ClinicalKey®
Lead with answers.

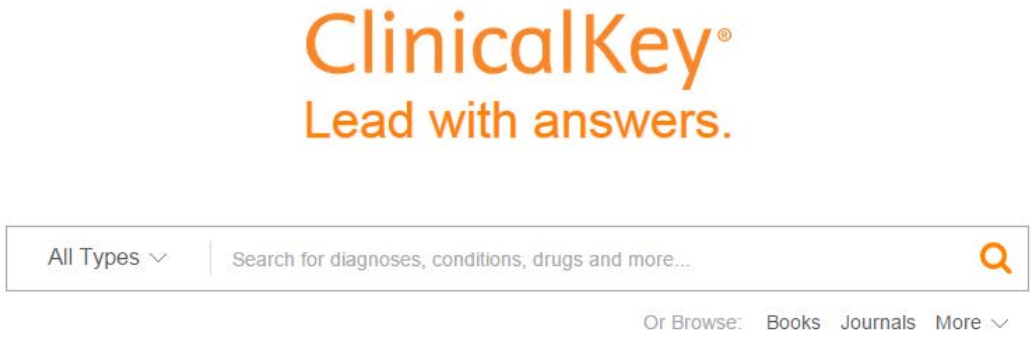
ClinicalKey：
划时代权威医学信息平台

Elsevier Health Sciences China
爱思唯尔医学部

ELSEVIER

什么是ClinicalKey?

- 全医学资源平台
- 您手边的移动医学图书馆
- 帮助医生快速获取最相关的医学答案



议程

- 一个真实的病例
- 医生面临的困境与解决方案ClinicalKey
- 开始使用 ClinicalKey
- Q&A

病史及治疗

男，55岁，汉族

糖尿病周围神经病变

继续改善微循环、营养神经、高压氧治疗

外周神经系统症状

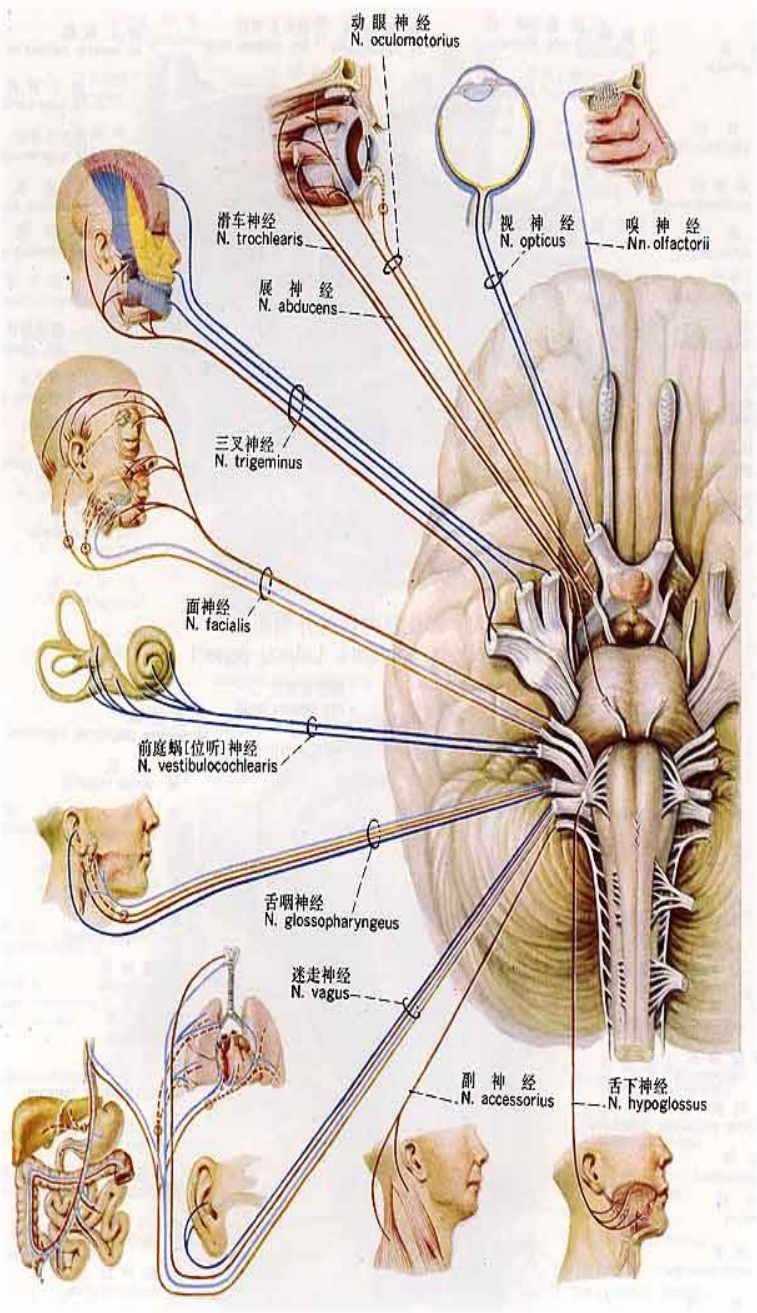
2012年2月，右耳渐进性听力下降至失聪、嗅觉减退伴头晕，一周后左耳听力下降。当地二甲中医院治疗。

2012年4月，出现口角歪斜，左侧闭目不全等左侧周围性面瘫。双耳全聋，嗅觉丧失，头晕、走路不稳加重，偶有饮水呛咳。转入当地三甲医院治疗。

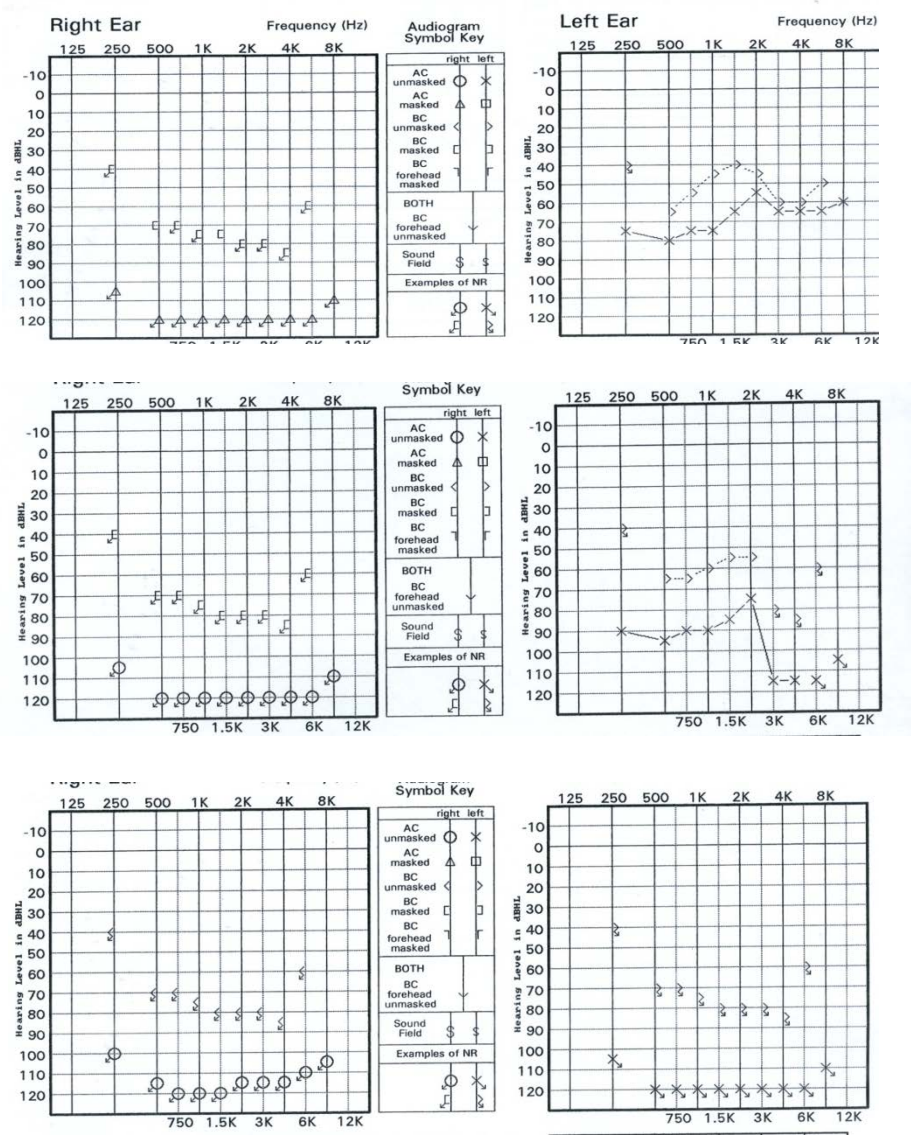
2012年5月，转入北京知名三甲医院ENT治疗。

脑神经查体

- 嗅觉减退（1）
- 视觉无减退（2）
- 双侧眼球运动自如（3-4,6）
- 面部痛温觉、轻触觉正常，双侧咀嚼肌无明显萎缩（5）
- 左侧周围性面瘫，味觉减退（7）
- 双侧极重度听力损失（8）
- 左侧咽腭弓j较松弛，悬雍垂偏右，双侧咽反射减弱（9-10）
- 左侧胸锁乳突肌轻度萎缩（11）
- 右侧舌肌轻度萎缩（12）
- 外周神经系统受累，脑神经受损



当地医院辅助检查结果



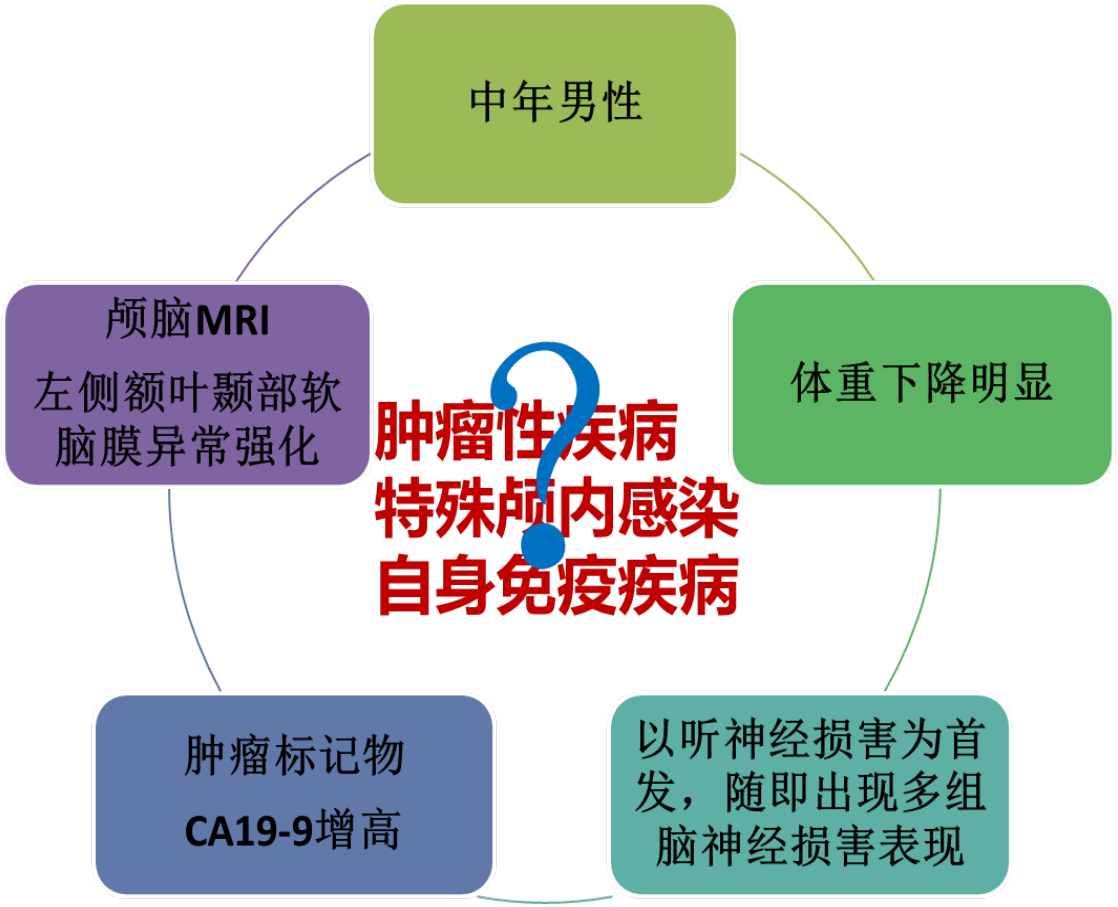
颅脑MRI（2012-04-19）：双侧侧脑室旁多发脑缺血灶，左额叶颞部脑膜不规则强化

腹部CT（2012-04-20）：多发性肝囊肿，余未见异常

颞骨CT平扫+三维重建（2012-04-21）：双侧中耳乳突炎

外周血肿瘤标记物(2012-04-25)：血清铁蛋白530.70ng/ml，CA19-9 120U/ml

拟诊讨论


中年男性
体重下降明显
以听神经损害为首发，随即出现多组脑神经损害表现
肿瘤标记物
CA19-9增高
颅脑MRI
左侧额叶颞部软脑膜异常强化
肿瘤性疾病
特殊颅内感染
自身免疫疾病

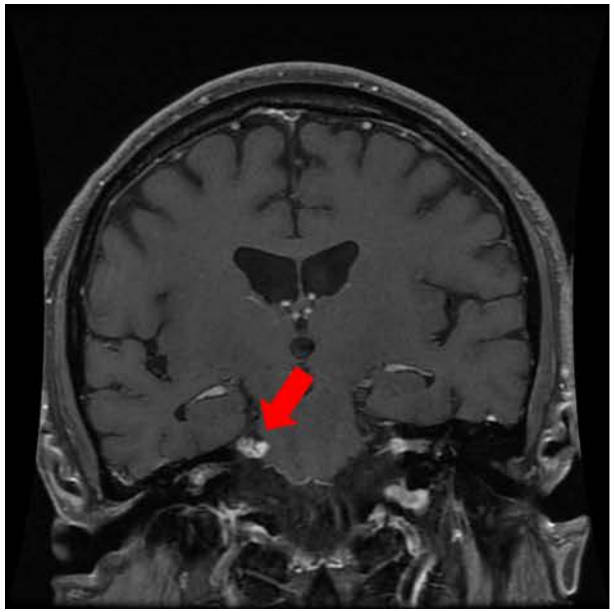
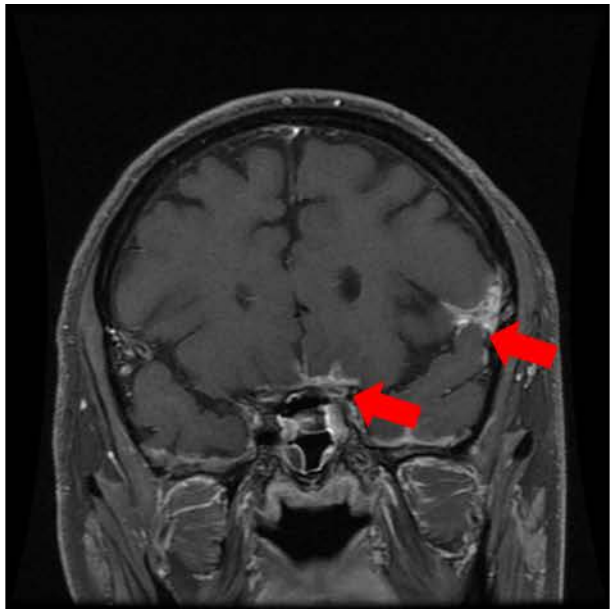
入院检验

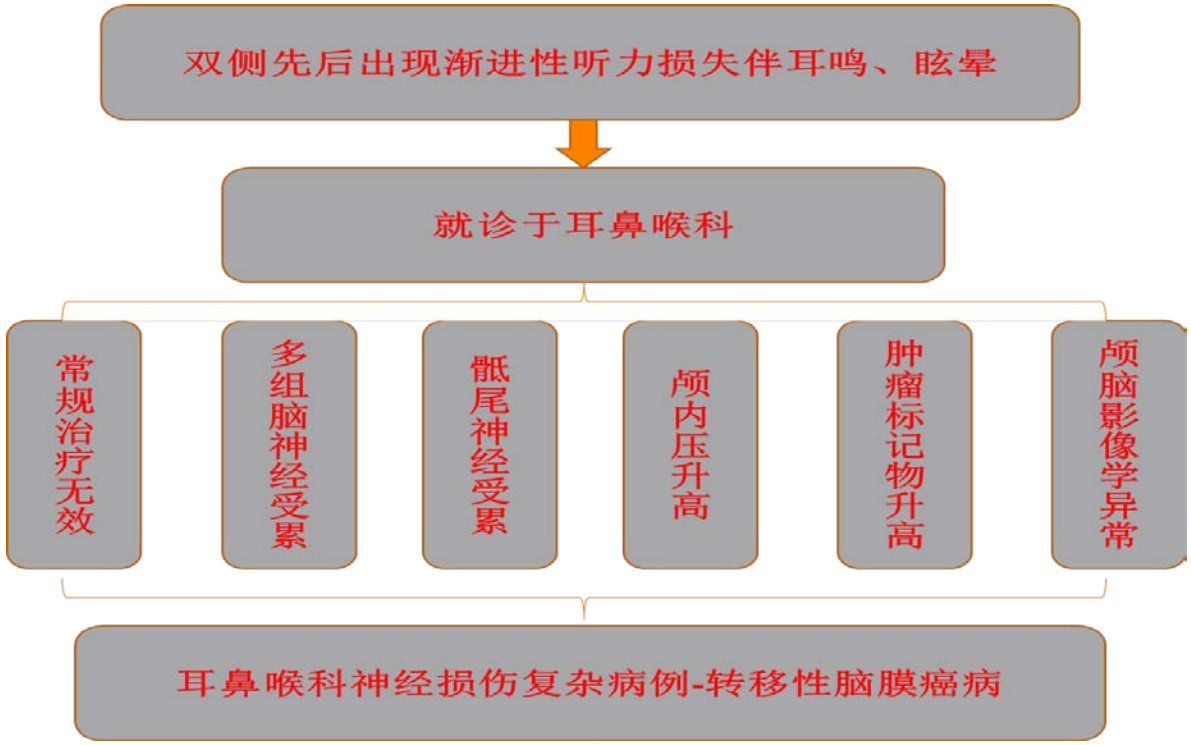
- 2012-05-17腰穿结果（入院后一周）：
  - 颅内压初压增高达295mmH_2O（正常值：70-200mmH_2O）
  - 肿瘤标记物（脑脊液）：
    - 癌胚抗原119.60ug/l（血清正常值：小于2.5μg/L ）
    - CA19-9 6353.00 U /ml （血清正常值：小于37 U /ml ）
  - 脑脊液常规：细胞总数54x10^6/L，白细胞数35x10^6/L，蛋白定性（+）
  - 脑脊液生化：脑脊液蛋白1436.9mg/L （正常值： 150-400mg/L）
  - 脑脊液细胞分类：未见肿瘤细胞
- 2012-05-16肿瘤标记物（外周血）：
  - 血清铁蛋白627.80ng/ml，CA19-9 207.10 U /ml，持续升高

