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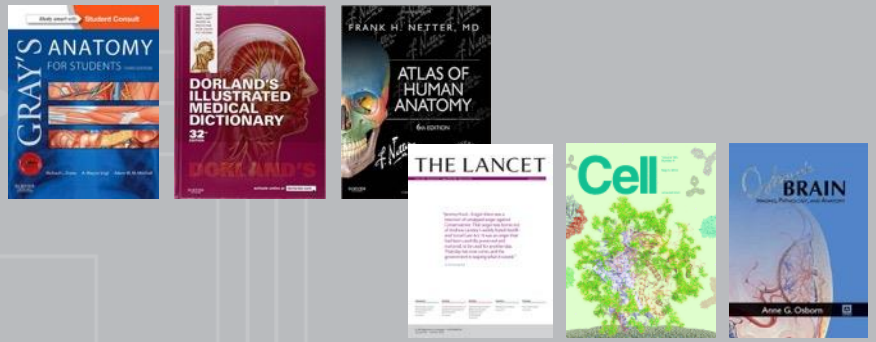

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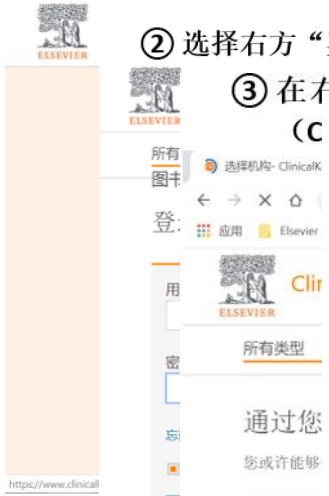

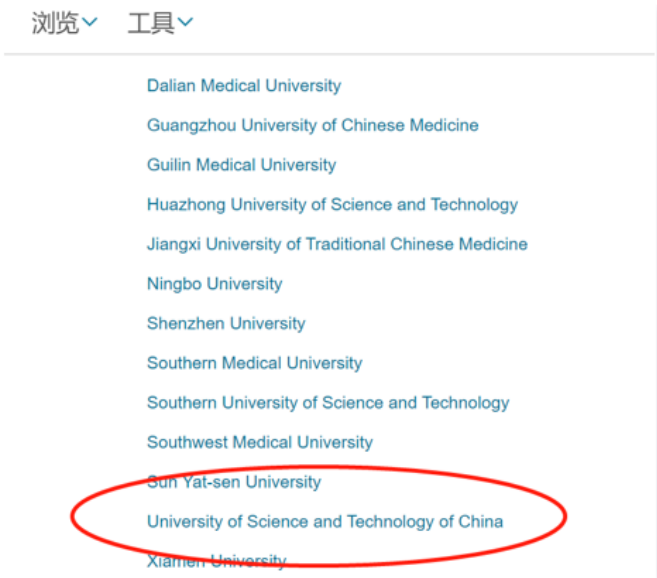

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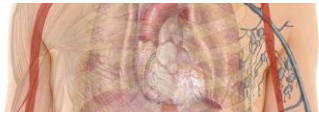

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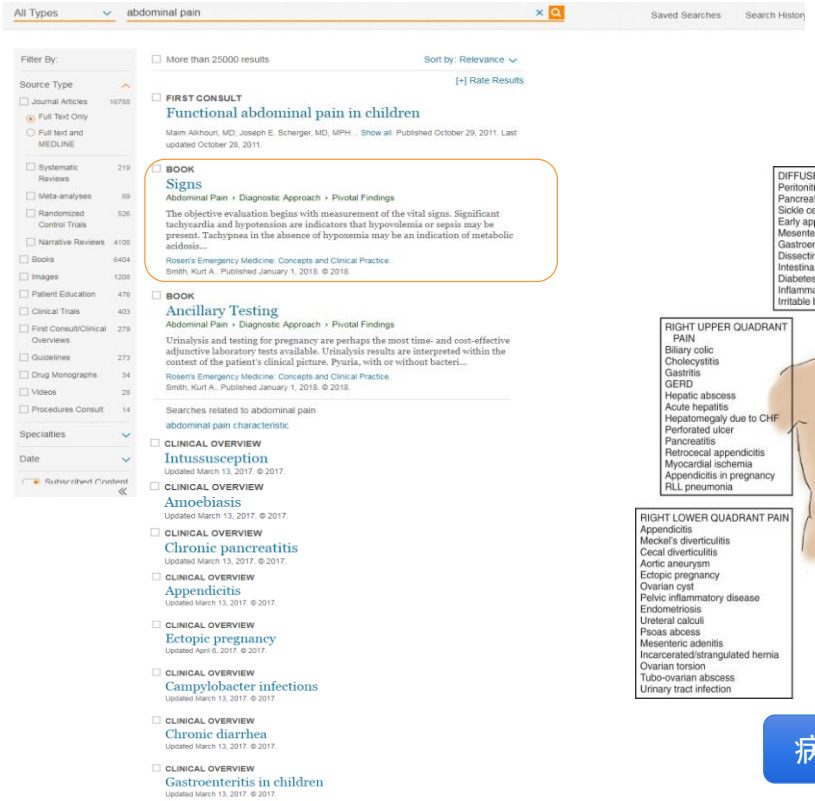
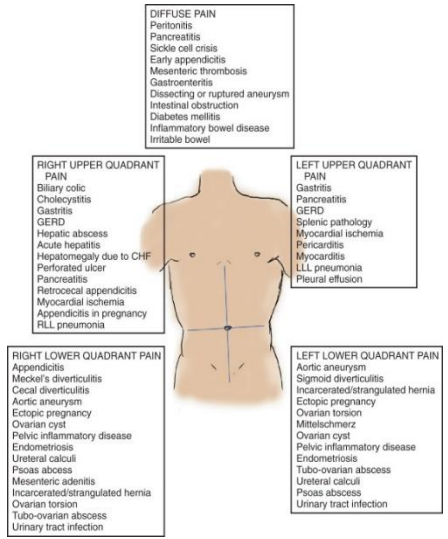
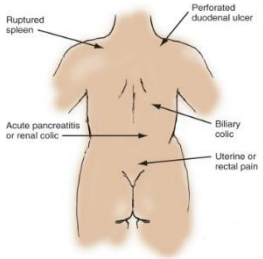




