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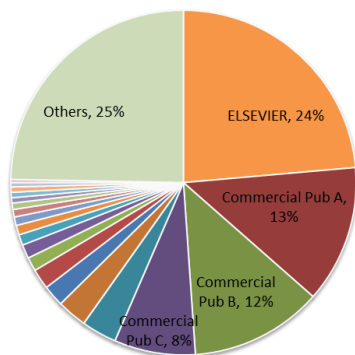


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Hypertension in children
Charles Kwon, MD, Direct
Ruben Nazario, MD, MA

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Hypertension
Updated November 1, 2017

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Cardiology Clinics 
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☐ **Hypertension: Pre-Hypertension to Heart Failure** 
Pages i-ii. Jamerson, Kenneth A., and Byrd, James Brian.
CARDIOLOGY CLINICS www.cardiology.theclinics.com Consulting Editors JORDAN TERRENCE D. WELCH AUDREY H. WU May 2017 • Volume 35 • Number 2

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Pages iii-iv.
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http://www.theclinics.com CARDIOLOGY CLINICS Volume 35, Number 2 May 2017 1549645-2 Editor: Stacy Eastman Developmental ...

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Pages iii-iv.
Editorial Board JORDAN M. PRUTKIN, MD, MHS, FHRS Assistant Professor of Medicine, Cardiology/Electrophysiology, University of Washington Medical Center, Seattle, Washington
FACC, FSCAI Associate Professor, Keck S...

☐ **Contents** 
Pages v-vii.

☐ **Genomic Approaches to Hypertension** 
Pages 185-196. Dadoo, Sherif N., MD, and Benjamin, Ivor J., MD.
Key points • Genomic insights and analyses of Mendelian hypertension (HTN) syndromes and Genome-Wide Association study (GWAS) on essential hypertension have contributed to the depth of understanding of the genetics origins of hypertension...

☐ **The Effects of Dietary Factors on Blood Pressure** 
Pages 197-212. Appel, Lawrence J., MD, MPH.
Key points • A compelling body of evidence supports the concept that multiple dietary factors affect blood pressure (BP). • Dietary changes that effectively lower blood pressure are weight loss, reduced sodium intake, increased potassium...

☐ **The Environment and Blood Pressure** 
Pages 213-221. Brook, Robert D., MD.
Key points • Numerous environmental factors including cold weather, winter season, higher altitude, loud noises, and air pollutants can acutely increase blood pressure. • Long-term exposures to many of these environmental factors may promote the development of hypertension...

☐ **Psychosocial Factors and Hypertension** 
Pages 223-230. Cuevas, Adolfo G., PhD, Williams, David R., PhD, MPH, and Albert, Michelle A., MD, MPH.
Key points • Hypertension is a leading cause of cardiovascular disease and stroke and this burden falls heavily on black people (African Americans). • This article reviews recent research on psychosocial factors and hypertension and contextualizes...

☐ **Management of Essential Hypertension** 
Pages 231-246. Ferdinand, Keith C., MD, and Nasser, Samar A., PhD, MPH, PA-C.
Key points • Prevalence of essential hypertension is widespread in the United States and highest in African Americans. Racial/ethnic US minorities have lower hypertension control rates compared with non-Hispanic whites. • Therapeutic lifestyle modifications...

☐ **Balancing Overscreening and Underdiagnosis in Secondary Hypertension** 

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Functional abdominal pain in children
Maim Alkhouri, MD; Joseph E. Scherger, MD, MPH... Show all. Published October 29, 2011. Last updated October 28, 2011.

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

☐ **BOOK**
Ancillary Testing
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Urinalysis and testing for pregnancy are perhaps the most time- and cost-effective adjunctive laboratory tests available. Urinalysis results are interpreted within the context of the patient's clinical picture. Pyuria, with or without bacteri...
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Searches related to abdominal pain
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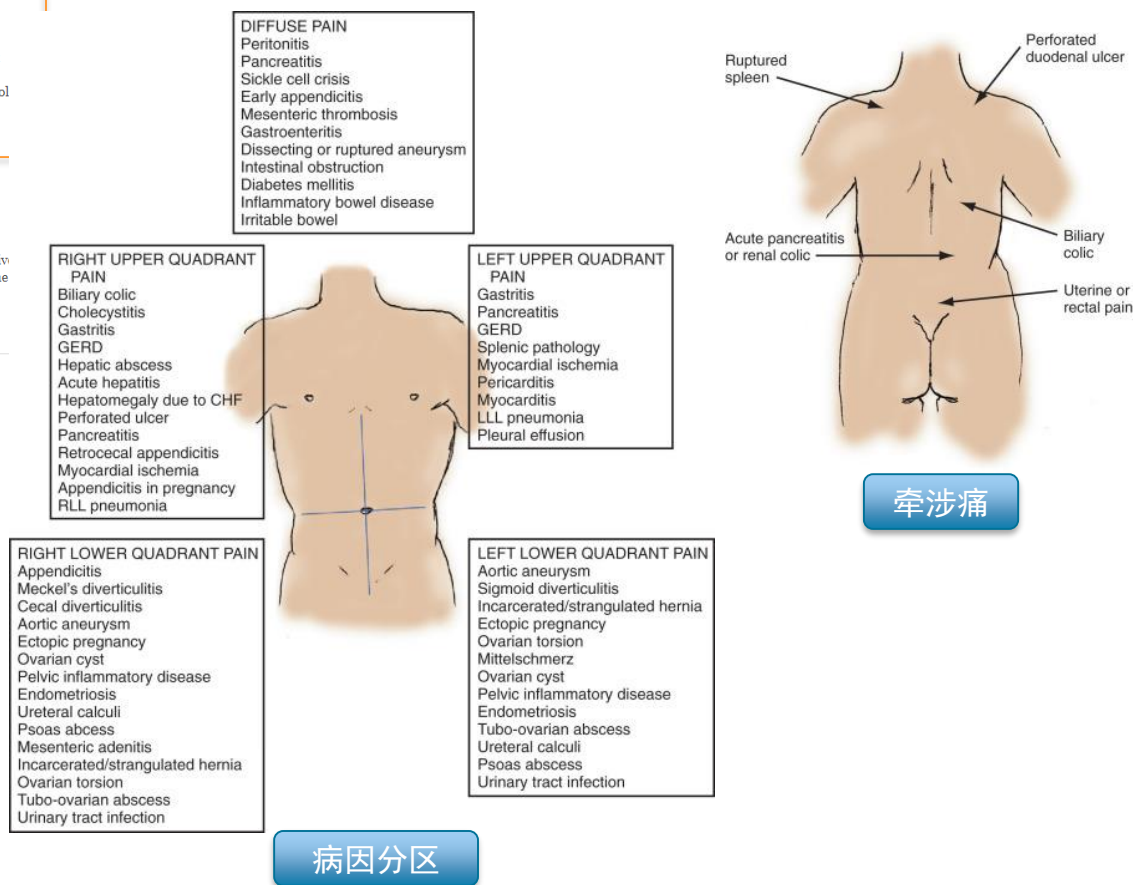
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Gastroenteritis in children

