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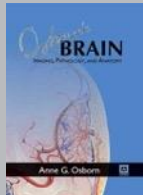
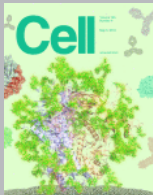
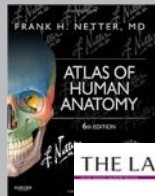
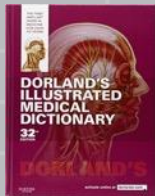
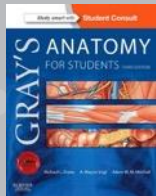
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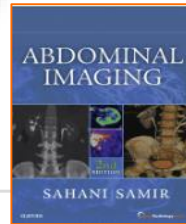
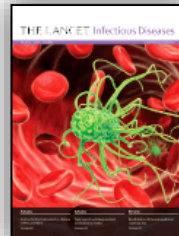
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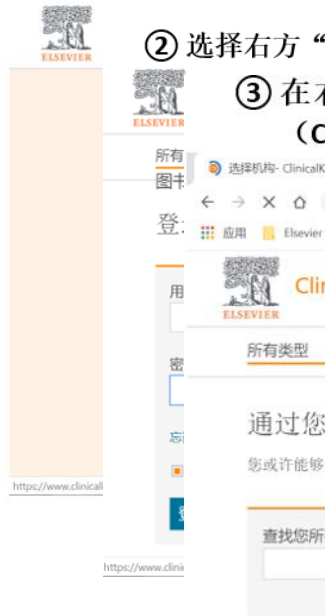
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☐ 24331 结果

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Books

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Drug Monographs

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Clinics Review Articles

CARDIOLOGY CLINICS

Hypertension: Pre-Hypertension to Heart Failure

Volume 35, Issue 2

2017-5-1, Pages 1-305

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MAY 2017

Articles in this issue:

☐ Hypertension: Pre-Hypertension to Heart Failure

Pages 1-1. Jamerson, Kenneth A., and Byrd, James Brian.

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TERRENCE D. WELCH AUDREY H. WU May 2017 • Volume 35 • Number 2

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Pages 1-1.

ELSEVIER 1600 John F. Kennedy Boulevard • Suite 1800 • Philadelphia, Penn

http://www.theclinics.com CARDIOLOGY CLINICS Volume 35, Number 2 May 2

49645-2 Editor: Stacy Eastman Developmental ...

☐ Contributors

Pages 1-1.

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Cardiology/Electrophysiology, University of Washington Medical Center, Seattle

FACC, FSCA Associate Professor, Keck S.

☐ Contents

Pages 1-1.

Cardiology Clinics

Volume 35, Issue 2

2017-5-1, Pages 1-305

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北美临床期刊-心脏病学

本期邀请业内权威专家围绕高血压前期到心衰相关临床问题进行论述

☐ Genomic Approaches to Hypertension

Pages 180-196. Ochoa, Sherif N., MD, and Bergman, Ivor J., MD.

Key points • Genomic insights and analyses of Mendelian hypertension (HT) have contributed to the depth of understanding of the genetics origins of hyper...

☐ The Effects of Dietary Factors on Blood Pressure

Pages 187-212. Aspel, Lawrence J., MD, MPH.

Key points • A compelling body of evidence supports the concept that multiple dietary factors affect blood pressure (BP). • Dietary changes that effectively lower BP are weight loss, reduced sodium intake, increased potassium...

☐ The Environment and Blood Pressure

Pages 213-221. Brook, Robert D., MD.

Key points • Numerous environmental factors including cold weather, winter season, higher altitude, loud noises, and air pollutants can acutely increase blood pressure. • Long-term exposures to many of these environmental factors may promote the d...

☐ Psychosocial Factors and Hypertension

Pages 223-230. Cuevas, Adolfo G., PhD, Williams, David R., PhD, MPH, and Albert, Michelle A., MD, MPH.

Key points • Hypertension is a leading cause of cardiovascular disease and stroke and this burden falls heavily on black people (African-Americans). • This article reviews recent research on psychosocial factors and hypertension and contributions...

☐ Management of Essential Hypertension

Pages 231-246. Ferdinand, Keith C., MD, and Nasser, Samir A., PhD, MPH, PA-C.

Key points • Prevalence of essential hypertension is widespread in the United States and highest in African Americans. Racial/ethnic US minorities have lower hypertension control rates compared with non-Hispanic whites. • Therapeutic lifestyle mod...

☐ Balancing Overscreening and Underdiagnosis in Secondary Hypertension

Pages 247-254. Ferdinand, Keith C., MD, and Nasser, Samir A., PhD, MPH, PA-C.

Key points • Prevalence of essential hypertension is widespread in the United States and highest in African Americans. Racial/ethnic US minorities have lower hypertension control rates compared with non-Hispanic whites. • Therapeutic lifestyle mod...

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All Types abdominal pain x

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- Procedures Consult 14

Specialties

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Relevant

FIRST CONSULT
Functional abdominal pain in children
Mam Abkhout, MD, Joseph E. Scherger, MD, MPH... Show all Published October 29, 2011. Last updated October 29, 2011.

BOOK
Signs
Abdominal Pain > Diagnostic Approach > Pivotal Findings
The objective evaluation begins with measurement of the vital signs. Significant tachycardia and hypotension are indicators that hypovolemia or sepsis may be present. Tachypnea in the absence of hypoxemia may be an indication of metabolic acidosis...
Rosen's Emergency Medicine: Concepts and Clinical Practice.
Smith, Kurt A. Published January 1, 2018. © 2018.

BOOK
Ancillary Testing
Abdominal Pain > Diagnostic Approach > Pivotal Findings
Urinalysis and testing for pregnancy are perhaps the most time- and cost-effective adjunctive laboratory tests available. Urinalysis results are interpreted within the context of the patient's clinical picture. Pyuria, with or without bacteri...
Rosen's Emergency Medicine: Concepts and Clinical Practice.
Smith, Kurt A. Published January 1, 2018. © 2018.

Searches related to abdominal pain abdominal pain characteristic

CLINICAL OVERVIEW
Intussusception
Updated March 13, 2017. © 2017.

