

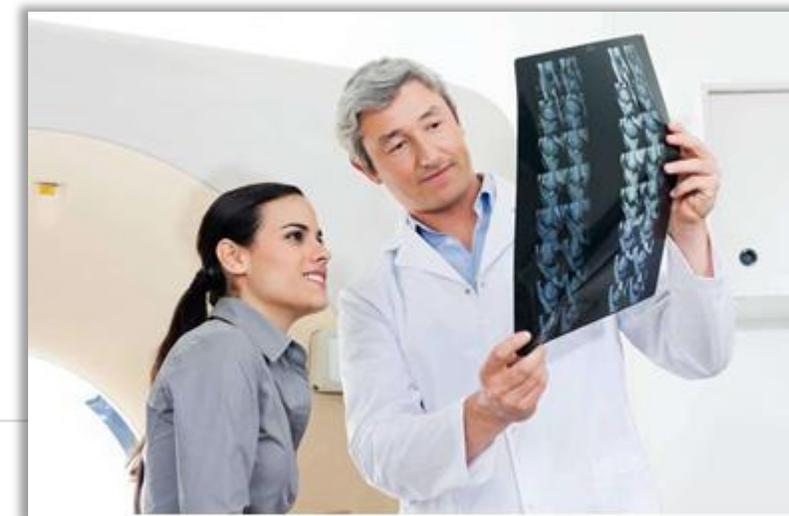


ClinicalKey—临床决策、科研、教学支持平台

Yan Linyin PhD 阎林胤 博士

Greater China

Elsevier Clinical Solutions



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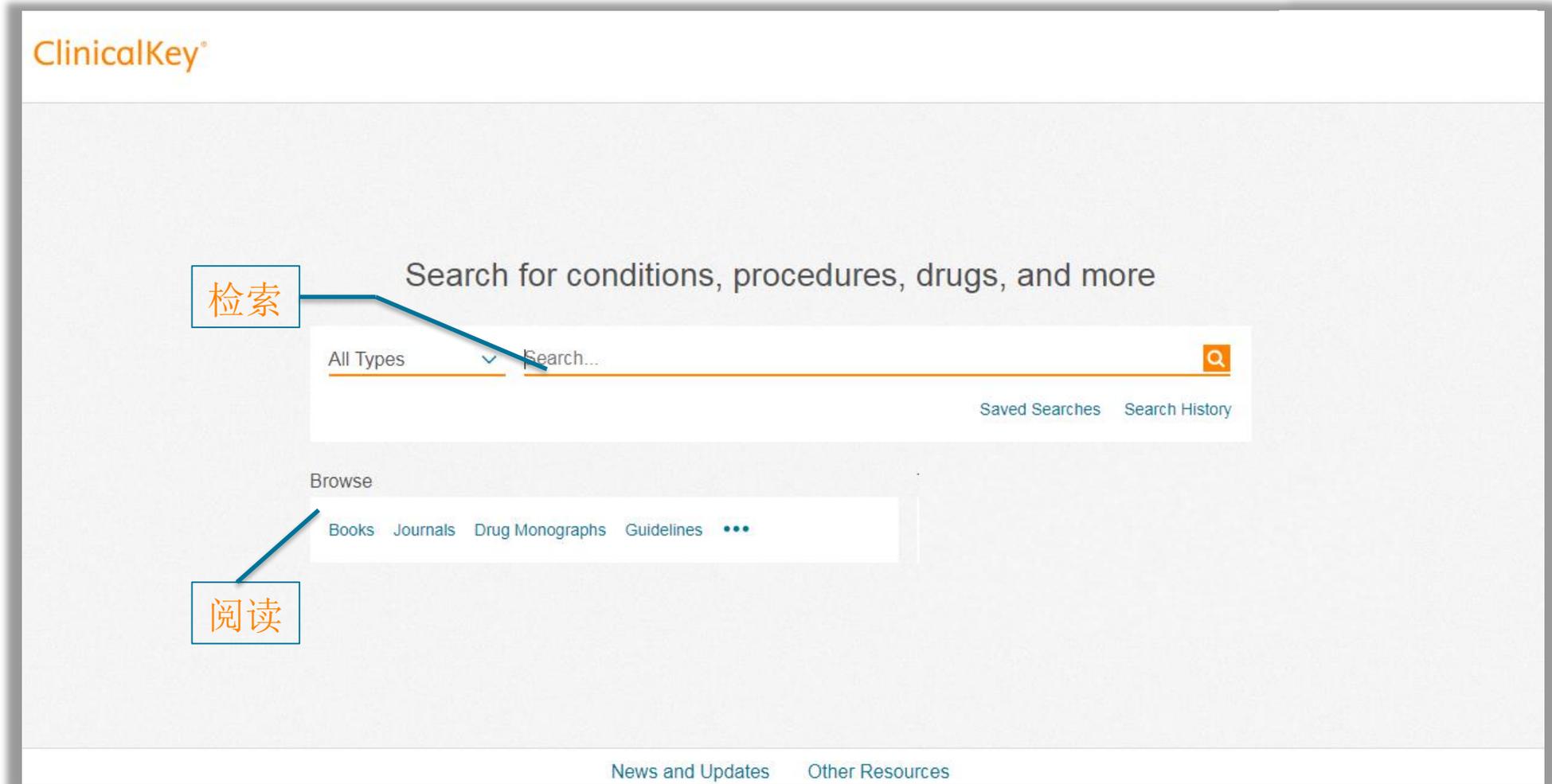
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1

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3	中国医学科学院/北京协和医学院肿瘤医院	@cicams.ac.cn
5	中国医学科学院/北京协和医学院基础所	@ibms.pumc.edu.cn
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7	中国医学科学院/北京协和医学院实验动物研究所	@cnilas.org
8	中国医学科学院/北京协和医学院药物所	@imm.ac.cn
9	中国医学科学院/北京协和医学院医药生物技术研究所	@ibm.pumc.edu.cn
10	中国医学科学院/北京协和医学院药用植物所	@implad.ac.cn
11	中国医学科学院/北京协和医学院血液所	@ihcams.ac.cn
12	中国医学科学院/北京协和医学院工程所	@bme.org.cn
13	中国医学科学院/北京协和医学院放射医学所	@irm-cams.ac.cn
14	中国医学科学院/北京协和医学院皮肤病研究所	@ncstdlc.org
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3) 远程账号激活

The screenshot shows the ClinicalKey website interface. At the top left is the 'ClinicalKey' logo. In the top right corner, there is a user profile dropdown menu for 'qian shen Self-Manra'. The menu items include: 档案 (Profile), 设置 (Settings), CME, 选择语言 (Select Language), 保存的内容 (Saved Content), 幻灯片 (Slides), 远程访问 (Remote Access), 退出 (Logout), 帮助和反馈 (Help and Feedback), 致电我们 (Call Us), 致函我们 (Write Us), 帮助 (Help), 留下反馈 (Leave Feedback), and 关于ClinicalKey 了解更多 (About ClinicalKey Learn More). The '远程访问' option is highlighted with a red box. In the center of the page, there is a search bar with the text '检索疾病, 操作流程, 药物, 或更多...' (Search for diseases, procedures, drugs, or more...). Below the search bar, there are links for '所有类型' (All Types), '检索...' (Search...), '保存的检索' (Saved Searches), and '检索历史' (Search History). At the bottom of the page, there are links for 'News and Updates' and 'Other Resources'.

点击右上角三个小横线
选择远程访问

qian shen
Self-Manra

档案
设置
CME
选择语言
保存的内容
幻灯片
远程访问
退出
帮助和反馈
致电我们
致函我们
帮助
留下反馈

关于ClinicalKey
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所有类型 检索... 保存的检索 检索历史

浏览
图书 期刊 药物专论 临床指南 患者教育 First Consult/Clinical Overviews 多媒体 操作视频

News and Updates Other Resources

4) 远程账号激活

ClinicalKey® 检索 浏览

所有类型 ▼ 检索疾病, 操作流程, 药物, 或更多... 🔍

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Email地址

继续 >



注:

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Prevalence of Functional Bowel Disorders and Economic Burden

Pathophysiology and Pathogenesis of Functional Bowel Disorders

Role of Animal Models

Neuromuscular Dysfunction in Functional Bowel Disorders: Neurons, Smooth Muscle, Glia, Interstitial Cells of Cajal, and the Microbiome

期刊全文

Functional Bowel Disorders: A Roadmap to Guide the Next Generation of Research

Lin Chang, Carlo Di Lorenzo, Gianrico Farrugia, Frank A. Hamilton, Gary M. Mawe, Pankaj J. Pasricha 和 John W. Wiley

Gastroenterology, 2018-02-01, 卷号 154, 期 3, 页 723-735, Copyright © 2018 AGA Institute

In June 2016, the National Institutes of Health hosted a workshop on functional bowel disorders (FBDs), particularly irritable bowel syndrome, with the objective of elucidating gaps in current knowledge and recommending strategies to address these gaps. The workshop aimed to provide a roadmap to help strategically guide research efforts during the next decade. Attendees were a diverse group of internationally recognized leaders in basic and clinical FBD research. This document summarizes the results of their deliberations, including the following