病因分区

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

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如何进一步判断病因？

Diagnostic Approach

Differential Diagnosis Considerations

鉴别诊断

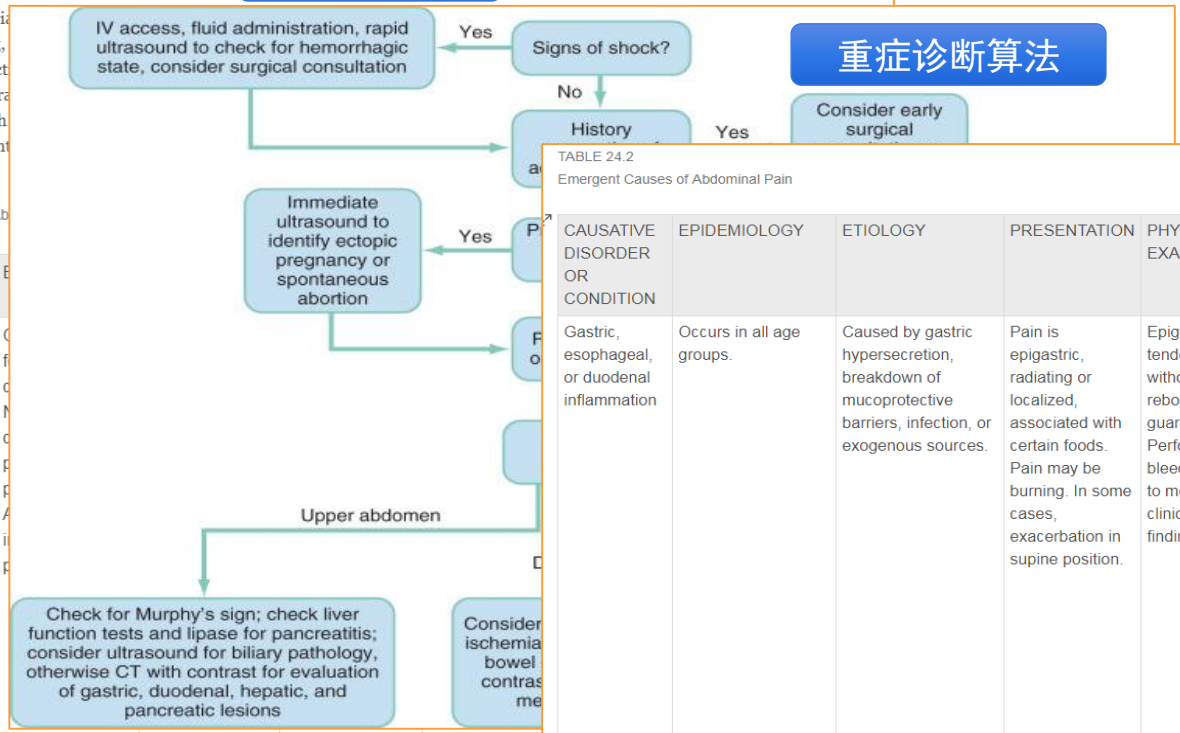
The differential dia
pelvic) causes (eg,
myocardial infarct
threatening nontra
be associated with
common emergent

TABLE 24.1

Critical Causes of Ab

CAUSE	E
Ruptured ectopic pregnancy	C f c N c p p A i p

重症诊断算法



急症病因

TABLE 24.2

Emergent Causes of Abdominal Pain

CAUSATIVE DISORDER OR CONDITION	EPIDEMIOLOGY	ETIOLOGY	PRESENTATION	PHYSICAL EXAMINATION	USEFUL TES
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 wit antacids or his H_2 blockers b invasive studie contemplated. Gastroduoden is valuable in diagnosis and Testing for *Helicobacter p* with blood or b specimens. If perforation is suspected, an chest radiogra 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 cou nonspecific an be normal or elevated. If ele

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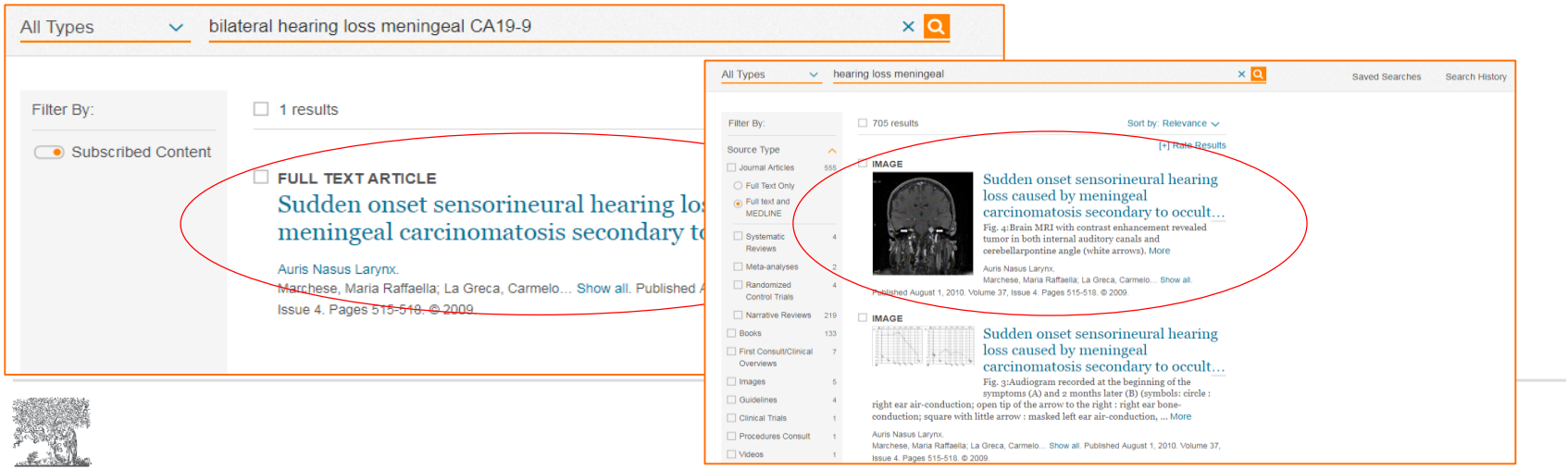
疑难复杂病——助力诊断