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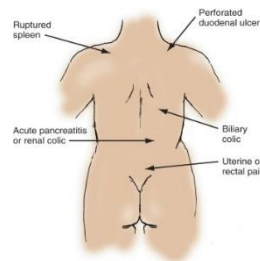
RIGHT UPPER QUADRANT PAIN
Biliary colic
Cholecystitis
Gastritis
GERD
Hepatic abscess
Acute hepatitis
Hepatomegaly due to CHF
Perforated ulcer
Pancreatitis
Retrocecal appendicitis
Myocardial ischemia
Appendicitis in pregnancy
RLL pneumonia

LEFT UPPER QUADRANT PAIN
PAIN
Gastritis
Pancreatitis
GERD
Splenic pathology
Myocardial ischemia
Pericarditis
Myocarditis
LLL pneumonia
Pleural effusion

RIGHT LOWER QUADRANT PAIN
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Meckel's diverticulitis
Cecal diverticulitis
Aortic aneurysm
Ectopic pregnancy
Ovarian cyst
Pelvic inflammatory disease
Endometriosis
Uteral calculi
Psoas abscess
Mesenteric adenitis
Incarcerated/strangulated hernia
Ovarian torsion
Tubo-ovarian abscess
Urinary tract infection

LEFT LOWER QUADRANT PAIN
Aortic aneurysm
Sigmoid diverticulitis
Incarcerated/strangulated hernia
Ectopic pregnancy
Ovarian torsion
Mittelschmerz
Ovarian cyst
Pelvic inflammatory disease
Endometriosis
Tubo-ovarian abscess
Uteral calculi
Psoas abscess
Urinary tract infection

以“腹痛”检索，可得到诊断建议，供参考：
非器质性腹痛、腹痛临床可能情况、急性阑尾炎、阿米巴病、肠套叠、宫外孕、慢性腹泻、慢性胰腺炎等



牵涉痛

病因分区

如何进一步判断病因？

Diagnostic Approach

Differential Diagnosis Considerations

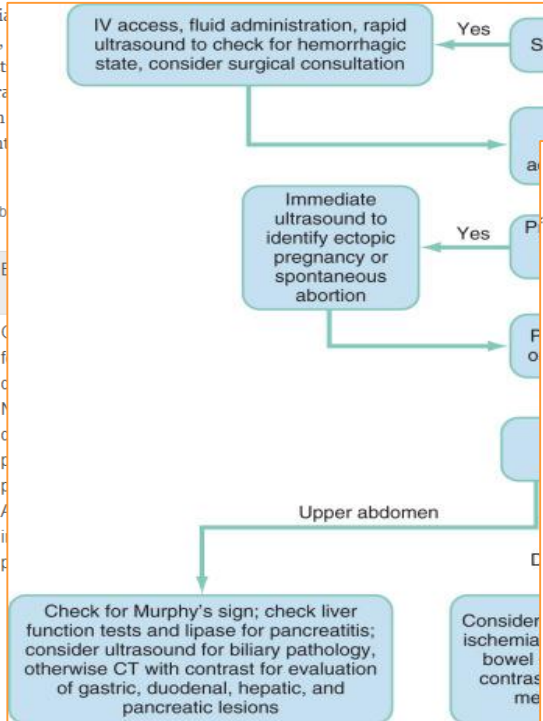
The differential diagnosis of abdominal pain (eg, pelvic) causes (eg, myocardial infarction, threatening nontraumatic) be associated with common emergent

TABLE 24.1

Critical Causes of Abdominal Pain

CAUSE	PRESENTATION
Ruptured ectopic pregnancy	...

鉴别诊断



重症诊断算法

TABLE 24.2
Emergent Causes of Abdominal Pain

CAUSATIVE DISORDER OR CONDITION	EPIDEMIOLOGY	ETIOLOGY	PRESENTATION	PHYSICAL EXAMINATION	USEFUL TESTS
Gastric, esophageal, or duodenal inflammation	Occurs in all age groups.	Caused by gastric hypersecretion, breakdown of mucoprotective barriers, infection, or exogenous sources.	Pain is epigastric, radiating or localized, associated with certain foods. Pain may be burning. In some cases, exacerbation in supine position.	Epigastric tenderness without rebound or guarding. Perforation or bleeding leads to more severe clinical findings.	Uncomplicated are treated with antacids or his H ₂ blockers but invasive studies contemplated. Gastroduoden is valuable in diagnosis and Testing for <i>Helicobacter pylori</i> with blood or stool specimens. If perforation is suspected, an chest radiograph obtained early out free air. CT be beneficial.
Acute appendicitis	Peak age in adolescence and young adulthood; less common in	Appendiceal lumen obstruction leads to swelling, ischemia, infection, and	Epigastric or periumbilical pain migrates to RLQ over 8 to 12	Mean temperature 38° C (100.5° F). Higher	Leukocyte count nonspecific and be normal or elevated. If ele

急症病因



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疑难复杂病——助力诊断



辅助医生破解复杂病情

ClinicalKey语义分析后台，像医生一样思考，根据医生输入的线索，寻找各种可能病因，并根据关联度排序，助力疑难复杂病的诊断。

以症状、检查结果等入手，通过**多症状**、**检查结果**联合检索，为疑难复杂病诊断提供思路，降低误诊率、减少会诊和住院日，同时为多科诊疗模式（MDT）提供有效支持。

例1：患者出现双侧听力下降至耳聋，辗转半年就诊，检查现**MRI**脑膜强化、脑脊液**CA19-9**升高、脑神经受累等主要阳性症状和结果，经多次专家会诊后，无明确诊断，看**ClinicalKey**能否提供有效线索？

The image displays two screenshots of the ClinicalKey search interface, illustrating the process of finding relevant medical literature for a complex case.

Left Screenshot: The search query is "bilateral hearing loss meningeal CA19-9". The results show 1 result. The article title is "Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult...". The authors are Marchese, Maria Raffaella; La Greca, Carmelo... Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

Right Screenshot: The search query is "hearing loss meningeal". The results show 705 results. The article title is "Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult...". The authors are Marchese, Maria Raffaella; La Greca, Carmelo... Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009. The article includes a brain MRI image (Fig. 4) and an audiogram (Fig. 5).

例2：35岁原发性不孕女性患者拟行输卵管通液术和宫腔镜检查

- 曾有甲硝唑过敏史，否认其他系统疾病和手术史
- 术前访视正常，入室后生命体征平稳
- 静脉输注1.5g头孢呋辛后，给予乳酸钠林格液。行丙泊酚、芬太尼和顺阿曲库铵麻醉诱导后3分钟内插管
- 插管后3分钟，血压降至33/20mmHg；呼气末CO₂分压从30cmH₂O降至14cm H₂O，患者出现皮肤荨麻疹

问题：围手术期过敏如何防治？患者过敏性休克的原因是什么？

perioperative anesthesia anaphylaxis prevention

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BOOK
Diseases Related to Immune
Hematopoietic stem cell differentiation. A pluripotent to all blood cell types via two main lineages: myeloid progenitor differentiates into the granulocytes and erythrocytes.
Sloetling's Anesthesia and Co-Existing Disease. Hoit, Natalie F. Published January 1, 2018. © 2018.