影像学检查

全身PET-CT（入院后第12天）检查未发现明显高代谢灶

颅脑增强核磁（入院后第13天）显示：双侧额部、颞部软脑膜异常强化

- **2012-05-25** 组织全院大会诊：再次腰穿查脑脊液细胞分类、腹部增强MRI查找原发灶、腰骶段MRI及四肢电生理。
- **2012-05-26** 患者要求出院，拒绝进一步检查，放弃治疗。
- 随访：患者出院后未行进一步检查治疗，七月中旬死亡。

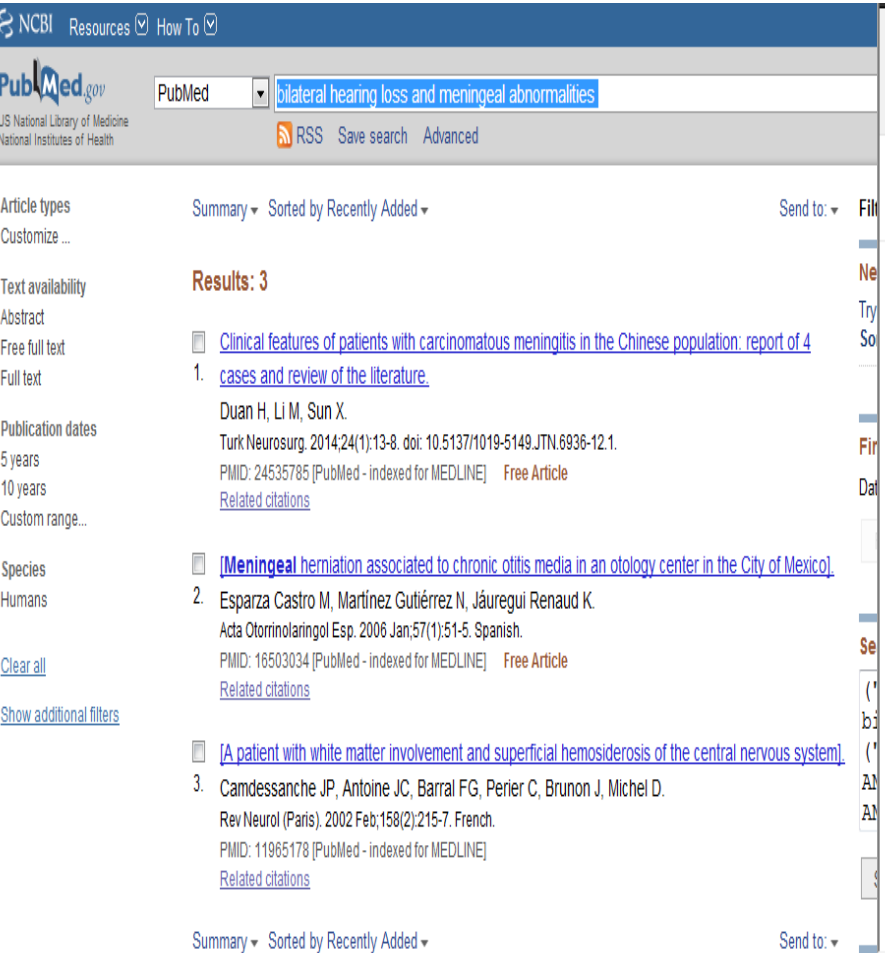
医生强力后援

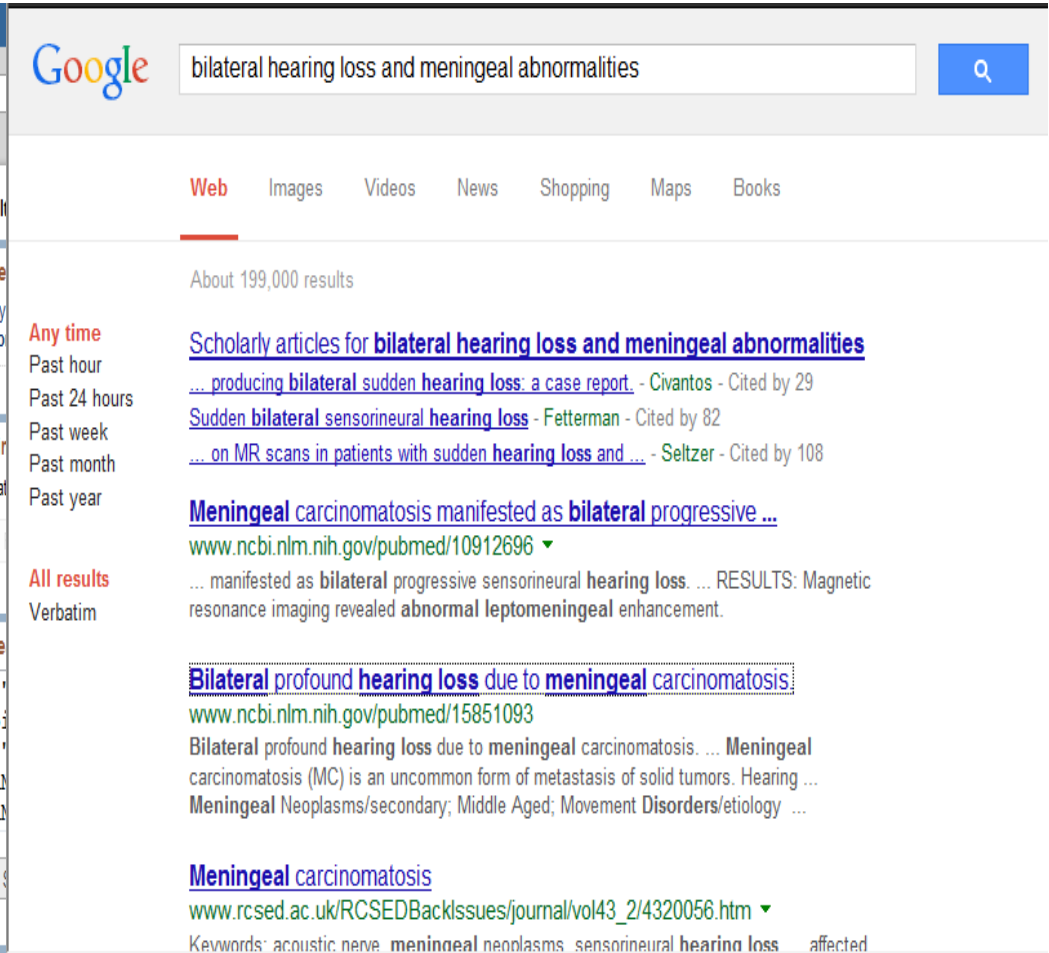
- 本领域的专家，交叉领域的专家
- 印刷资源：教科书，杂志，指南
- 免费电子资源：**pubmed　google** 等
- 收费电子资源（涵盖印刷资源）：**ClinicalKey** 等

对于临床确诊思路的帮助

Pubmed 匹配搜索：只有3条结果

Google结果数量庞大无序，目前大陆？





对于临床确诊思路的帮助

UpToDate不能联合检索

"bilateral hearing loss serum CA19-9"的检索结果

ca 19 9 = Carbohydrate antigen 19-9

所有专题
成人
儿童
患者
图表

Screening the newborn for hearing loss
- Universal screening
- Screening tests for hearing
- Summary and recommendations
- Further evaluation
- Selective screening

Evaluation of hearing loss in adults
- Examination
- Classification of hearing loss
- Summary and recommendations

Serum biomarkers for evaluation of an adnexal mass for epithelial carcinoma of the ovary, fallopian tube, or peritoneum
- Properties of biomarkers
- Diagnostic performance
- Clinical approach
- Summary and recommendations

Hearing impairment in children: Evaluation
- Radiologic testing
- Summary and recommendations
- Laboratory testing
- Formal audiology
- Electrophysiology

专题提纲 显示图表 (5)

SUMMARY AND RECOMMENDATIONS
INTRODUCTION
CLASSIFICATION OF HEARING LOSS
HISTORY
EXAMINATION
- Office hearing evaluation
- Weber and Rinne tests
  - Weber test
  - Rinne test
  - Interpretation
- Examination of the ear
  - Pneumoscopy
- Formal audiologic assessment
  - Pure tone, air, and bone conduction testing
  - Speech audiometry
  - Impedance audiometry
- Other tests

INFORMATION FOR PATIENTS
SUMMARY AND RECOMMENDATIONS

GRAPHICS
FIGURES
- Weber and Rinne tests
- Audiogram conductive loss
- Tympanograms in diseases

TABLES
- Causes of hearing loss
- Interpreting Weber and Rinne tests

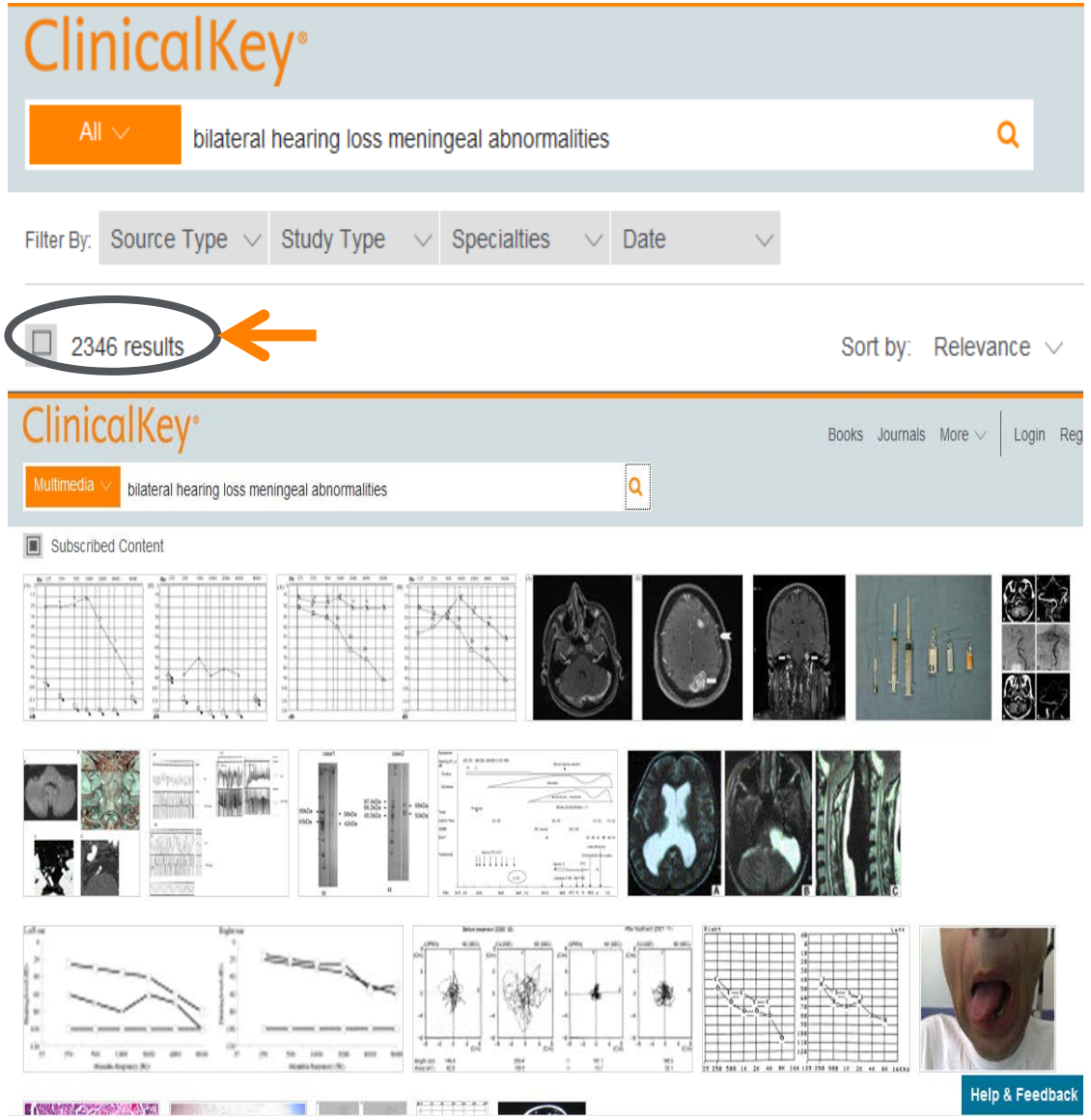
权威全面的智能临床支持软件

像临床医生一样思考问题：

1. 按临床逻辑关联性强弱显示结果：依次为脑膜癌病、自身免疫病、脑炎、Bahcet综合征、脑膜炎、系统性疾病等，为临床提供清晰诊断思路

2. 检索获得2346条结果：包括书籍、期刊、药品专论、权威指南、患者教育等多层次多角度临床专业知识，无冗余信息干扰

3. 资源种类多样，包括各种直观图片、视频资料，并可以直接制作ppt后导出



殊途同归：多种检索词组合指向高度一致

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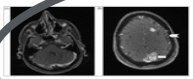
All bilateral hearing loss perineural involvement meningeal abnormality

Filter By: Source Type Study Type Specialties Date

2384 results Sort by: Relevance

Subscribed Content

IMAGE



Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy Report of two cases

Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

Fig. 2: (A) Brain MRI with contrast enhancement revealing soft tissue masses in both internal auditory canals and CPAs (white arrows). (B) The second brain MRI scan, performed few day later, showed a leptomeningeal dissemination characterized by dural thi... More

ClinicalKey

All bilateral hearing loss meningeal abnormality

Filter By: Source Type Study Type Specialties Date

2344 results Sort by: Relevance

Subscribed Content

FULL TEXT ARTICLE

Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases

Auris Nasus Larynx.

Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 2009.

ClinicalKey

All bilateral hearing loss serum CA19-9

Filter By: Source Type Study Type Specialties Date

4854 results Sort by: Relevance

Subscribed Content

FULL TEXT ARTICLE

Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases

Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

ClinicalKey

All bilateral hearing loss metastases

FULL TEXT ARTICLE

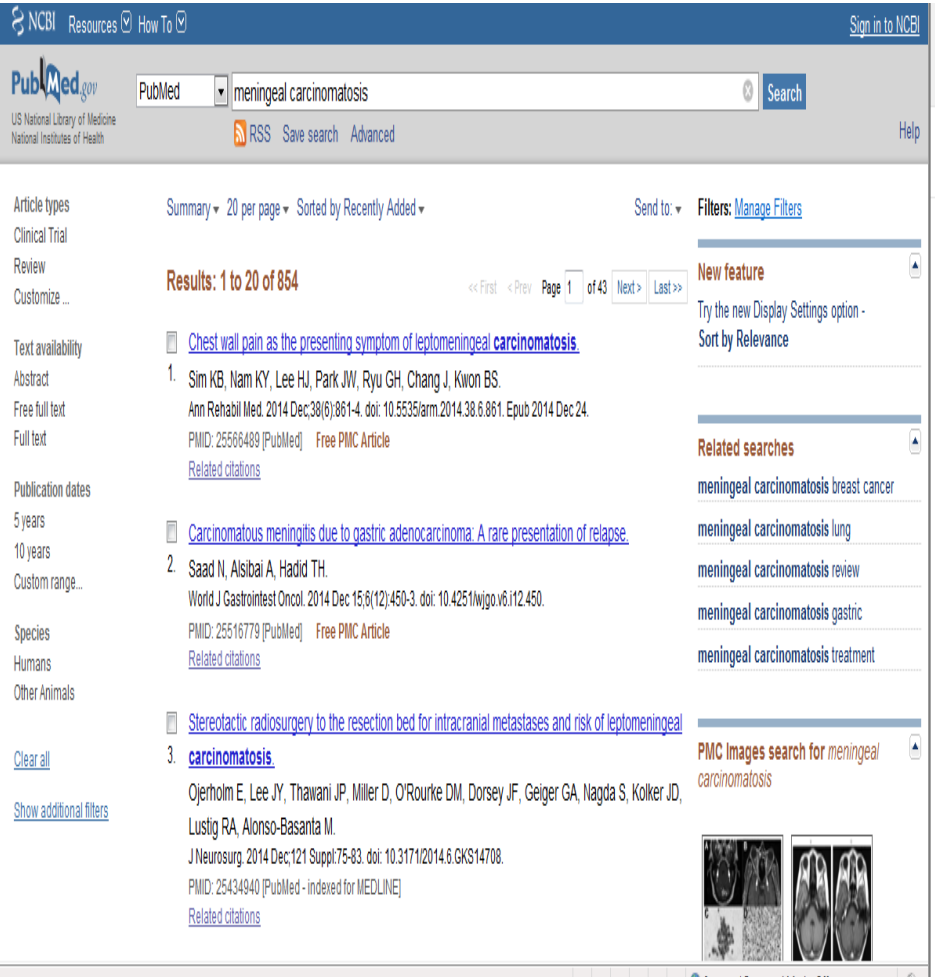
Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases

Auris Nasus Larynx.