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



如何进一步判断病因？

Diagnostic Approach

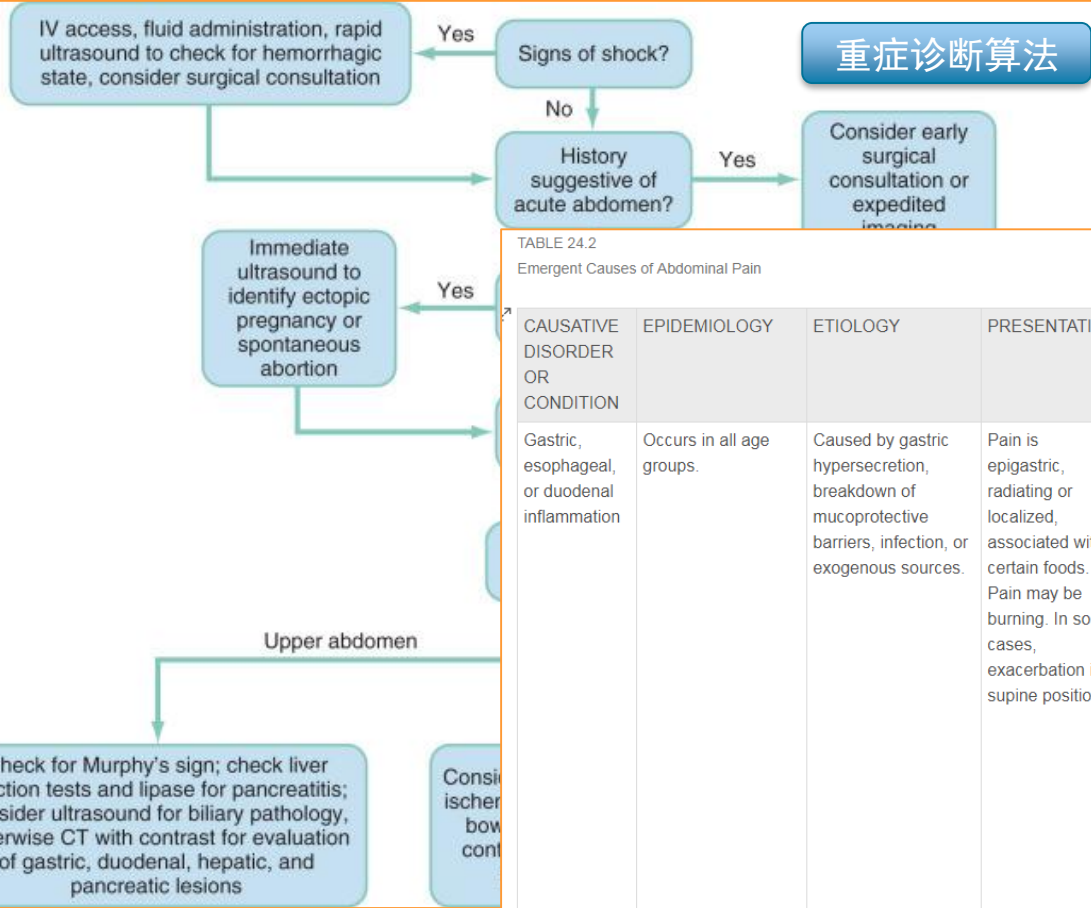
Differential Diagnosis Considerations

The differential diagnosis of abdominal pain is divided into abdominopelvic (intraoperative, 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

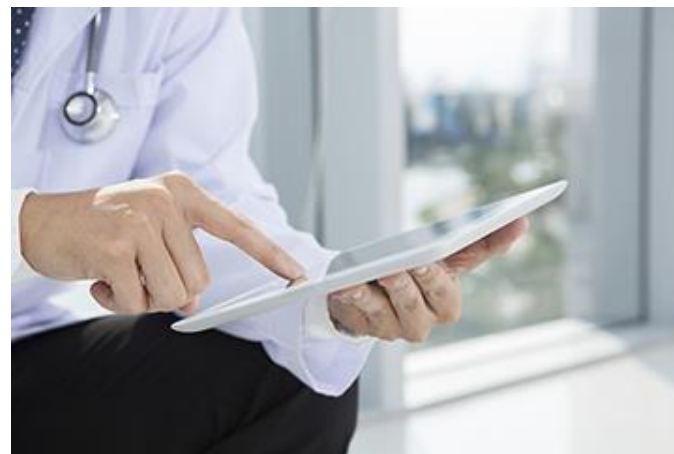
TABLE 24.2
Emergent Causes of Abdominal Pain

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. Invasive studies are contemplated. Gastroscopy is valuable in diagnosis and testing for <i>Helicobacter pylori</i> with blood or stool specimens. If perforation is suspected, a chest radiograph obtained early without free air. CT 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