FULL TEXT ARTICLE
Anaphylaxis—a practice para
Annals of Allergy, Asthma & Immunology. Lieberman, Philip, MD, Nicklas, Richard A., MD, et al. 115, Issue 5, Pages 341-384. © 2015.

FULL TEXT ARTICLE
Perioperative Anaphylaxis
Immunology and Allergy Clinics of North America. Merles, P.M., MD, PhD, Lambert, M., MD, et al. 3, Pages 429-451. © 2009.

CLINICAL OVERVIEW
Anaphylaxis
Published November 1, 2017. © 2017.

FIRST CONSULT
Perioperative anaphylaxis
William R. Reischer, MD, FACS, FAOAG. Published

FULL TEXT ARTICLE
Perioperative Anaphylaxis

Key points

- Introduction
- Case 1
- Case 2
- Evaluation
- Risk factors
- Commonly implicated agents
- Neuromuscular Blocking Agents
- Latex
- Antibiotics
- Hypnotics
- Opioids
- Colloids
- Hemostatics
- Chlorhexidine
- Blue Dyes
- Nonsteroidal Antiinflammatory Drugs
- Other Agents

FULL TEXT ARTICLE
Perioperative Anaphylaxis
Jennifer A. Kannan MD and Jonathan A. Be...
Immunology and Allergy Clinics of North America. 2 Elsevier Inc.

Perioperative anaphylaxis can occur during anesthesia. As anesthesia protocols to regulate physiologic processes increasingly recognized. The allergist is in order to perform appropriate testing ideally be performed 4 to 6 weeks after mast cell activation. This article includes historical elements that must be considered.

Key points

- Perioperative anaphylaxis is becoming increasingly identified and treated quickly.
- Evaluation of a patient with a history of anaphylaxis requires a detailed medical history and collaboration between the anesthesiologist and the allergist.
- Testing to identify the implicated agent, and/or specific immunologic testing, is available.

cisatracurium

Filter By: 1160 results

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☐ Drug Monographs 1

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DRUG MONOGRAPH
Cisatracurium
Gold Standard. Published September 8, 2017.

BOOK
Cisatracurium
Neuromuscular Blocking Drugs > Intermediate-Acting Nondepolarizing Neuromuscular Blockers.
Cisatracurium is a benzylisoquinolinium nondepolarizing NMBA with an ED₅₀ of 50 µg/kg that has an onset of action of 3 to 5 minutes and a duration of action of 20 to 35 minutes (see Table 11.4 and Fig. 11.3). Structurally, cisatracurium is an isomer of atracurium.

Basics of Anesthesia.
Miller, Ronald D. Published January 1, 2018. © 2018.

BOOK
Cisatracurium
Antiepileptic drugs > Drug-drug interactions
The effect of cisatracurium on the onset, duration, and speed of recovery from neuromuscular blockade has been studied in 24 patients taking antiepileptic drugs and 14 controls [233]. The onset and duration of neuromuscular blockade were not different.

Meyler's Side Effects of Drugs.
Aronson, J.K., MA, DPhil, MBChB, FRCP, HonFBPhS, HonFFPM. Published January 1, 2016. © 2016.

Searches related to cisatracurium
cisatracurium besilate

FULL TEXT ARTICLE
Cisatracurium-induced proliferation impairment and death of colorectal cancer cells, HCT116 is...

Cisatracurium

Drug Overview > View Full Topic

Gold Standard Drug Monograph

Monograph

Indications

Administration

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Interactions

Adverse Reactions

anaphylactoid reactions

- angioedema
- apnea
- bradycardia
- bronchospasm
- dyspnea
- flushing
- hypotension
- laryngospasm
- muscle paralysis
- myasthenia
- myopathy
- urticaria



ELSEVIER

疑难复杂状况——助力方案制定



例2：如何实施孕妇巨大垂体瘤切除术麻醉？

- 女性，25岁，孕24周。二年前，月经出现紊乱，未接受治疗。2016年，临床症状加重，才于上海华山医院就诊，显示泌乳素（PRL）高达3640uIU/ml（正常值102-496uIU/ml），脑部核磁共振检查显示：垂体瘤大小1.4*1.1cm。
- 给予溴隐亭治疗，直到2017年1月30日被确认怀孕。正规服药期间，泌乳素降到168.4uIU/ml，肿瘤也缩小到0.6*1.1cm。
- 2017年5月，她因左眼视物模糊到瑞金医院就诊。脑部核磁共振显示，肿瘤达到2.1*1.8cm，泌乳素超过200ng/ml（正常值为5.18-26.53ng/ml）。检查还发现左眼视野缺失3/19。右眼也开始模糊。
- 为减轻肿瘤压迫和阻止进行性视野缺损，神经外科医生准备进行经蝶垂体瘤切除术。患者是孕妇，还必须考虑腹中胎儿，所以手术和麻醉风险非常大。

问题：这类手术的麻醉风险？术中如何进行严密的麻醉监测和相关处理？

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Anesthesia and Teratogenicity

Anesthesia and Pregnancy Physiology

Laparoscopy in Pregnancy

Laparoscopic Entry Techniques in Pregnancy

Laparoscopy and Pregnancy Outcome

Adnexal Masses in Pregnancy

Surgery During Pregnancy

Anesthesia during Nonobstetric Surgery

important to consider the physiologic changes of pregnancy that affect the delivery of safe and effective anesthesia.

Anesthesia and Teratogenicity

As is the case when examining the potential teratogenicity to retrospective information from case series and registries, the teratogenicity of a medication is not ethically or logistically possible to study prospectively. Therefore, the use of existing data, with acknowledgment of the inherent limitations, is the best approach to assess the risk of a medication during pregnancy. Several early studies raised the possibility that exposure to an increased risk for central nervous system malformations. However, these conclusions have been challenged and are not supported by more recent data. **Most studies have been reassuring and have concluded that the risk of malformations is unlikely when surgery is performed during pregnancy.** Mazze and Kallen²⁶ described 5405 women from the Swedish Medical Birth Register who had surgery during pregnancy, 40% of which occurred during the first trimester. In the rate of congenital malformations compared with nonpregnant women, there was no significant difference. Furthermore, a more recent systematic review of pregnancies exposed to nonobstetric surgery and reported no increase in the risk of congenital malformations.²⁷ Although the observed rate of malformations falls within the expected rate, the lack of available data support the lack of a significantly increased risk of malformations with anesthesia. **It may be preferable to schedule elective surgery during the second trimester, when the theoretic risk of spontaneous miscarriage is further decreased.**

Anesthesia and Pregnancy Physiology

As discussed earlier (see Chapter 16), many significant physiologic changes occur during pregnancy that affect the delivery of safe and effective anesthesia. These changes contribute to the increased risk for aspiration during anesthesia. Gastric emptying time is prolonged in pregnancy, especially in the third trimester.