Genetic Regulation of the Enteric Nervous System

Gastroenterology

卷号 154, 期 3

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新刊提醒: 订阅

- **Clinical Overview**疾病综述

- 涵盖超过1000种疾病的全面论述

- **Clinics of North America**北美临床系列期刊

- 50多种期刊，涵盖30多个学科
- 业内权威专家针对特定临床问题的系列综述

Clinics Review Articles

GASTROENTEROLOGY CLINICS OF NORTH AMERICA

Gastrointestinal Transplantation

EDITORS: Enrico Bernasconi, Shu-G. Zoellner
CONSULTING EDITOR: Alan L. Buchman

JUNE 2018

Clinics Review Articles

Hematology/Oncology Clinics

BONE MARROW FAILURE

CONSULTING EDITOR: GEORGE W. CANCIGLIO
EDITOR: H. FRANKLIN SUNK

EDITOR: COLIN A. SEPP

APRIL 2018

Clinics Review Articles

Neuroimaging Clinics

EMERGENT NEUROIMAGING: A PATIENT FOCUSED APPROACH

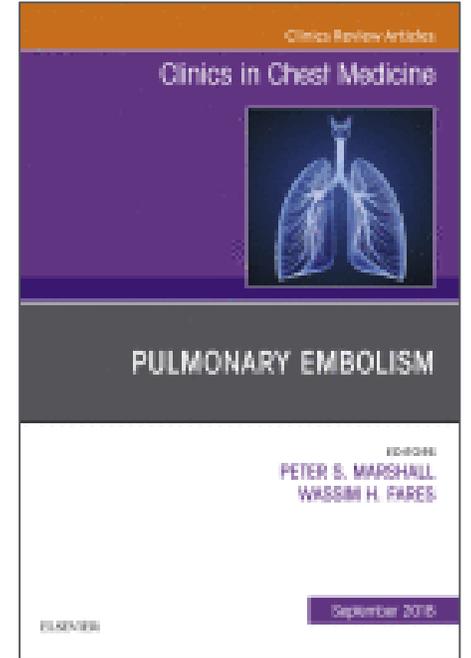
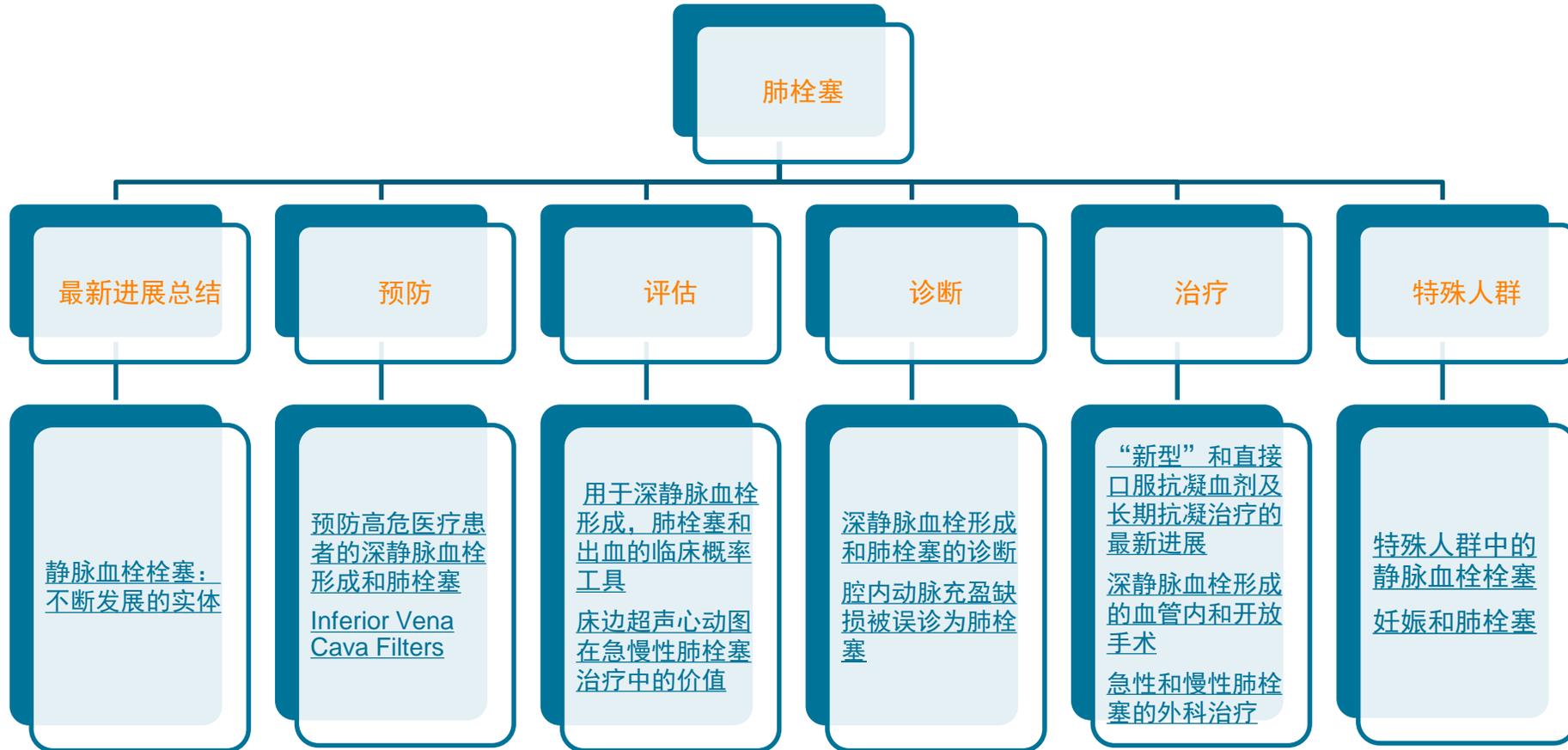
CONSULTING EDITOR: SURESH K. MURHERJI
EDITOR: DIEGO B. NARIZ

APRIL 2018

北美临床综述有效指导临床实践

Clinics in Chest Medicine

-Pulmonary Embolism



权威循证医学

涵盖全部临床专科的权威指南和循证医学，确保医疗规范安全

The screenshot shows a search results page for 'hypertension' on a medical database. The interface includes a search bar at the top with 'hypertension' entered, and a sidebar on the left with filters for 'Source Type' and 'Specialties'. The main content area displays a list of search results, with several items highlighted by red boxes: 'FIRST CONSULT Hypertension in children', 'CLINICAL OVERVIEW Hypertension', 'FULL TEXT ARTICLE Hypertension Diagnosis, Ris...', and 'FULL TEXT ARTICLE Hypertension Diagnosis, Ass...'. Below the search results, there is a section for 'Cardiology Clinics' featuring a cover image and a list of articles in this issue, including 'Genomic Approaches to Hypertension', 'The Effects of Dietary Factors on Blood Pressure', 'The Environment and Blood Pressure', 'Psychosocial Factors and Hypertension', 'Management of Essential Hypertension', and 'Balancing Overscreening and Underdiagnosis in Secondary Hypertension'. A blue callout box on the right side of the page contains the text: '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'.

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

以症状入手-提供全面准确的诊疗思路防止漏诊误诊

ClinicalKey®

检索 浏览

所有类型

- 过滤依据：
- 资源类型
- 期刊全文 265
 - 仅全文
 - 全文和MEDLINE文摘
 - Systematic Reviews 3
 - Randomized Control Trials 2
 - Narrative Reviews 95
 - 图书 65
 - 临床指南 7
 - 图片 6
 - 患者教育 3
 - 临床试验 2
 - 操作视频 2
 - 视频 2

366 结果

排序按照：相关性

[\[+\]](#) 检索结果评价

CHAPTER EXCERPT
Marcus Gunn jaw-winking syndrome

Blepharoptosis, > Differential Di
The jaw-winking syndrome w
synkinetic ptosis is typically u
of the ptotic eyelid, coinciding
Ophthalmology
Custer, Philip L. 出版 January 1,

期刊全文

Marcus Gunn Phenomenon

艾格尼丝·艾 MD和Filipa Almeida MD
Journal of Pediatrics, The, 2017-09-01, 卷号188, 页码302-302, 版权©2017 Elsevier Inc.

一名1个月大的男孩出现左侧上睑下垂。他的母亲报告说，出生后几天内检测到眼睑下垂。这个孩子是非血缘父母的产物，他在正常怀孕后出生，足月剖宫产，没有创伤史。在体检中，当婴儿吸入奶嘴时，该婴儿显示左眼睑的节律性抬高。每次吮吸后，上眼睑完全升高，并恢复到吮吸之间的轻度致密对齐，其他正常的身体和神经检查结果（[视频1](#)和[2](#)以及[图](#)；[视频](#)可在www.jpeds.com上找到）。Marcus Gunn现象（MGP）被诊断出来，病人被转诊给眼科医生。



Marcus Gunn Syndrom



以“症状”检索，可得到诊断建议：
输入“eyelid ptosis open mouth”，
ClinicalKey会给出最相关的答案。

- 过滤依据:
- 资源类型
- 期刊全文 16363
 - 仅全文
 - 全文和MEDLINE文摘
 - Systematic Reviews 261
 - Meta-analyses 80
 - Randomized Control Trials 408
 - Narrative Reviews 3710
 - 图书 4895
 - 图片 1132
 - 临床试验
 - 患者教育
 - 临床指南
 - Clinical Overview
 - 视频
 - 药物专论
 - 操作视频
- 专科
- 日期
- 已订阅内容

23266 结果 排序按照: 相关性

[+] 检索结果评价

章节摘要

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... 出版 January 1, 2018. © 2018.

查看 本章节更多结果

期刊全文

Abdominal Pain in the Elderly

待发表, 已复核

CLINICAL OVERVIEW

Amoebiasis

已更新 November 29, 2018. © 2019.

CLINICAL OVERVIEW

Appendicitis

已更新 March 13, 2019. © 2019.

期刊全文

Abdominal Pain Mimics

Emergency Medicine Clinics of North America.

Palmer, Jessica, MD; Pontius, Elizabeth, MD, RDMS. 出版 May 1, 2016. Volume 34, 2016.

CLINICAL OVERVIEW

Intussusception

已更新 September 13, 2018. © 2018.

CLINICAL OVERVIEW

Ectopic pregnancy

已更新 November 29, 2018. © 2018.

CLINICAL OVERVIEW

Fecal impaction

已更新 May 15, 2019. © 2019.

CLINICAL OVERVIEW

Chronic pancreatitis

已更新 November 7, 2018. © 2018.

腹痛—常见症状, 复杂诊断, 开拓诊断思路

腹痛占主诉的很大一部分, 每年有11%的急诊科(ED)就诊归因于腹痛。

ClinicalKey提供完善的思路, 无论病因是腹部异常, 还是非腹部异常导致的腹痛, 降低漏诊误诊率。

查找 'abdominal pain' 在此 期刊全文, 期, 或 期刊

期刊全文

Abdominal Pain Mimics

杰西卡帕尔默 医学博士和Elizabeth Pontius MD, RDMS

Emergency Medicine Clinics of North America, 2016-05-01, 卷号 34, 期 2, 页 409-423, Copyright © 2016 Elsevier Inc.

急诊科提供者已经熟练地对需要外科手术干预的腹痛患者进行分类。腹部疼痛模仿, 引起腹部疼痛而没有腹部异常的医学状况, 继续困扰最好的医生。

关键点

- 急诊科提供者已经熟练地对需要外科手术干预的腹痛患者进行分类。
- 腹部疼痛模仿, 引起腹部疼痛而没有腹部异常的医学状况, 继续困扰最好的医生。

正如任何急诊医师都可以证明的那样, 腹痛占主诉的很大一部分。每年有11%的急诊科(ED)就诊归因于腹痛。

¹ 幸运的是, 随着技术的进步和成像的进步, ED提供者已经熟练地对需要外科手术干预的腹痛患者进行分类。然而, 腹痛模仿, 导致腹部疼痛而没有腹部异常的医学状况, 继续困扰最好的医生。在本文中, 讨论了腹痛模拟, 其中包括不可错过的诊断, 需要紧急评估的条件, 以及在扩大鉴别诊断时需要考虑的其他条件(方框1)。

方框1

新陈代谢

关键点

不能错过诊断

急性冠状动脉综合征

糖尿病酮症酸中毒

肺栓塞

充血性心力衰竭

需要紧急评估的条件

社区获得性肺炎

镰状细胞病

遗传性血管性水肿

Amanita中毒

黑寡妇蜘蛛Envenomation

肾上腺危机

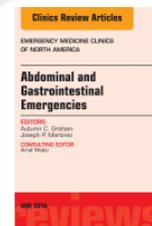
血液系统恶性肿瘤

不寻常的原因需要考虑

急性间歇性卟啉症

系统性红斑狼疮

Henoch-SchönleinPurpura



北美急诊医学诊所
卷号 34, 期 2

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以症状入手-提供全面准确的诊疗思路防止漏诊误诊

所有类型 abdominal pain

返回检索结果

保存的检索 检索历史

查找 'abdominal pain' 在此 期刊全文, 期, 或 期刊

CME ☆ 邮件 打印

关键点

不能错过诊断

急性冠状动脉综合征

糖尿病酮症酸中毒

肺栓塞

充血性心力衰竭

需要紧急评估的条件

社区获得性肺炎

镰状细胞病

遗传性血管性水肿

Amanita中毒

黑寡妇蜘蛛Envenomation

肾上腺危机

血液系统恶性肿瘤

不寻常的原因需要考虑

急性间质性叶淋症

系统性红斑狼疮

Henoch-SchönleinPurpura

期刊全文

Abdominal Pain Mimics

杰西卡帕尔默 医学博士和Elizabeth Pontius MD, RDMS

Emergency Medicine Clinics of North America, 2016-05-01, 卷号 34, 期 2, 页 409-423, Copyright © 2016 Elsevier Inc.