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？



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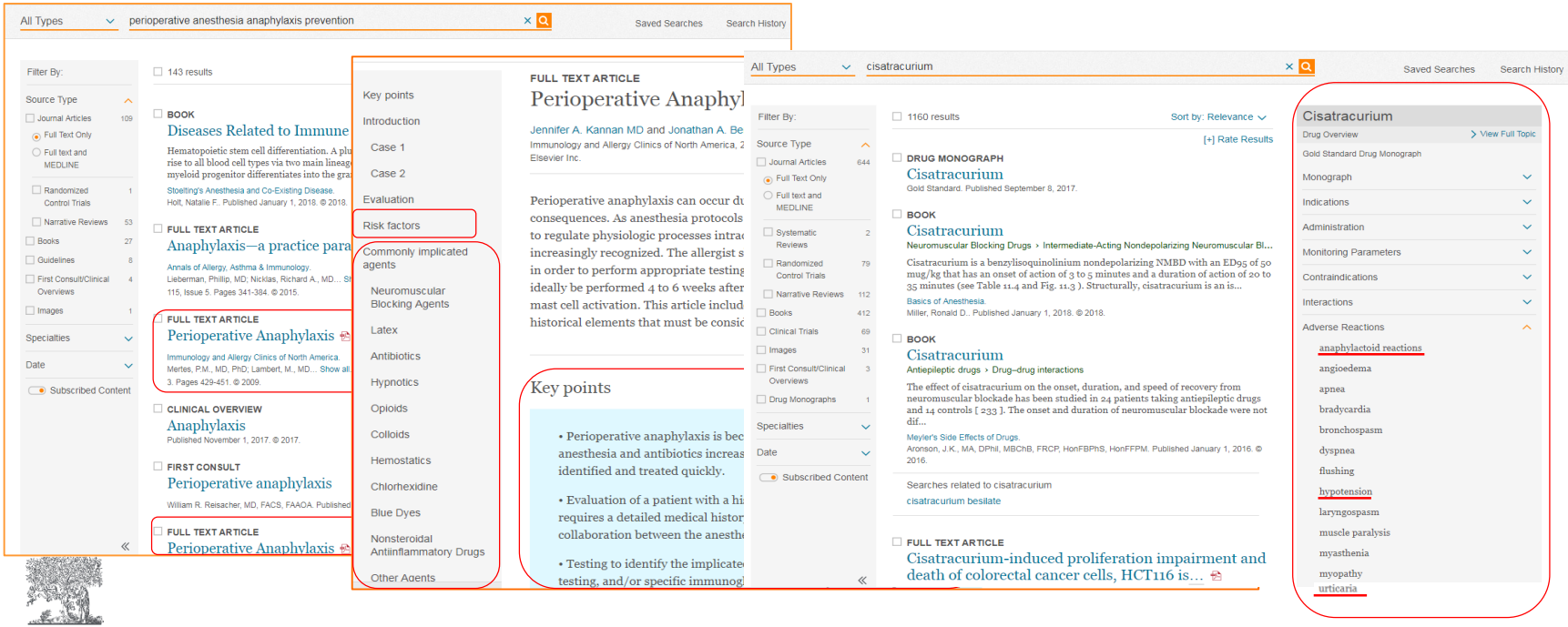
例2：35岁原发性不孕女性患者拟行输卵管通液术和宫腔镜检查

- 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CO_2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？



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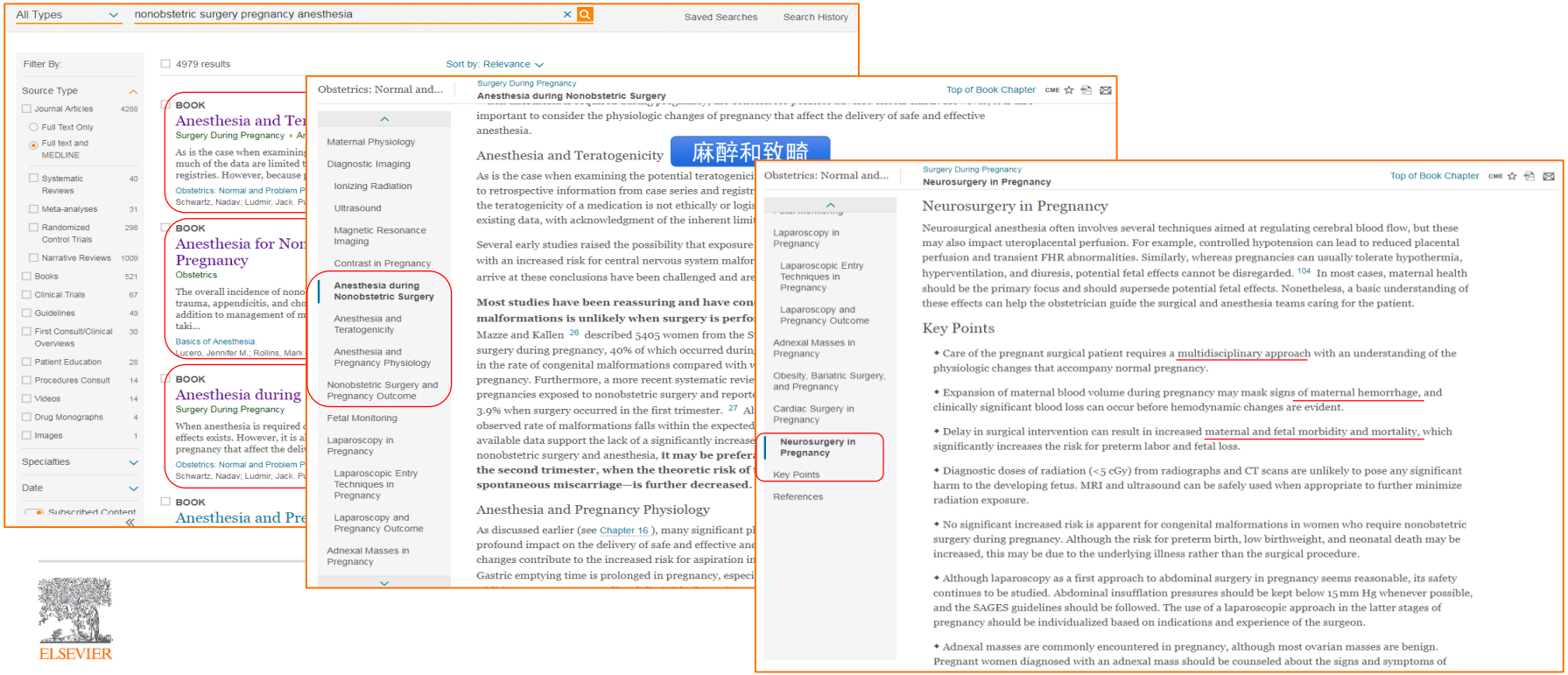
疑难复杂状况——助力方案制定

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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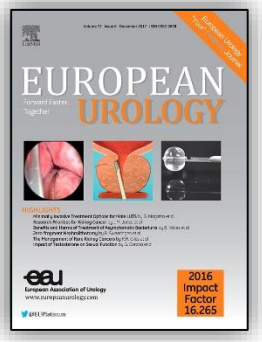