Obstetrics: Normal and...

Surgery During Pregnancy

Neurosurgery in Pregnancy

Laparoscopy in Pregnancy

Laparoscopic Entry Techniques in Pregnancy

Laparoscopy and Pregnancy Outcome

Adnexal Masses in Pregnancy

Obesity, Bariatric Surgery, and Pregnancy

Cardiac Surgery in Pregnancy

Neurosurgery in Pregnancy

Key Points

References

Surgery During Pregnancy

Neurosurgery in Pregnancy

Neurosurgery in Pregnancy

Neurosurgical anesthesia often involves several techniques aimed at regulating cerebral blood flow, but these may also impact uteroplacental perfusion. For example, controlled hypotension can lead to reduced placental perfusion and transient FHR abnormalities. Similarly, whereas pregnancies can usually tolerate hypothermia, hyperventilation, and diuresis, potential fetal effects cannot be disregarded.¹⁰⁴ In most cases, maternal health should be the primary focus and should supersede potential fetal effects. Nonetheless, a basic understanding of these effects can help the obstetrician guide the surgical and anesthesia teams caring for the patient.

Key Points

Care of the pregnant surgical patient requires a multidisciplinary approach with an understanding of the physiologic changes that accompany normal pregnancy.

Expansion of maternal blood volume during pregnancy may mask signs of maternal hemorrhage, and clinically significant blood loss can occur before hemodynamic changes are evident.

Delay in surgical intervention can result in increased maternal and fetal morbidity and mortality, which significantly increases the risk for preterm labor and fetal loss.

Diagnostic doses of radiation (<5 cGy) from radiographs and CT scans are unlikely to pose any significant harm to the developing fetus. MRI and ultrasound can be safely used when appropriate to further minimize radiation exposure.

No significant increased risk is apparent for congenital malformations in women who require nonobstetric surgery during pregnancy. Although the risk for preterm birth, low birthweight, and neonatal death may be increased, this may be due to the underlying illness rather than the surgical procedure.

Although laparoscopy as a first approach to abdominal surgery in pregnancy seems reasonable, its safety continues to be studied. Abdominal insufflation pressures should be kept below 15 mm Hg whenever possible, and the SAGES guidelines should be followed. The use of a laparoscopic approach in the latter stages of pregnancy should be individualized based on indications and experience of the surgeon.

Adnexal masses are commonly encountered in pregnancy, although most ovarian masses are benign. Pregnant women diagnosed with an adnexal mass should be counseled about the signs and symptoms of

相关处置措施

Basics of Anesthesia

Obstetrics

Anesthesia for Nonobstetric Surgery During Pregnancy

Top of Book Chapter CME ☆ 📄 ✉

Placenta Accreta

Amniotic Fluid Embolism

Anesthesia for Nonobstetric Surgery During Pregnancy

Avoidance of Teratogenic Drugs

Avoidance of Intrauterine Fetal Hypoxia and Acidosis

Prevention of Preterm Labor

Management of Anesthesia

Laparoscopic Surgery

Diagnosis and Management of Fetal Distress

Key Evaluation Components

Fetal Heart Rate Categories

Evaluation of the Neonate and Neonatal Resuscitation

Cardiopulmonary Resuscitation

Questions of the Day

Anesthesia for Nonobstetric Surgery During Pregnancy

The overall incidence of nonobstetric surgery during pregnancy is 1% to 2%, with trauma, appendicitis, and cholecystitis being the most frequent causes.^{100 101} In addition to management of maternal awareness, hemodynamics, and respiration and taking into account the physiologic changes of pregnancy as described before, **anesthesia management objectives for pregnant women** prevention of intrauterine fetal hypoxia and acidosis. There is early in pregnancy and premature labor with surgery later in delayed until after pregnancy. A pregnant woman should never however, nonurgent operations are delayed until after the first on the fetus by avoiding this period of significant organogenesis for intervention as the risk of preterm labor is lowest. In the timing should mimic that of nonpregnant patients. A 2015 data surgery during pregnancy and a matched cohort noted that all surgery in pregnancy, there was no difference in rates of mortality.

For operations that are necessary during pregnancy, the anesthesiologist should plan that optimizes the maternal and fetal condition; (2) consider optimize plans for unexpected events; (3) determine a plan for the event of a cesarean delivery or maternal arrest. As planned, the "surgery should be done at an institution with maternal and fetal privileges should be readily available; (4) ensure availability to interpret the FHR."¹⁰³ There is no evidence that general anesthesia for nonobstetric surgery during pregnancy of regional techniques for abdominal surgery may result in higher rates of anesthesia.¹⁰⁴

Avoidance of Teratogenic Drugs

There is always the possibility that anesthesia will be unknown undiagnosed pregnancy. For this reason, ASA guidelines recommend female patients of childbearing age and for whom the result of pregnancy testing before elective surgery for women of childbearing age.

Basics of Anesthesia

Obstetrics

Key Evaluation Components

Top of Book Chapter CME ☆ 📄 ✉

During Pregnancy

Avoidance of Teratogenic Drugs

Avoidance of Intrauterine Fetal Hypoxia and Acidosis

Prevention of Preterm Labor

Management of Anesthesia

Laparoscopic Surgery

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意识、血流动力学、呼吸和妊娠期生理变化

关键评估指标

BOX 33.4

Based on a 2008 National Institutes of Health (NIH) report, the assessment of FHR interpretation involves evaluation of (1) uterine contractions, (2) baseline FHR, (3) baseline FHR variability, (4) presence of accelerations, (5) periodic or episodic decelerations, and (6) changes or trends of FHR patterns over time.¹¹¹

Uterine Contractions 宫缩

Uterine contractions can be monitored externally or internally. External monitors only relay contraction frequency, but internal monitoring allows for both frequency and measurement of intrauterine pressure (in Montevideo units). Uterine activity and definitions are detailed in Box 33.4. If a tonic contraction or period of tachysystole occurs during labor, treatment with IV nitroglycerin can briefly relax the uterus and restore fetal perfusion. In addition, the obstetrician can administer subcutaneous terbutaline.