急诊科提供者已经熟练地对需要外科手术干预的腹痛患者进行分类。腹部疼痛模仿，引起异常的医学状况，继续困扰最好的医生。

关键点

- 急诊科提供者已经熟练地对需要外科手术干预的腹痛患者进行分类。
- 腹部疼痛模仿，引起腹部疼痛而没有腹部异常的医学状况，继续困扰最好的医生。

正如任何急诊医师都可以证明的那样，腹痛占主诉的很大一部分。每年有11%的急诊科¹ 幸运的是，随着技术的进步和成像的进步，ED提供者已经熟练地对需要外科手术干预而，腹痛模仿，导致腹部疼痛而没有腹部异常的医学状况，继续困扰最好的医生。在本中包括不可错过的诊断，需要紧急评估的条件，以及在扩大鉴别诊断时需要考虑的其他

方框1

致谢

Clinics Review Articles

Abdominal and Gastrointestinal Emergencies

EDITORS
Adrian C. Sessler
Joseph P. Mineo
CONCHA FRED ESTER
and others

DIFFUSE PAIN
Peritonitis
Pancreatitis
Sickle cell crisis
Early appendicitis
Mesenteric thrombosis
Gastroenteritis
Dissecting or ruptured aneurysm
Intestinal obstruction
Diabetes mellitus
Inflammatory bowel disease
Irritable bowel

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
Gastritis
Pancreatitis
GERD
Splenic pathology
Myocardial ischemia
Pericarditis
Myocarditis
LLL pneumonia
Pleural effusion

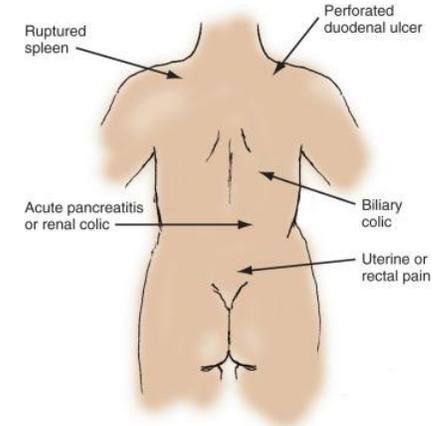
RIGHT LOWER QUADRANT PAIN
Appendicitis
Meckel's diverticulitis
Cecal diverticulitis
Aortic aneurysm
Ectopic pregnancy
Ovarian cyst
Pelvic inflammatory disease
Endometriosis
Ureteral calculi
Psoas abscess
Mesenteric adenitis
Incarcerated/strangulated hernia
Ovarian torsion
Tubo-ovarian abscess
Urinary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

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

如何进一步判断病因?

Diagnostic Approach

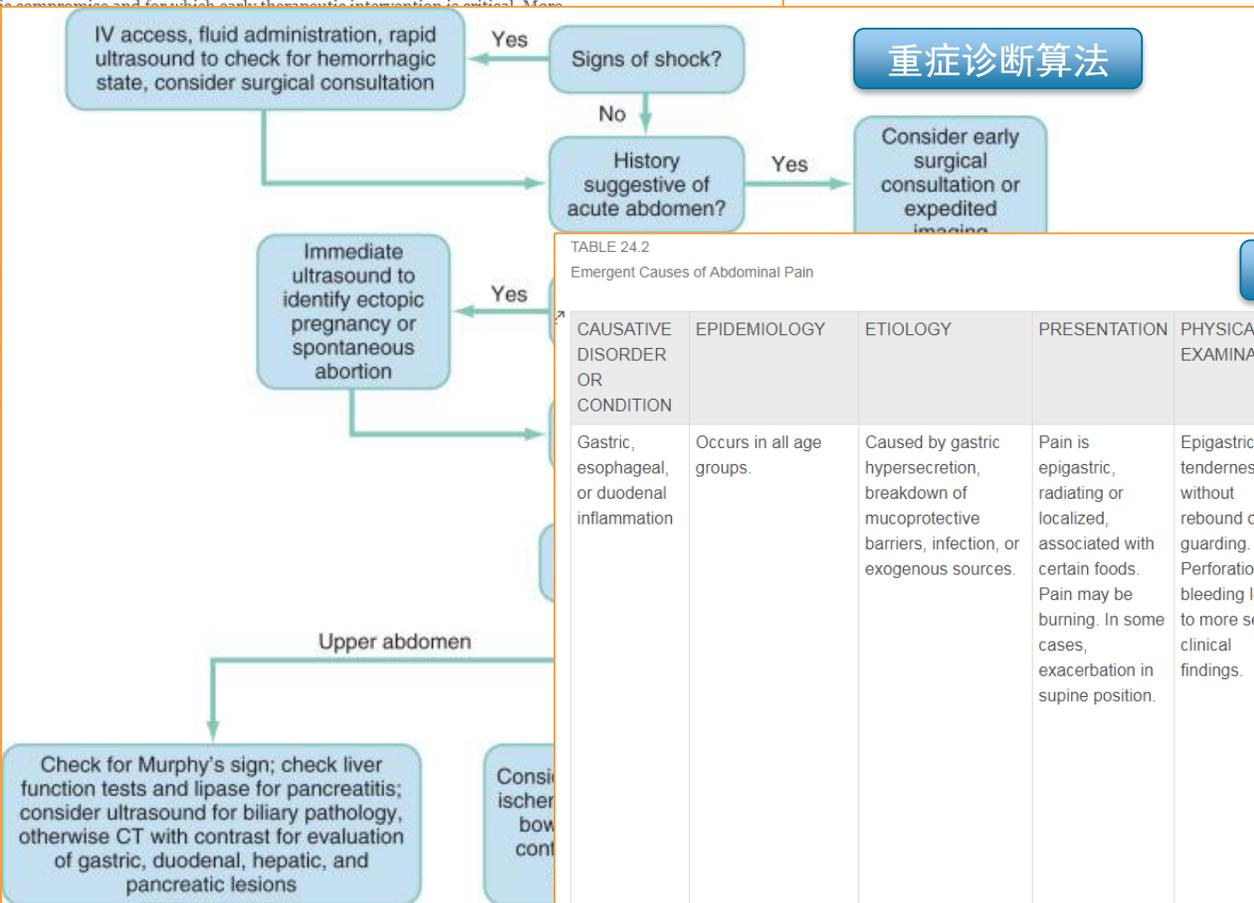
Differential Diagnosis Considerations

The differential diagnosis of abdominal pain is divided into abdominopelvic (intraabdominal, retroperitoneal, and pelvic) causes (eg, appendicitis, cholecystitis, pancreatitis) and non-abdominopelvic processes (eg, pneumonia, myocardial infarction, ketoacidosis, toxicologic, abdominal wall pain). Table 24.1 lists important potentially life-threatening nontraumatic causes of abdominal pain. This group represents the major causative disorders likely to be associated with hemodynamic compromise and for which early therapeutic intervention is critical. More common emergent conditions t

TABLE 24.1
Critical Causes of Abdominal Pain

CAUSE	EPIDEMIOLOGY
Ruptured ectopic pregnancy	Occurs in females of childbearing age. No method of contraception prevents ectopic pregnancy. Approximately 1 in every 100 pregnancies.

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 histamine H ₂ blockers but invasive studies are contemplated. Gastroduodenoscopy is valuable in diagnosis and treatment. Testing for <i>Helicobacter pylori</i> with blood or stool specimens. If perforation is suspected, an upright chest radiograph obtained early and free air. CT scan may 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 may be normal or elevated. If ele

急症病因

所有类型

头痛 神经功能缺损 中风 TIA

x

Q

过滤依据:

资源类型

 期刊全文 214 仅全文 全文和MEDLINE文摘 系统评价 1 Meta分析 1 随机对照试验 6 叙事评论 91 图书 35 循征医学/临床聚焦 2

专科

日期

 2513 结果 第二章EXCERPT**原发性中枢神经系统血管炎**

炎症和代谢疾病 > 原发性和继发性 vasculitis

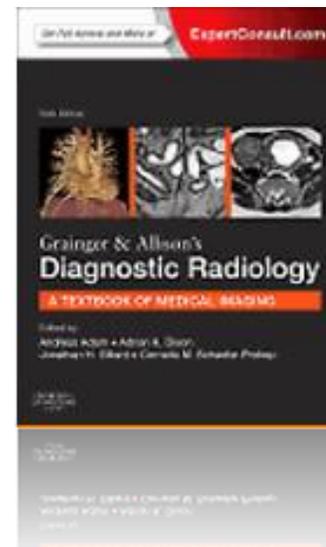
CNS的原发性血管炎 (PACNS) 是一种罕见且严重的特发性疾病，仅限于中枢神经系统，导致主要为小动脉的多灶性炎症，但也可能涉及中型软脑膜，...

