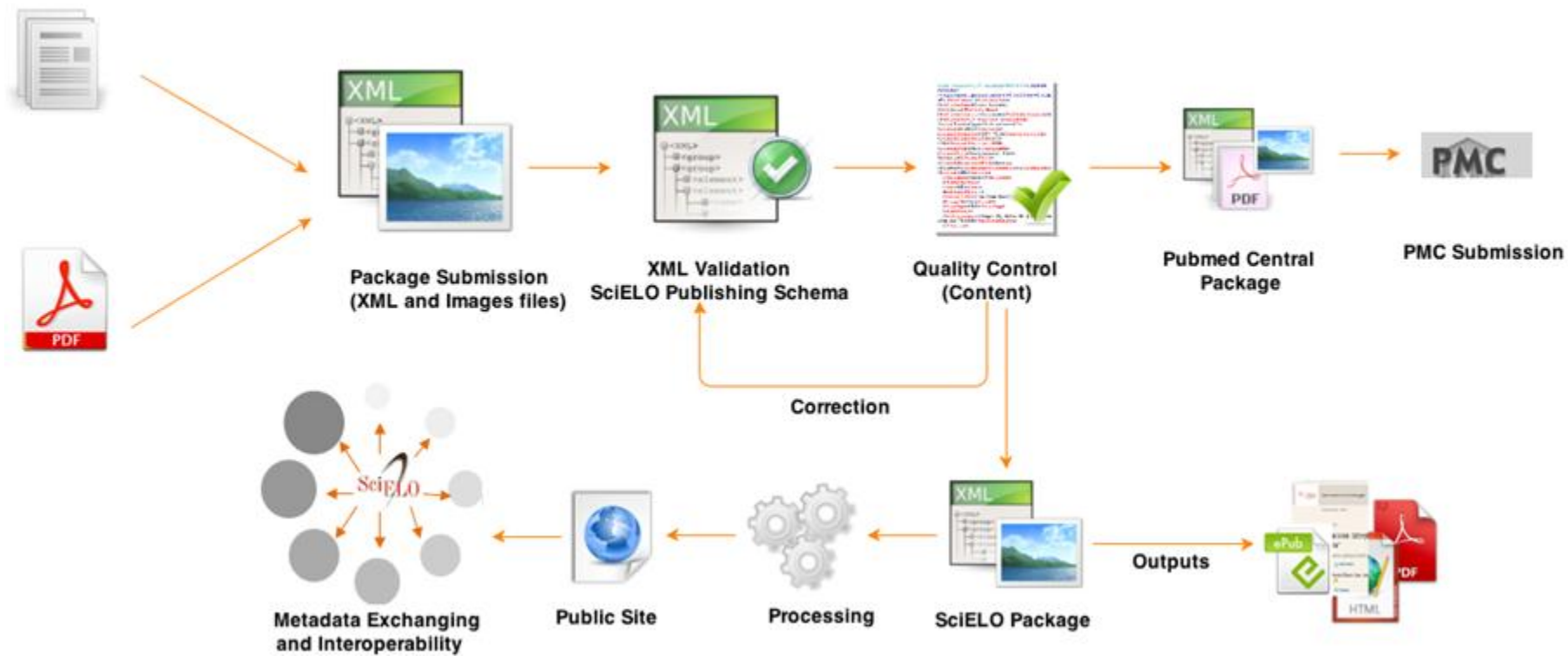
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DOSSIER AMAZONIAN AGRICULTURES

Jodí horticultural belief, knowledge and practice: incipient or integral cultivation?**Crença, conhecimento e prática horticultural Jodí: cultivo incipiente ou integral?**

Stanford Zent; Egleé Zent

Instituto Venezolano de Investigaciones Científicas.
Caracas, Venezuela[Autor para correspondência](#)**ABSTRACT**

This paper describes the Jodí horticultural system, including belief, knowledge and practice aspects. The horticultural practices of the Jodí were previously characterized as 'incipient cultivation' but such practices were poorly described and documented. The antiquity of cultivation among this group is suggested by the prominence and significance of horticultural products and techniques in myth and ritual. Our field observations uncovered a fairly sophisticated system of plant management in swiddens, house gardens, trail gardens and natural forest gaps. An inventory of 67 cultivated plant species was documented, of which 36 are utilized for food, 20 for magical or medicinal purposes, and 11 for technology. The Jodí prolong the productive phase of their gardens for five years or more through successive planting-harvesting-replanting operations. Jodí swiddens display an elaborate polycultivated appearance and they possess at least five principal crops: plantain/banana, maize, yams, sweet potato, and sweet manioc. Another distinctive feature is the extensive use of natural gaps in the forest canopy as cultivation zones. The results of this study suggest that while Jodí horticultural practice is well integrated with a nomadic, foraging-dependent lifestyle, nevertheless this system does not deserve to be labeled as