胎心宫内窘迫的诊断和处置

• Normal: ≤ 5 contractions in 10 minutes, averaged over a 30-minute window

• Tachysystole: > 5 contractions in 10 minutes, averaged over a 30-minute window

• Characteristics of uterine contractions: tachysystole should be always qualified as to presence or absence of associated fetal heart rate decelerations.

• Tachysystole applies to either spontaneous or stimulated labor. The clinical response to tachysystole may differ depending on whether contractions are spontaneous or stimulated.

• Hyperstimulation and hypercontractility are not defined and should be abandoned.

Uterine Activity Terminology

Data from Macones GA, Hankins GD, Spong CY, et al. The 2008 National Institute of Child Health and Human Development workshop report on electronic fetal monitoring: update on definitions, interpretation, and research guidelines. *J Obstet Gynecol Neonatal Nurs*. 2008;37(5):510-515.

Baseline Fetal Heart Rate 基线胎心率

Baseline FHR is determined by approximating the mean FHR rounded to increments of 5 beats/min during a 10-minute period.



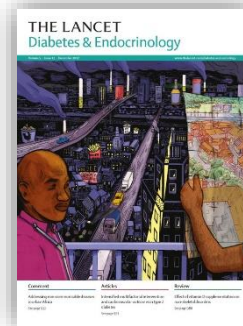
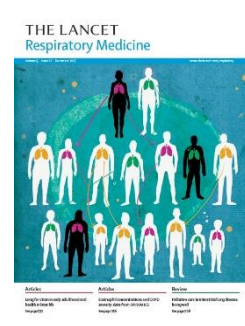
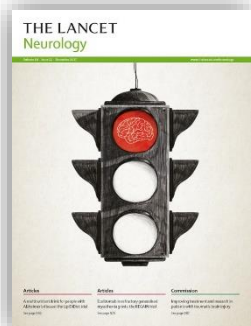
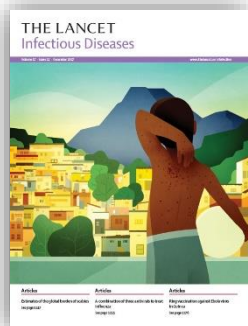
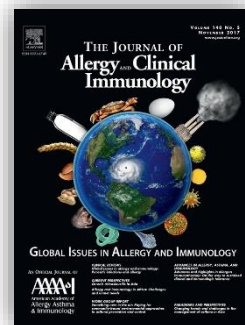
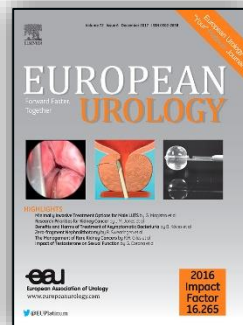


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CLINICAL TRIAL

Administration of T Lymphocytes for Hodgkin's Lymphoma and Non-Hodgkin's Lymphoma (CART CD30)

First received on March 4, 2011. Last updated on March 2, 2017.

Purpose

The body has different ways of fighting infection and disease. No single way seems perfect for fighting cancer. This research study combines two different ways of fighting disease: antibodies and T cells. Antibodies are proteins that protect the body from diseases caused by germs or toxic substances. They work by binding those

Detailed Description

When the patient enrolls on this study, they will be assigned a dose of CD30 chimeric receptor-activated T cells. The dose level of cells that they will receive will not be based on a medical determination of what is best for the patient, instead the dose is based on the order in which the patient enrolled on the study relative to other participants. Subjects enrolled earlier in the study will receive a lower dose of cells than those enrolled later in the study. The risks of harm and discomfort from the study treatment may bear some relationship to the dose level.

Criteria

INCLUSION CRITERIA: PROCUREMENT: Referred patients will initially be consented for procurement of blood for generation of the transduced ATL. Eligibility criteria at this stage include: - Diagnosis of recurrent CD30+ HL or CD30+ NHL, or newly diagnosed patients unable to receive or complete standard therapy OR

Contacts and Locations

Please refer to this study by its ClinicalTrials.gov identifier: NCT01316146

Locations

University of North Carolina Chapel Hill



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Robertson, David, MD; Williams, Gordon H., MD
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以胶质瘤为例探讨解决科研问题

Definition from *Goldman-Cecil Medicine*

Astrocytomas, which are the most common glioma, are classified into one of four World Health Organization categories: grade I, the pilocytic astrocytoma; grade II, the fibrillary astrocytoma; grade III, the anaplastic astrocytoma; and grade IV, the glioblastoma. Pilocytic astrocytomas (grade I) are extremely low-grade focal tumors that are more common in children and may be associated with neurofibromatosis type 1; they are often cured by complete surgical excision. Fibrillary astrocytomas, anaplastic astrocytomas, and glioblastomas are diffuse tumors that infiltrate widely into brain; even grade II tumors progress over time, and most acquire the histologic features and growth patterns of grade III and IV tumors.

星形胶质细胞瘤是最常见的神经胶质瘤，根据世界卫生组织的分类分为四级：I级，毛细胞性星形细胞瘤；II级，原纤维型星形细胞瘤；III级，间变性星形细胞瘤；IV级，胶质母细胞瘤。嗜酸细胞星形细胞瘤（I级）是极低级别的局灶性肿瘤，在儿童中更常见，可能与1型神经纤维瘤病相关，他们通常通过完整的手术切除来治愈。纤维化星形细胞瘤，间变性星形细胞瘤和胶质母细胞瘤是弥漫性肿瘤，广泛渗入脑内，甚至II级肿瘤也会随着时间的推移而进展，并且大部分获得III级和IV级肿瘤的组织学特征和生长模式。

分析：


纤维化星形细胞瘤，间变性星形细胞瘤和胶质母细胞瘤是弥漫性肿瘤，广泛渗入脑内，针对这一状况，要想手术尽可能的切除肿瘤组织，改善患者预后，就需要精确识别肿瘤的边界，并且要顾及脑组织的功能保护，因此如何通过各种先进的技术手段尽可能**确认肿瘤边界**就是一个关键的问题。



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☐ CLINICAL TRIAL
Multimodality Imaging Combined With Multiple Targets Pathological Examination for Detecting of Biological Borders of Gliomas: a Clinical Application Study

Glioma

Disease Overview [View Full Topic](#)

Goldman-Cecil Medicine · Goldman, Lee, MD; Schafer, Andrew I., MD

Definition ↑

Astrocytomas, which are the most common glioma, are classified into one of four World Health Organization categories: grade I, the pilocytic astrocytoma; grade II, the fibrillary astrocytoma; grade III, the anaplastic astrocytoma; and grade IV, the glioblastoma. Pilocytic astrocytomas (grade I) are extremely low-grade focal tumors that are more common in children and may be associated with

Purpose

Eligibility

Contacts and Locations

More Information

CLINICAL TRIAL


Multimodality Imaging Combined With Multiple Targets Pathological Examination for Detecting of Biological Borders of Gliomas: a Clinical Application Study

First received on October 17, 2016. Last updated on October 19, 2016.