Grainger & Allison的**诊断放射学**。

罗维拉, 亚历克斯; Sundgren, Pia C.; Gallucci, Massimo .. 出版2015年1月1日。©2015。

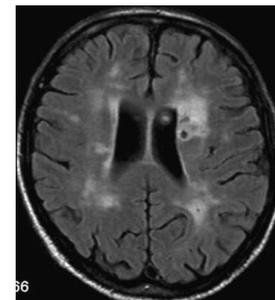
 期刊全文**ACR适宜性标准®脑血管疾病**

美国放射学会杂志。

Salmela, Michael B., MD; Mortazavi, Shabnam,[显示全部](#)。美国放射学院。出版2017年5月1日。第14卷, 第5期, 补编: 页S34-S61。©2017。Grainger & Allison的**诊断放射学****原发性中枢神经系统血管炎**

CNS原发性血管炎 (PACNS) 是一种罕见且严重的特发性疾病，仅限于中枢神经系统，导致主要为小动脉的多灶性炎症，但也可能涉及中型软脑膜，皮质和皮质下动脉，以及皮质静脉和leptomeninges。

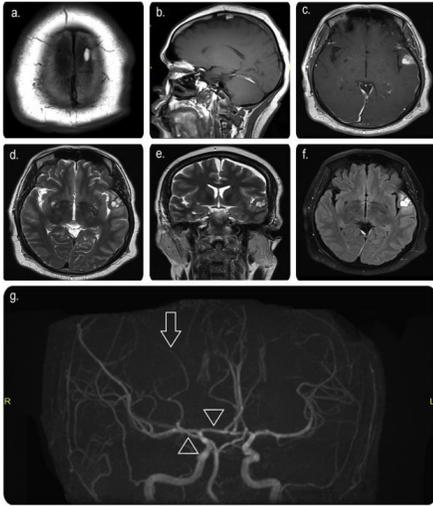
它的标志是受影响血管壁有明显炎症改变。平均发病年龄为50岁，男性患病率是女性的两倍。PACNS最常见的初始症状是头痛和脑病。在40%的PACNS患者中出现中风或持续性神经功能缺损，30-50%的患者报告有短暂性脑缺血发作，但在疾病发作时不到20%的患者发生短暂性脑缺血发作。²⁶ 不常见的是，癫痫发作也可能作为症状出现。超过90%的患者脑部MRI检查异常，但模式不具特异性，主要见于皮质下白质，其次是深灰色和白色物质，以及大脑皮层 (图64-25)。其他不太常见的发现是梗塞，肿块和融合的白质病变，可以将其误认为是多发性硬化或皮质层状坏死。²⁷ 然而，颅内出血很少发生。在高达35%的患者中可以看到实质和软脑膜增强。对于总蛋白水平或白细胞计数适度，非特异性升高的80-90%的患者，脑脊液 (CSF) 分析是异常的。血管造影具有低灵敏度和低特异性。常见的发现是那些在其他形式的血管炎中发现的，包括沿着血管过程的单个或多个区域的节段性狭窄和扩张，以及血管闭塞 (图64-26)。



轴向液体衰减反转恢复 (FLAIR) 图像显示在诊断患有CNS原发性血管炎 (PACNS) 的患者的脑室周围，深部和皮质下白质中弥漫性增加的信号

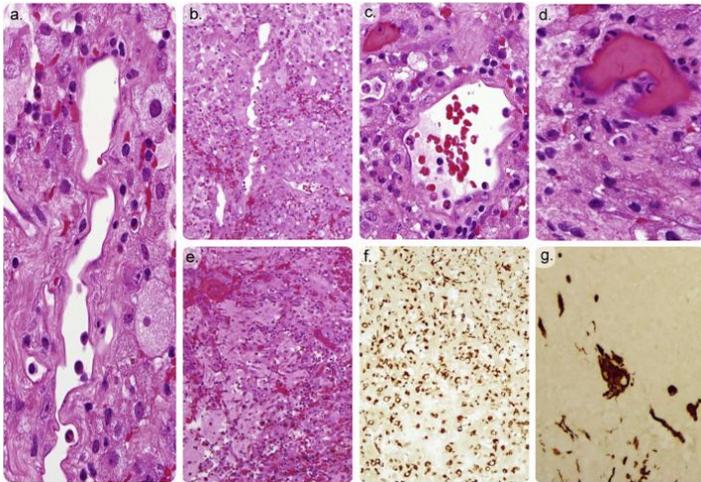


颅内血管的MR血管造影 (MRA) 显示右大脑中动脉和其他中型颅内血管的狭窄和不规则

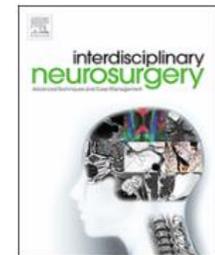


Primary central nervous system vasculitis disguised as tumor-like granulomatous angiitis and multifocal subdural hematomas: A case report and literature review

图2大脑的多序列多平面MRI图像，包括轴向和矢状T1 WI [a · b · c]，轴向和冠状T2 WI [d · e]和轴向图像[f]。这些图像显示左侧额叶区域的轴外损伤和同侧颞区的轴内肿瘤样泡状病变，伴有相关的病灶周围水肿。这些多灶性病变显示出高T2 / FLAIR和T1加权图像的信号特征。此外，双侧高FLAIR和T1信号强度和低T2信号强度可见于小脑幕上，代表晚期亚急性硬膜下出血[b · c · d · f]。静态视图颅内MRA显示双侧近端MCA和ACA（箭头）内的边缘血管狭窄，与血管的珠状外观相关（箭头）[g]。



高放大倍率和低放大倍数图像显示薄壁血管的细节，血管和血管周围炎症细胞浸润，淋巴细胞和少数中性粒细胞浸润与一些泡沫巨噬细胞混合[a, b]。中度单核炎症细胞的病灶浸润混合少量嗜酸性粒细胞和嗜中性粒细胞在稀有血管周围和内部提示免疫介导过程中的多灶性血肿[c, d, e]。CD68（分化簇68）显示具有泡沫巨噬细胞的阳性蛋白质表达[f]。胶质原纤维酸性蛋白（GFAP）显示出具有反应性模式和保留轴突的染色的正消耗[g]。



Interdisciplinary
Neurosurgery

卷号 13

Adult primary central nervous system vasculitis

Carlo Salvarani, Robert D Brown Jr, Gene G Hunder

Primary CNS vasculitis is an uncommon disorder of unknown cause that is restricted to brain and spinal cord. The median age of onset is 50 years. The neurological manifestations are diverse, but generally consist of headache, altered cognition, focal weakness, or stroke. Serological markers of inflammation are usually normal. Cerebrospinal fluid is abnormal in about 80–90% of patients. Diagnosis is unlikely in the presence of a normal MRI of the brain. Biopsy of CNS tissue showing vasculitis is the only definitive test; however, angiography has often been used for diagnosis even though it has only moderate sensitivity and specificity. The size of the affected vessels varies and determines outcome and response to treatment. Early recognition is important because treatment with corticosteroids with or without cytotoxic drugs can often prevent serious outcomes. The differential diagnosis includes reversible cerebral vasoconstriction syndromes and secondary cerebral vasculitis.

Introduction

Primary CNS vasculitis is an uncommon and poorly understood vasculitis restricted to brain and spinal cord. Recognition of this disorder as a distinct nosological entity dates back to the mid-1950s when Cravioto and Feigin¹ described several cases of non-infectious granulomatous angitis associated with the nervous system.² Since then, primary CNS vasculitis has been referred to as granulomatous angitis of the CNS,^{3,4} or more specifically, non-infectious⁵ or idiopathic⁶ granulomatous angitis of the CNS, and giant-cell arteritis of the CNS,⁷ isolated angitis of the CNS,⁸ primary angitis of the CNS,⁹ and benign angiopathy of the CNS.¹⁰ Outcome in early reports was frequently fatal, and diagnosis was often made at autopsy.^{1,4,11,12} By contrast, in later studies outcomes were more favourable, and biopsy and angiography were used for diagnosis.^{13,14} Primary CNS vasculitis needs to be differentiated from disorders that closely resemble it so that appropriate treatment can be provided.^{15,16}

Diagnostic criteria

Calabrese and Mallek¹⁷ proposed criteria for diagnosis of primary CNS vasculitis on the basis of clinical experience and evidence from published work. Diagnosis is made if all three of the following criteria are met: history or clinical findings of an acquired neurological deficit of unknown origin after a thorough initial basic assessment; cerebral angiogram with classic features of vasculitis, or a CNS biopsy sample showing vasculitis, and no evidence of systemic vasculitis or any other disorder to which the angiographic or pathological features could be secondary.

These criteria were also adopted for childhood primary CNS vasculitis, and although they have never been validated for use in children or adults, they have been widely used in clinical practice and research.¹⁸ However, the use of angiography as a gold standard for diagnosis has limitations. Overall, the sensitivity of angiography varies between 40% and 90%,^{14,19} and cerebral angiograms have a specificity as low as 30%.²⁰ To prevent misdiagnosis, Birnbaum and Hellmann⁶ proposed that diagnostic certainty could be classed as definite for patients with biopsy-proven cerebral vasculitis, and probable for

patients without histological verification but with a high-probability angiogram, an abnormal MRI, and cerebrospinal fluid (CSF) analysis consistent with primary CNS vasculitis.

Advances in neuroimaging techniques used to study the wall of intracranial blood vessels could improve detection of inflammation and therefore the validity of the criteria.²¹ Angiographic changes that are highly suggestive of vasculitis are alternating areas of smooth-wall narrowing and dilatation of cerebral arteries or arterial occlusions affecting many cerebral vessels in the absence of proximal vessel atherosclerosis or other recognised abnormalities.²² One abnormality in several arteries or several abnormalities in one artery is less consistent with primary CNS vasculitis.

Because of the invasive nature of CNS biopsy, angiography is often used to verify diagnosis in patients with compatible clinical findings. However, the accuracy of angiography is uncertain because angiographic changes typical of vasculitis can also be seen in non-vasculitic disorders.^{23,24} Furthermore, in pathologically documented cases, cerebral angiography might be normal, suggesting that vascular abnormalities can occur in arteries smaller than the resolution of angiography.^{25,26}

Cerebral and meningeal biopsy is the gold standard for diagnosis of primary CNS vasculitis.^{14,19,27} The risk is low when skilled surgeons do the biopsy (1% risk of neurological sequelae). A positive biopsy sample verifies the presence of vasculitis, and excludes mimickers.

Search strategy and selection criteria

We searched the Cochrane Library, Medline, and Embase with the search terms "vasculitis", "angitis", or "angiopathy" in combination with the terms "central nervous system", "cns", or "intracranial". We selected articles mostly in English from the past 5 years, without excluding older articles that we thought were highly relevant to this Seminar. We searched the reference lists of articles identified by this search and selected those that we judged relevant. We included some reviews providing insightful overviews on primary CNS vasculitis.

August 2012, 760–767

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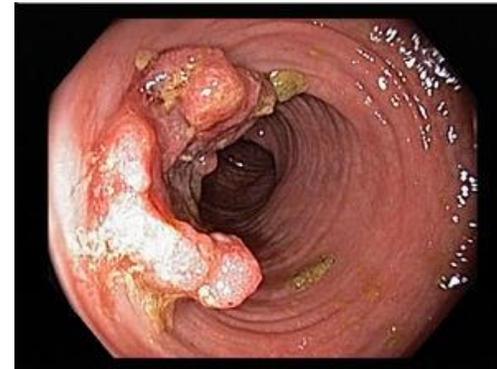
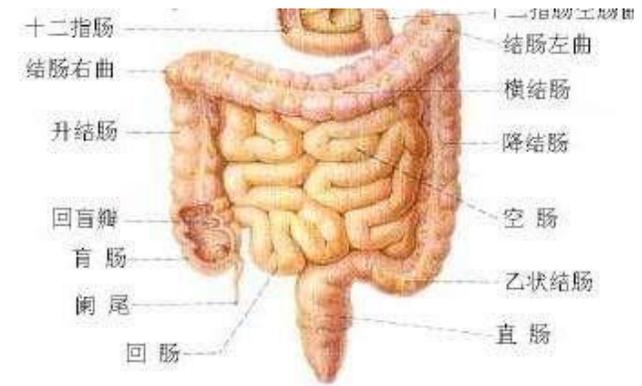
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"In the UK, an organ selection policy that uses lungs from donors with positive smoking histories improves overall survival of patients registered for lung transplantation, and should be continued."