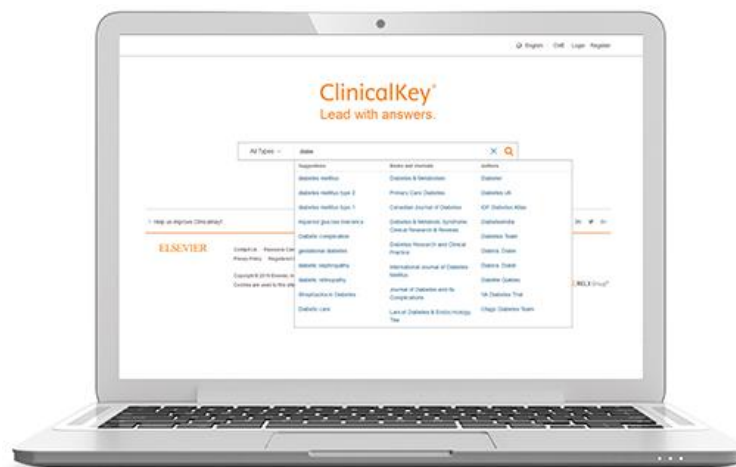
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疑难复杂病—助力诊断

辅助医生破解复杂病情

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

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

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

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

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

Right Screenshot: The search query is "hearing loss meningeal". The results show 705 results. The article title is "Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult...". The authors are Auris Nasus Larynx, Marchese, Maria Raffaella; La Greca, Carmelo... Show all. The article is published in Issue 4, Pages 515-518, © 2009. The article includes a brain MRI image (Fig. 4) and an audiogram (Fig. 3).

例2：35岁原发性不孕女性患者拟行输卵管通液术和宫腔镜检查

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

问题：围手术期过敏如何防治？患者过敏性休克的原因是什么？

The screenshot displays two search results from Elsevier. The top result is for 'perioperative anesthesia anaphylaxis prevention' with 143 results. The bottom result is for 'Cisatracurium' with 1160 results.

Search 1: perioperative anesthesia anaphylaxis prevention

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- Key points:** Introduction, Case 1, Case 2, Evaluation, Risk factors, Commonly implicated agents, Neuromuscular Blocking Agents, Latex, Antibiotics, Hypnotics, Opioids, Colloids, Hemostatics, Chlorhexidine, Blue Dyes, Nonsteroidal Antiinflammatory Drugs, Other Agents.
- Full Text Article:** Perioperative Anaphylaxis, Jennifer A. Immunology, Elsevier Inc.

Search 2: Cisatracurium

- Filter By:** Source Type (Journal Articles: 644, Full Text Only: 1, Full text and MEDLINE: 1, Systematic Reviews: 2, Randomized Control Trials: 79, Narrative Reviews: 112, Books: 412, Clinical Trials: 69, Images: 31, First Consult/Clinical Overviews: 3, Drug Monographs: 1), Specialties, Date, Subscribed Content.
- Drug Monograph:** Cisatracurium, Gold Standard. Published September 8, 2017.
- Book:** Cisatracurium, Neuromuscular Blocking Drugs > Intermediate-Acting Nondepolarizing Neuromuscular Bl..., Cisatracurium is a benzylisoquinolinium nondepolarizing NMED with an ED₉₅ of 50 mg/kg that has an onset of action of 3 to 5 minutes and a duration of action of 20 to 35 minutes (see Table 11.4 and Fig. 11.3). Structurally, cisatracurium is an is... Basics of Anesthesia, Miller, Ronald D., Published January 1, 2018. © 2018.
- Book:** Cisatracurium, Antiepileptic drugs > Drug-drug interactions, The effect of cisatracurium on the onset, duration, and speed of recovery from neuromuscular blockade has been studied in 24 patients taking antiepileptic drugs and 14 controls (233). The onset and duration of neuromuscular blockade were not dif... Meyer's Side Effects of Drugs, Aronson, J.K., MA, DPhil, MBChB, FRCP, HonFBPhS, HonFFPM. Published January 1, 2016. © 2016.
- Searches related to cisatracurium:** cisatracurium besilate
- Full Text Article:** Cisatracurium-induced proliferation impairment and death of colorectal cancer cells, HCT116 is...

Cisatracurium Sidebar:

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疑难复杂状况—助力方案制定

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Laparoscopic Surgery

Diagnosis and Management of Fetal Distress

Key Evaluation Components

Fetal Heart Rate Categories

Evaluation of the Neonate and Neonatal Resuscitation

Cardiopulmonary Resuscitation

Questions of the Day

Anesthesia for Nonobstetric Surgery During Pregnancy

The overall incidence of nonobstetric surgery during pregnancy is 1% to 2%, with trauma, appendicitis, and cholecystitis being the most frequent causes. ^{100 101} In addition to management of maternal awareness, hemodynamic before, anesthetic prevention of early in pregnancy delayed until, however, none on the fetus by for intervention timing should surgery during surgery in pre

For operation plan that optimize plan in the event planned, the with cesarean available to in general anesthetic of regional technique anesthesia. ¹⁰

Avoidance

There is always undiagnosed pregnancy female patient pregnancy test

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Cardiopulmonary Resuscitation

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References

胎儿宫内窘迫的诊断和处置

Key Evaluation Components

关键评估指标

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

Uterine Contractions

宫缩

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

BOX 33.4

- Normal: ≤ 5 contractions in 10 minutes, averaged over a 30-minute window
- Tachysystole: >5 contractions in 10 minutes, averaged over a 30-minute window
- Characteristics of uterine contractions: tachysystole should be always qualified as to presence or absence of associated fetal heart rate decelerations.
 - Tachysystole applies to either spontaneous or stimulated labor. The clinical response to tachysystole may differ depending on whether contractions are spontaneous or stimulated.
 - Hyperstimulation and hypercontractility are not defined and should be abandoned.