Purpose

Knowledge of the spatial extent of gliomas is an essential prerequisite for the treatment planning. In particular, the localization of the border zone between tumor infiltrated and normal brain tissue is one of the major problems to be solved before beginning therapy. However, it is a well known problem that, in conventional magnetic resonance imaging (MRI), it often is difficult to detect areas with low tumor infiltration, especially in gliomas, because of their infiltrative and often diffuse nature. The study has two purpose: I. To correlate the imaging border zone with pathological grade of different tumor site following surgery in patients with newly diagnosed intracranial gliomas, work out the biological border zone, and complete resect the tumor. II. To determine the feasibility of defining the optimal target volume for radiation therapy using MR spectroscopy, diffusion, perfusion and functional imaging.

Status	Recruiting
Condition	Glioma
Phase	N/A
Study Type	Interventional



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Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

Abstract

The traditional dilemma making surgery for diffuse low-grade gliomas (DLGGs) by the need to optimize tumor resection in order to sign permanent neurological morbidity. Development of new tumorectomy according to the oncological limits provided by metabolic imaging. However, this principle is not correct for DLGGs nor with the limited resolution of current neuroimaging underestimates the actual spatial extent of gliomas, since centimeters beyond the area of signal abnormalities. Functional MRI is crucial for brain functions despite their invasion by this functional MRI has also been demonstrated. Therefore, neuroimaging is a non-sense, because oncological MRI does not show critical neural pathways. This review proposes an original concept in neuro-oncology: to resect DLGG to the boundaries of brain functions, thank awake patients. This paradigmatic shift from image-guided resection based upon an accurate study of brain connectomics and removal has permitted to solve the classical dilemma, by patients. With this in mind, brain surgeons should also be neuroscientists.

Citation

Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

Duffau H - J Neurosurg Sci - December 1, 2015; 59 (4); 361-71
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Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

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eng

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MeSH Terms (8)

- Brain Mapping /methods *
- Brain Neoplasms /surgery *
- Glioma /surgery *
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Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

Duffau H¹.

Author information

Abstract

The traditional dilemma making surgery for diffuse low-grade gliomas (DLGGs) challenging is underlain by the need to optimize tumor resection in order to significantly increase survival versus the risk of permanent neurological morbidity. Development of neuroimaging led neurosurgeons to achieve tumorectomy according to the oncological limits provided by preoperative or intraoperative structural and metabolic imaging. However, this principle is not coherent, neither with the infiltrative nature of DLGGs nor with the limited resolution of current neuroimaging. Indeed, despite technical advances, MRI still underestimates the actual spatial extent of gliomas, since tumoral cells are present several millimeters to centimeters beyond the area of signal abnormalities. Furthermore, cortical and subcortical structures may be still crucial for brain functions despite their invasion by this diffuse tumoral disease. Finally, the lack of reliability of functional MRI has also been demonstrated. Therefore, to talk about "maximal safe resection" based upon neuroimaging is a non-sense, because oncological MRI does not show the tumor and functional MRI does not show critical neural pathways. This review proposes an original concept in neuro-oncological surgery, i.e. to resect DLGG to the boundaries of brain functions, thanks to intraoperative electrical mapping performed in awake patients. This paradigmatic shift from image-guided resection to functional mapping-guided resection, based upon an accurate study of brain connectomics and neuroplasticity in each patient throughout tumor removal has permitted to solve the classical dilemma, by increasing both survival and quality of life in DLGG patients. With this in mind, brain surgeons should also be neuroscientists.

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Clin Chest Med. 2016 Dec;37(4):659-667. doi: 10.1016/j.ccm.2016.07.006. Epub 2016 Sep 8.

Managing Respiratory Failure in Obstructive Lung Disease.

Bergin SP¹, Rackley CR².

1.

Author information

Abstract

Exacerbations of obstructive lung disease are the foundation of acute respiratory failure. Short-acting bronchodilators and systemic glucocorticoids are the foundation of pharmacologic management. For patients requiring ventilator support, use of noninvasive ventilation reduces the risk of mortality and progression to invasive mechanical ventilation. Challenges associated with invasive ventilation include ventilator dyssynchrony, air trapping, and dynamic hyperinflation. Careful monitoring and adjustment of ventilatory support parameters helps to optimize the patient-ventilator interaction and minimizes the risk of associated morbidity. Extracorporeal life support is an emerging treatment for refractory hypercapnic respiratory failure associated with obstructive lung disease.

2.

KEYWORDS: Asthma; COPD; Hypercapnia; Ventilator dyssynchrony; Air trapping; Dynamic hyperinflation; Extracorporeal life support; Noninvasive ventilation; Invasive mechanical ventilation; Indications; Initiation; Identifying Air Trapping; Managing Air Trapping; Optimizing the Patient-Ventilator Interaction; Outcomes

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PMID: 27842746 DOI: 10.1016/j.ccm.2016.07.006 [Indexed for MEDLINE]

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Key points

Introduction

Pathophysiology

Noninvasive ventilation

Invasive mechanical ventilation

Indications

Initiation

Identifying Air Trapping

Managing Air Trapping

Optimizing the Patient-Ventilator Interaction

Outcomes

期刊全文

Managing Respiratory Failure in Obstructive Lung Disease

Stephen P. Bergin MD 和 Craig R. Rackley MD

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Exacerbations of obstructive lung disease are common causes of acute respiratory failure. Short-acting bronchodilators and systemic glucocorticoids are the foundation of pharmacologic management. For patients requiring ventilator support, use of noninvasive ventilation reduces the risk of mortality and progression to invasive mechanical ventilation. Challenges associated with invasive ventilation include ventilator dyssynchrony, air trapping, and dynamic hyperinflation. Careful monitoring and adjustment of ventilatory support parameters helps to optimize the patient-ventilator interaction and minimizes the risk of associated morbidity. Extracorporeal life support is an emerging treatment for refractory hypercapnic respiratory failure associated with obstructive lung disease.