	PCNSV	RCVS
Precipitating factor	None	Post-partum onset or onset after exposure to vasoactive substances
Onset	More insidious, progressive course	Acute onset followed by a monophasic course
Headaches	Chronic and progressive	Acute, thunderclap type
CSF findings	Abnormal (leucocytosis and high total protein concentration)	Normal to near normal
MRI	Abnormal in almost all patients	Normal in 70% of patients
Angiography	Possibly normal; otherwise, diffuse abnormalities are often indistinguishable from RCVS; irregular and asymmetrical arterial stenoses or multiple occlusions are more suggestive of PCNSV; abnormalities might be irreversible	Always abnormal, strings of beads appearance of cerebral arteries; abnormalities reversible within 6–12 weeks
Cerebral biopsy	Vasculitis	No vasculitic changes
Drug treatment	Prednisone with or without cytotoxic agents	Nimodipine

关于家族性疾病的重要提示



所有类型

近端结肠 结肠癌



过滤依据:

2242 结果

排序按照: 相关性

资源类型

- 期刊全文 1769
- 仅全文
- 全文和MEDLINE文摘
- Systematic Reviews 32
- Meta-analyses
- Randomized Control Trials
- Narrative Reviews
- 图书
- 图片
- 临床试验
- 临床指南
- Clinical Overviews
- 操作视频

专科

日期

章节摘要

Epidemiology & Demographics

Colorectal Cancer > Basic Information

Worldwide, CRC accounts for about 1.4 million new cases and 700,000 deaths annually. The highest incidence is in North America, Australasia, Europe, and South Korea. CRC is the third commonest cancer and the third leading cause of cancer deaths in...

Ferri's 临床顾问 2019

结直肠癌

流行病学和人口统计学

基本信息

定义

流行病学和人口统计学

身体发现和临床表现

病因

诊断

鉴别诊断

后处理

分类和分期

实验室测试

影像学研究

治疗

将军Rx

慢性Rx

性格

推荐

珍珠与考虑因素

• 风险因素:

1. 遗传性息肉综合征
2. 家族性息肉病 (高风险)
3. 加德纳综合征 (高风险)
4. Turcot综合征 (高风险)
5. Peutz-Jeghers综合征 (中低风险)
6. 炎症性肠病 (IBD), 溃疡性结肠炎和克罗恩病
7. "癌症家族综合征"的家族史
8. Heredofamilial乳腺癌和结肠癌
9. 盆腔照射史
10. 患有结直肠癌的一级亲属
11. 年龄 > 50岁
12. 饮食因素 (饮食中脂肪或红肉含量高, 饮酒量高, 蔬菜摄入量低)
13. 遗传性非息肉病性结直肠癌 (HNPCC): 常染色体显性疾病, 其特征为早期发病年龄 (平均年龄44岁) 和右侧或近端结肠癌, 同步和异时结肠癌, 粘液性和低分化结肠癌; 占所有CRC病例的1%至5%
14. 以前的子宫内膜癌或卵巢癌, 特别是在早期诊断时

患者教育

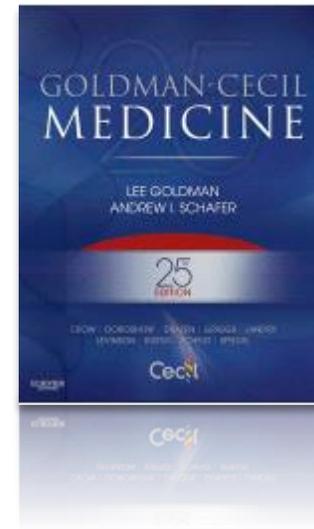
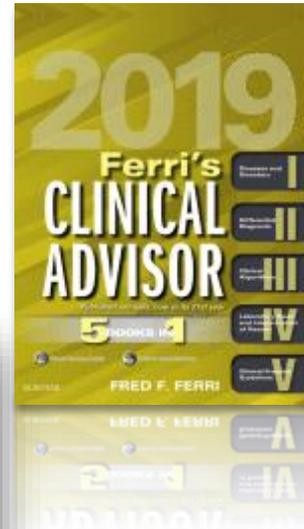
林奇综合症

可供打印语言版本: 英语 & 西班牙语. Interactive Patient Education. 出版 June 27, 2018.

患者教育

结肠癌筛查和预防

可供打印语言版本: 英语 & 西班牙语. Ferri's Netter Patient Advisor. 出版 May 11, 2016.

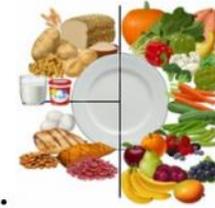


您吸烟?

重要的是要进行结肠癌检测 (筛查) 以检查癌症的早期迹象。在筛查过程中, 息肉可能会被切除, 从而防止它们发展成癌症。除定期筛查外, 改变您的饮食和生活方式也有助于预防结肠癌。

可以做出哪些营养调整?

- 食用大量的水果和蔬菜。您需要每天食用 1 1/2 至 2 杯水果。您需要每天食用 2 1/2 至 3 杯蔬菜。
- 食用全谷物, 即没有经过加工的谷物。它们包括燕麦、全麦、小米、糙米、藜麦和小米。您应该每天食用 6 至 8 盎司 (171-227 g) 的谷物。使用厨房秤来测量这些份量。
- 少吃红肉。相反, 选择低脂 (精益) 蛋白来源, 例如豆类、豆腐、鱼肉和鸡肉。



- 避免加工肉, 如熟食肉、培根和香肠。避免高温油煎和煎肉。采用其他烹饪方法, 如蒸或炒。

可以做出哪些生活方式调整?

- 请勿使用任何含有尼古丁或烟草成分, 例如香烟以及电子烟。如果需要帮助您戒烟, 请向您的医疗服务人员求助。
- 限制饮酒, 未怀孕的女性每天不超过 1 杯, 男性每天不超过 2 杯。一杯相等于 12 盎司啤酒。

临床指南

结直肠癌患者Lynch综合征的分子检测策略 (DG27)

国家健康与护理卓越研究所 (NICE)

1.1 首次诊断时, 对所有结直肠癌患者进行检测, 使用免疫组织化学检测错配修复蛋白或微卫星不稳定性检测以鉴定DNA错配修复缺陷的肿瘤, 并指导Lynch综合征的进一步顺序检测 (见1.2和1.3)。在开始治疗之前不要等待结果。

1.2 如果使用免疫组化, 请按照表1中的步骤进行操作。

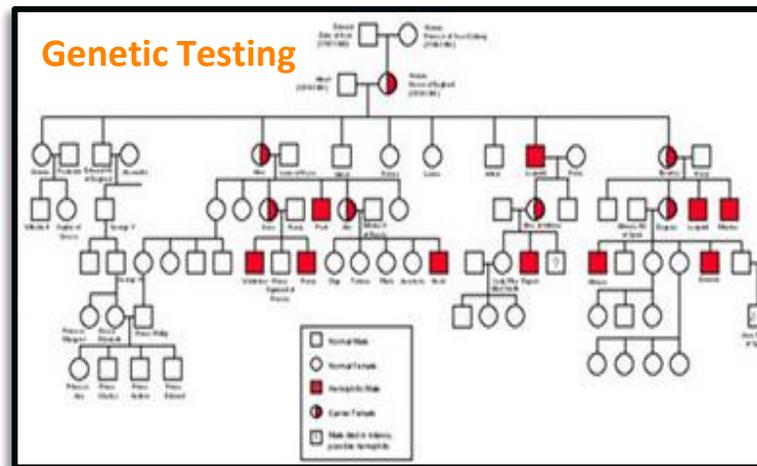
表1 免疫组织化学测试策略的步骤

步骤 1	对MLH1, MSH2, MSH6和PMS2进行免疫组织化学4小组测试。	
第 2 步	如果MLH1免疫组化结果异常, 使用顺序 <i>BRAF</i> V600E和 <i>MLH1</i> 启动子高甲基化测试来区分散发性和Lynch综合征相关的结直肠癌。首先进行 <i>BRAF</i> V600E测试。	如果MSH2, MSH6或PMS2免疫组化结果异常, 则通过种系DNA的基因检测确认Lynch综合征。
第 3 步	如果 <i>BRAF</i> V600E测试为阴性, 则进行 <i>MLH1</i> 启动子高甲基化测试。	
步骤 4	如果 <i>MLH1</i> 启动子高甲基化试验为阴性, 则通过种系DNA的基因检测确认Lynch综合征。	

1.3 如果使用微卫星不稳定性测试, 请按照表2中的步骤进行操作。

表2 微卫星不稳定性测试策略的步骤

步骤 1	做一个微卫星不稳定性测试。	
第 2 步	如果微卫星不稳定性测试结果为阳性, 则使用顺序 <i>BRAF</i> V600E和 <i>MLH1</i> 启动子高甲基化测试来区分散发性和Lynch综合征相关的结直肠癌。首先进行 <i>BRAF</i> V600E测试。	
第 3 步	如果 <i>BRAF</i> V600E测试为阴性, 则进行 <i>MLH1</i> 启动子高甲基化测试。	
步骤 4	如果 <i>MLH1</i> 启动子高甲基化试验为阴性, 则通过种系DNA的基因检测确认Lynch综合征。	

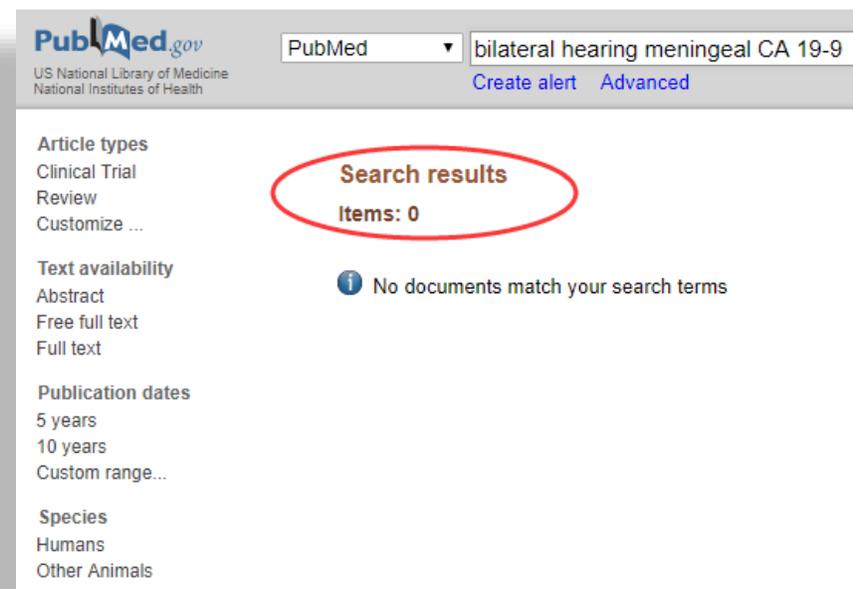


辅助医生破解复杂病情

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：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？



掌握最新药物资讯、确定最佳治疗方案

The image displays the ClinicalKey search interface with several overlapping windows. The main window shows search results for 'LABA' (Long-acting beta2 agonists) with a list of drugs including Olodaterol, Budesonide; Formoterol, Fluticasone; Salmeterol, Arformoterol, and Salmeterol. A sidebar on the left allows filtering by resource type, with 'Drug Monographs' (药物专论) selected. A secondary window shows the article 'Neurosurgery in Pregnancy' with a 'Key Points' section. A third window shows search results for 'ECMO' (Extracorporeal Membrane Oxygenation) with a video player in the foreground. The video player displays a video titled '静脉体外膜肺氧合 (ECMO) 套管定位' (ECMO cannula positioning) with a play button and a progress bar. The video player also shows the ClinicalKey logo and a star icon. The search results for 'ECMO' show 285 results and a filter for 'Videos' (视频) with 285 items. The video player shows a video of a person performing a procedure, with a play button and a progress bar. The video player also shows the ClinicalKey logo and a star icon.