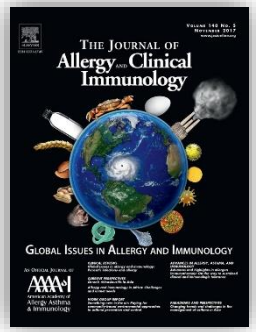

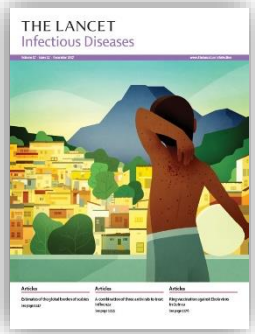

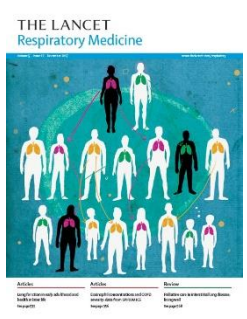

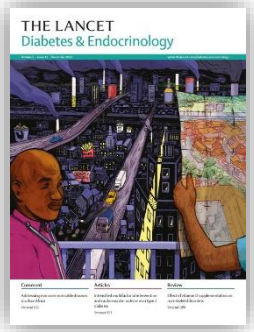

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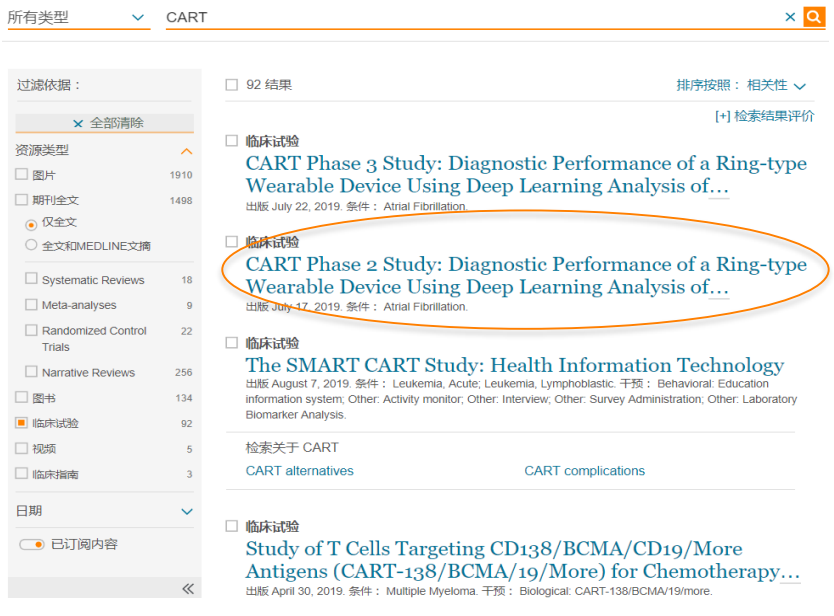

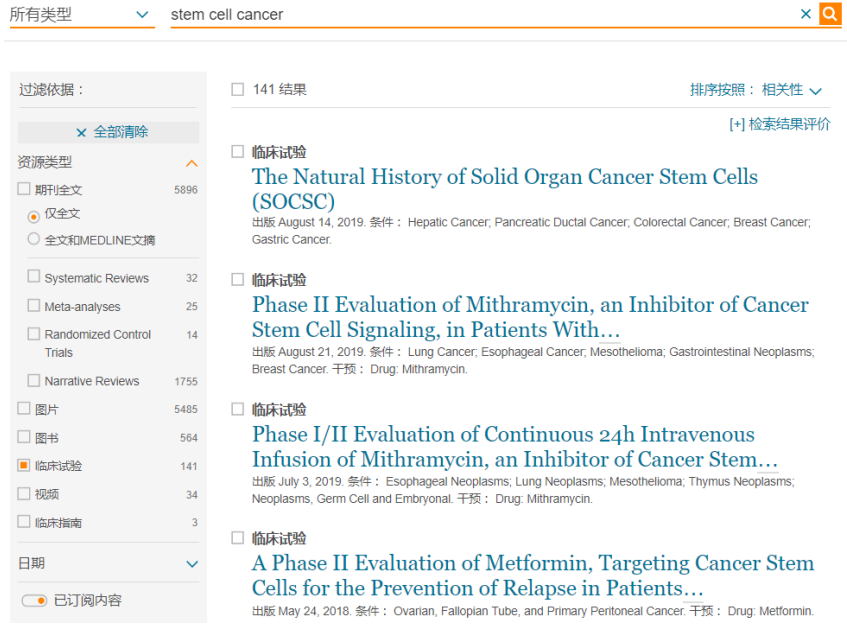

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CLINICAL TRIAL

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

ClinicalTrials.gov processed this data on March 08, 2017 Link to the current ClinicalTrials.gov record.

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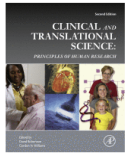

Robertson, David, MD; Williams, Gordon H., MD

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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。