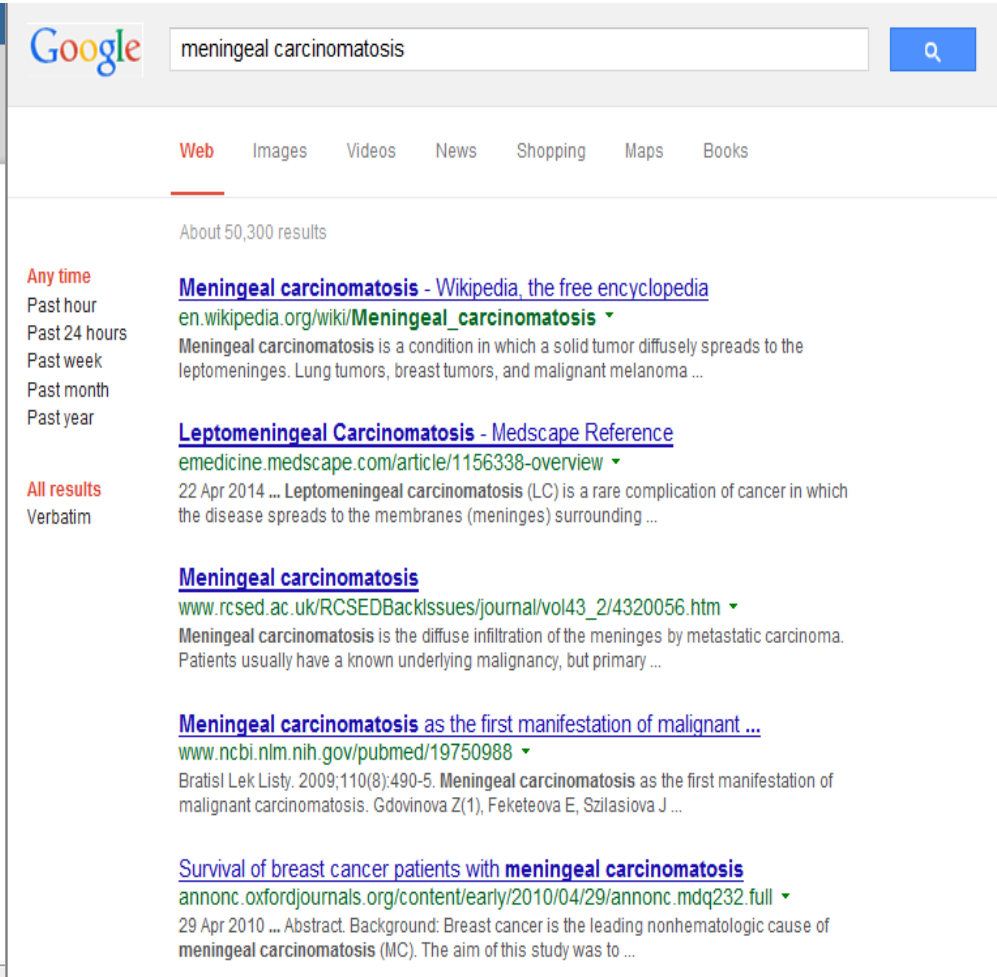
Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

对于临床诊疗的帮助

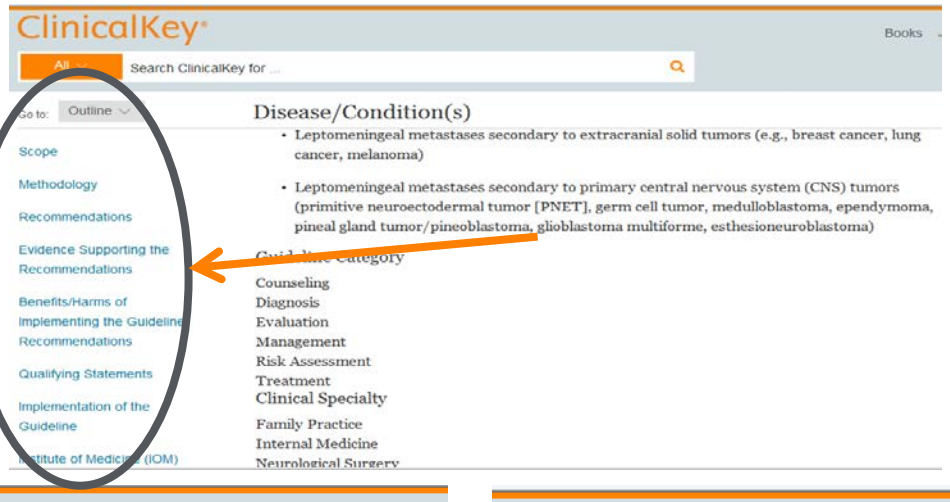
Pubmed 数据排列无逻辑

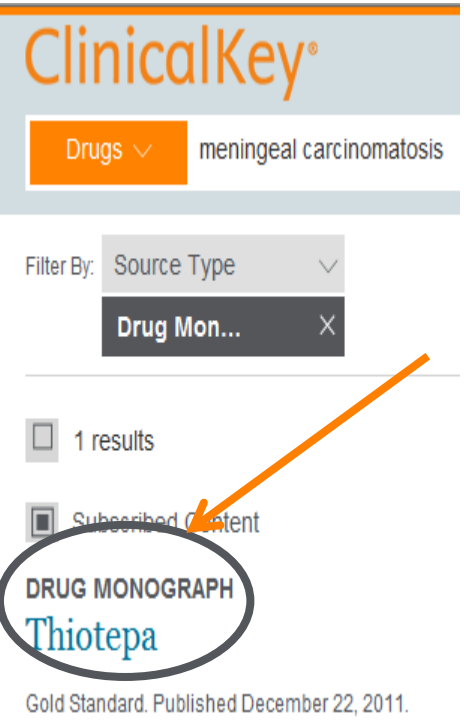


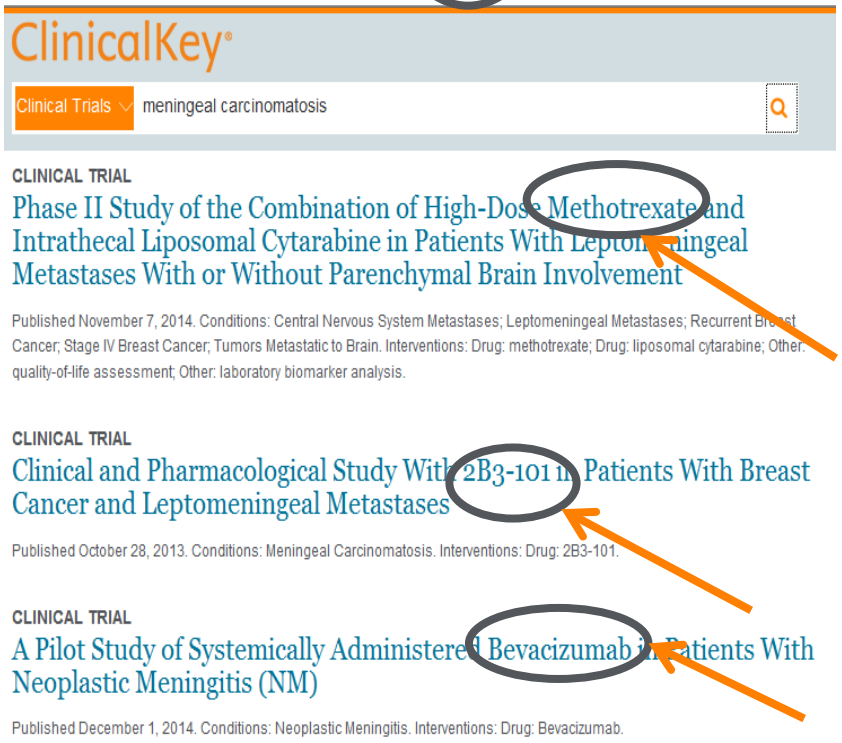
平行数据冗余

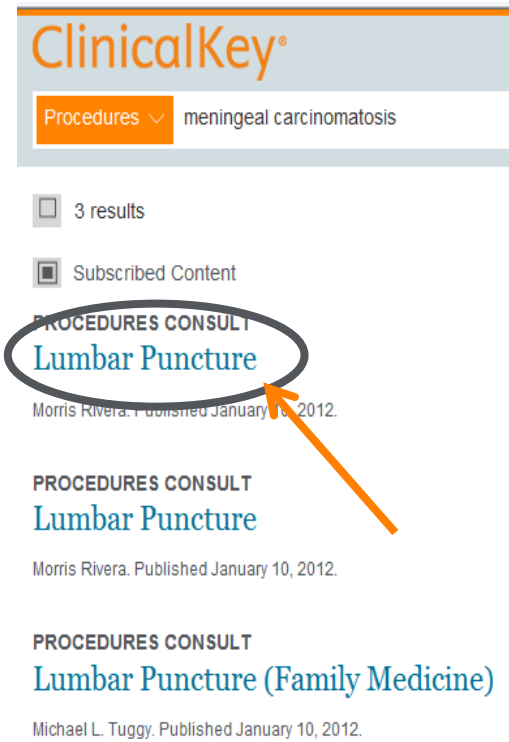


院士级助手　随时上网查询





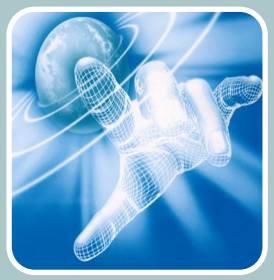




议程

- 一个真实的病例
- **医生面临的困境与解决方案ClinicalKey**
- 开始使用 ClinicalKey
- Q&A

医生面临的困境



信息过载

- 每年有60万至80万篇新的临床论著发表
- 在海量的信息中寻找答案如同大海捞针
- 医疗改革正在激发更多协作与分享的需求

医生时间宝贵

- 编制患者文档更慢、更耗时
- 患者数量增多加重了时间危机
- 医生疲于应付新技术和采用电子病历

三分之二的问题得不到答案*

- *医生人均每天会问9.5个问题*
- *2/3都得不到答案。*

SOURCE: “Watson and Healthcare” (quoting the British Medical Journal), April 2011.

Includes the latest books, journals, images and video
最新书刊、图片和视频

Covers virtually every medical and surgical specialty
几乎所有内外专科

Content is continuously updated and always current
持续更新，总在前沿

资源简表（12大类）

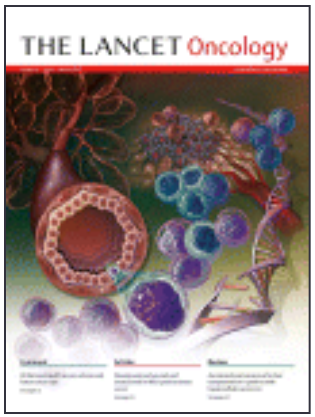
✓ 1,100+ reference books 参考书	✓ 850+ First Consult monographs 循证专论
✓ 600+ medical journals 医学期刊	✓ 2,900+ drug monographs 药物专论
✓ 17,000+ medical / surgical videos 内外科视频	✓ 4,500+ practice guidelines 诊疗指南
✓ 300+ Procedures Consult videos 操作视频	✓ 15,000+ patient education handouts 患者教育
✓ Over 2.2 million images 影像图片	✓ ClinicalTrials.gov database 临床试验
✓ 1,400+ Topic Pages 疾病主题	✓ Fully indexed MEDLINE 期刊文摘

爱思唯尔（ELSEVIER)——The Lancet 《柳叶刀》

自1823年创刊至今仍经久不衰，2014年公布的影响因子：

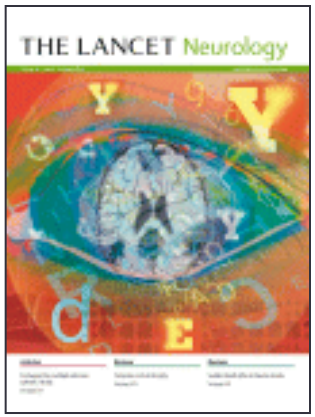
39.207

Ranked 2nd of 150 journals in the MEDICINE, GENERAL & INTERNAL category



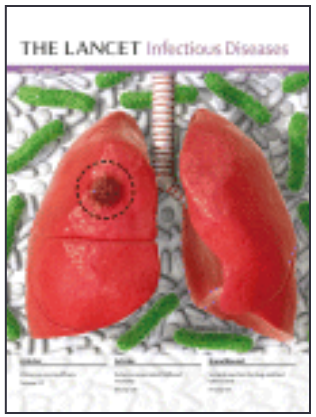
24.725

Ranked 3th of 202 journals in the ONCOLOGY category



21.823

Ranked 1st of 194 journals in the CLINICAL NEUROLOGY category



19.446

Ranked 1st of 70 journals in the INFECTIOUS DISEASES category

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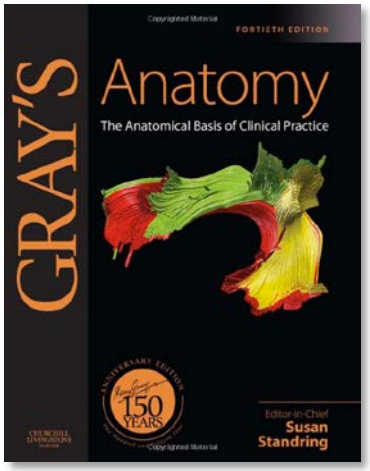
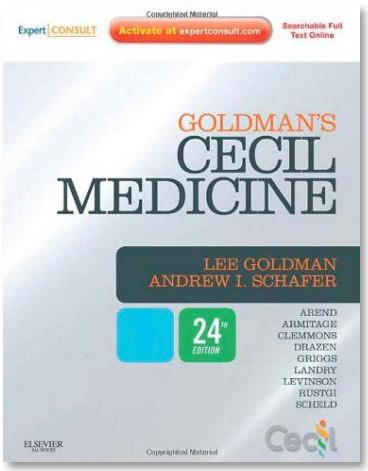
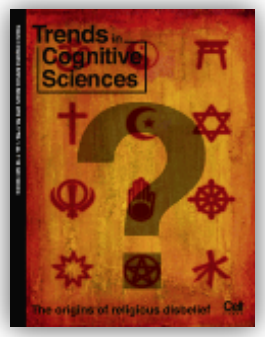
何以可信

可信的答案源于可信的资源





核心医学期刊



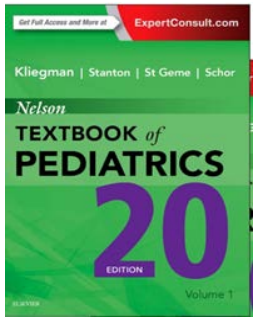
- Rank 1: **12 titles**
- Rank 2: **6 titles (The Lancet, Ophthalmology, etc.)**
- Rank Top 25%: **150+ titles**
- Cited in JCR: **460+ titles**

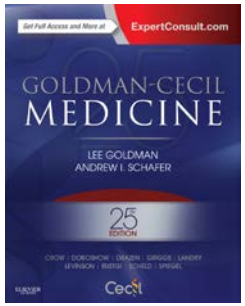
Clinics 北美临床系列期刊

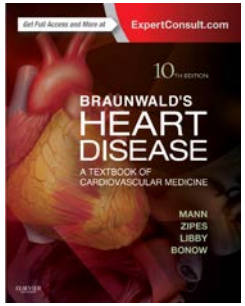
- 50多种独家北美临床系列期刊，涵盖多个专科
- 9%的数量催生24%的期刊使用率

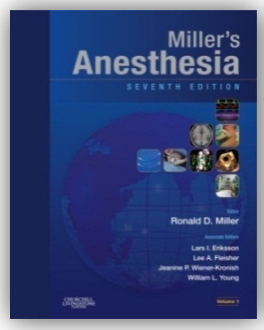
1	**Leading authorities** in their field serve as **Consulting Editors** for each Clinics series. They ensure that the Clinics cover important and relevant developments. 北美临床涉及专科领域的权威专家担任顾问编辑，确保其覆盖重要的和相关的进展.
2	The Consulting Editors determine key topics by consulting both **editorial advisory boards** and customer research. 顾问编辑根据编辑顾问委员会和用户研究决定核心选题.
3	They invite **Guest Editors** and **key opinion leaders** to lend expertise on particular topics and recruit **Authors** as expert contributors. 顾问编辑邀请特邀编辑和意见领袖在特定主题给出专业意见，并招募作者撰稿
4	The Authors review and distill the latest clinical findings and medical evidence from more than **1,000** journals to produce applicable **review articles**—the heart of the Clinics content. 作者从1000多种期刊中回顾、精选最新的临床发现和医学证据来写作其论文-北美临床综述

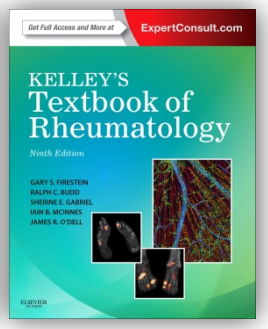
圣经级医学图书

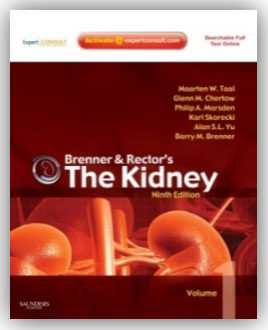


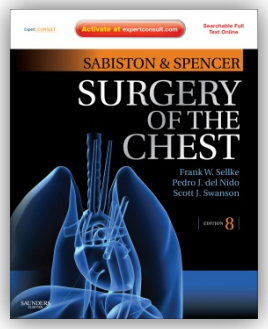


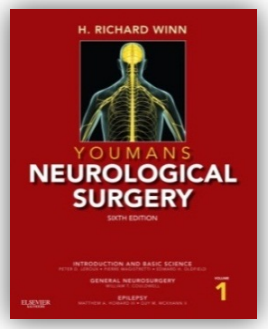


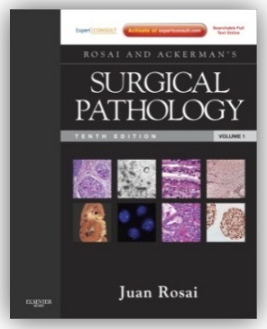


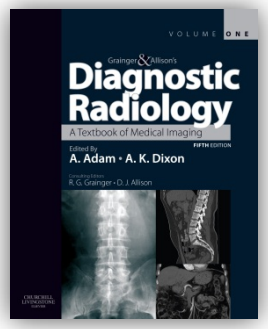


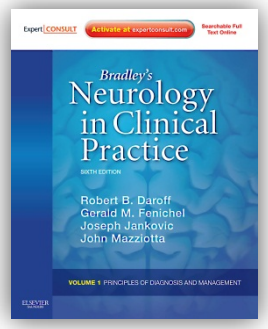


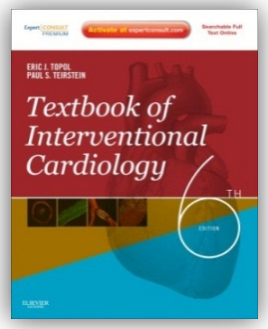












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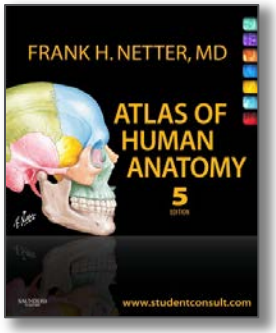