ClinicalKey 检索 浏览

所有类型 **LABA**

全部清除

资源类型

- 期刊全文 543
- 仅全文
- 全文和MEDLINE文摘
- Systematic Reviews 4
- Meta-analyses 9
- Randomized Control Trials 70
- Narrative Reviews 87
- 图片 400
- 临床试验 180
- 图书 126
- 药物专论 18
- 临床指南 3

药物专论

- Olodaterol**
Gold Standard. 出版 July 28, 2018.
- Budesonide; Formoterol**
Gold Standard. 出版 July 28, 2018.
- Fluticasone; Salmeterol**
Gold Standard. 出版 July 28, 2018.
- Arformoterol**
Gold Standard. 出版 July 28, 2018.
- Salmeterol**

Obstetrics: Normal and... **Neurosurgery in Pregnancy** Top of Book Chapter CME ☆ 邮件

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...

Key Points

- Care of the pregnant s... physiologic changes tha...
- Expansion of materna... clinically significant blo...
- Delay in surgical inter... significantly increases th...
- Diagnostic doses of ra... harm to the developing... radiation exposure.
- No significant increas... surgery during pregnan... increased, this may be d...
- Although laparoscopy... continues to be studied... and the SAGES guidelin... pregnancy should be inc...
- Adnexal masses are co... Pregnant women diagn...

所有类型 **ECMO** 保存的检索 检索历史

过滤依据:

全部清除

资源类型

- 期刊全文 10314
- 仅全文
- 全文和MEDLINE文摘
- 系统评价 78
- Meta分析 22
- 随机对照试验 71
- 叙事评论 1355
- 图片 5559
- 图书 3110
- 视频 285
- 临床试验 264
- 临床指南 51
- 临床概述 22
- 患者教育 7
- 药物专论 1

专科

日期

已订阅内容

285 结果 排序按照: 相关性

查看: 网格 网络

[+] 检索结果评价

视频

静脉体外膜肺氧合 (ECMO) 套管定位。

临床超声心动图的实践。
Michael Hall和Donald Oxom ... 出版2017年2月2日。
(A) 用于静脉体外膜肺氧合的Avalon (Maquet, Rastatt, 德国) 双腔双腔套管。可以看到导管进入颈内静脉并向前推进以便于排出下腔静脉血...

查看原图

中医早已走出国门，进入现代医学的领地

--中医相关的临床研究、临床试验、临床应用



ClinicalKey®

Search Browse Tools

Jie Sun 人 ? ☰

All Types ▼ chinese medicine



Saved Searches

Search History

Filter By:

24250 results

Sort by: Relevance ▼

Source Type ▲

- Journal Articles 21128
- Full Text Only
- Full Text and MEDLINE
- Systematic Reviews 666
- Meta-analyses 328
- Randomized Control Trials 1209
- Narrative Reviews 2756
- Images 2021
- Clinical Trials 637
- Books 456
- Guidelines 11
- Patient Education 1
- Drug Monographs 1
- Videos 1

CHAPTER EXCERPT

Traditional Chinese Medicine

Complementary and Alternative Medicine

With a history spanning over 2000 years, traditional Chinese medicine (TCM) is a sophisticated and robust system that encompasses health and disease. Diagnostic evaluation includes parameters such as pulse rate and appearance of the tongue as well...

Dermatology.

Kasproicz, Sarah; Lio, Peter A... Published January 1, 2018. © 2018.

[See more results from this chapter](#)

FULL TEXT ARTICLE

Traditional Chinese Medicine in the Treatment of ADHD

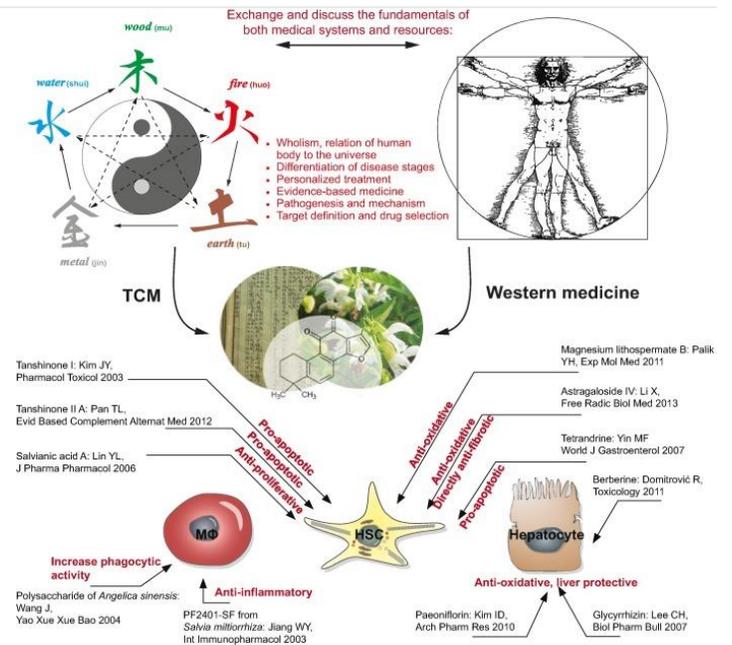
Child and Adolescent Psychiatric Clinics of North America.

Ni, Xinqiang, MD, PhD; Zhang-James, Yanli,... Show all. Published October 1, 2014. Volume 23, Issue 4. Pages 853-881. © 2014.

MEDLINE®

Wendan decoction (Traditional Chinese medicine) for schizophrenia.

[+] Rate Results



将中医（TCM）转化为慢性肝病（CLD）治疗的可能性。整体中医与西医的更为特殊和互补的观点的合并，有望开发包括肝纤维化在内的新型CLD药物。实施尖端技术和严谨的研究设计最终应该创造创新和协同作用。所示为中药药物及其与肝脏炎症和纤维化相关的细胞活性的实例。

中药-丰富肿瘤治疗药物的选择

所有类型



cancer chinese medicine



过滤:

Source Type

Journal Articles 3807

Full Text Only

Full Text and MEDLINE

Systematic Reviews 128

Meta-analyses 76

Randomized Control Trials 122

Narrative Reviews 704

Images 182

Books 116



4220 结果

排序方式: 相关性

[+] 评分结果

FULL TEXT ARTICLE

Rethinking traditional Chinese medicines for cancer



Lancet Oncology, The.
The Lancet Oncology.. Published Nov
2015.

FULL TEXT ARTICLE

From traditional Chi therapy

Trends in Molecular Medicine.
Efferth, Thomas; Li, Paul C.H.; Konkir
Issue 8. Pages 353-361. © 2007.

MEDLINE®

所有类型



cancer chinese medicine

回到结果



保存的搜索 搜索

在此找到 '癌症中医' 文章, 问题, 或 日志

CME ☆ 📄 ✉

全文文章

从中医到理性的癌症治疗

THOMAS Efferth, Paul CH Li, Venkata S. Badireenath Konkimalla和Bernd Kaina

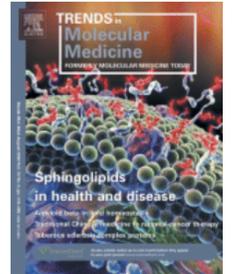
分子医学趋势, 2007-08-01, 第13卷, 第8期, 第353-361页, 版权所有©2007 Elsevier Ltd

许多天然产物及其衍生物属于癌症化学疗法的标准组成部分。例子是 长春花生物碱, 紫杉烷和喜树碱。近年来, 来自植物的天然产物, 特别是来自中药 (TCM) 的药用植物的潜力已被西方科学界所认可。为了提供该领域最新发展的一个例子, 我们选择了几种化合物, 即青蒿琥酯, 高三尖杉酯碱, 三氧化二砷和斑ha素, 它们存在于天然TCM产品中, 并且具有用于癌症治疗的潜力。对照临床研究表明, 高三尖杉酯碱和三氧化二砷可以对白血病发挥深远的作用。

东西汇合

中医 (TCM) 在中国农村地区的初级卫生保健中占有并且仍然占有重要地位, 并且由于其5000

东西汇合
中医和药理学
用于肿瘤治疗的中药衍生药物的经典靶点
中药衍生天然化合物的新靶点
新型中药衍生的抗癌药物
基于TCM的抗癌药物的临床研究
中药衍生化合物的毒性 - 副作用的减弱?
结论和观点



分子医学的趋势
第13卷, 第8期

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新问题警告: 订阅

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中医-改善非小细胞肺癌患者预后

所有类型



NSCLC chinese medicine



过滤：

来源类型

期刊论文 299

仅限全文

全文和MEDLINE

系统评价 13

Meta分析 6

随机对照试验 7

叙事评论 82

图像 46

临床试验 18

书籍 3

准则 1



367 结果

排序方式：相关性

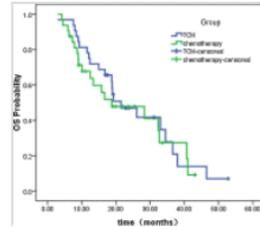
[+] 评分结果

临床试验

中西医结合治疗晚期非小细胞肺癌

2017年10月6日发布。条件：巨蟹座。干预：药物：金福康；药物：西紫杉醇，吉西他滨，紫杉醇或长春瑞滨联合卡铂，顺铂或奈达铂

图片



中医药治疗晚期非 治疗：随机对照试

图3：OS的Kaplan-Meier估计

医学补充疗法。

Jiang, Yi; Liu, Ling-Shuang; Shen
2016年2月1日。第24卷第55-62页

图片



中医药治疗晚期非

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Accepted Manuscript

Traditional Chinese medicine treatment as adjuvant therapy in completely resected stage IB-IIIa non-small cell lung cancer: Study protocol for a multi-center, double-blind, randomized, placebo-controlled trial

Yi Jiang, Ling-shuang Liu, Li-ping Shen, Jia-xiang Liu, Ge-ning Jiang, Ai-qin Gu, He-cheng Li, Qi Li, He-gen Li, Pin-xian Huang

PII: S1525-7304(19)30138-X

DOI: <https://doi.org/10.1016/j.clcc.2019.05.011>

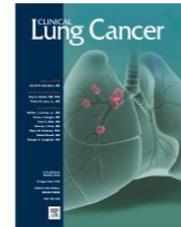
Reference: CLLC 968

To appear in: *Clinical Lung Cancer*

Received Date: 2 October 2017

Revised Date: 13 January 2019

Accepted Date: 10 May 2019



中医药在临床应用及作用机理上的研究

所有类型



chronic nephritis chinese medicine



过滤:

来源类型

期刊论文 163

仅限全文

全文和MEDLINE

系统评价 2

Meta分析 3

随机对照试验 4

叙事评论 49

书籍 46

临床试验 5

临床概述 2

«

216 结果

排序方式: 相关性

[+] 评分结果

临床试验

黄葵胶囊治疗糖尿病中心临床试验

2017年7月3日发布。条件: 糖尿病肾沙坦片; 药物: 模拟黄葵胶囊的安慰剂

全文文章

枸杞多糖通过介导丙球肾炎

生物医学和药物治疗。
Lu, Ting; Zhao, Wen-e; Zhang, Fang. 页。©2019。

全文文章

雷公藤内酯抑制小鼠

所有类型



chronic nephritis chinese medicine

回到结果



保存的搜

在此找到 '慢性肾炎中医' 页

临床试验

黄葵胶囊治疗糖尿病肾病的临床研究

首次于 2017 年 1月4日收到。最后更新于 2017 年 7月3日。

目的

1.研究产品名称黄葵胶囊。2.试验题目黄葵胶囊治疗II型糖尿病肾病(DKD)的随机, 双盲, 平行, 对照, 多中心临床试验3.试验目的的主要目的: 评价黄葵胶囊治疗II型糖尿病ACR的疗效。次要目的: 评价黄葵胶囊对24小时尿蛋白变化的影响, 降低PCR增加eGFR, 改善微炎症状态, 提高中药临床疗效4.试验设计设计为随机双盲, 并行控制, 多中心临床试验。

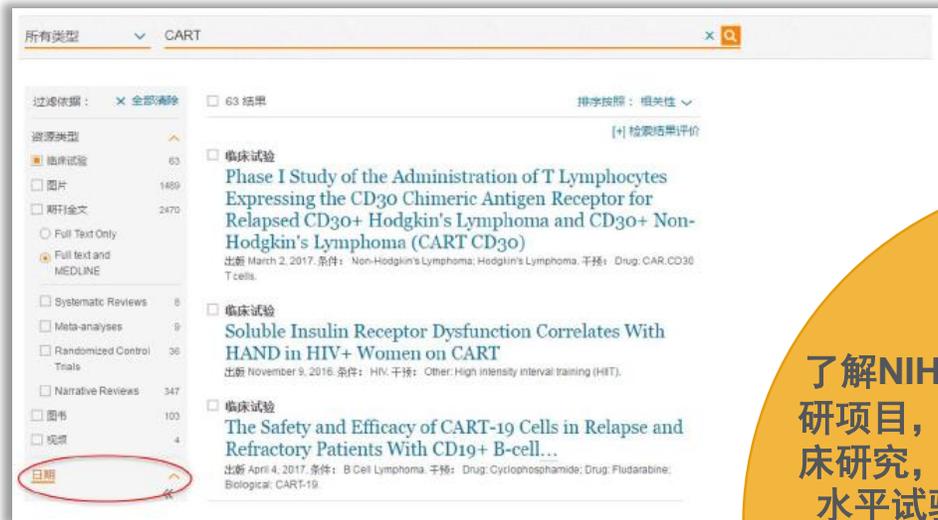


状态	招聘
条件	糖尿病肾病
相	早期阶段1



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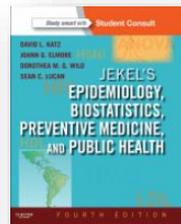
了解NIH全球在研项目，明确临床研究，参考高水平试验设计

阅读知名期刊，学习文章写作方法，助力论文撰写和发表

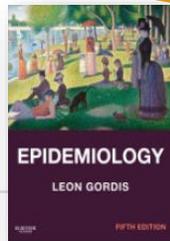
运用流行病学、生物统计学、临床和转化医学研究的工具书，开展临床研究



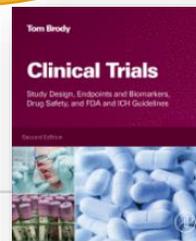
- 专科领域排名第一：14种
- 专科领域排名前十：114种 (The Lancet, Ophthalmology, etc.)
- 临床医学类期刊最著名的北美临床系列：包含全部专科五十余种



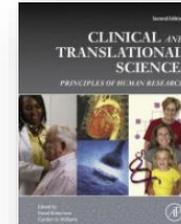
《Jekel 流行病学，生物统计学，预防医学和公共卫生，第四版》



《流行病学》



《临床试验》



《临床与转化科学》

转化医学前沿

 **Clinical Trials 临床试验:**

NIH批准的全球范围内21万余个在研项目

All Types CART 

Filter By: Clear all 72 results Sort by: Relevance [+] Rate Results

Source Type Images 1575
 Journal Articles 2775
 Full Text Only
 Full text and MEDLINE
 Systematic Reviews 9
 Meta-analyses 11
 Randomized Control Trials 38
 Narrative Reviews 393
 Books 133
 Clinical Trials 72
 Videos 4

Date Last 6 months 26
 Last 12 months 46
 Last 18 months 57
 Last 2 years 64
 Last 3 years 68
 Last 5 years 70

Subscribed Content

CLINICAL TRIAL
Soluble Insulin Receptor Dysfunction Correlates With HAND in HIV+ Women on CART
Published November 9, 2016. Conditions: HIV. Interventions: Other: High intensity interval training (HIIT).

CLINICAL TRIAL
Phase I Study of the Administration of T Lymphocytes Expressing the CD30 Chimeric Antigen Receptor for Relapsed CD30+ Hodgkin's Lymphoma and CD30+ Non-Hodgkin's Lymphoma (CART CD30)
Published March 2, 2017. Conditions: Non-Hodgkin's Lymphoma; Hodgkin's Lymphoma. Interventions: Drug: CAR, CD30 T cells.

CLINICAL TRIAL
Phase I/II Study of EGFR CART Cells for Patients With Metastatic Colorectal Cancer.
Published August 13, 2017. Conditions: EGFR-positive Colorectal Cancer. Interventions: Biological: EGFR CART.

Searches related to CART
Cartilage Cartilage formation
Cartilage, Articular cartilage, hyaline
cartilage, epiphyseal Cartilage repair

CLINICAL TRIAL
A Safety and Efficacy Evaluation of Universal CD19-CART in the Treatment of B Cell Acute...
Published October 31, 2017. Conditions: Acute Leukemia. Interventions: Biological: universal

All Types stem cell cancer 

Filter By: Clear all 120 results Sort by: Relevance [+] Rate Results

Source Type Journal Articles 17816
 Full Text Only
 Full text and MEDLINE
 Systematic Reviews 47
 Meta-analyses 59
 Randomized Control Trials 30
 Narrative Reviews 4837
 Images 4071
 Books 447
 Clinical Trials 120
 Videos 27
 Guidelines 5

Date Last 6 months 36
 Last 12 months 60
 Last 18 months 68
 Last 2 years 74
 Last 3 years 96
 Last 5 years 111

Subscribed Content

CLINICAL TRIAL
The Natural History of Solid Organ Cancer Stem Cells (SOCSC)
Published October 5, 2017. Conditions: Hepatic Cancer; Pancreatic Ductal Cancer; Colorectal Cancer; Breast Cancer; Gastric Cancer.

CLINICAL TRIAL
Phase II Evaluation of Mithramycin, an Inhibitor of Cancer Stem Cell Signaling, in Patients...
Published October 26, 2017. Conditions: Lung Cancer; Esophageal Cancer; Mesothelioma; Gastrointestinal Neoplasms; Breast Cancer. Interventions: Drug: Mithramycin.

CLINICAL TRIAL
Phase I/II Evaluation of Continuous 24h Intravenous Infusion of Mithramycin, an Inhibitor of...
Published October 18, 2017. Conditions: Esophageal Neoplasms; Lung Neoplasms; Mesothelioma; Thymus Neoplasms; Neoplasms, Germ Cell and Embryonal. Interventions: Drug: Mithramycin.

CLINICAL TRIAL
Chemoradioresistance in Prospectively Isolated Cancer Stem Cells in Esophageal...
Published October 17, 2017. Conditions: Organoid; Esophageal Cancer; Chemoradiation.

CLINICAL TRIAL
A Phase II Evaluation of Metformin, Targeting Cancer Stem Cells for the Prevention of Relapse...
Published July 3, 2017. Conditions: Ovarian, Fallopian Tube, and Primary Peritoneal Cancer. Interventions: Drug: Metformin.

整合Medline文摘内容的搜索



ClinicalKey®

检索 浏览 工具

Linyin Yan 用户图标 帮助图标 菜单图标

所有类型 heart infarction



保存的检索 检索历史

过滤依据:

全部清除

资源类型

期刊全文 38066

仅全文

全文和MEDLINE文摘

Systematic Reviews 513

Meta-analyses 534

Randomized Control Trials 2327

Narrative Reviews 3409

图书 2829

多于 25000 结果

排序按照: 相关性

[+] 检索结果评价

期刊全文

Fourth Universal Definition of Myocardial Infarction (2018)

Global Heart (formerly CVD Prevention and Control).

Thygesen, Kristian; Alpert, Joseph S.; Jaffe, Allan S.... 显示全部。 . 出版 December 1, 2018.

Volume 13, Issue 4. 页 305-338. © 2018.

期刊全文

Fourth Universal Definition of Myocardial Infarction (2018)

JACC (Journal of the American College of Cardiology).

Thygesen, Kristian; Alpert, Joseph S.; Jaffe, Allan S.... 显示全部。 . The European Society of

Cardiology, American College of Cardiology Foundation, American Heart Association, Inc. and the World Heart Federation. 出版 October 30, 2018. Volume 72, Issue 18. 页 2231-2264. © 2018.

Myocardial Infarction

疾病主题

查看完整主题

Ferri's Clinical Advisor 2019 · Ferri, Fred F., M.D., F.A.C.P.

Definition

Myocardial infarction (MI) is a clinical syndrome characterized by symptoms of myocardial ischemia, persistent electrocardiographic (ECG) changes, and release of biomarkers of myocardial necrosis resulting from an insufficient supply of oxygenated blood to an area of the heart. According to the European Society of Cardiology/American College of Cardiology guidelines, the following criteria for acute evolving or recent MI satisfies the diagnosis:

1. Detection of the rise and/or fall of cardiac biomarker values (preferably cTn) with at least 1 value above the 99th percentile and with at least 1 of the following:
 - Symptoms of ischemia



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MEDLINE®

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) challenging is underlain by the need to optimize tumor resection in order to avoid permanent neurological morbidity. Development of neuroimaging led neurosurgeons to achieve tumor resection 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.

Citation

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

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Duffau H¹.