Uterine Activity Terminology

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

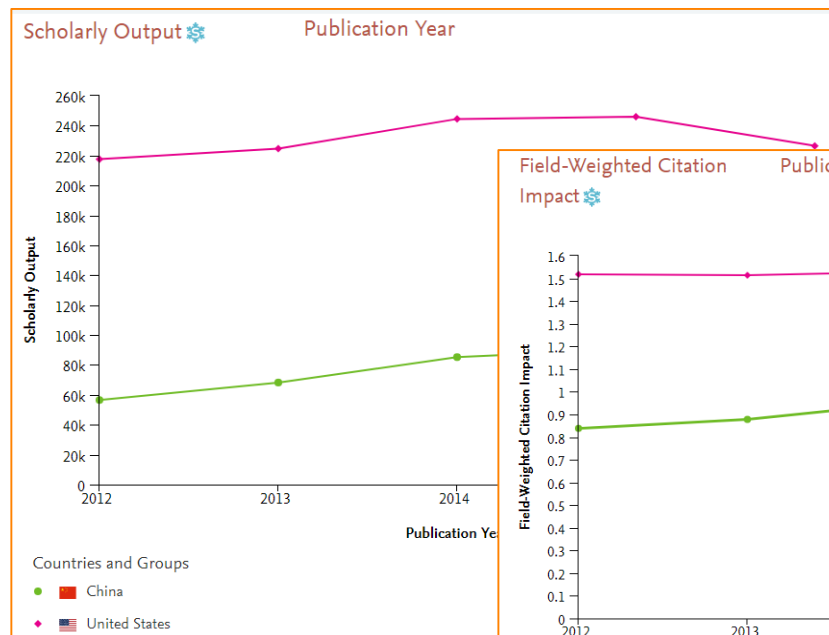
Baseline Fetal Heart Rate

基线胎心率

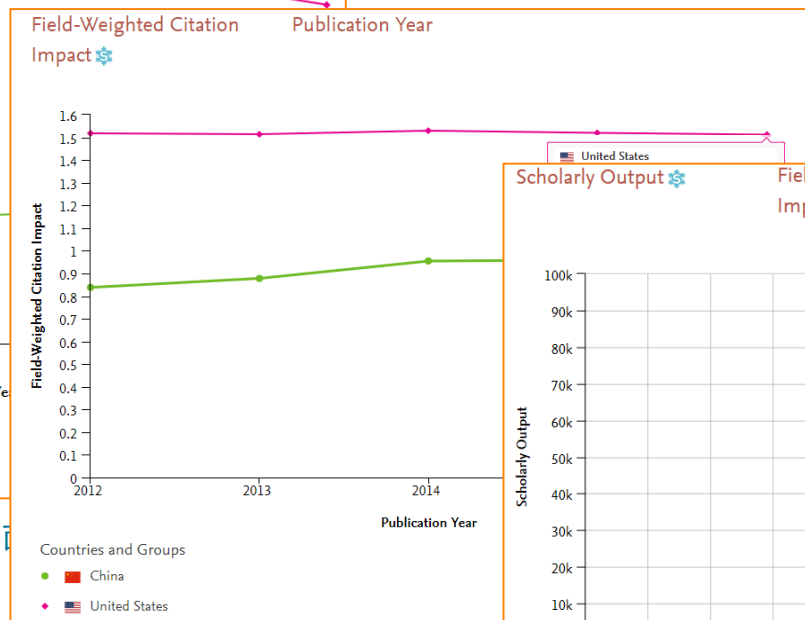
Baseline FHR is determined by approximating the mean FHR rounded to increments of 5 beats/min during a 10-

强力提升科研

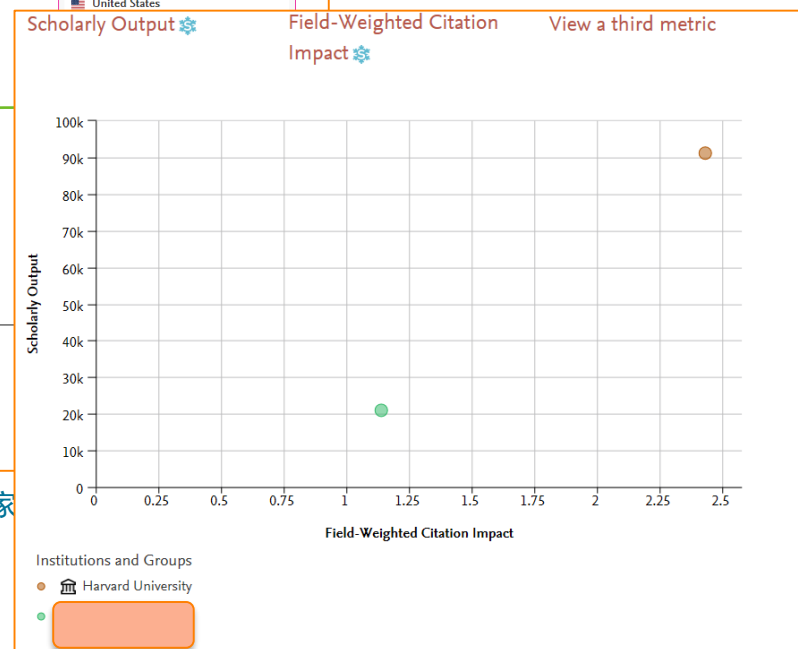
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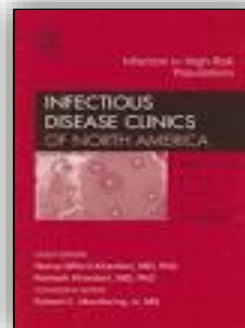
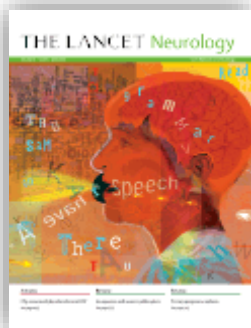
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Soluble Insulin Receptor Dysfunction Correlates With HAND in HIV+ Women on CART
Published November 9, 2016. Conditions: HIV. Interventions: Other: High intensity interval training (HIIT).

☐ **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, Articular

cartilage, epiphyseal

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cartilage, hyaline

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

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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.

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CLINICAL TRIAL

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

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

Purpose

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

Detailed Description

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

Criteria

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

Contacts and Locations

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

Locations

University of North Carolina Chapel Hill

ELSEVIER

以胶质瘤为例探讨解决科研问题

Definition from *Goldman-Cecil Medicine*

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

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



分析：

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

问题：胶质瘤边界如何识别？


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

关键词选取：Glioma Boundary, Glioma Border

All Types  glioma boundary 

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
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Journal of neurosurgical sciences.
Duffau, H. Published December 1, 2015.