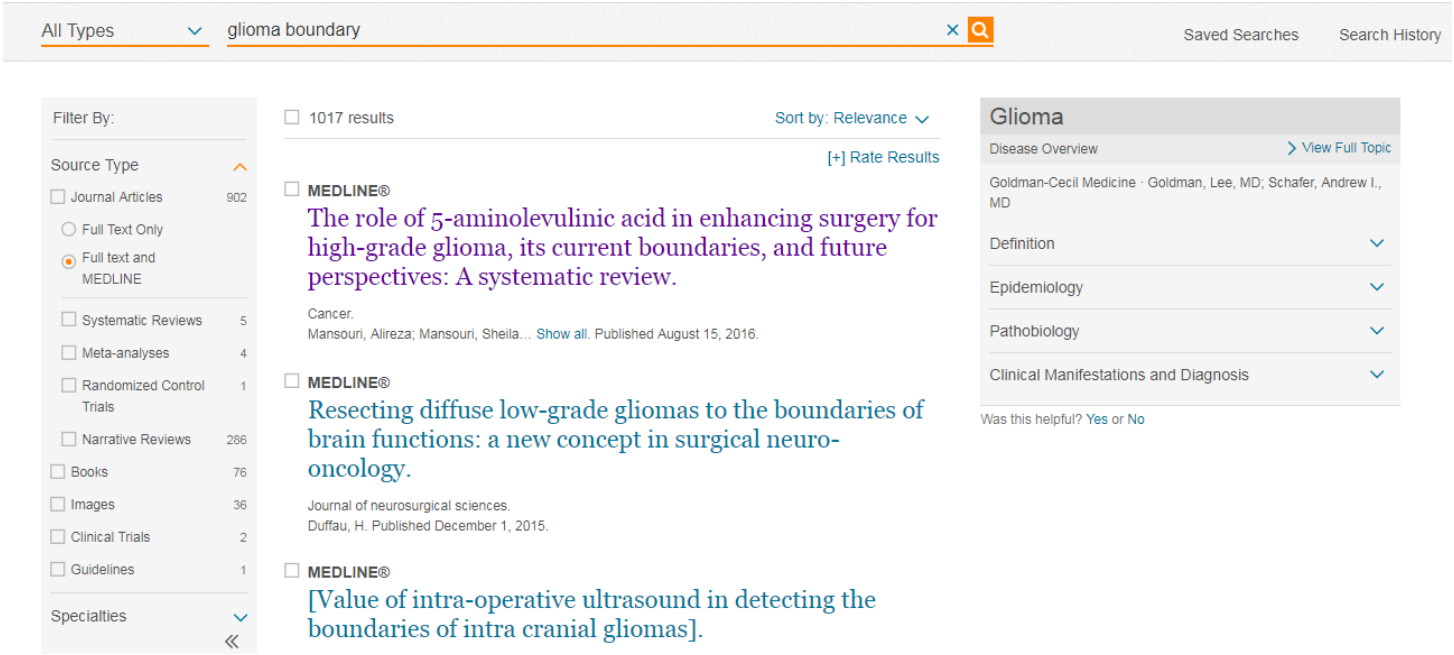
分析：

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。

问题：胶质瘤边界如何识别？

胶质瘤边界的精确识别对于此病的精准诊断、治疗和改善预后意义重大，那么当前国际上在解决此棘手问题有哪些最新的研究进展？

关键词选取：Glioma Boundary, Glioma Border



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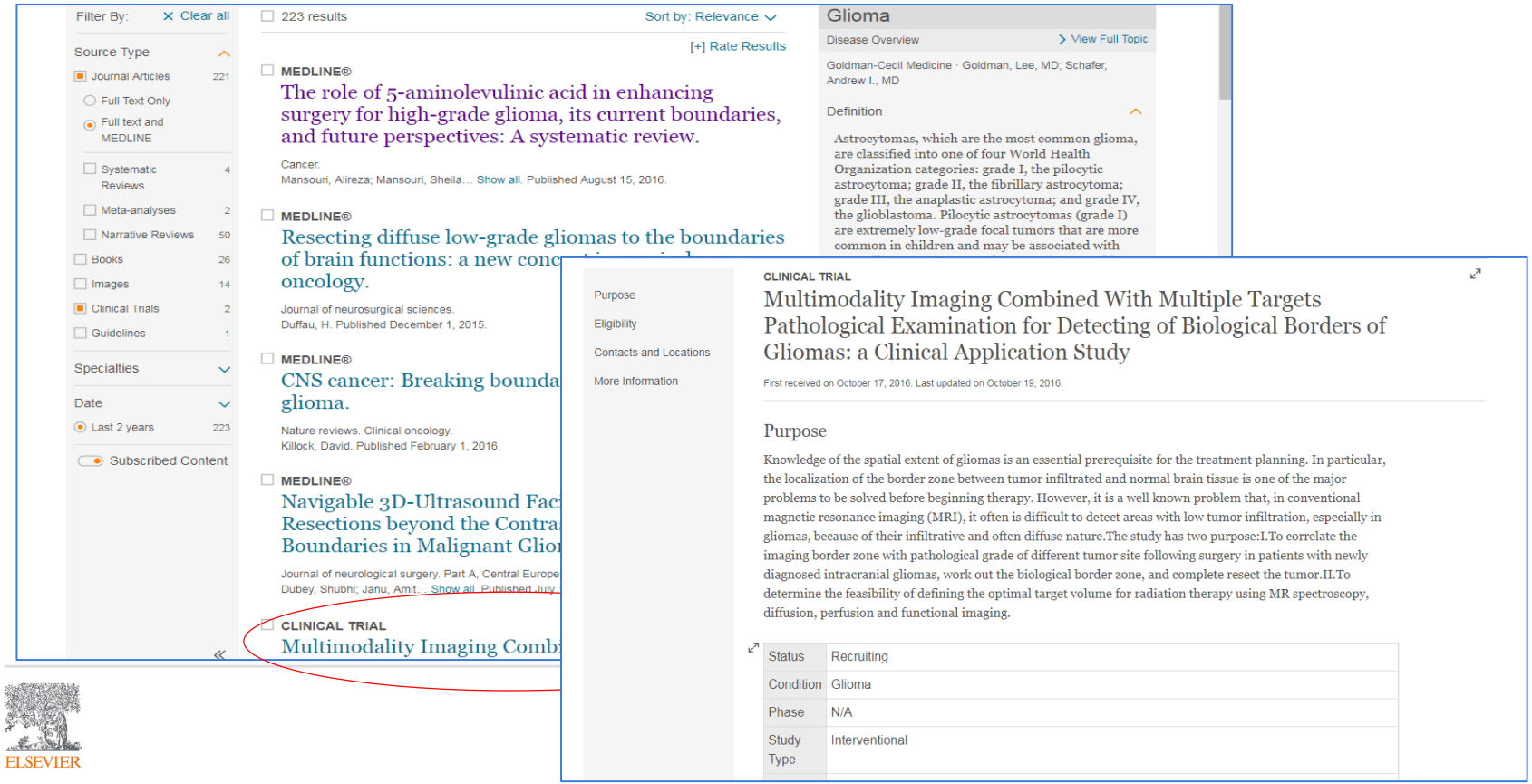
资源筛选：

内容：首选Journal Articles和Clinical Trials；其次Books、Guidelines；

时间：近两年内



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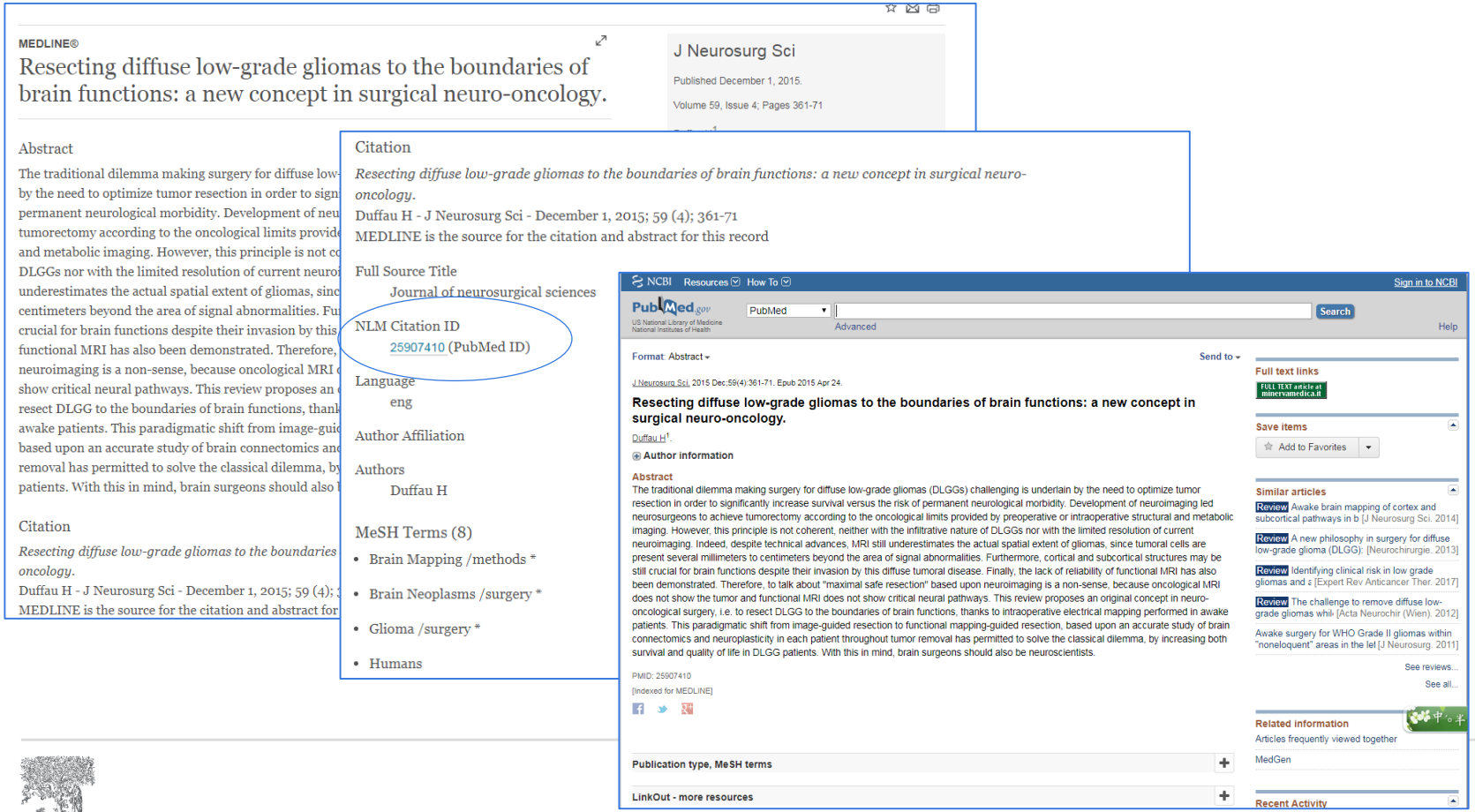
Medline收录文献获取-从ClinicalKey链到PubMed获取全文