Author information

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Format: Abstract

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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 tumor resection 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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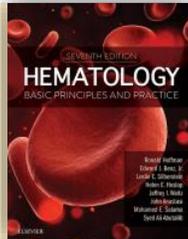
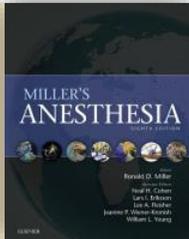
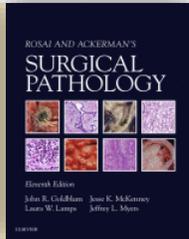
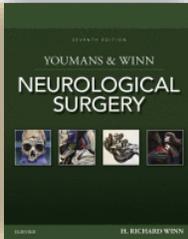
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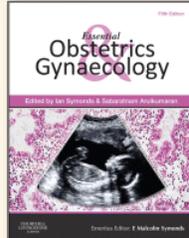
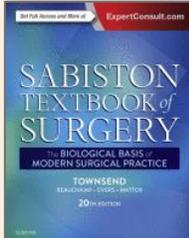
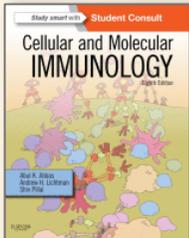
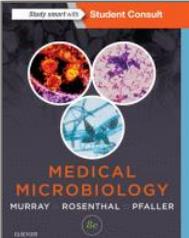
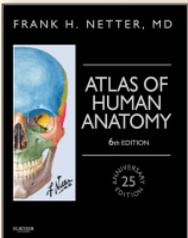
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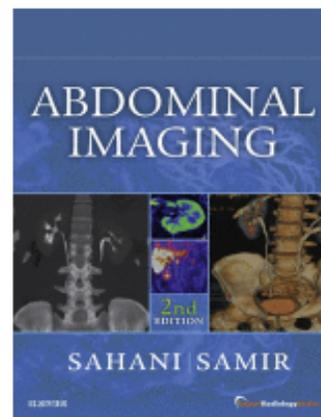
Hima B. Prabhakar, Abraham C. Thomas 和 Anand M. Prabhakar
Abdominal Imaging, 20, 138-145

Malignant Mucosal Processes

Etiology

A wide range of benign disease processes can affect the mucosa of the stomach, including inflammatory, infectious, hereditary, and autoimmune processes. What these processes have in common is that they affect one of the primary defenses of the stomach wall—the mucosal layer.

In considering the radiologic appearance of these entities, it is helpful to divide them into their primary mucosal manifestations—ulcers, polyps and masses, and diffuse mucosal processes. Some of the more common processes include the following:



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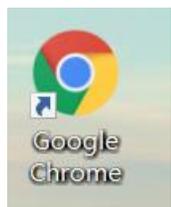
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Diencephalon

Susan Standing MBE, PhD, DSc, FKC, Hon FAS, Hon FRCS
Gray's Anatomy, Chapter 23, 350-363.e1

The diencephalon is part of the prosencephalon (forebrain), which develops from the foremost primary cerebral vesicle and differentiates into a caudal diencephalon and rostral telencephalon. The cerebral hemisphere develops from the side of the telencephalon, containing a lateral ventricle. The sites of evagination become the interventricular foramina, through which the two lateral ventricles and midline third ventricle communicate. The diencephalon corresponds largely to the structures that develop lateral to the third ventricle. The lateral walls of the diencephalon form the epithalamus most superiorly, the thalamus centrally, and the subthalamus and hypothalamus inferiorly.

Thalamus

The thalamus plays a crucial role in many brain functions, serving as a processing and distribution centre, relaying and regulating information from the outside world and the internal milieu to the cerebral cortex and vice versa. It is involved in multiple activities, including consciousness, sleep,

Gray's Anatomy

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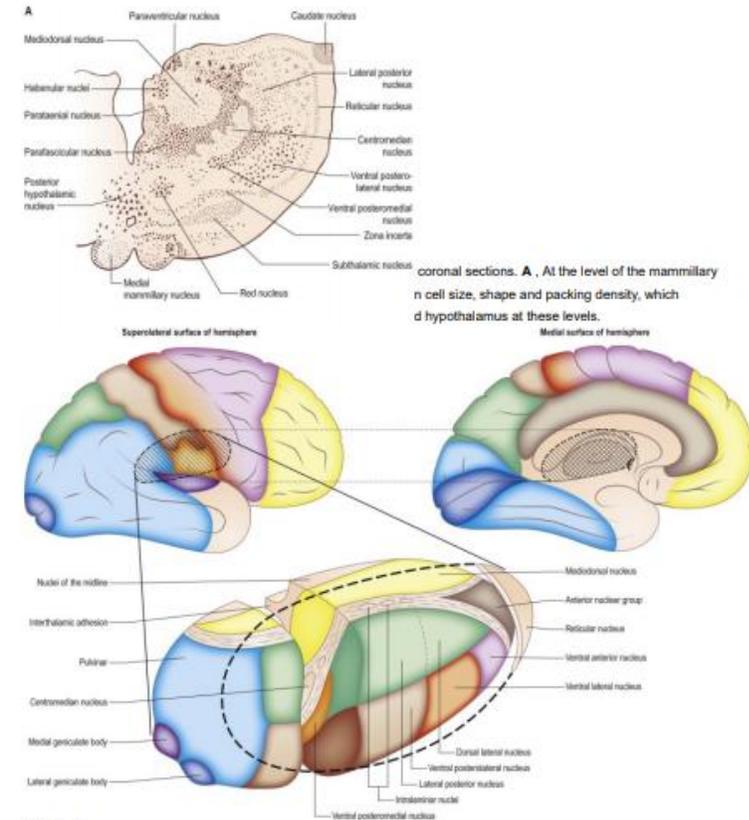
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coronal sections. A , At the level of the mammillary n cell size, shape and packing density, which d hypothalamus at these levels.

Fig. 23.4 The main nuclear masses of the thalamus (viewed from the lateral aspect in the lower illustration), colour-coded to indicate the areas of cerebral neocortex with which they are interconnected. The lack of colour in the centromedian, intralaminar and reticular nuclei and in areas of the frontal and temporal lobes is not related to the colour code. The reticular nucleus lies lateral to the main mass of the thalamus. Only the anterior pole of the reticular nucleus is shown, its posterior extent being depicted by the heavy interrupted line.

Table 23.2 Main thalamic nuclei and their major afferent and efferent connections

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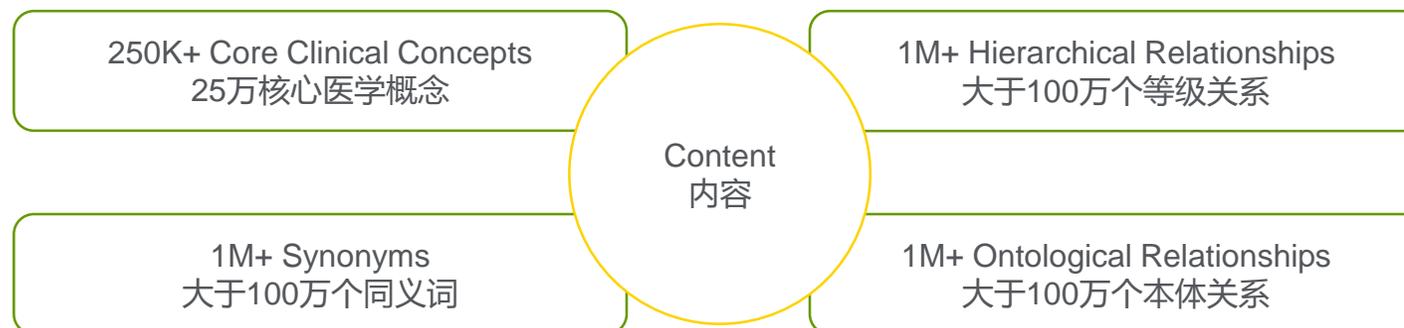
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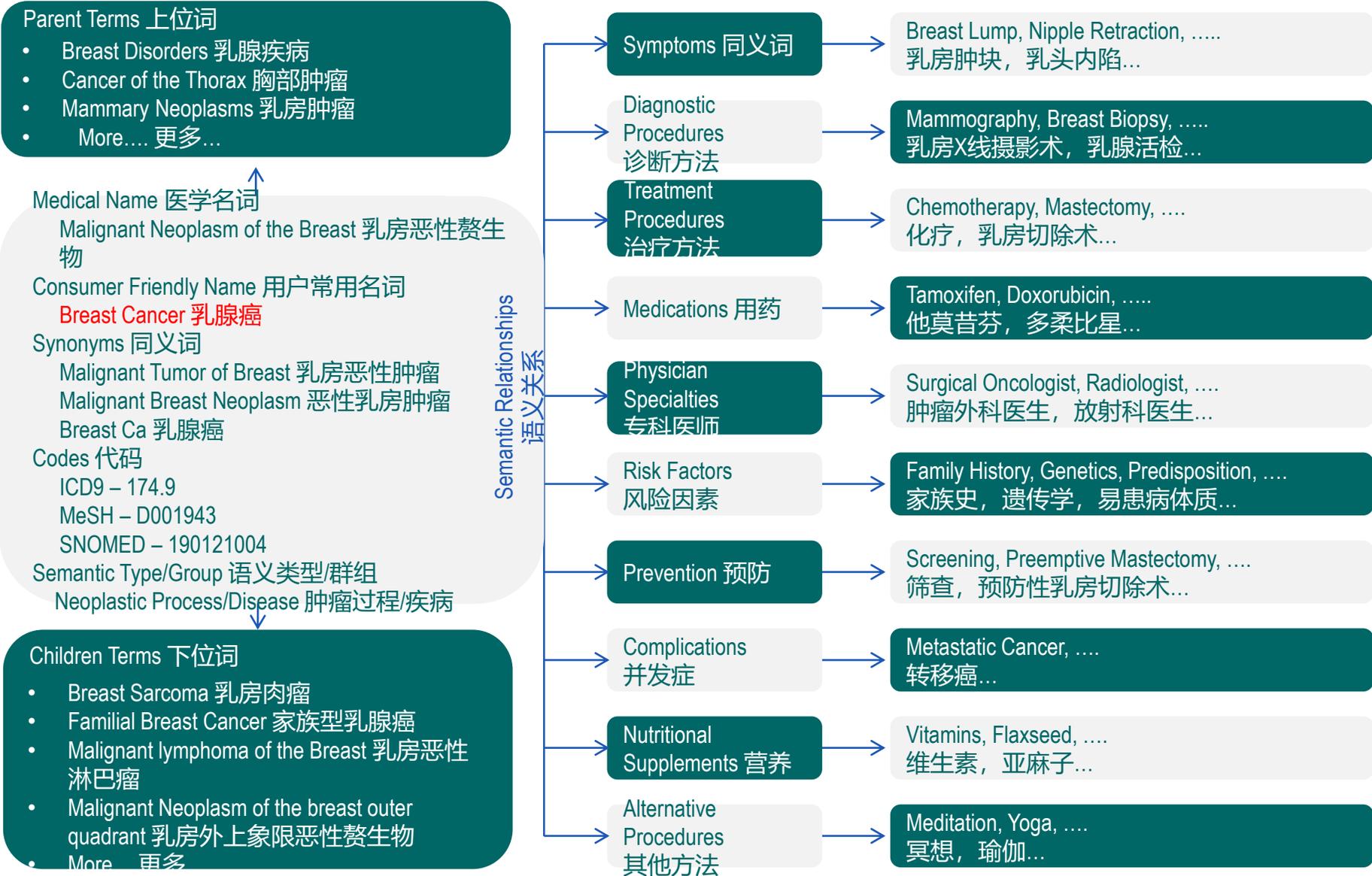
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