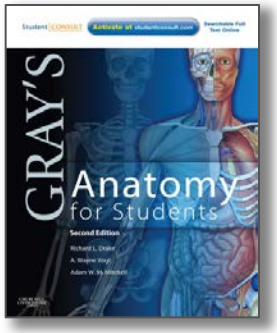

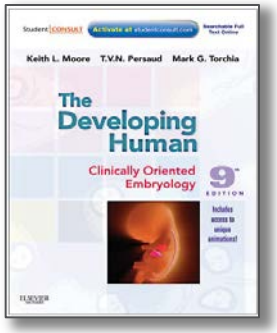

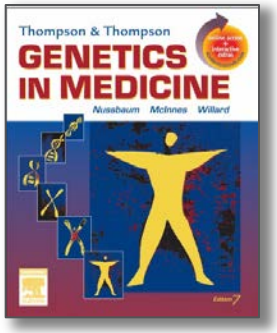

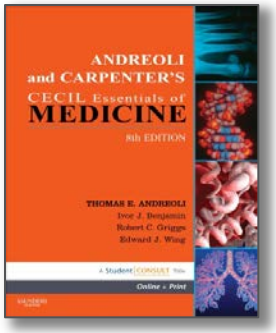

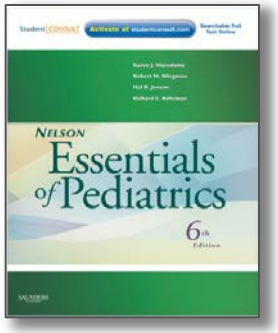

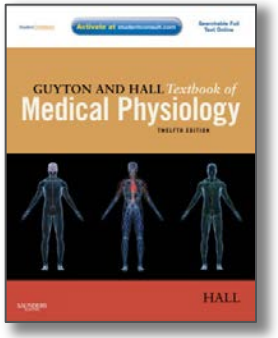

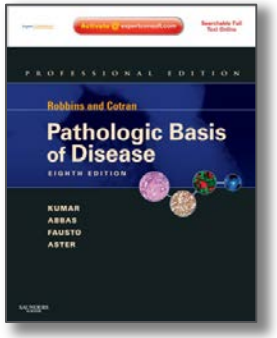

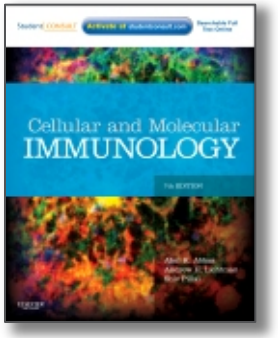

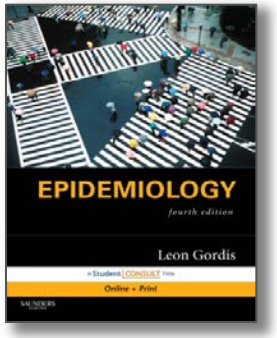

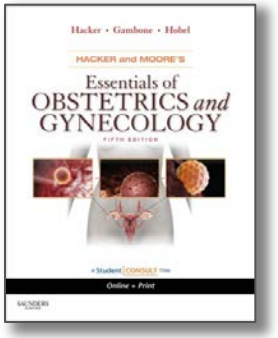

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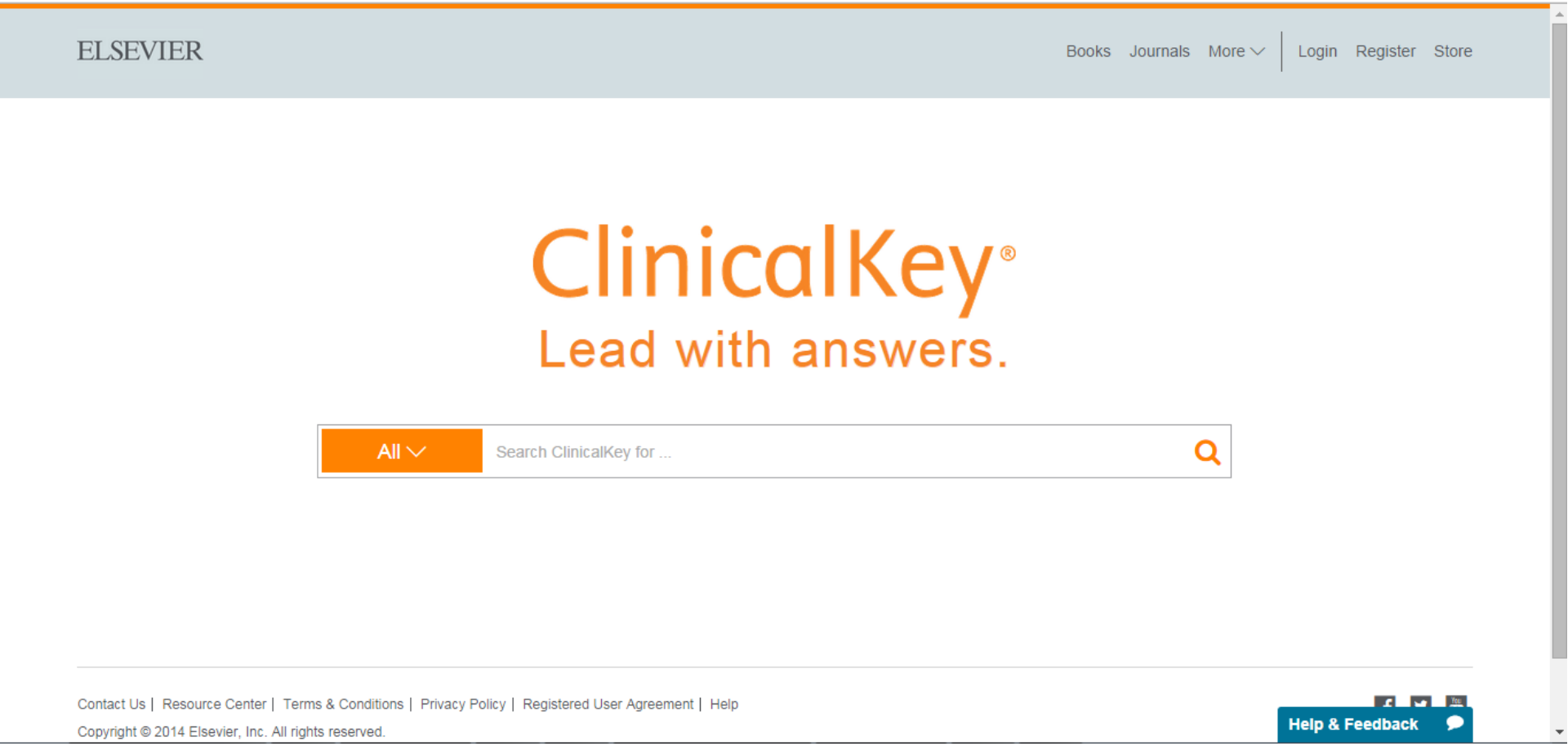

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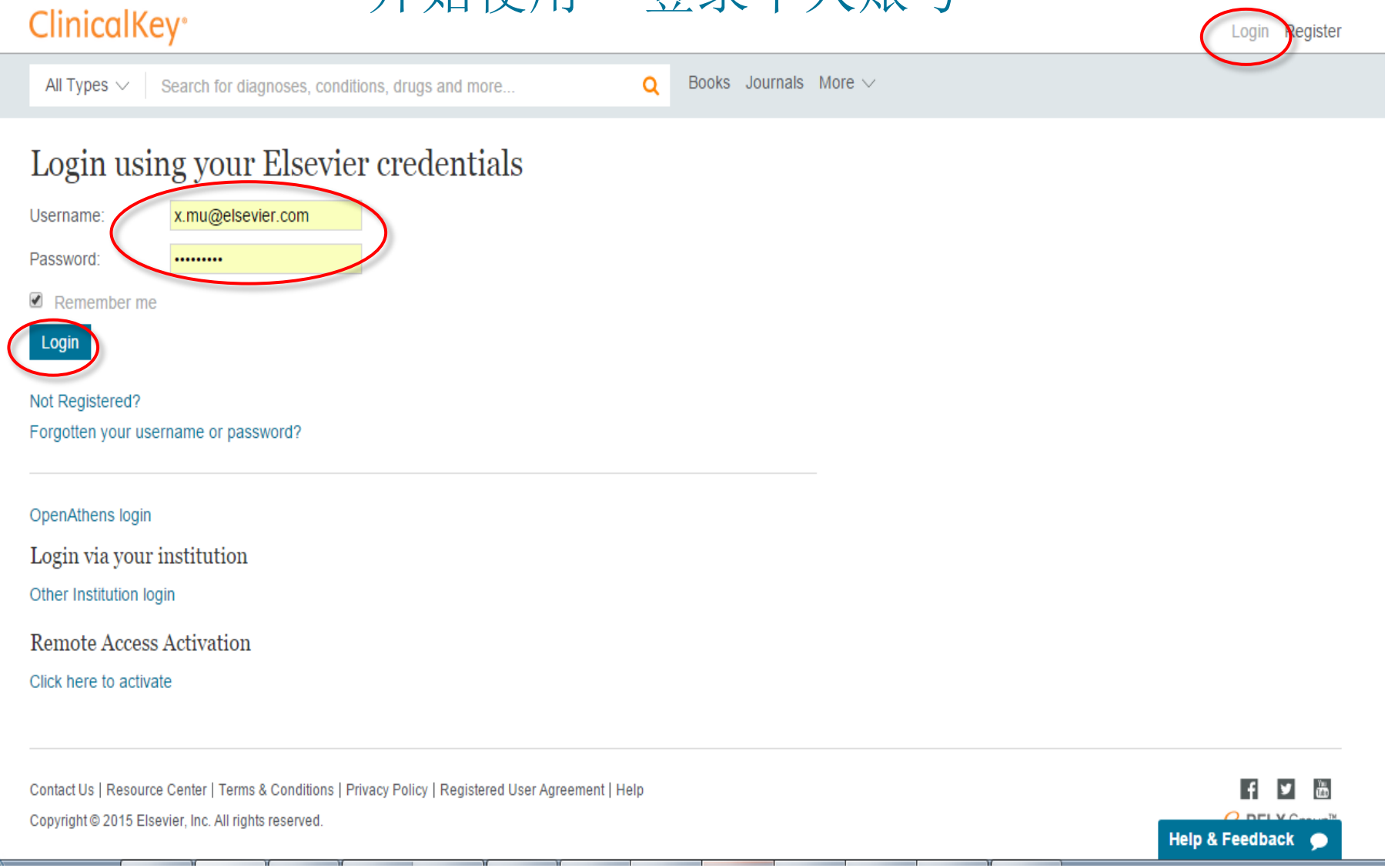
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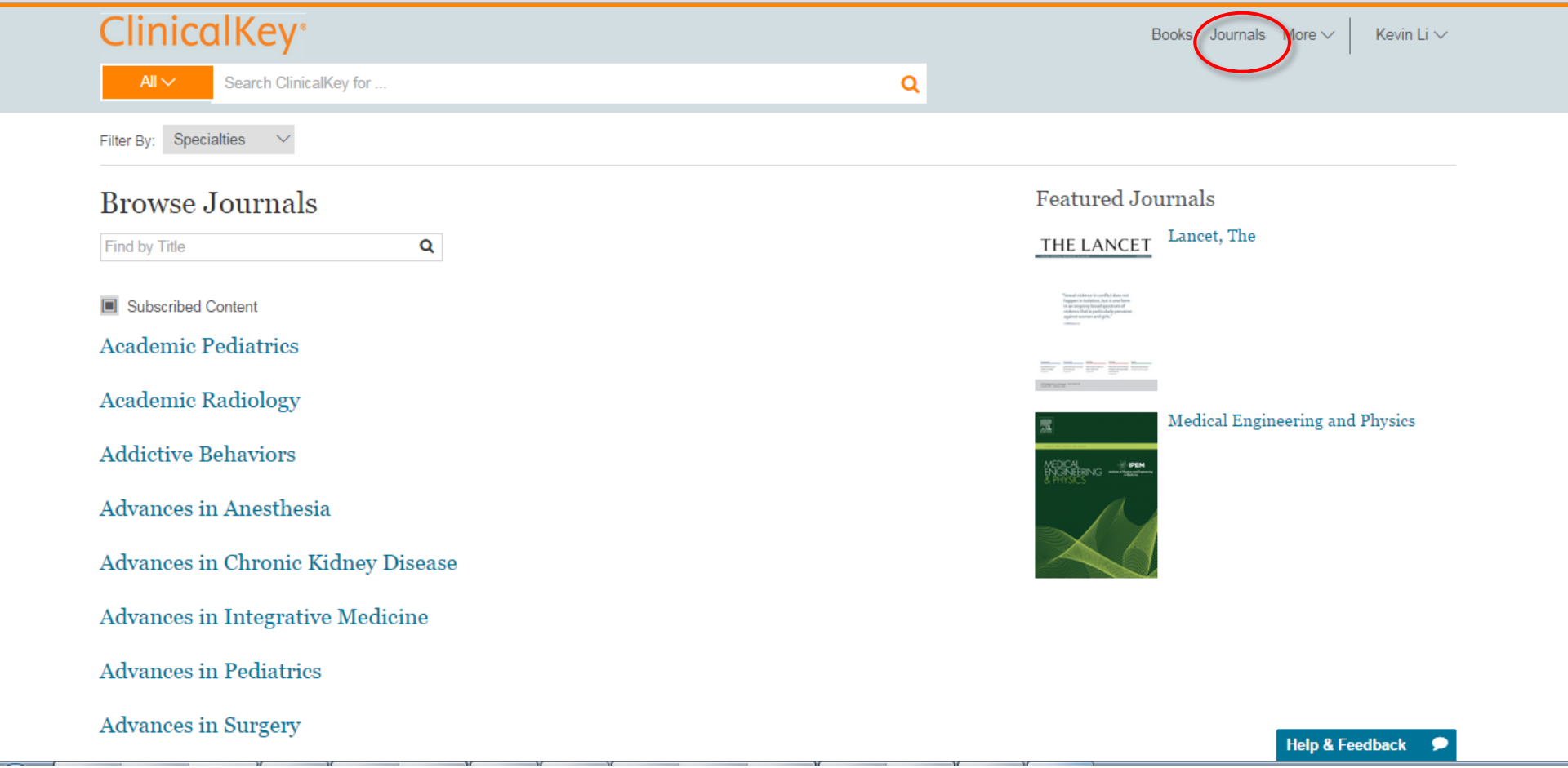

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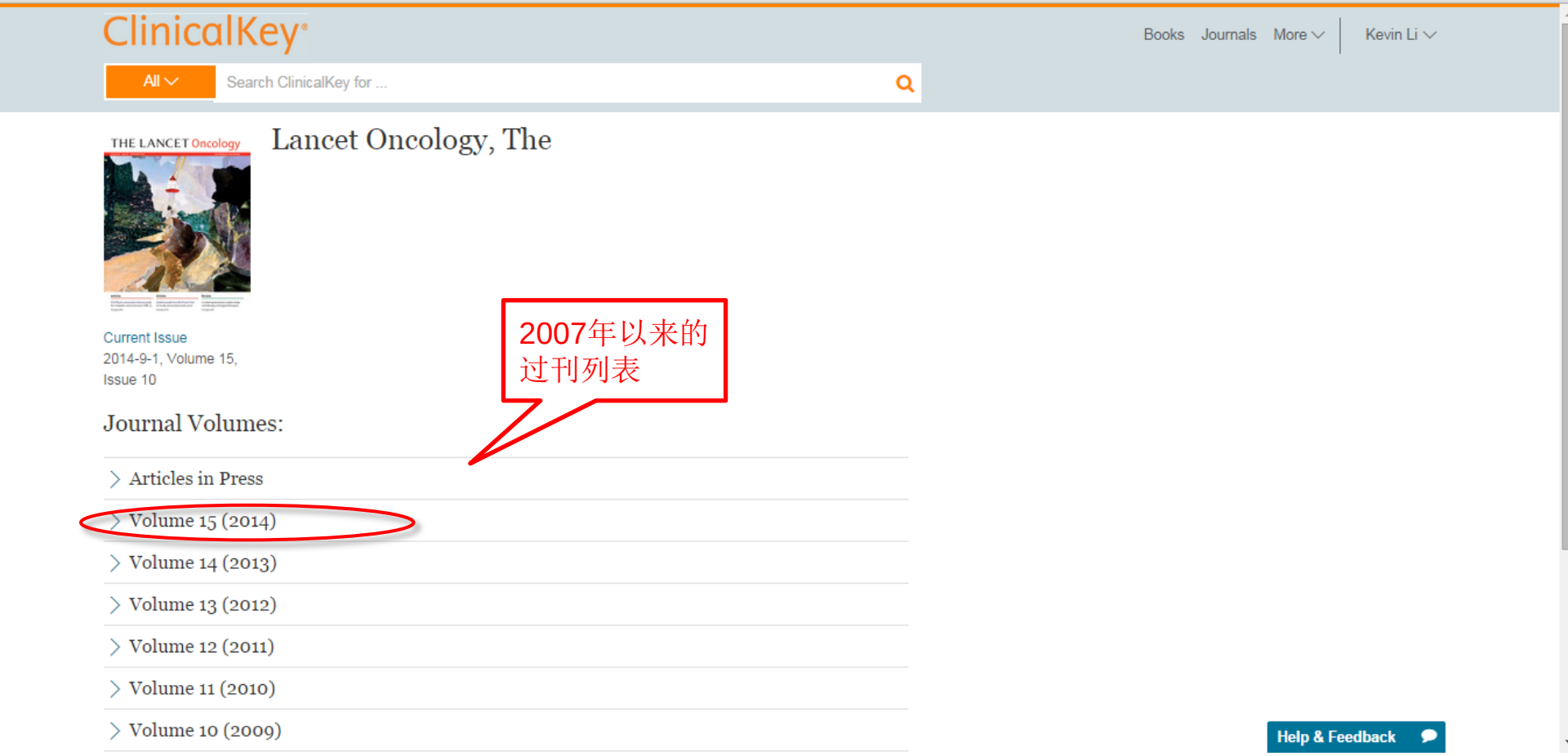

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FULL TEXT ARTICLE

Cilengitide in glioblastoma: when did it fail?