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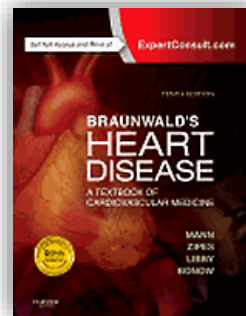
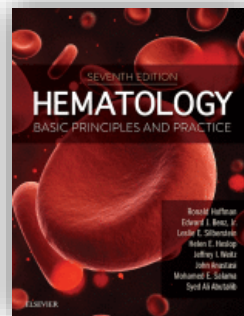
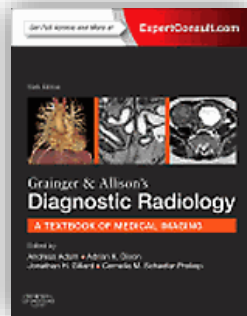
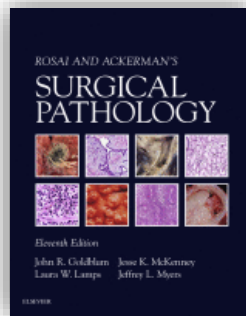
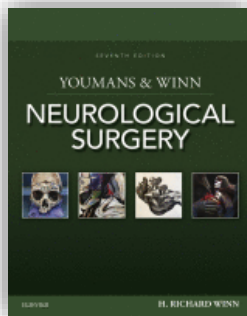
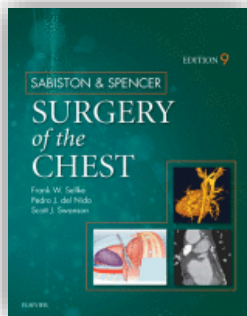
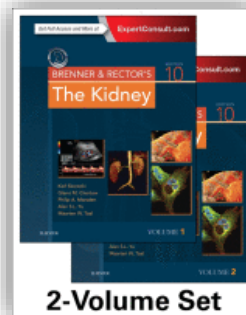
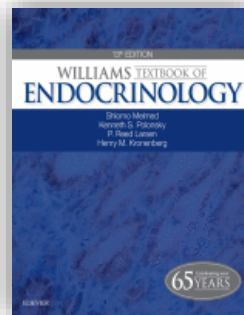
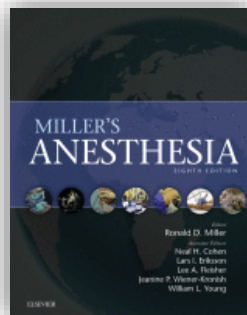
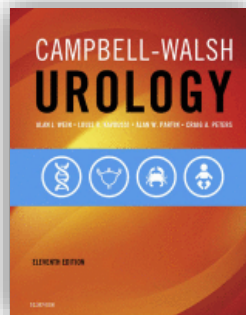
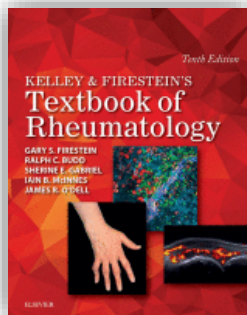
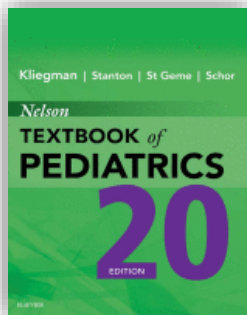
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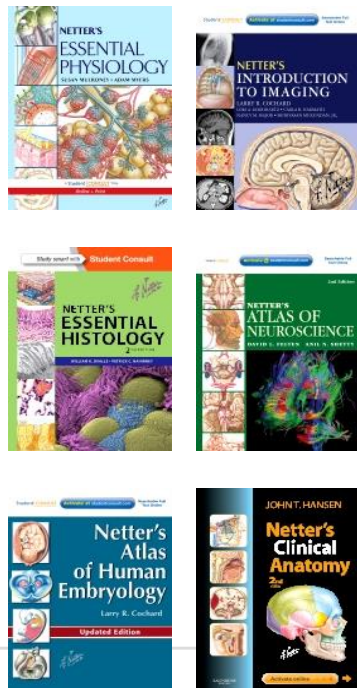
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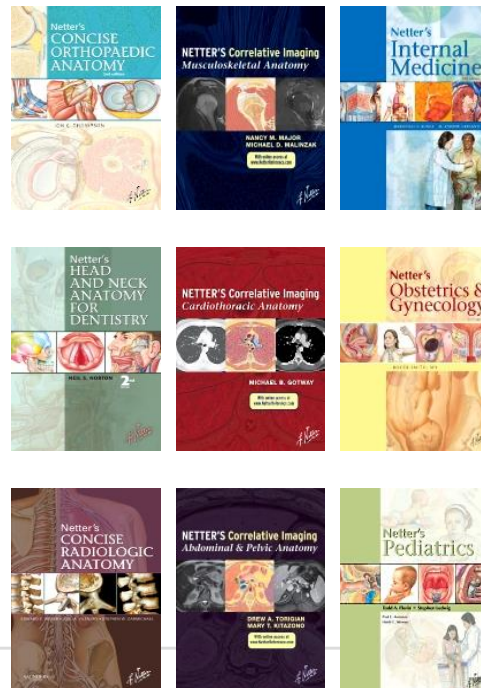
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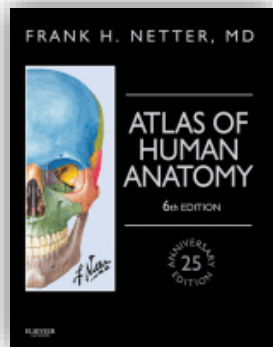
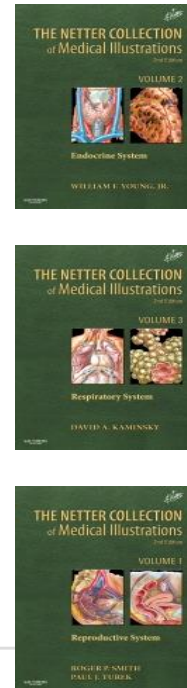
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OF THE LUNGS

ROUTINE EXAMIN
(see Plates 3-4 to 3

COMPUTED
TOMOGRAPHY (see
3-6)

CONTRAST
EXAMINATIONS

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RADIOLOGIC EXAMINATION
OF THE LUNGS

ROUTINE EXAMINATION
(see Plates 3-4 to 3-6)

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3-6)

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EQUIPMENT

CONTRAST EXAMINATIONS

Plate 3-7

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(see Plates 3-4 to 3-6)