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Glioma


Disease Overview [View Full Topic](#)

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

Definition 

Epidemiology 

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Was this helpful? Yes or No

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The role of 5-aminolevulinic acid in enhancing surgery for high-grade glioma, its current boundaries, and future perspectives: A systematic review.

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Glioma

Disease Overview [View Full Topic](#)

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

Definition

Astrocytomas, which are the most common glioma, are classified into one of four World Health Organization categories: grade I, the pilocytic astrocytoma; grade II, the fibrillary astrocytoma; grade III, the anaplastic astrocytoma; and grade IV,

CLINICAL TRIAL

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

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

Purpose

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

Status	Recruiting
Condition	Glioma
Phase	N/A
Study Type	Interventional

文献获取

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

Abstract

The traditional dilemma making surgery for diffuse low-grade gliomas (DLGGs) challenging is underlain by the need to optimize tumor resection in order to avoid permanent neurological morbidity. Development of 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.

Duffau H - J Neurosurg Sci - December 1, 2015; 59 (4); 361-71

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Full Source Title

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NLM Citation ID

25907410 (PubMed ID)

Language

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Authors

Duffau H

MeSH Terms (8)

- Brain Mapping /methods *
- Brain Neoplasms /surgery *
- Glioma /surgery *
- Humans

J Neurosurg Sci

Published December 1, 2015.

Volume 59, Issue 4; Pages 361-71

Duffau H¹.

Author information

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J Neurosurg Sci. 2015 Dec;59(4):361-71. Epub 2015 Apr 24.

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.

PMID: 25907410
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Bergin SP¹, Rackley CR².
Clin Chest Med. 2016 Dec;37(4):659-667. doi: 10.1016/j.ccm.2016.07.006. Epub 2016 Sep 8.

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

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Managing Respiratory Failure in Obstructive Lung Disease

Stephen P. Bergin MD and Craig R. Rackley MD
Clinics in Chest Medicine, 2016-12-01, 卷号 37, 期 4, 页 659-667, Copyright © 2016 Elsevier Inc.

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

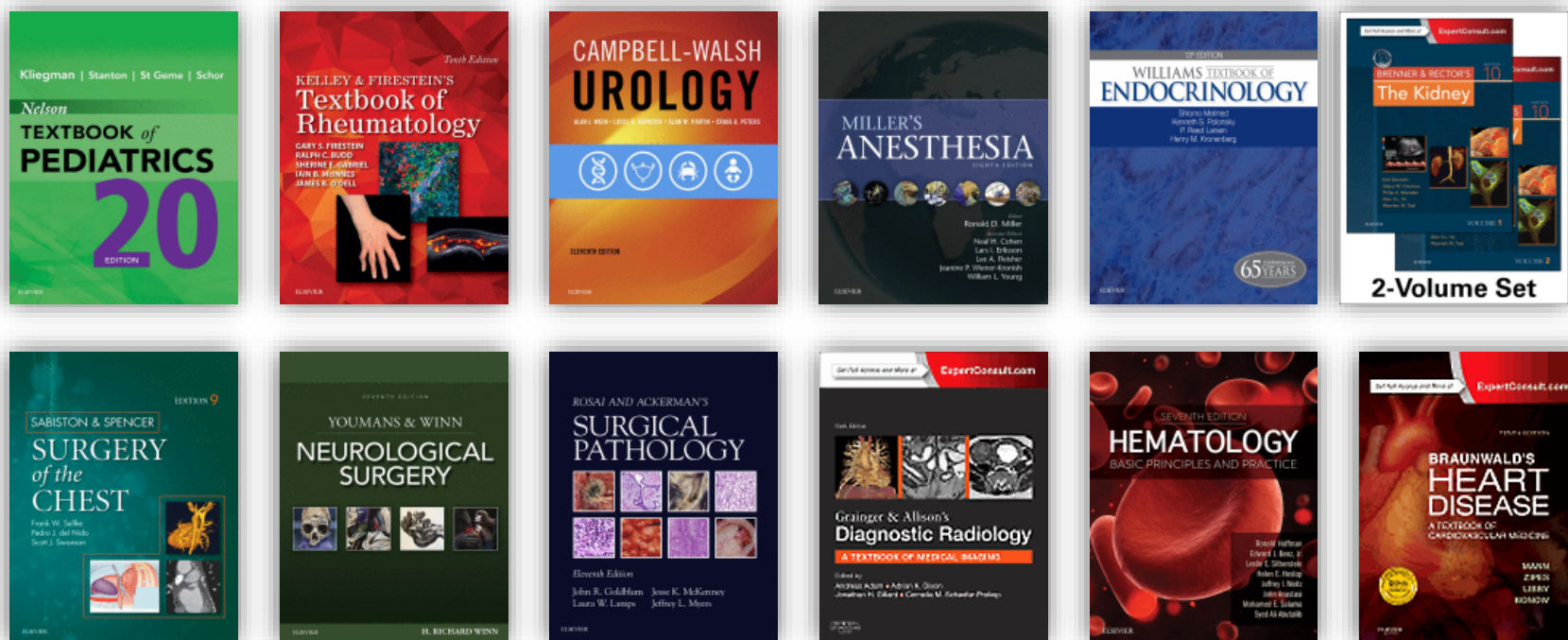
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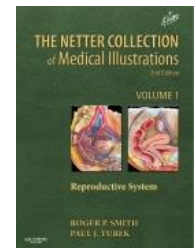
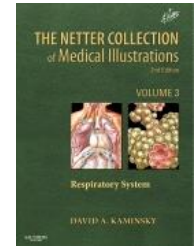
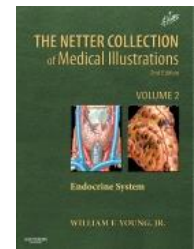
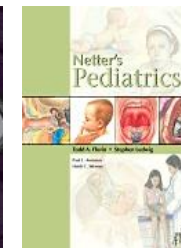
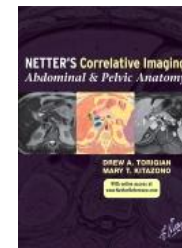
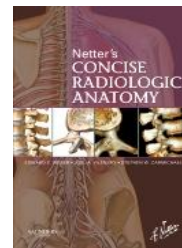
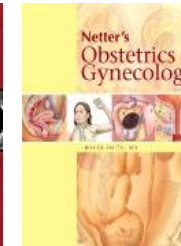
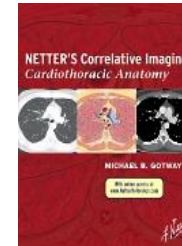
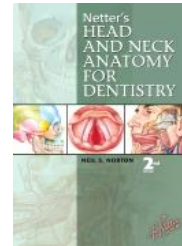
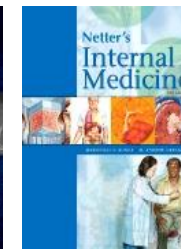
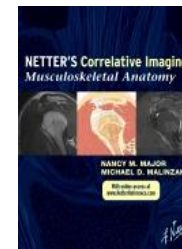
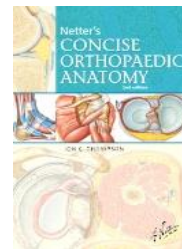
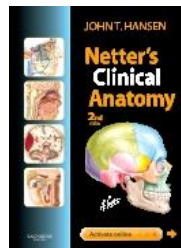
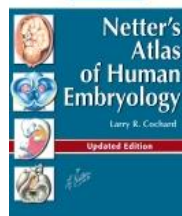
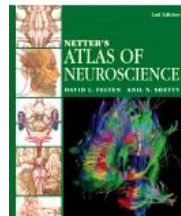
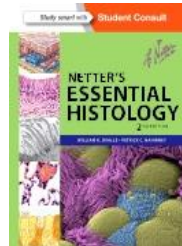
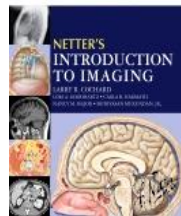
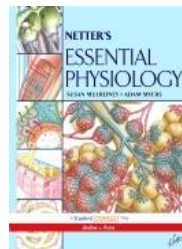
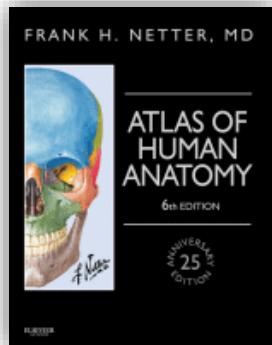
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RADIOLOGIC EXAMINATION OF THE LUNGS