Olivier L Chinot

Cilengitide in glioblastoma: when did it fail?, 2014-09-01Z, Volume 15, Issue 10, Pages 1044-1045, Copyright © 2014 Elsevier Ltd

Angiogenesis and invasion are both crucial for tumour growth, although more anti-angiogenic drugs have been developed than have drugs with mainly anti-invasive properties. Integrins are a large family of molecules involved in signalling between cells and stromal components, implicated in various processes including tumour angiogenesis and invasion. Many of their receptors are active in both normal and cancerous cells; these molecules are therefore challenging to target. The integrin αvβ3, involved in angiogenesis in addition to cell migration and proliferation, is expressed at low levels in normal cells and overexpressed in glioblastoma, melanoma, breast, prostate, and pancreatic cancer cells. Cilengitide, one of the few anti-integrin drugs developed to date, selectively inhibits αvβ3 and αvβ5. In *The Lancet Oncology* , Roger Stupp and colleagues [1] report the negative results of the CENTRIC phase 3 trial, which assessed the benefit of cilengitide addition to standard care (radiotherapy with concomitant and adjuvant temozolomide chemotherapy) in patients with newly diagnosed glioblastoma. This trial was restricted to patients whose tumour had methylated *MGMT* promoter, an important favourable prognostic factor. Overall survival was similar in both groups (26·3 months [95% CI 23·8–28·8] in the cilengitide group *vs* 26·3 months [23·9–34·7] in the control group; hazard ratio 1·02, 95% CI 0·81–1·29, p=0·86). Additionally, progression-free survival analysis did not detect any activity that could have been diluted in the survival analysis. Although disappointing at this stage of development, these results are in line with the lack of activity of the drug as reported in randomised phase 2 trials in other cancers, leading the drug manufacturer to halt further

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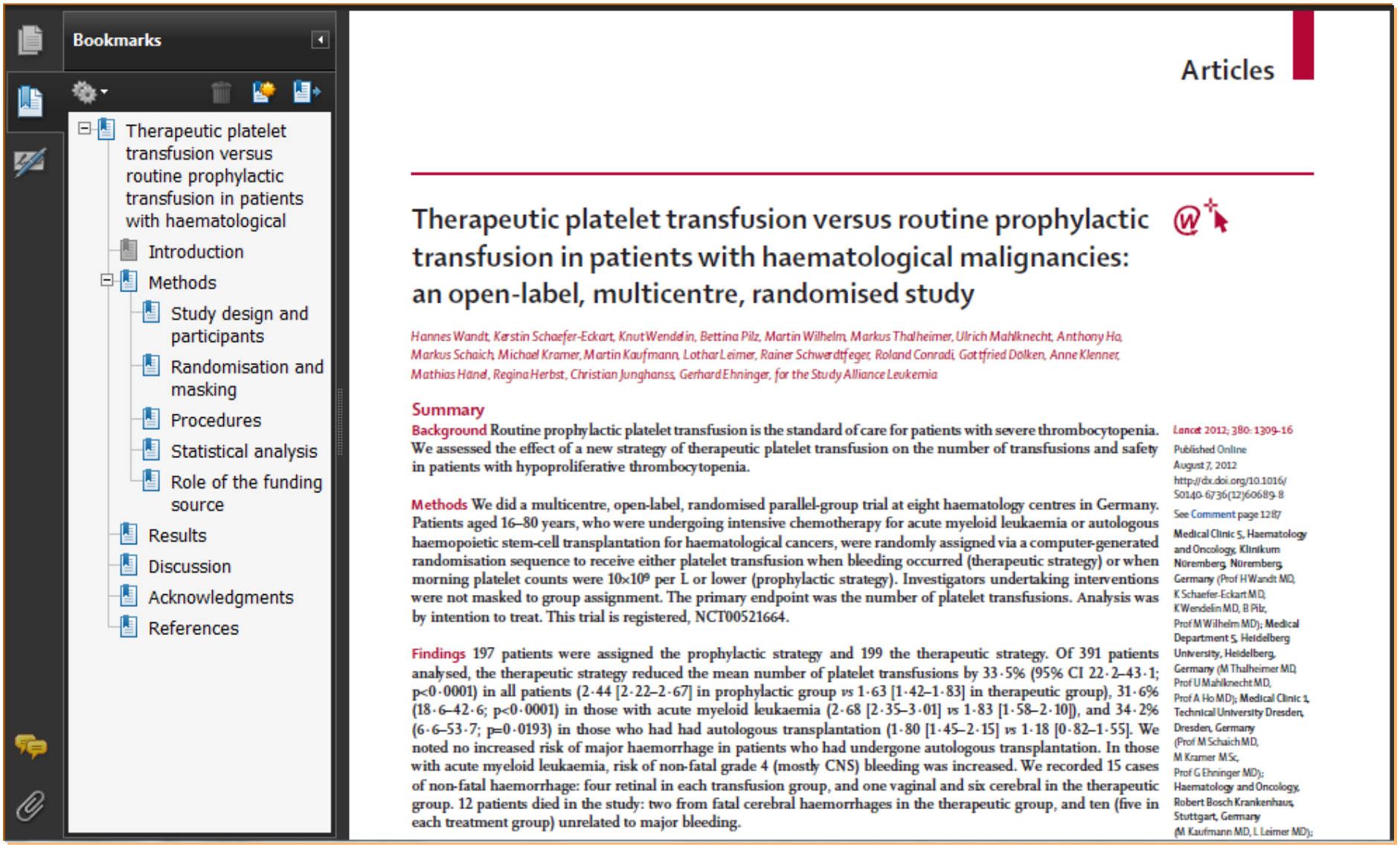
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Therapeutic platelet transfusion versus routine prophylactic transfusion in patients with haematological malignancies: an open-label, multicentre, randomised study
Hannes Wandt, Kerstin Schaefer-Eckart, Knut Wendelin, Bettina Pilz, Martin Wilhelm, Markus Thalheimer, Ulrich Mahlknecht, Anthony Ho, Markus Schaich, Michael Kramer, Martin Kaufmann, Lothar Leimer, Rainer Schwerdtfeger, Roland Conradi, Gottfried Dölken, Anne Klenner, Mathias Hänel, Regina Herbst, Christian Junghanss, Gerhard Ehninger, for the Study Alliance Leukemia
Summary
Background Routine prophylactic platelet transfusion is the standard of care for patients with severe thrombocytopenia. We assessed the effect of a new strategy of therapeutic platelet transfusion on the number of transfusions and safety in patients with hypoproliferative thrombocytopenia.
Methods We did a multicentre, open-label, randomised parallel-group trial at eight haematology centres in Germany. Patients aged 16–80 years, who were undergoing intensive chemotherapy for acute myeloid leukaemia or autologous haemopoietic stem-cell transplantation for haematological cancers, were randomly assigned via a computer-generated randomisation sequence to receive either platelet transfusion when bleeding occurred (therapeutic strategy) or when morning platelet counts were 10×10⁹ per L or lower (prophylactic strategy). Investigators undertaking interventions were not masked to group assignment. The primary endpoint was the number of platelet transfusions. Analysis was by intention to treat. This trial is registered, NCT00521664.
Findings 197 patients were assigned the prophylactic strategy and 199 the therapeutic strategy. Of 391 patients analysed, the therapeutic strategy reduced the mean number of platelet transfusions by 33·5% (95% CI 22·2–43·1; p<0·0001) in all patients (2·44 [2·22–2·67] in prophylactic group vs 1·63 [1·42–1·83] in therapeutic group), 31·6% (18·6–42·6; p<0·0001) in those with acute myeloid leukaemia (2·68 [2·35–3·01] vs 1·83 [1·58–2·10]), and 34·2% (6·6–53·7; p=0·0193) in those who had had autologous transplantation (1·80 [1·45–2·15] vs 1·18 [0·82–1·55]. We noted no increased risk of major haemorrhage in patients who had undergone autologous transplantation. In those with acute myeloid leukaemia, risk of non-fatal grade 4 (mostly CNS) bleeding was increased. We recorded 15 cases of non-fatal haemorrhage: four retinal in each transfusion group, and one vaginal and six cerebral in the therapeutic group. 12 patients died in the study: two from fatal cerebral haemorrhages in the therapeutic group, and ten (five in each treatment group) unrelated to major bleeding.
Lancet 2012; 380: 1309–16
Published Online August 7, 2012
http://dx.doi.org/10.1016/S0140-6736(12)60689-8
See Comment page 1287
Medical Clinic 5, Haematology and Oncology, Klinikum Nüremberg, Nüremberg, Germany (Prof H Wandt MD, K Schaefer-Eckart MD, K Wendelin MD, B Pilz, Prof M Wilhelm MD); Medical Department 5, Heidelberg University, Heidelberg, Germany (M Thalheimer MD, Prof U Mahlknecht MD, Prof A Ho MD); Medical Clinic 1, Technical University Dresden, Dresden, Germany (Prof M Schaich MD, M Kramer MSc, Prof G Ehninger MD); Haematology and Oncology, Robert Bosch Krankenhaus, Stuttgart, Germany (M Kaufmann MD, L Leimer MD);

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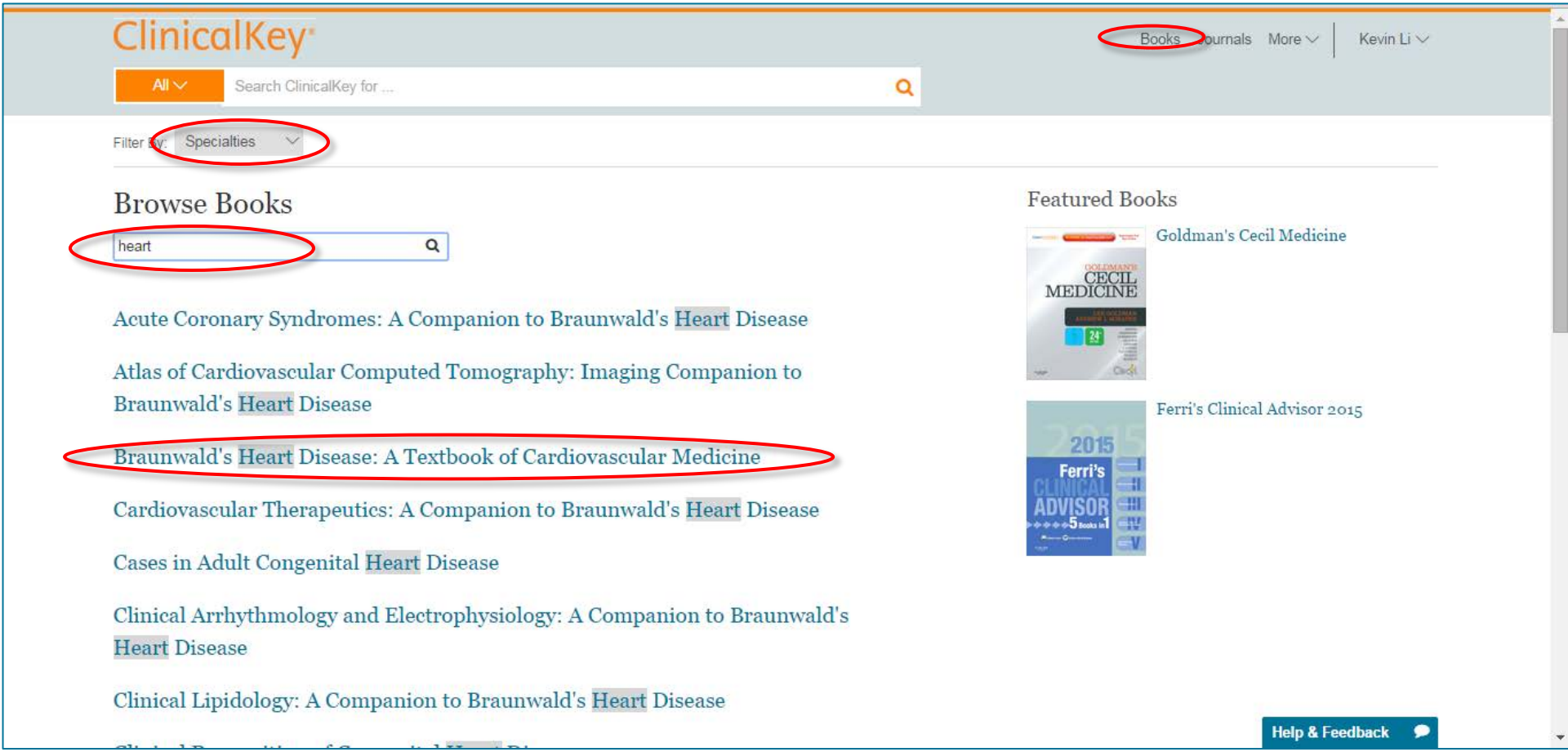

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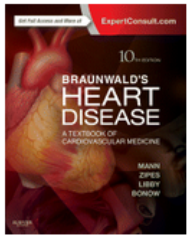

Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, Tenth Edition

Mann, Douglas L., MD

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Devices for Monitoring and Managing Heart Failure

Douglas L. Mann, Douglas P. Zipes, Peter Libby, Robert O. Bonow and Eugene Braunwald

Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, Chapter 26, 547-556

In the year 2001 a new era of implantable device therapies for the management of heart failure was initiated with U.S. Food and Drug Administration (FDA) approval of the first device for cardiac resynchronization therapy (CRT). Over the subsequent few years, implantable cardioverter-defibrillators (ICDs) and combined CRT-ICD devices were also approved by the FDA for the management of heart failure. ICDs became indicated for the primary prevention of all-cause mortality through a reduction in the incidence of sudden cardiac death (SCD) in patients with heart failure and reduced ejection fractions. Combined CRT-ICD devices were shown to reduce morbidity and mortality in heart failure patients with a reduced ejection fraction (HFrEF) and ventricular dyssynchrony, with a suggestion of additive benefit over a CRT device alone. In acknowledgement of the evidence-based benefits of these devices, the 2005 update of the American College of Cardiology/American Heart Association (ACC/AHA) heart failure guideline strongly supported, with class I indications, the use of ICD and/or CRT devices for the management of eligible heart failure patients [1]; these indications were updated in 2013 [2] (see Table 26G-1).

TABLE 26G-1
ACCF/AHA Guidelines for Cardiac Resynchronization

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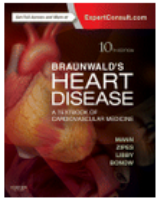

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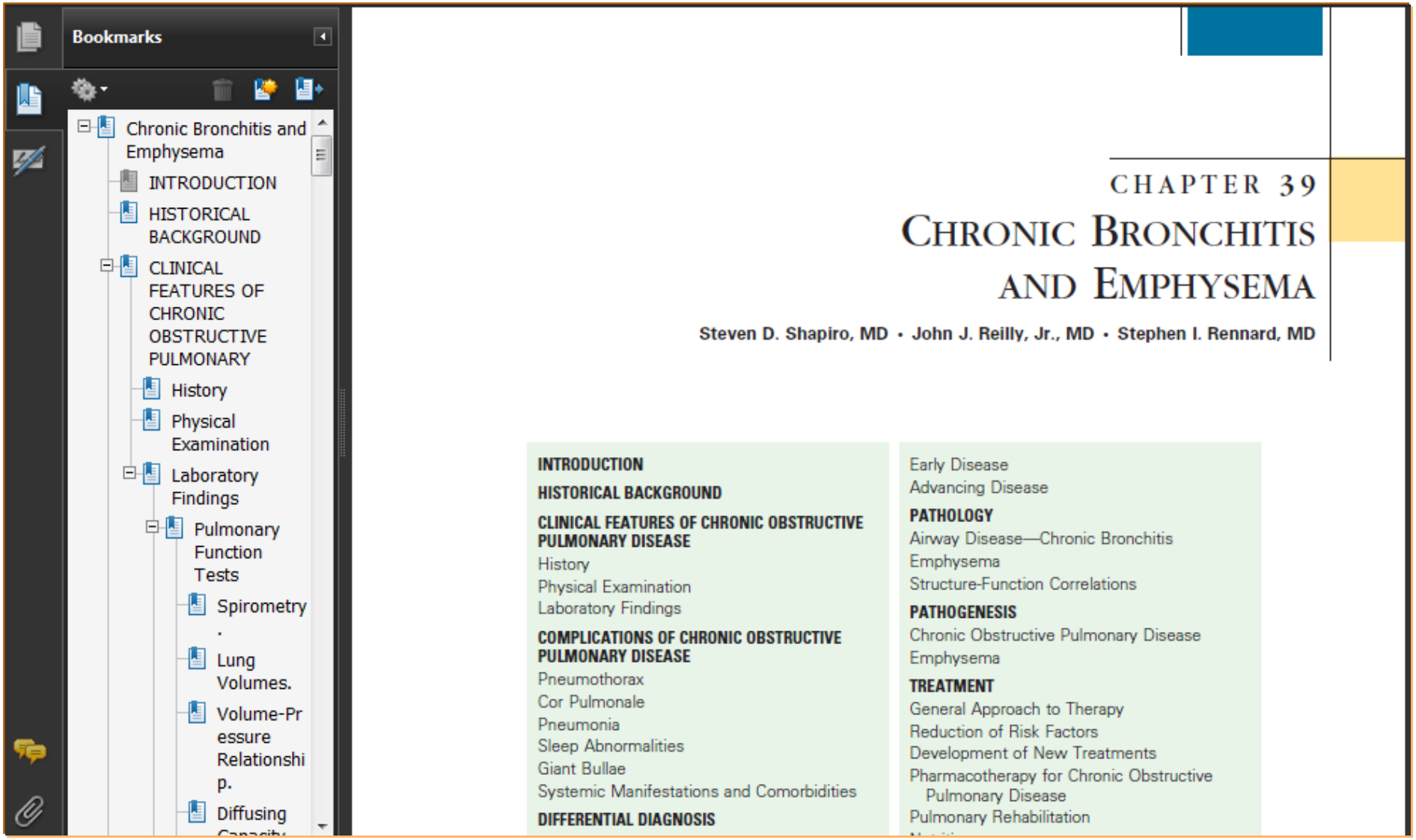
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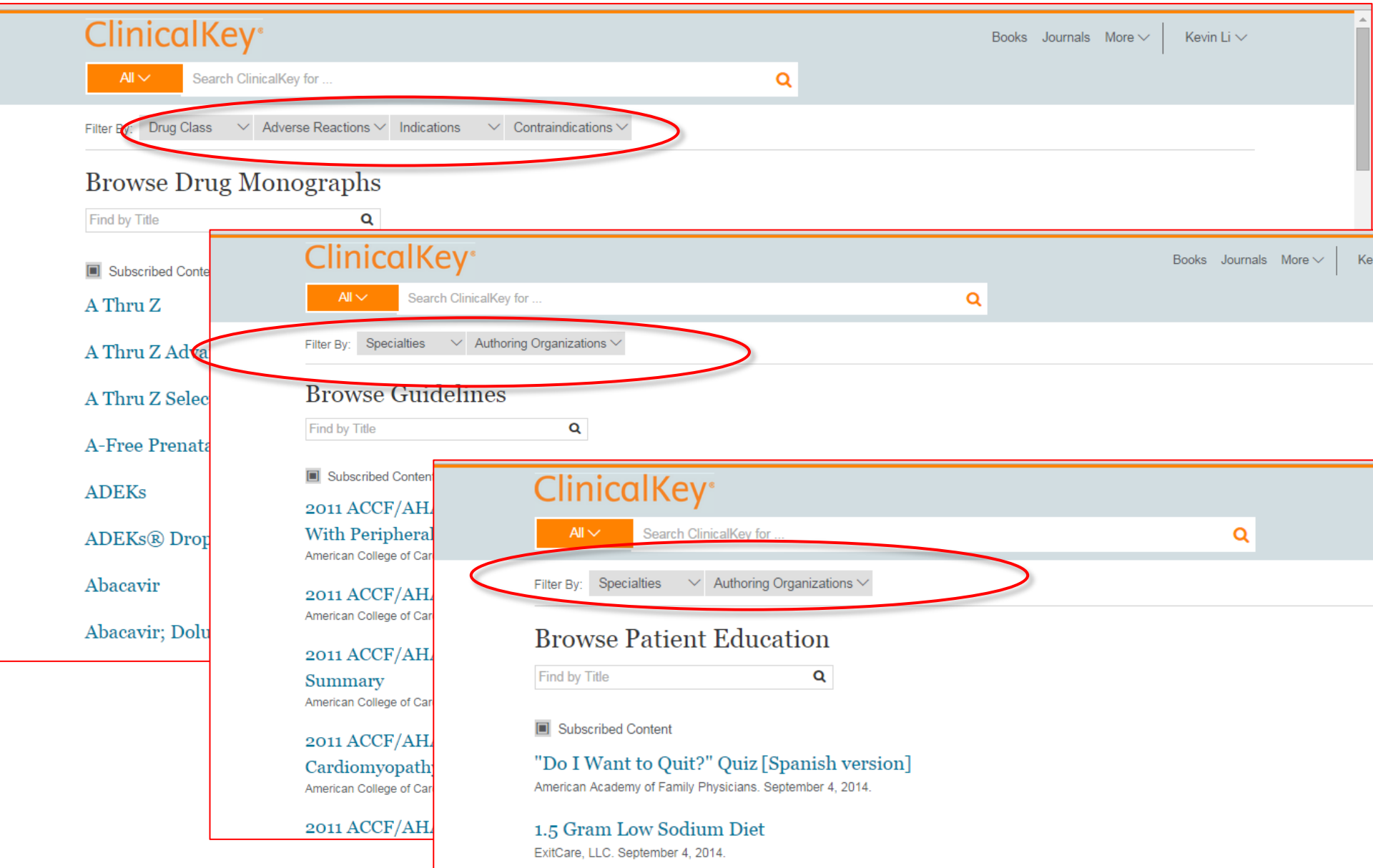