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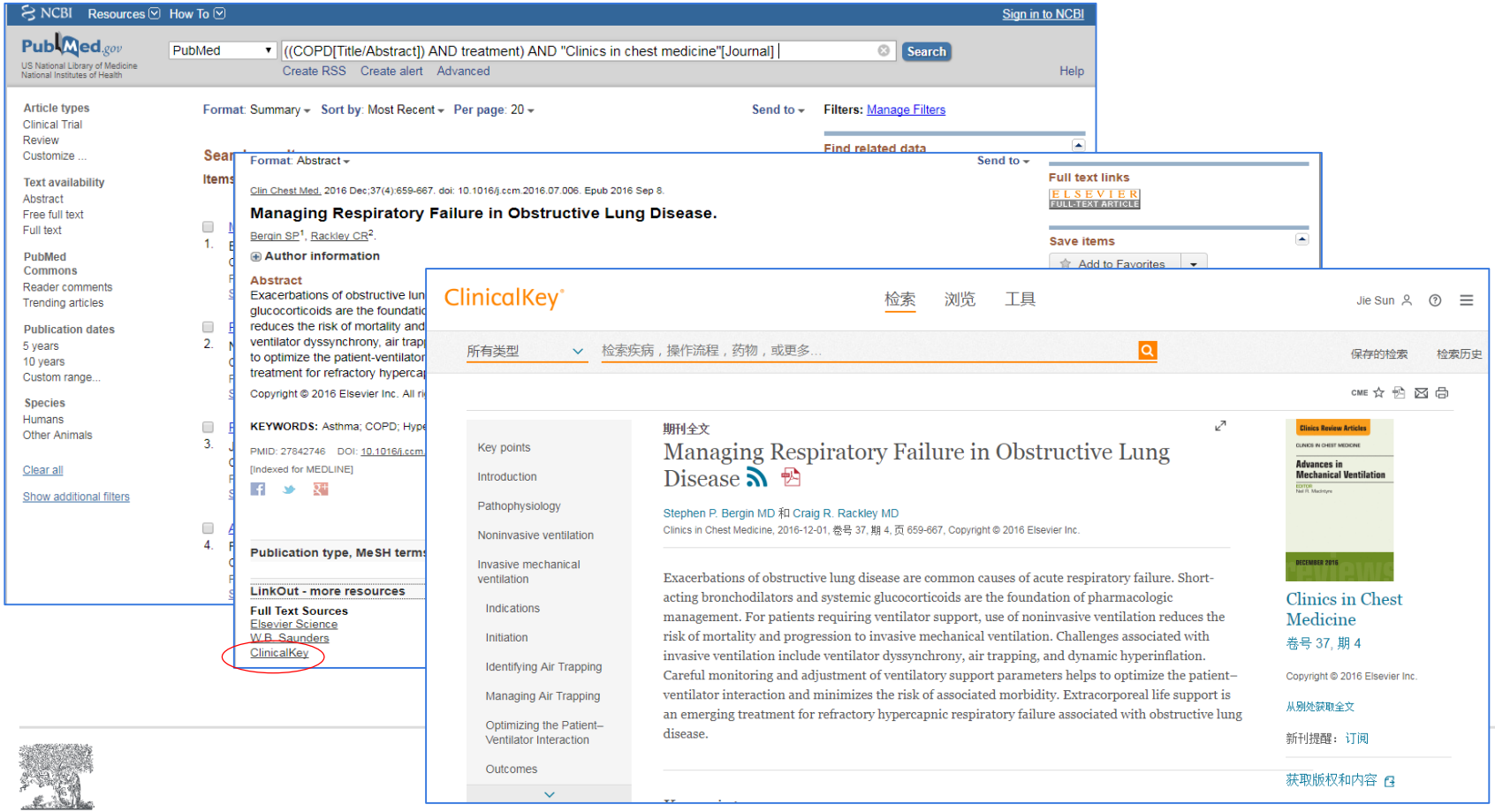
从PubMed链到ClinicalKey获取Clinics系列期刊的全文



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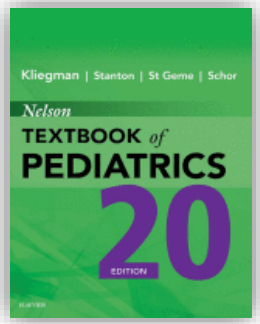
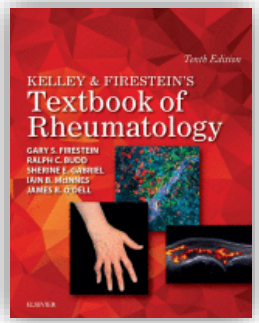
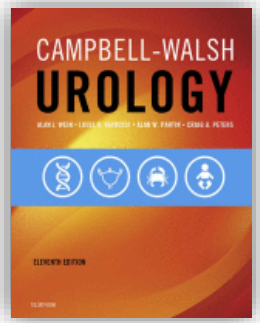
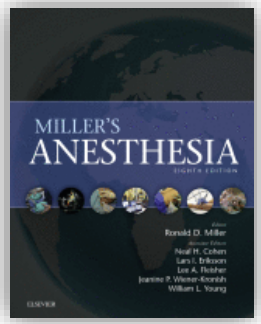
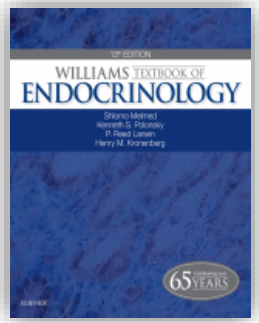
圣经级医学图书