RADIOLOGIC EXAMINATION OF THE LUNGS

NORMAL POSTEROANTERIOR (PA) AND LATERAL VIEWS OF CHEST

Plate 3-7

LEFT BRONCHIAL TREE AS REVEALED BY BRONCHOGRAMS

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

COMPUTED TOMOGRAPHY (see Plate 3-6)

CONTRAST EXAMINATIONS

RADIONUCLIDE IMAGING

MAGNETIC RESONANCE IMAGING

SONOGRAPHY

INTERPRETATION OF RADIOGRAPHIC PATTERNS

EXHALED BREATH ANALYSIS

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

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RADIOLOGIC EXAMINATION OF THE LUNGS

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COMPUTED TOMOGRAPHY (see Plate 3-6)

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SONOGRAPHY

INTERPRETATION OF RADIOGRAPHIC PATTERNS

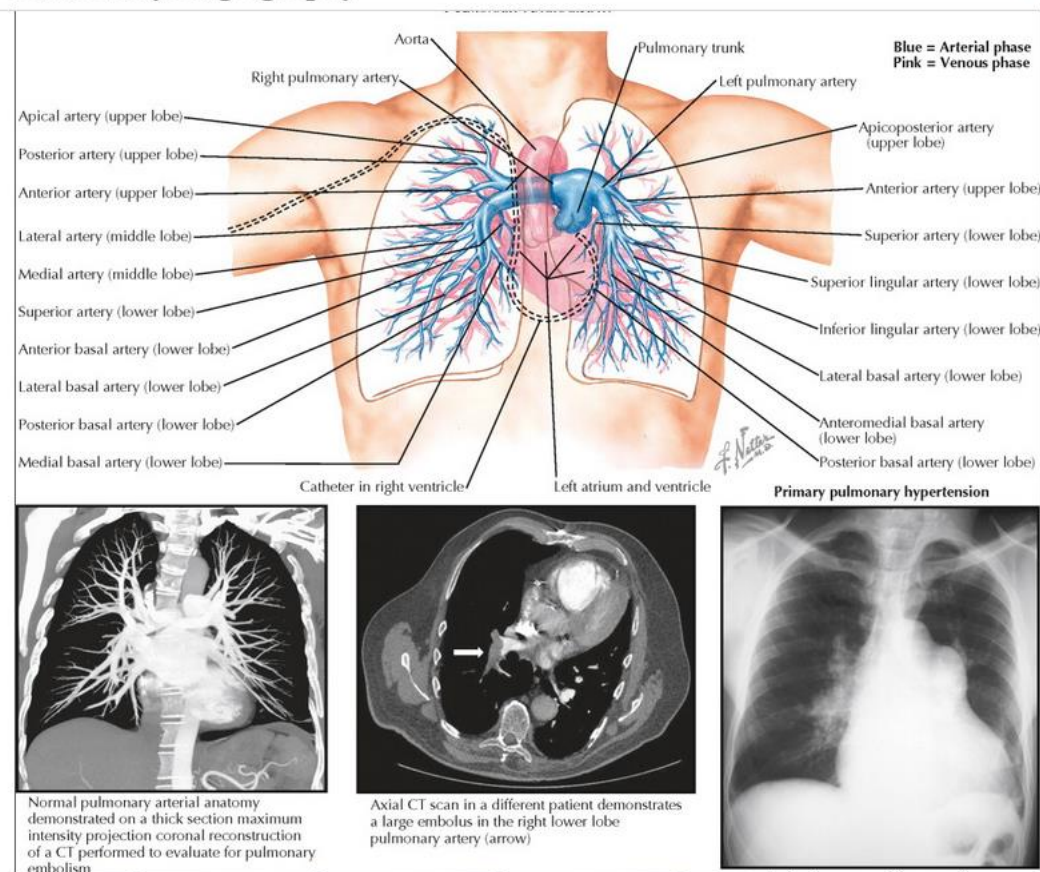
EXHALED BREATH ANALYSIS

FLEXIBLE BRONCHOSCOPY

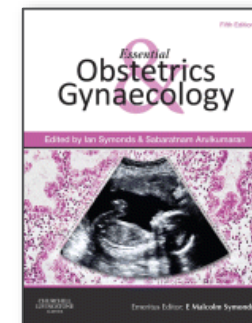