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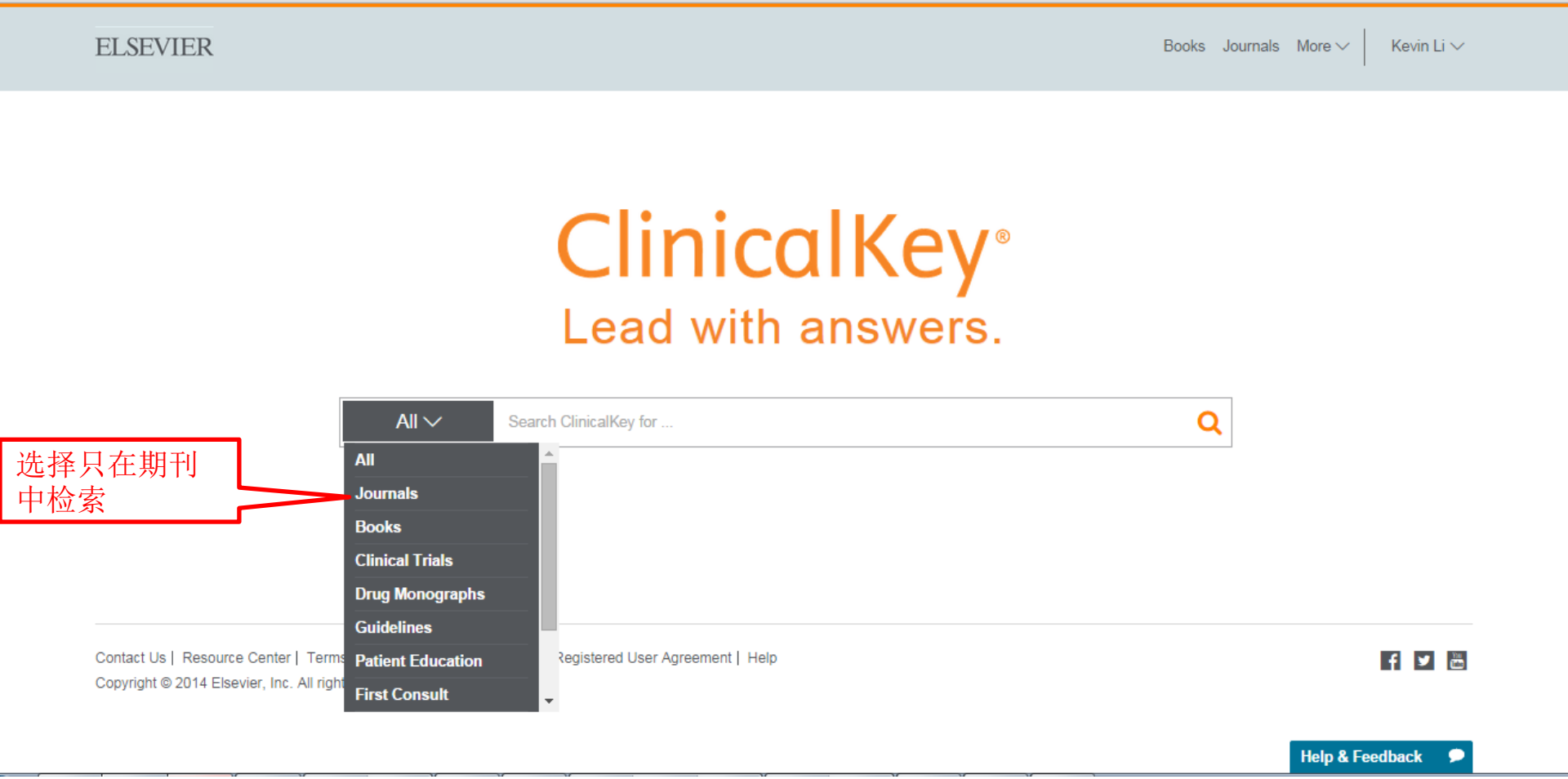
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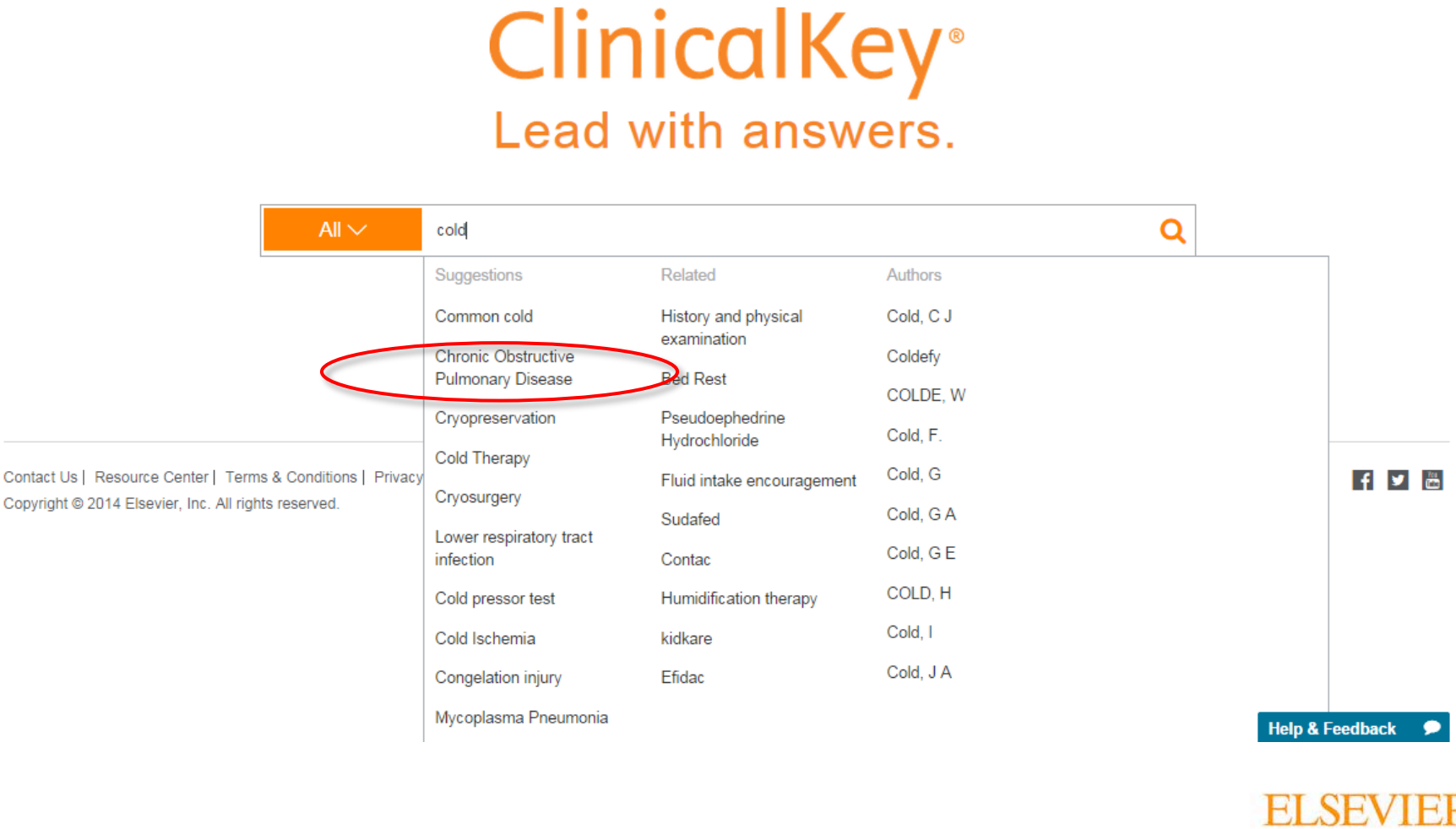
检索- Cold -COPD 慢性阻塞性肺病



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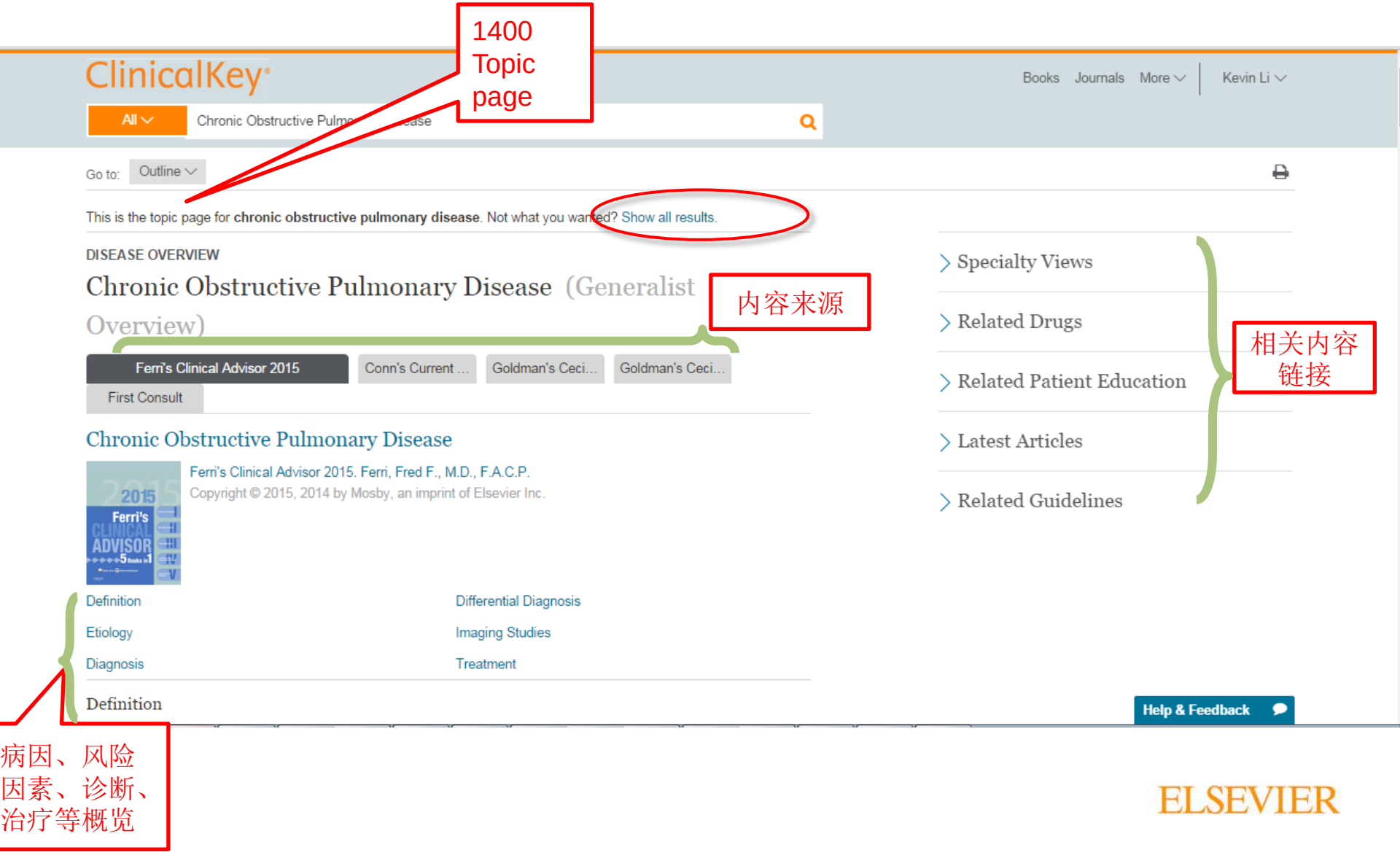

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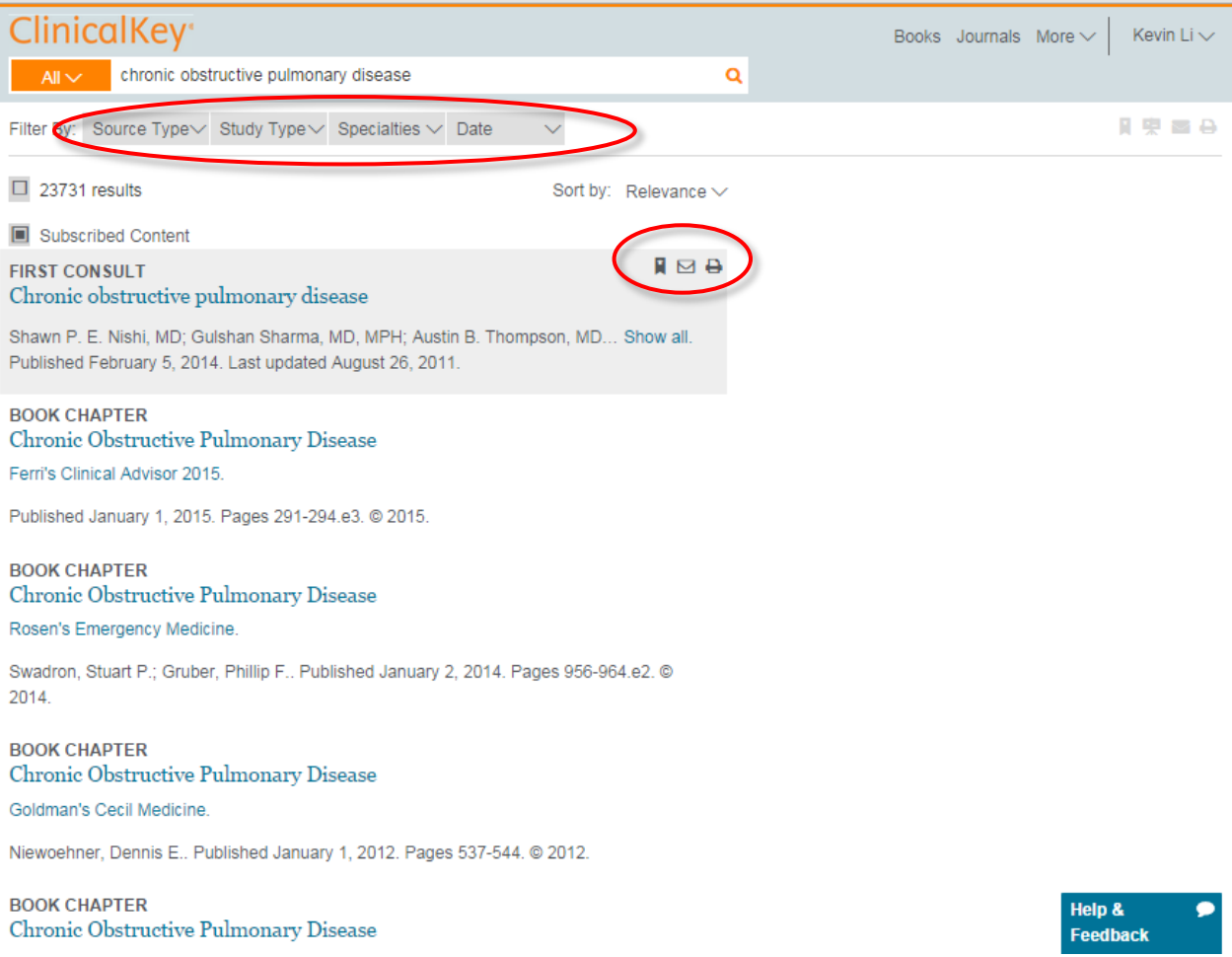
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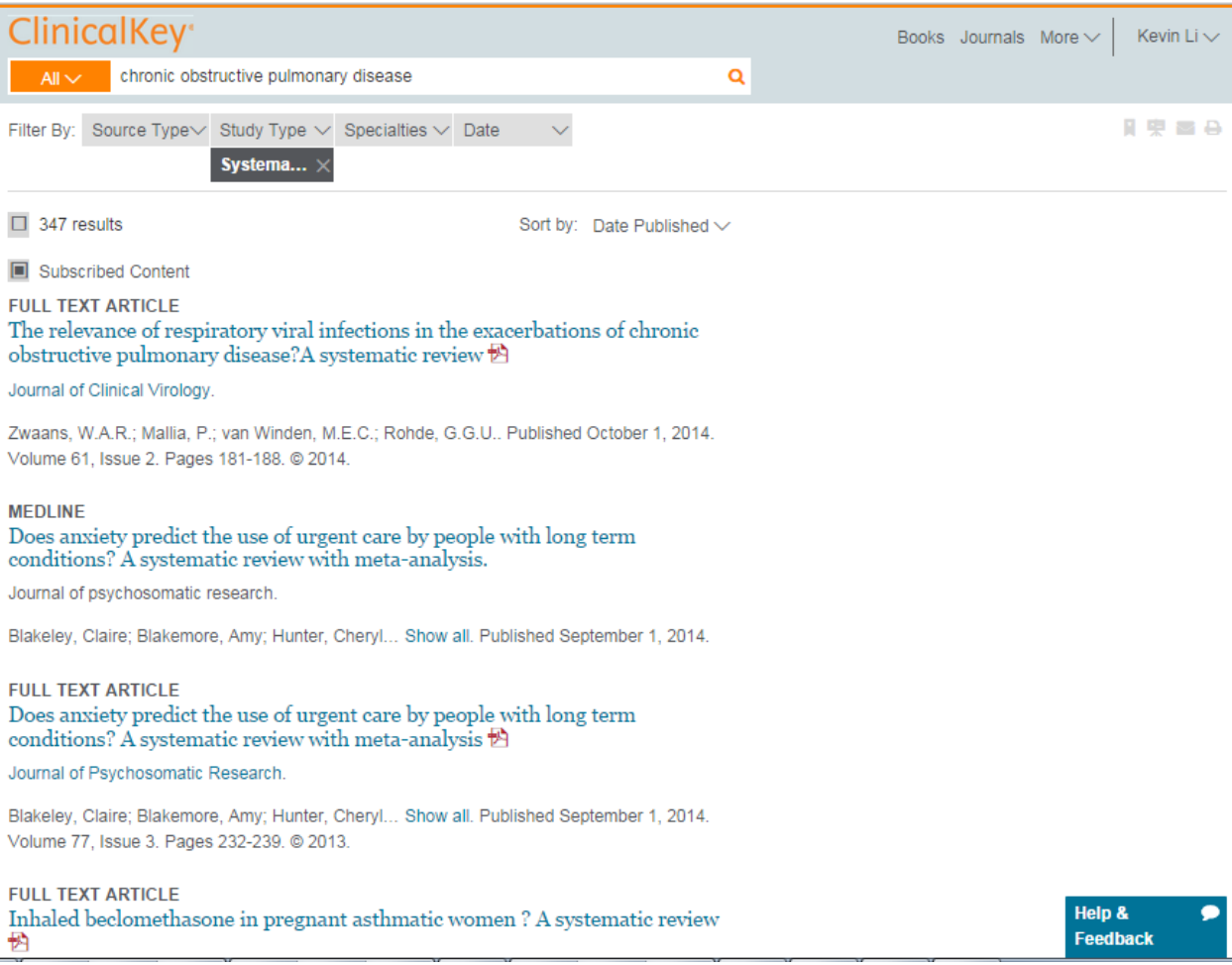