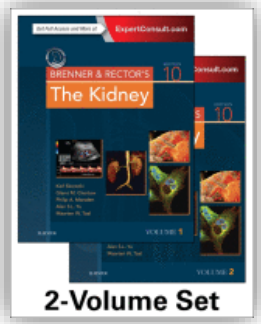


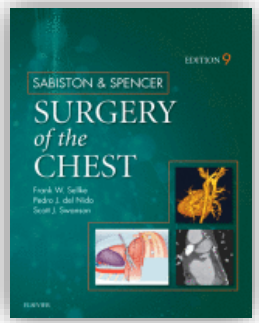


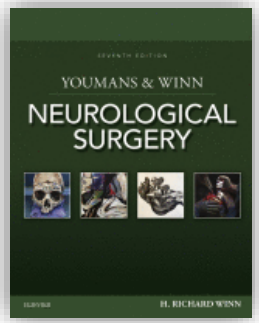


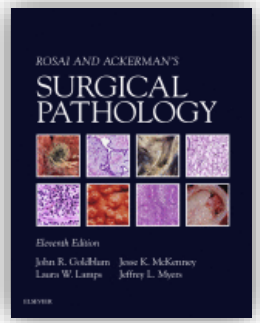


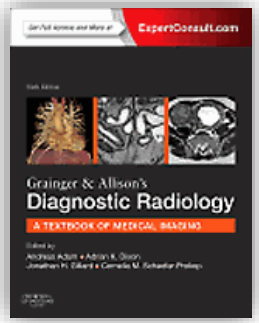


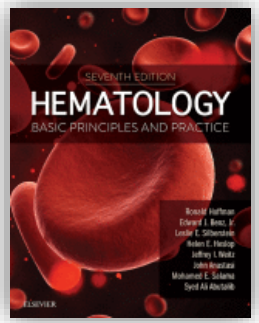


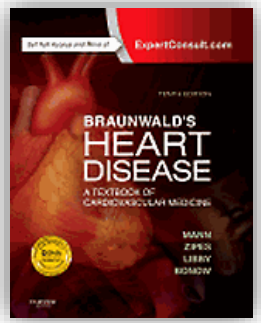












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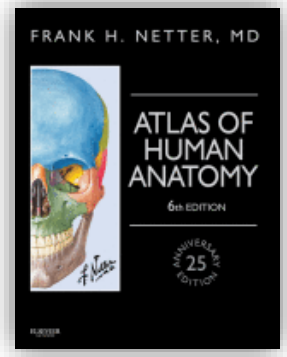
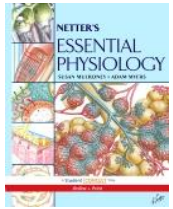
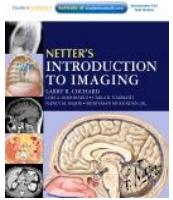
- 1,100余种图书，涵盖所有医学专科，不断增加，不断更新版本
- 西氏内科学、克氏外科学、米勒麻醉学、尼尔森儿科学、尤曼斯神经外科、坎贝尔骨科、坎贝尔-沃尔什泌尿外科、凯利风湿病、……

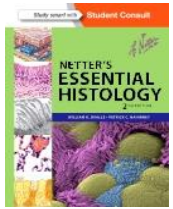
成套成系列的知名图书

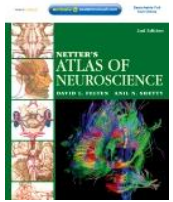


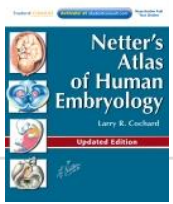
Basic Science

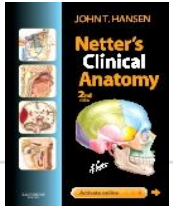




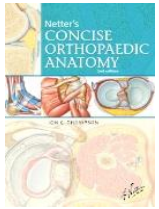


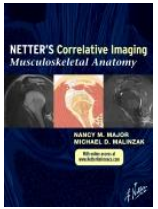


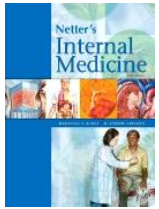


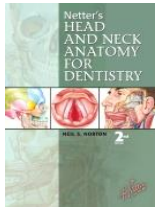


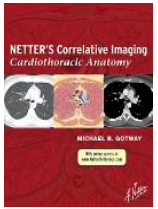
Clinical Management

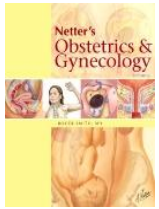


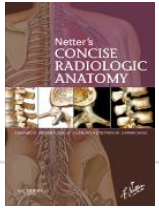


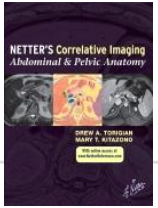


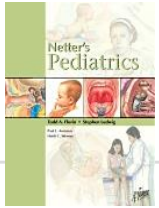




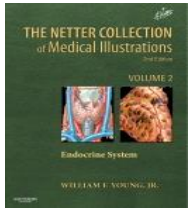


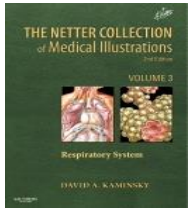


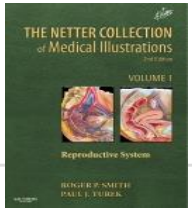




Physician Artist







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Go to: Outline

TESTS OF PULMONARY FUNCTION

RADIOLOGIC EXAMIN OF THE LUNGS

ROUTINE EXAMINA (see Plates 3-4 to 3

COMPUTED TOMOGRAPHY (se 3-6)

CONTRAST EXAMINATIONS

RADIONUCLIDE IM

MAGNETIC RESON IMAGING

SONOGRAPHY

INTERPRETATION RADIOGRAPHIC PATTERNS

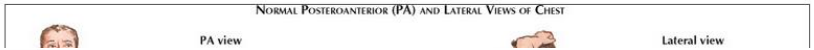
EXHALED BREATH AN

FLEXIBLE BRONCHOS

ROUTINE EXAMINATION (see)

Top o

image magnified and annotated.