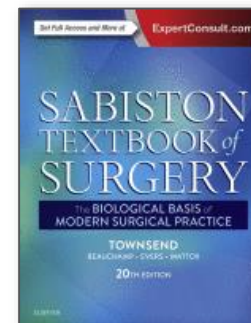
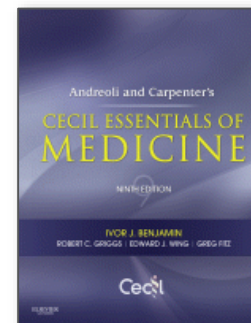
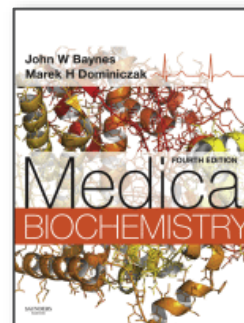
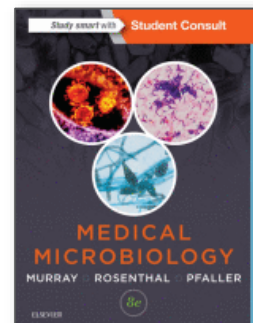
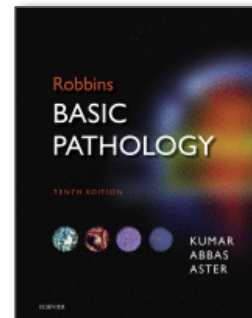
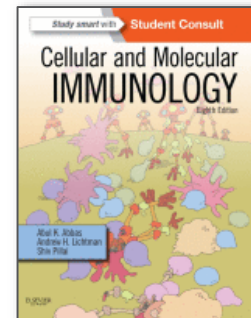
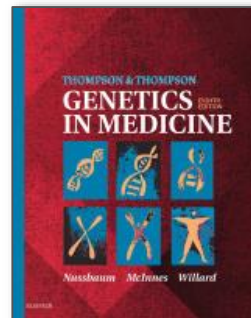
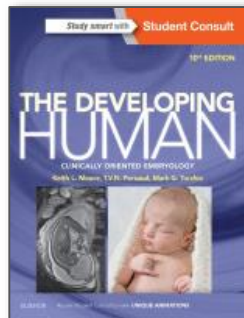
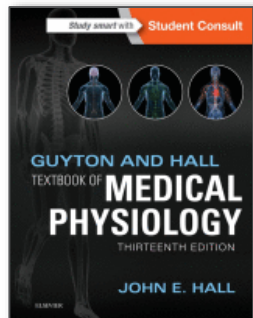
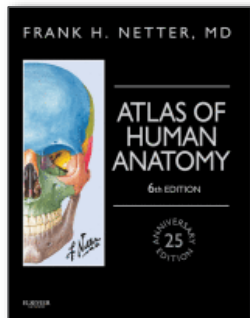
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Pulmonary Angiography

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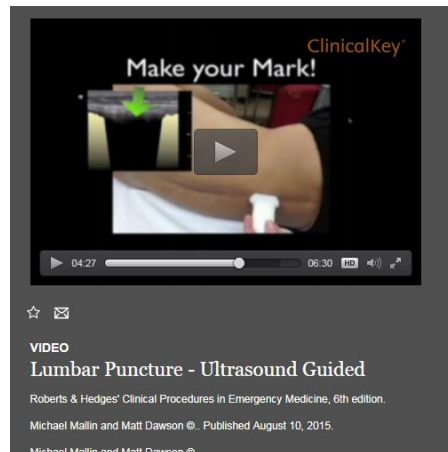
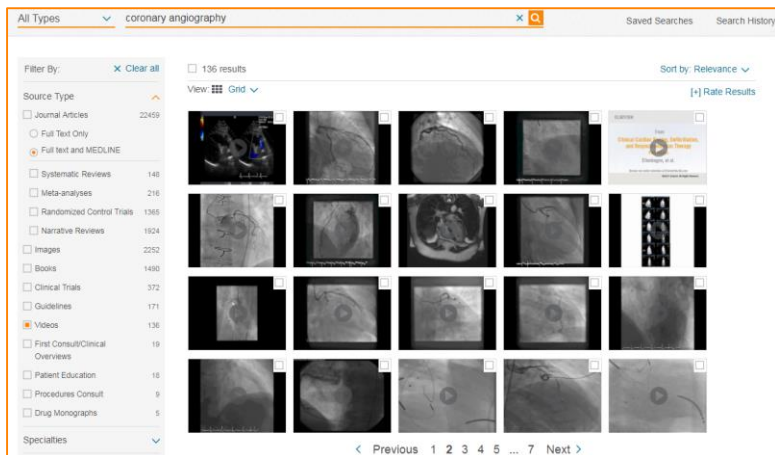
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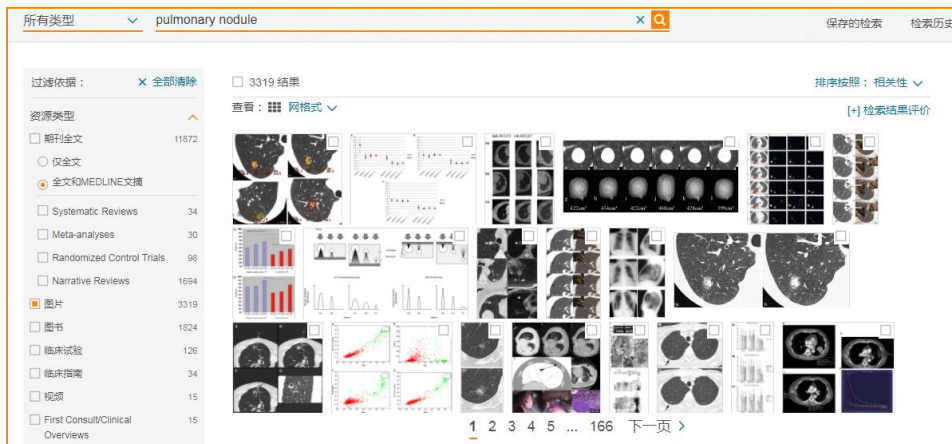
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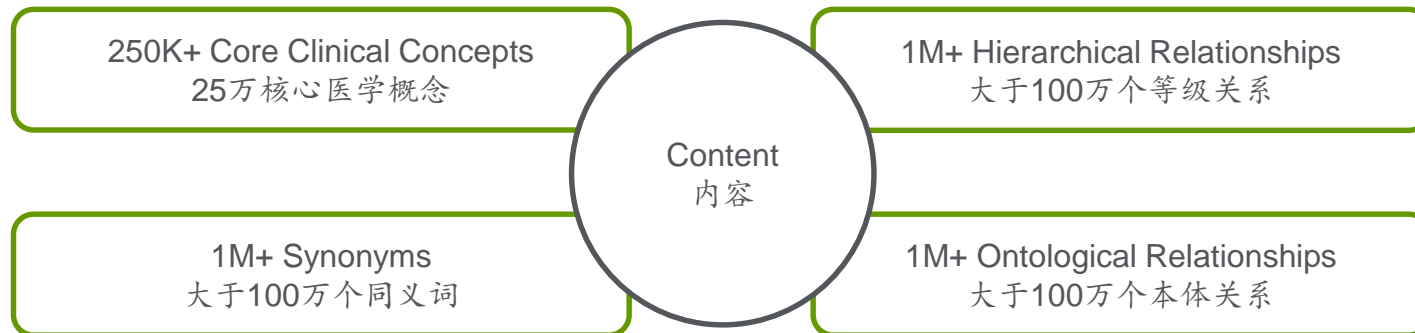
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EMMET示例- 检索乳腺癌