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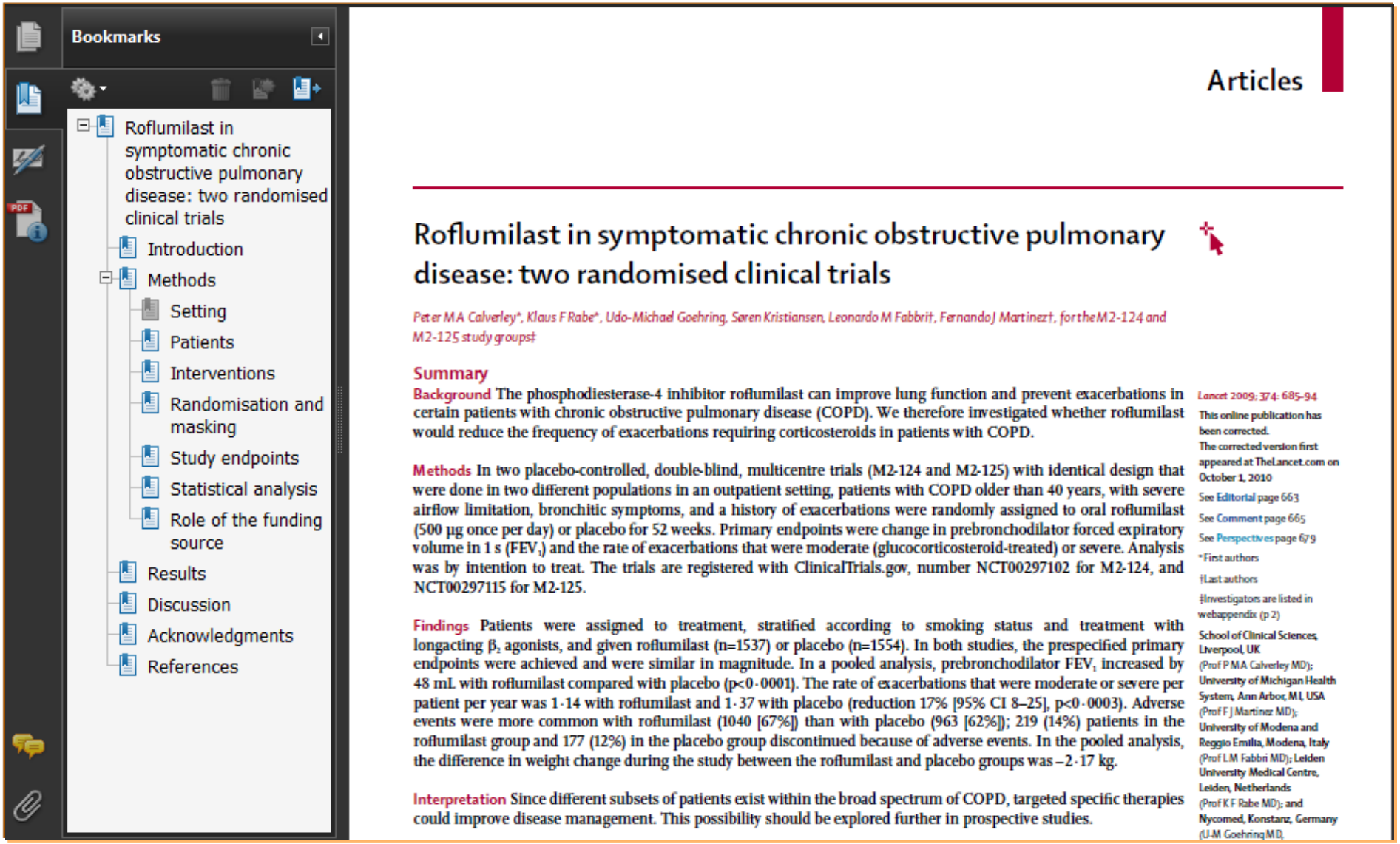

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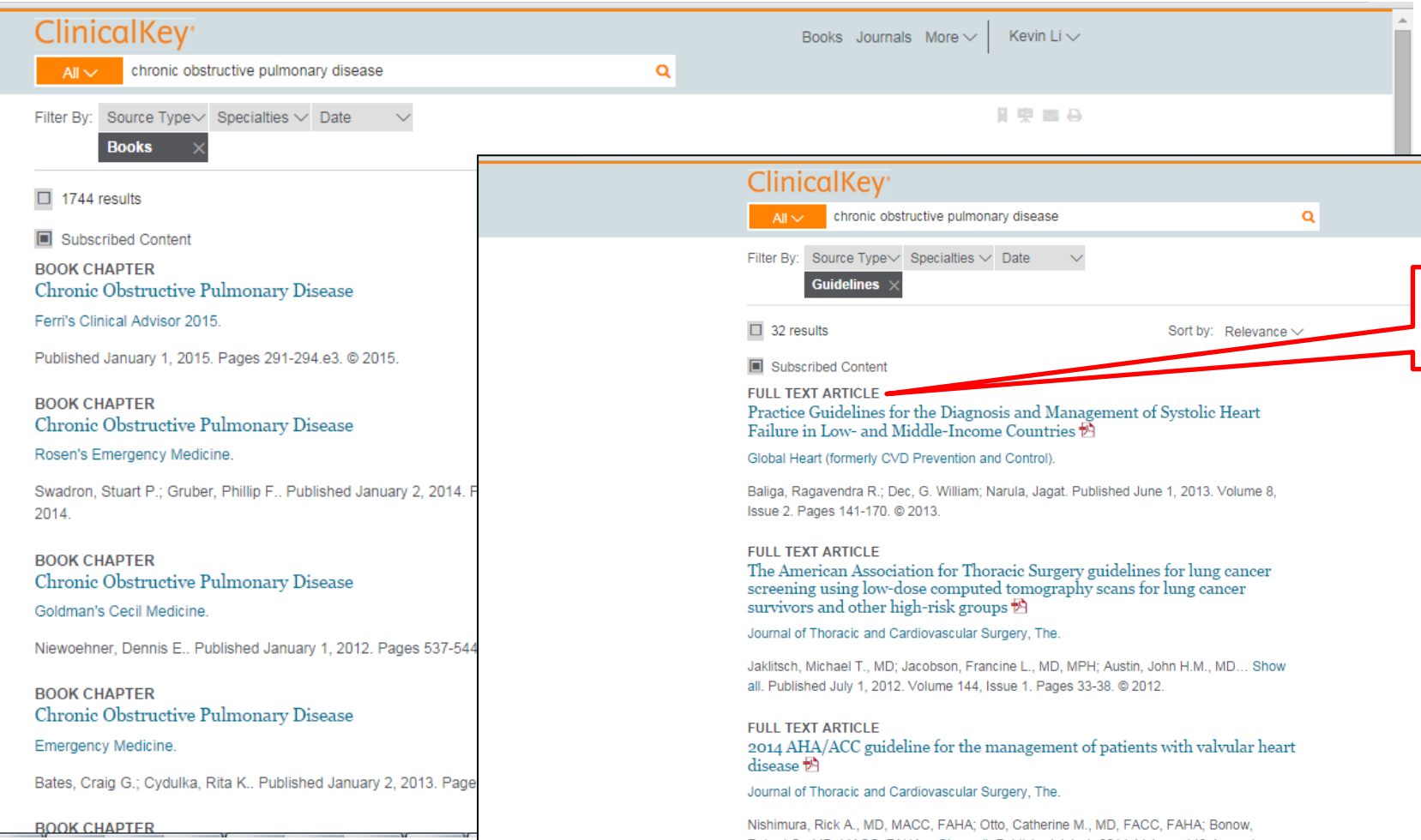

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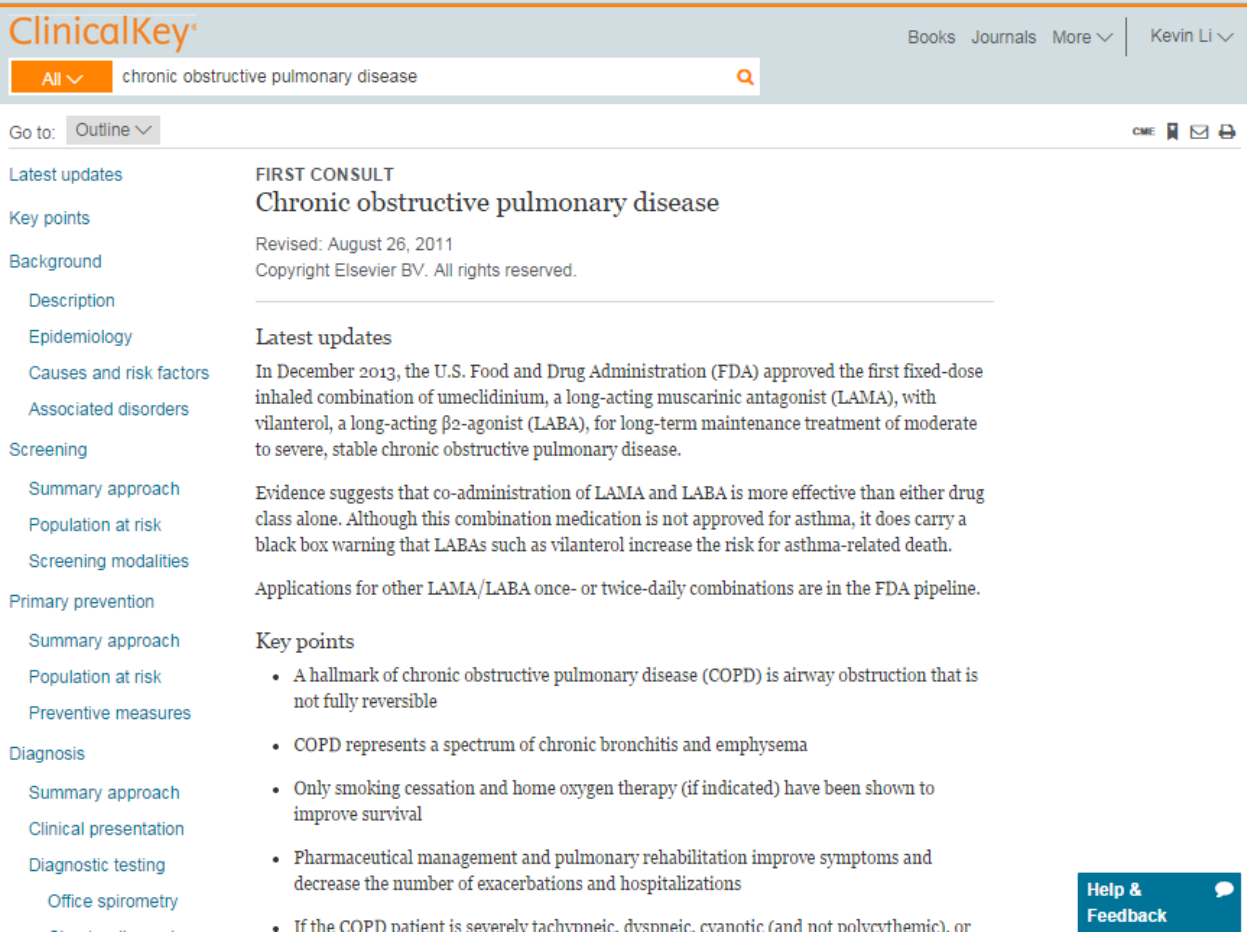
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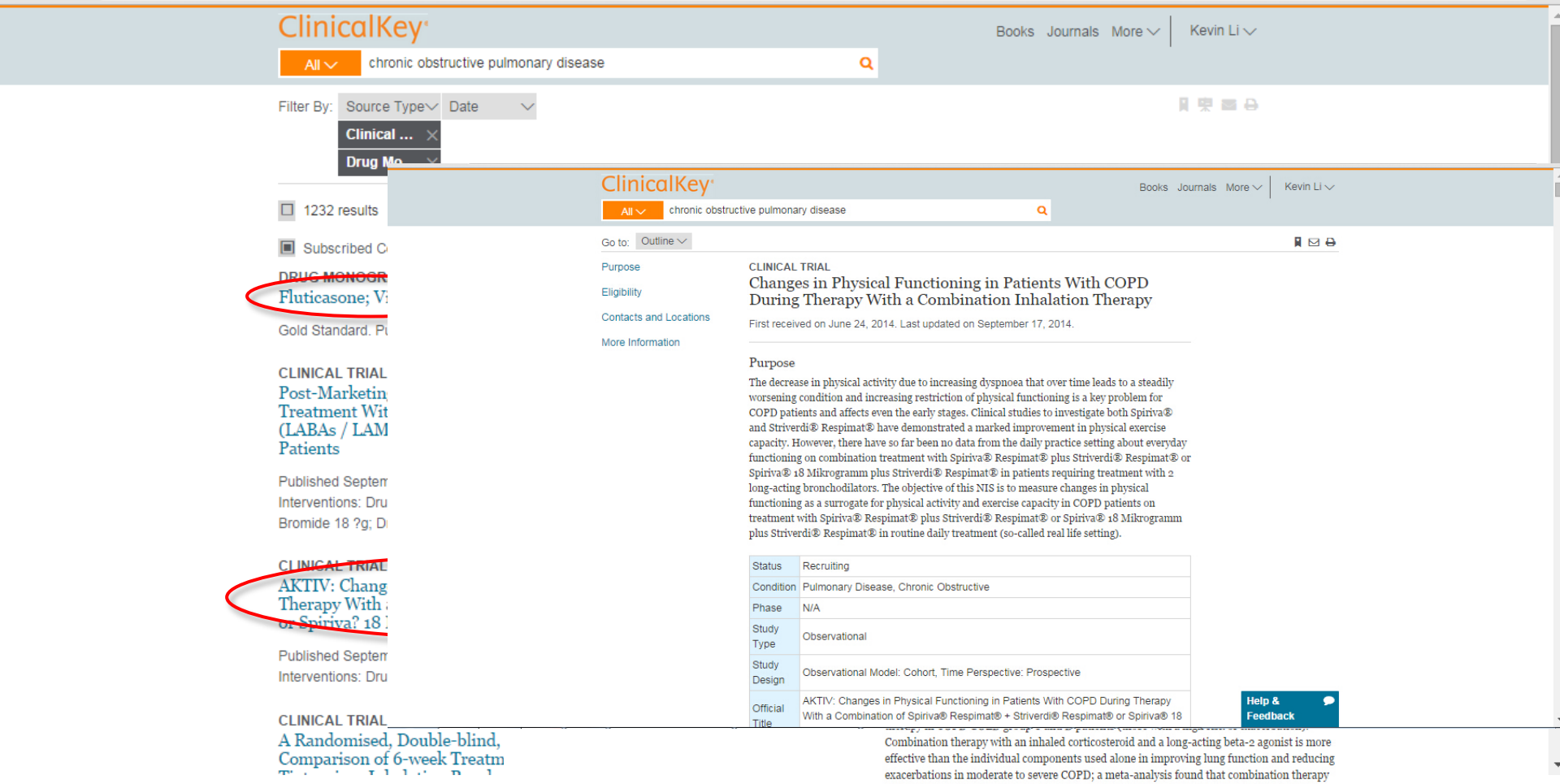
Latest updates
In December 2013, the U.S. Food and Drug Administration (FDA) approved the first fixed-dose inhaled combination of umeclidinium, a long-acting muscarinic antagonist (LAMA), with vilanterol, a long-acting β2-agonist (LABA), for long-term maintenance treatment of moderate to severe, stable chronic obstructive pulmonary disease.
Evidence suggests that co-administration of LAMA and LABA is more effective than either drug class alone. Although this combination medication is not approved for asthma, it does carry a black box warning that LABAs such as vilanterol increase the risk for asthma-related death.
Applications for other LAMA/LABA once- or twice-daily combinations are in the FDA pipeline.
Key points
A hallmark of chronic obstructive pulmonary disease (COPD) is airway obstruction that is not fully reversible
COPD represents a spectrum of chronic bronchitis and emphysema
Only smoking cessation and home oxygen therapy (if indicated) have been shown to improve survival
Pharmaceutical management and pulmonary rehabilitation improve symptoms and decrease the number of exacerbations and hospitalizations
Help & Feedback

COPD – Drugs; Clinical Trials



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Video 1 - Chronic Obstructive Pulmonary Disease and Association With Mild Cognitive Impairment: The Mayo Clinic Study of Aging

Singh, Balwinder, MD; Parsaik, Ajay K., MD; Mielke, Michelle M., PhD... Show all. Published November 1, 2013. Volume 88, Issue 11. Pages 1222-1230. © 2013.

VIDEO

Video 1 - Effect of a Primary Care Continuing Education Program on Clinical Practice of Chronic Obstructive Pulmonary Disease: Translating Theory Into Practice

Adams, Sandra G., MD, MS, FCCP; Pitts, Jennifer, MA; Wynne, JoEllen, RN, MSN, FNP-BC... Show all. Published September 1, 2012. Volume 87, Issue 9. Pages 862-870. © 2012.

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Todd W. Thomsen. Published January 10, 2012.