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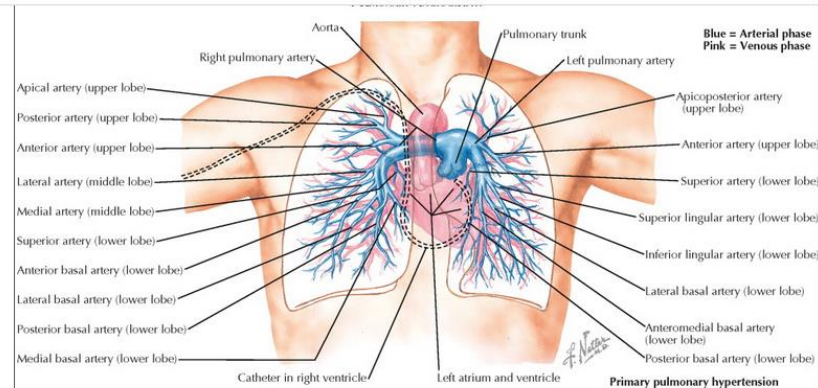
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EQUIPMENT

LEFT BRONCHIAL TREE AS REVEALED BY BRONCHOGRAMS

Pulmonary Angiography

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Normal pulmonary arterial anatomy demonstrated on a thick section maximum intensity projection coronal reconstruction of a CT performed to evaluate for pulmonary embolism

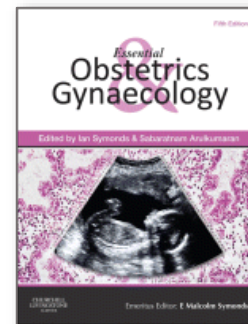
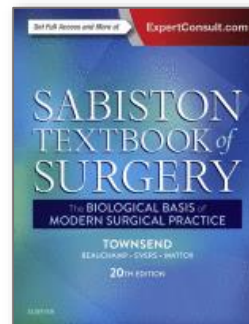
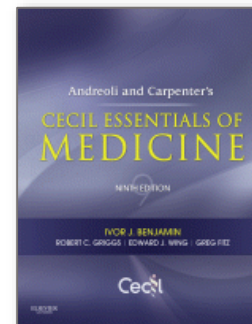
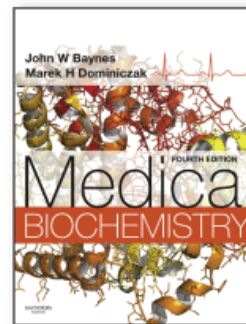
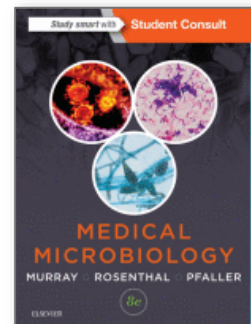
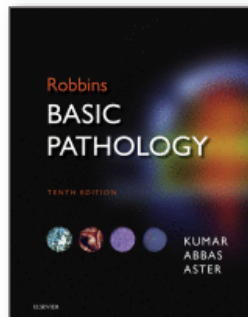
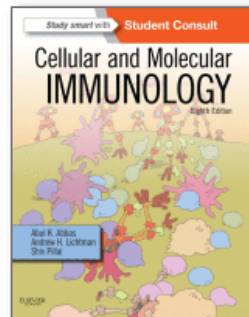
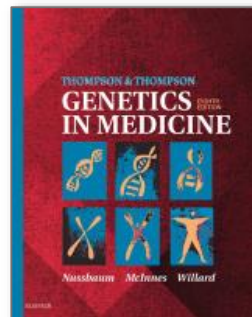
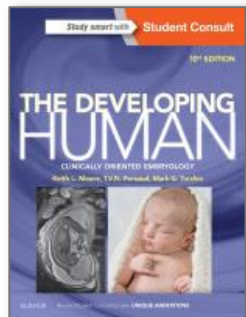
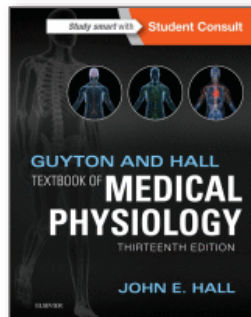
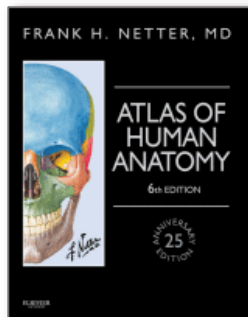


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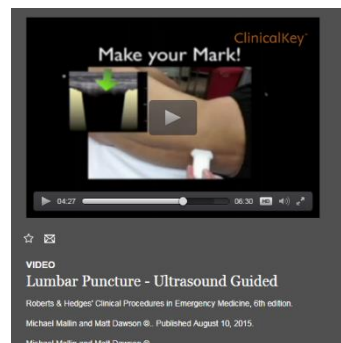
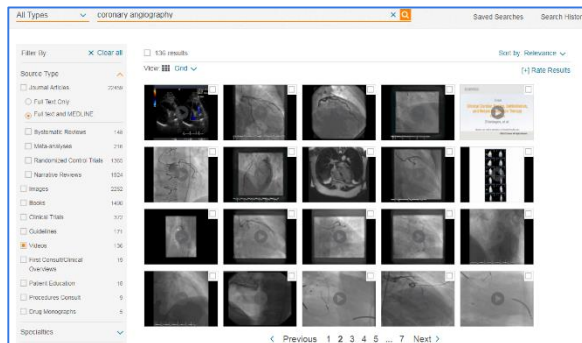
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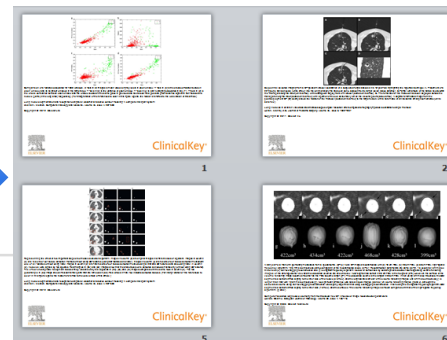
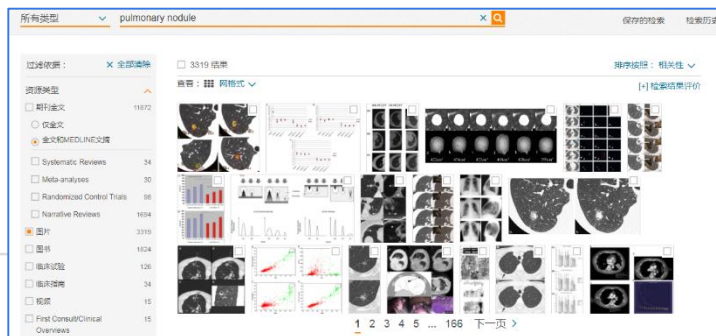
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