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- Requer conhecimento muito específico (XML; codificação de tabelas, edição de imagens; rígido controle de qualidade, etc.);
- Demanda tratamento detalhando do corpo do artigo tornando o processo de marcação/identificação dos elementos ainda mais complexo;
- O controle de qualidade passa a ter papel fundamental no fluxo de produção dos periódicos;
- Reestruturação de todo o fluxo de produção da SciELO.

SciELO Publishing Schema

Plano de Ação 2013 - 2014

Periódicos da Área da Saúde – já estão operando no novo formato
Periódicos das demais áreas até final de **2014**

- Envio no formato **SciELO PS – SciELO Publishing Schema** .
- Imagens - Solicitar imagens aos autores em alta qualidade;
- PDF - precisa conter DOI e a declaração da licença Creative Commons adotada;
- Artigos precisam estar em inglês (para os periódicos elegíveis ao PubMed Central (PMC)).

PubMed Central (PMC) – o que é

Lista de áreas de ciências da vida – Pubmed Central

Addiction Medicine	Dermatology	Infectious Diseases	Pathology
Aerospace Medicine	Disaster Management	Internal Medicine	Pediatrics
Allergy and Immunology	Education for the Health Professions	Laboratory Animal Science	Pharmacology
Anatomy	Embryology	Medical Botany	Pharmacy
Anesthesiology	Emergency Medicine	Medical Genetics	Physical Medicine and Rehabilitation
Anthropology	Endocrinology	Medical Humanities	Physiology
Behavioral Medicine	Environmental Health	Medical Informatics	Plant Biology
Biochemistry	Exercise Science	Medical Sociology	Podiatry
Bioengineering	Family Practice	Medicine	Preventive Medicine
Bioethics	Forensic Medicine	Microbiology	Primateology
Bioinformatics	Gastroenterology	Military Medicine	Psychiatry
Biological Sciences	Genetics	Molecular Biology	Psychology
Biomathematics	Geriatrics	Molecular Medicine	Public Health
Biomedical Imaging	Gynecology	Nephrology	Pulmonary Medicine
Biomedical Research	Health Communication	Neurology	Radiology
Biophysics	Health Economics	Neuroscience	Religion and Medicine
Cardiology	Health Facilities	Nursing	Reproductive Medicine
Cell Biology	Health Occupations	Obstetrics	Rheumatology
Chemistry	Health Policy	Occupational Health and Safety	Space Life Sciences
Clinical Laboratory Science	Health Sciences Librarianship	Oncology	Sports Medicine
Cognitive Science	Health Services Research	Ophthalmology	Surgery
Communication Disorders	Hematology	Optometry	Therapeutics
Complementary and Alternative Medicine	Histology	Orthopedics	Toxicology
Cytology	History of Medicine	Otolaryngology	Urology
Dentistry	Human Nutrition	Parasitology	Veterinary Medicine

Proposta aos editores

- Produzir o material “in-house” a partir de capacitação pela equipe produção SciELO;
- Contrato de empresa terceira certificada para a produção do material segundo o SciELO PS.
- Fluxo editorial em parceria com SciELO;
- Fluxo editorial gerenciado pela equipe SciELO;

Contato de empresas certificadas está disponível em:

<http://www.scielo.org/php/level.php?lang=pt&component=56&item=58>

SciELO Publishing Schema - Especificações

Links/ Documentação recomendada:

- **JATS Journal Publishing DTD** - <http://jats.nlm.nih.gov/publishing/>
- **SciELO Schema**
<http://www.scielo.org/php/level.php?lang=pt&component=56&item=54>
- **Extensible Markup Language (XML)**- <http://www.w3.org/XML/>
- **The Extensible Stylesheet Language Family (XSL)** - <http://www.w3.org/Style/XSL/>
- **PubMed Central Tagging Guidelines** - <http://www.ncbi.nlm.nih.gov/pmc/pmcdoc/tagging-guidelines/article/style.html>
- **W3C. XML Essentials** - <http://www.w3.org/standards/xml/core>

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