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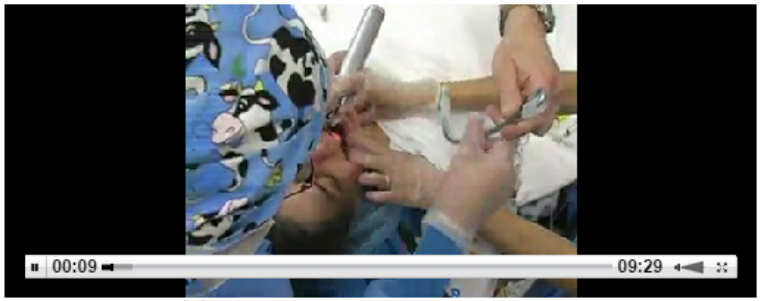

Last Reviewed Date: 3/4/08

Editor: Todd W. Thomsen, MD, Gary S. Setnik, MD, FACEP

Contributors: Calvin Brown, MD, Ron M. Walls, MD

CPT codes

31500 Intubation, endotracheal, emergency procedure

ICD9 codes

96.0 Nonoperative intubation of gastrointestinal and respiratory tracts
96.04 Endotracheal tube insertion

FULL DETAILS

PRE-PROCEDURE

INTRODUCTION

Endotracheal intubation is a critical, often lifesaving procedure for severely ill or injured

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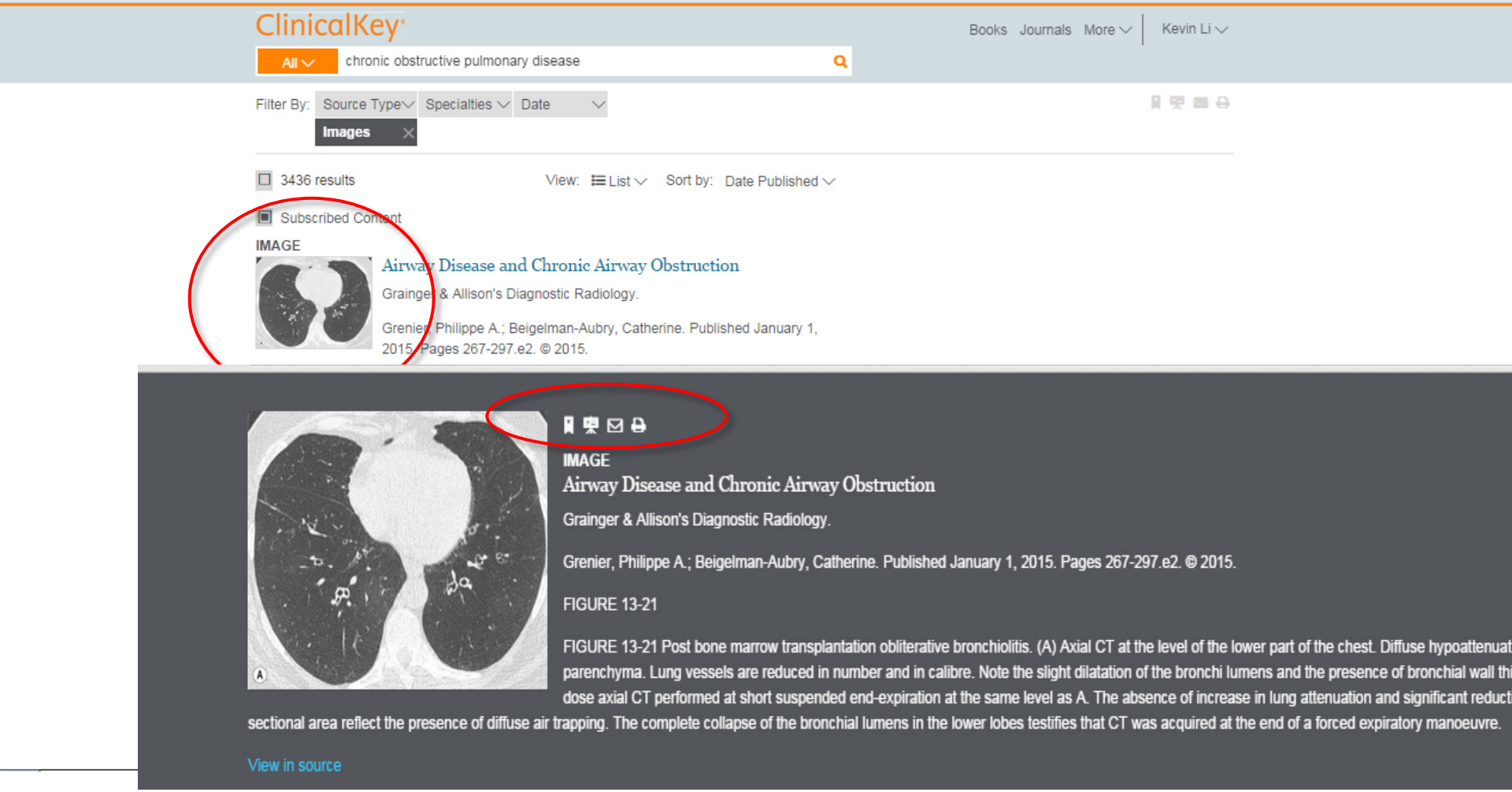
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FIGURE 13-21
FIGURE 13-21 Post bone marrow transplantation obliterative bronchiolitis. (A) Axial CT at the level of the lower part of the chest. Diffuse hypoattenuat
parenchyma. Lung vessels are reduced in number and in calibre. Note the slight dilatation of the bronchi lumens and the presence of bronchial wall thi
dose axial CT performed at short suspended end-expiration at the same level as A. The absence of increase in lung attenuation and significant reducti
sectional area reflect the presence of diffuse air trapping. The complete collapse of the bronchial lumens in the lower lobes testifies that CT was acquired at the end of a forced expiratory manoeuvre.
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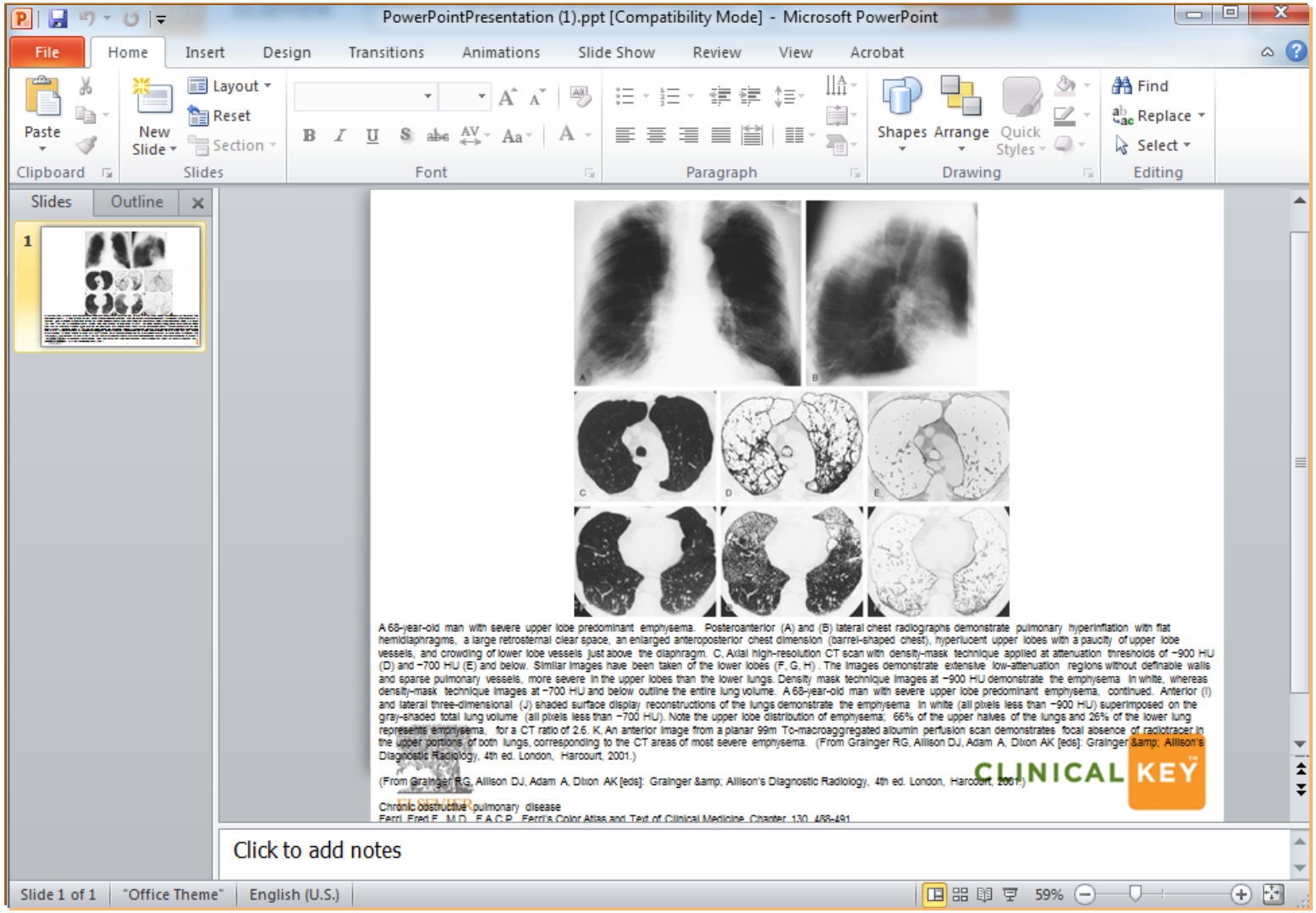

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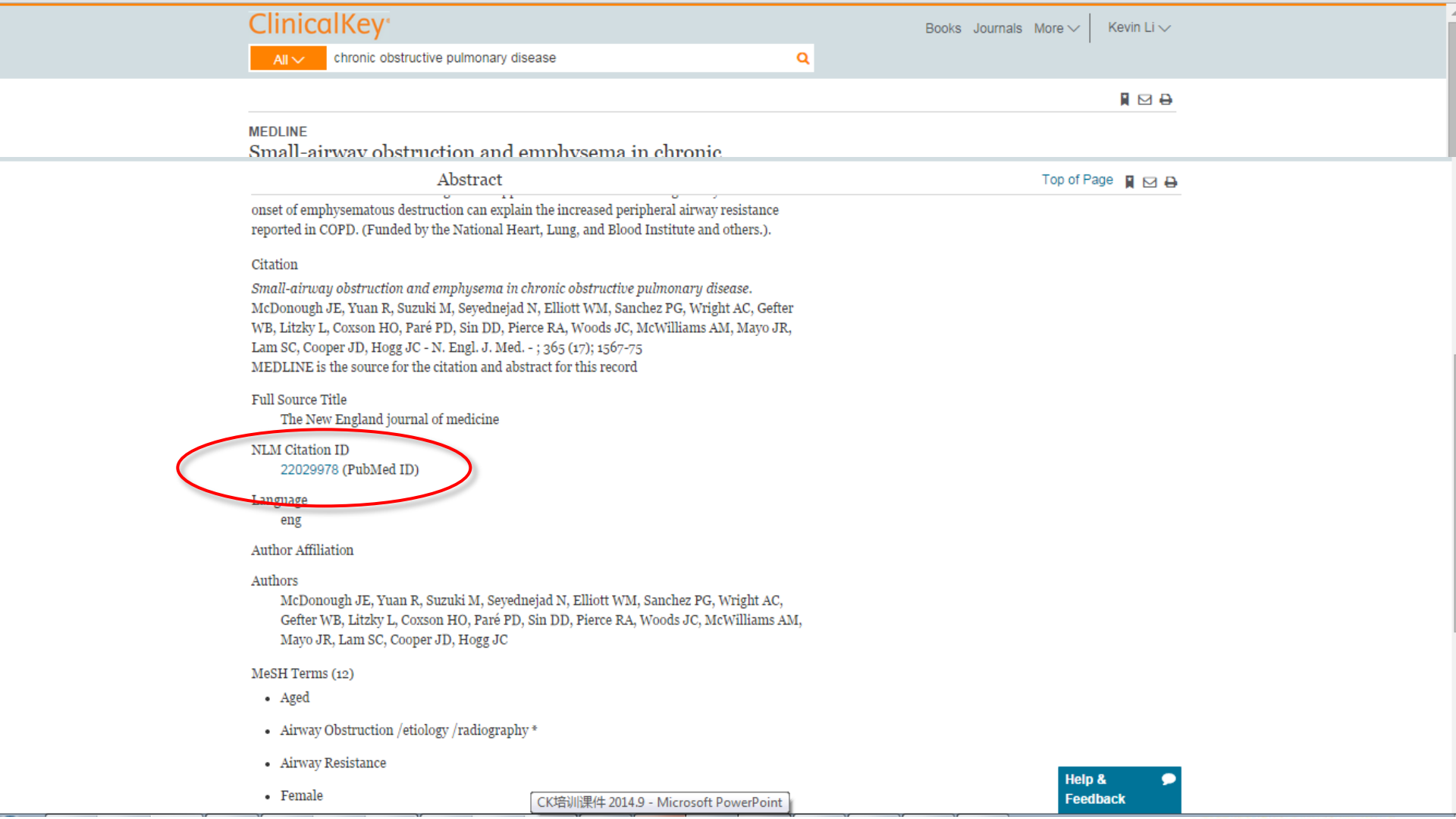

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Immunol Allergy Clin North Am. 2013 Feb;33(1):35-44. doi: 10.1016/j.iac.2012.10.012. Epub 2012 Dec 23.

Cardiac asthma.

Buckner K.

Division of Cardiology, Department of Medicine, National Jewish Health, 1400 Jackson Street, Denver, CO 80206, USA. bucknerk@njhealth.org

Abstract

Cardiac dyspnea, especially if present only with exercise, is often confused with asthma and exercise-induced bronchospasm. Cardiac dyspnea or asthma is the consequence of pulmonary edema due to pulmonary venous hypertension and not due to asthmatic bronchoconstriction. In overt, acute congestive heart failure, the diagnosis may be readily made by history and physical examination and pertinent laboratory and imaging data.

PMID: 23337063 [PubMed - in process]

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TRANSFUSION

Methodologic issues in the use of bleeding as an outcome in transfusion medicine studies

Nancy M. Heddle[1,2,3,4], Richard J. Cook[1,2,3,4], Kathryn E. Webert[1,2,3,4], Christopher Sigouin[1,2,3,4], Paolo Rebulla[1,2,3,4], in collaboration with the Biomedical Excellence for Safer Transfusion (BEST) Working Party of the International Society for Blood Transfusion[1]

Article first published online: 21 MAY 2003
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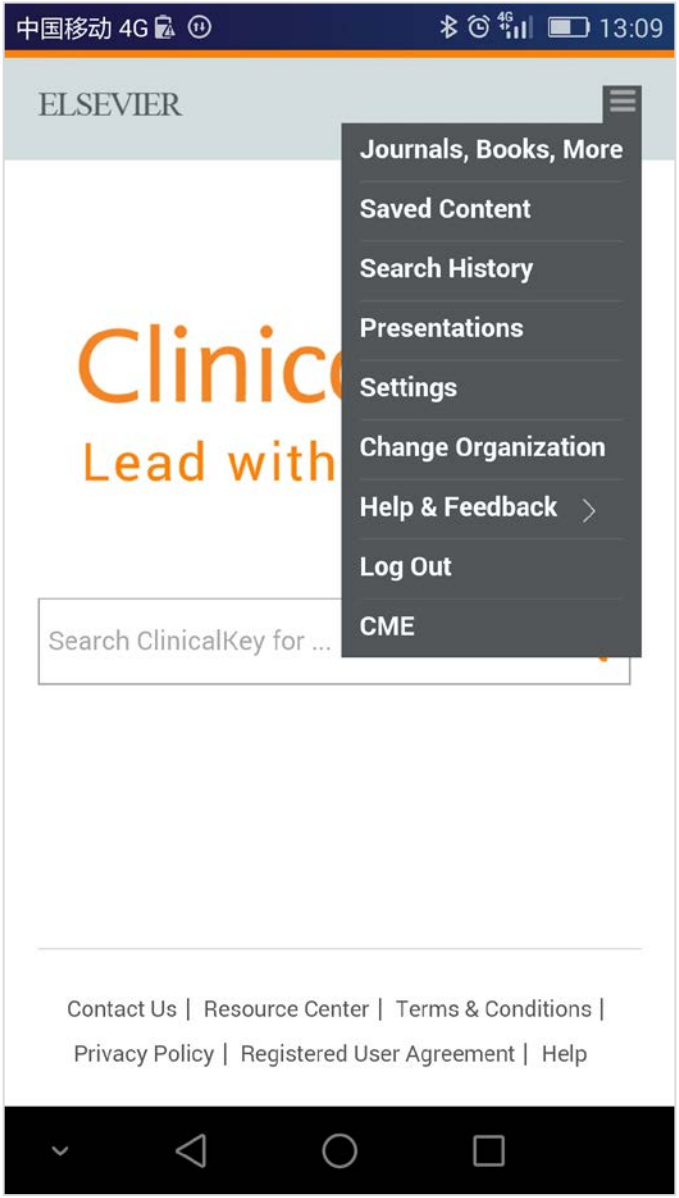
Transfusion
Volume 43, Issue 6, pages 742–752, June 2003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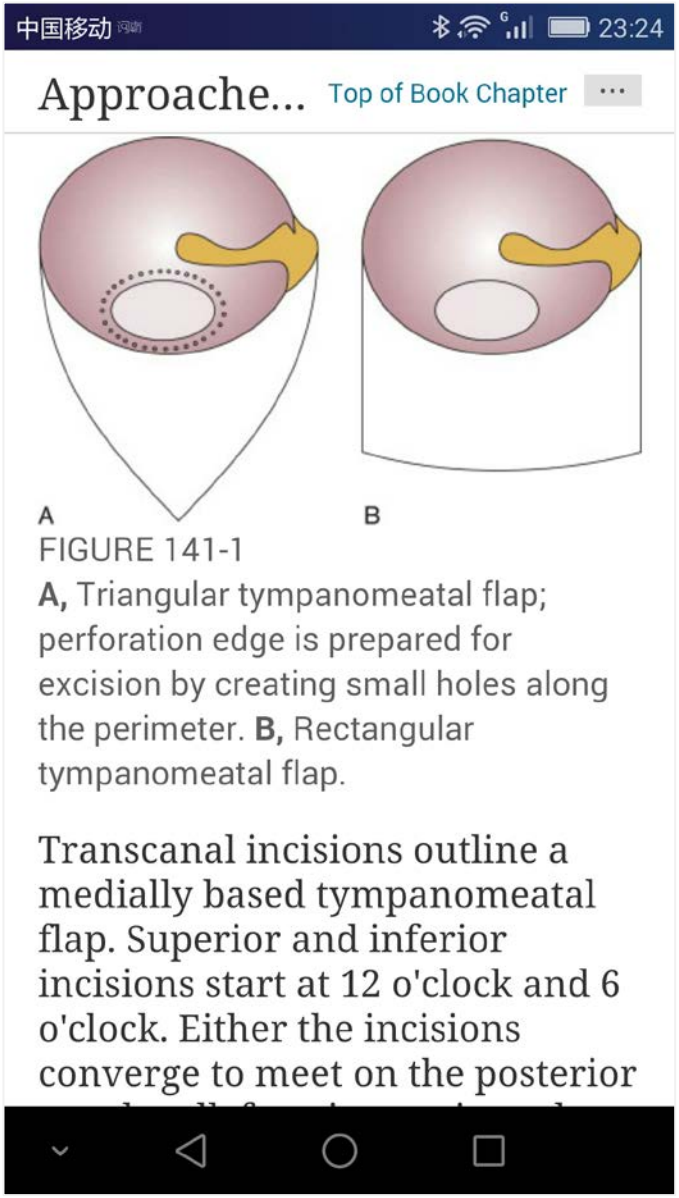
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FIGURE 141-1
A, Triangular tympanomeatal flap; perforation edge is prepared for excision by creating small holes along the perimeter. B, Rectangular tympanomeatal flap.
Transcanal incisions outline a medially based tympanomeatal flap. Superior and inferior incisions start at 12 o'clock and 6 o'clock. Either the incisions converge to meet on the posterior

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