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RADIOLOGIC EXAMINATION OF THE LUNGS

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

COMPUTED TOMOGRAPHY (see Plate 3-6)

CONTRAST EXAMINATIONS

RADIONUCLIDE IMAGING

MAGNETIC RESONANCE IMAGING

SONOGRAPHY

INTERPRETATION OF RADIOGRAPHIC PATTERNS

EXHALED BREATH ANALYSIS

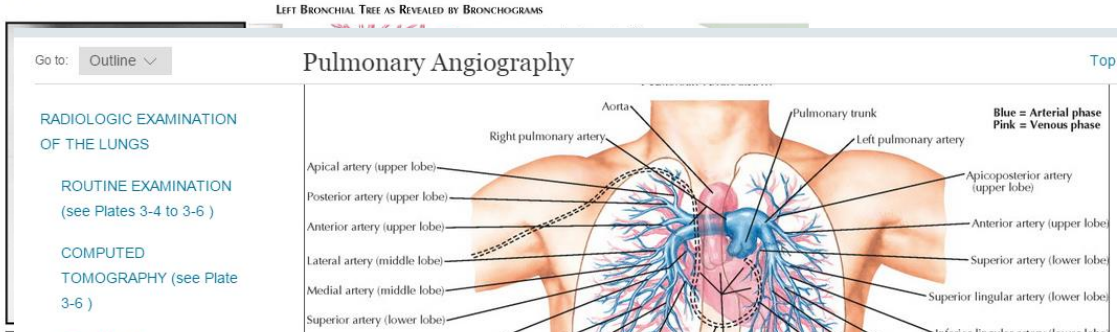
FLEXIBLE BRONCHOSCOPY

EQUIPMENT

CONTRAST EXAMINATIONS

Top of

Plate 3-7



Go to: Outline

RADIOLOGIC EXAMINATION OF THE LUNGS

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

COMPUTED TOMOGRAPHY (see Plate 3-6)

CONTRAST EXAMINATIONS

RADIONUCLIDE IMAGING

MAGNETIC RESONANCE IMAGING

SONOGRAPHY

INTERPRETATION OF RADIOGRAPHIC PATTERNS

EXHALED BREATH ANALYSIS

FLEXIBLE BRONCHOSCOPY

EQUIPMENT

Pulmonary Angiography

Top

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

Axial CT scan in a different patient demonstrates a large embolus in the right lower lobe pulmonary artery (arrow)

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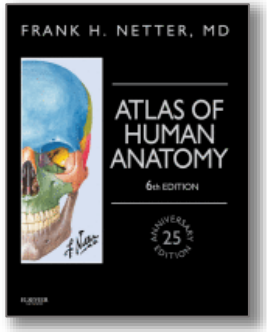

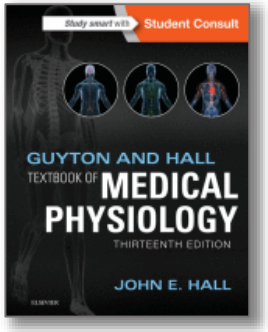

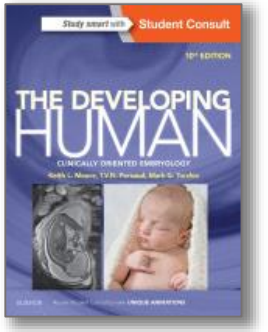

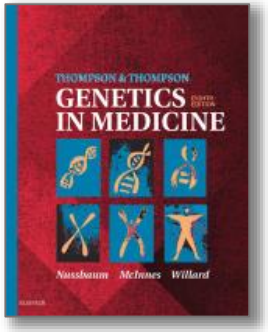

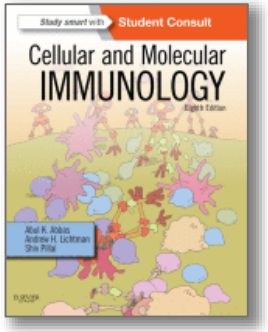

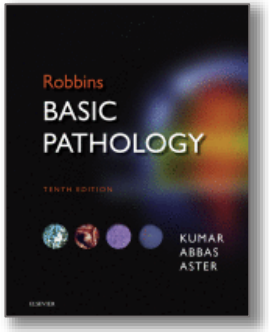

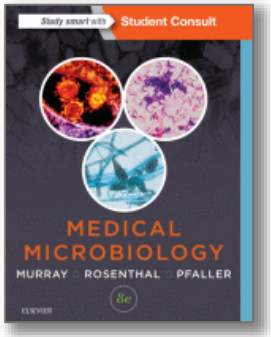

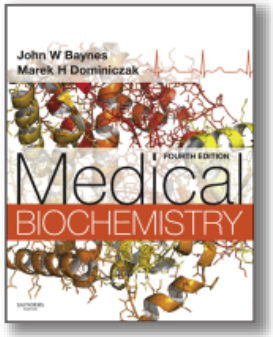

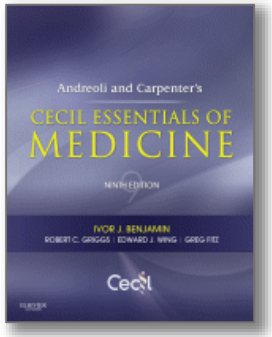

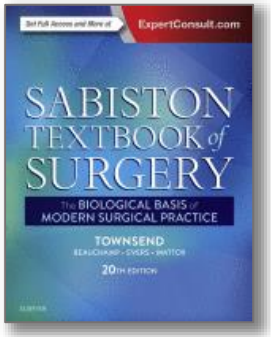

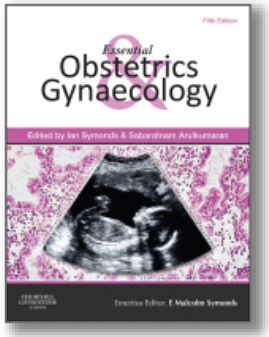

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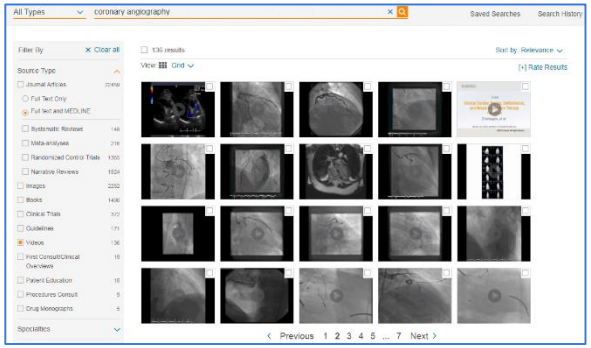
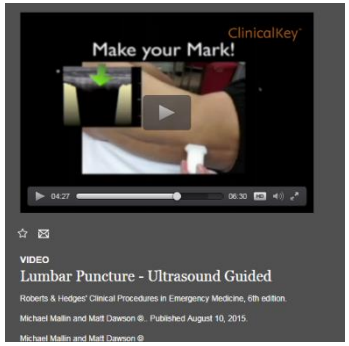
- 170+种，覆盖专科面广
- Robbins病理学、Guyton生理学、Abbas细胞与分子免疫学、Thompson医学遗传学、Rang & Dale药理学…

生动真实的医学教学

- 两万余个视频，英语讲解，英文字幕

  教学视频3百余个，涵盖临床基本术式和操作





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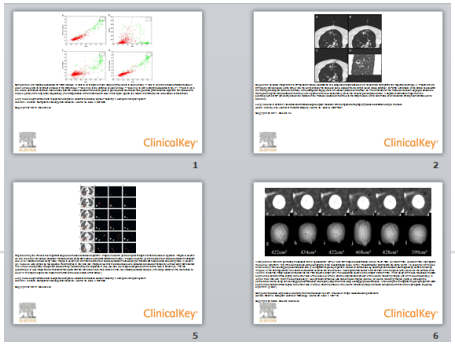

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