Parent Terms 上位词

- Breast Disorders 乳腺疾病
- Cancer of the Thorax 胸部肿瘤
- Mammary Neoplasms 乳房肿瘤
- More.... 更多...

Medical Name 医学名词

Malignant Neoplasm of the Breast 乳房恶性赘生物

Consumer Friendly Name 用户常用名词

Breast Cancer 乳腺癌

Synonyms 同义词

Malignant Tumor of Breast 乳房恶性肿瘤

Malignant Breast Neoplasm 恶性乳房肿瘤

Breast Ca 乳腺癌

Codes 代码

ICD9 – 174.9

MeSH – D001943

SNOMED – 190121004

Semantic Type/Group 语义类型/群组

Neoplastic Process/Disease 肿瘤过程/疾病

Semantic Relationships
语义关系

Children Terms 下位词

- Breast Sarcoma 乳房肉瘤
- Familial Breast Cancer 家族型乳腺癌
- Malignant lymphoma of the Breast 乳房恶性淋巴瘤
- Malignant Neoplasm of the breast outer quadrant 乳房外上象限恶性赘生物
- More 更多

Symptoms 同义词

Breast Lump, Nipple Retraction,
乳房肿块, 乳头内陷...

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诊断方法

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Treatment Procedures
治疗方法

Chemotherapy, Mastectomy,
化疗, 乳房切除术...

Medications 用药

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他莫昔芬, 多柔比星...

Physician Specialties
专科医师

Surgical Oncologist, Radiologist,
肿瘤外科医生, 放射科医生...

Risk Factors
风险因素

Family History, Genetics, Predisposition,
家族史, 遗传学, 易患病体质...

Prevention 预防

Screening, Preemptive Mastectomy,
筛查, 预防性乳房切除术...

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并发症

Metastatic Cancer,
转移癌...

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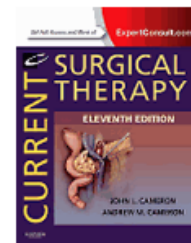
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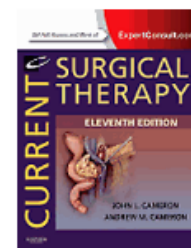
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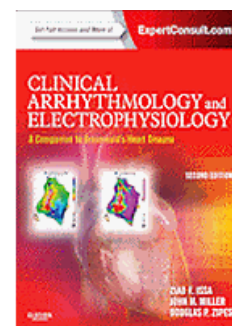
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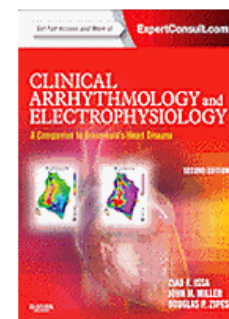
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Clinical Arrhythmology and Electrophysiology: A Companion to Braunwald's Heart Disease, Chapter 15, 290-374

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Classification of Atrial Fibrillation

Atrial fibrillation (AF) has been described in various ways, such as paroxysmal or persistent, lone, idiopathic, nonvalvular, valvular, or self-terminating. Each of these classifications has implications regarding mechanisms, as well as response to therapy. At the initial detection of AF, it may be difficult to be certain of the subsequent pattern of duration and frequency of recurrences. Thus, a designation of first-detected episode of AF is made on the initial diagnosis, irrespective of the duration of the arrhythmia. When the patient has experienced two or more episodes, AF is classified as recurrent. After the termination of an episode of AF, the rhythm can be classified as paroxysmal or persistent. *Paroxysmal AF* is characterized by self-terminating episodes that generally last less than 7 days. *Persistent AF* generally lasts longer than 7 days and often requires electrical or pharmacological cardioversion. *Permanent AF* refers to AF in which cardioversion has failed or AF that has been sustained for more than 1 year, or when further attempts to terminate the arrhythmia are deemed futile. With the advent of catheter ablation interventions for AF, patients with persistent



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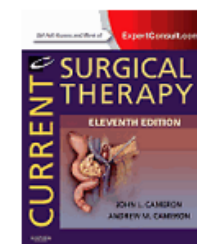


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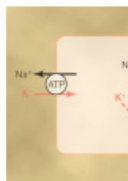
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Atrial fibrillation

Ramin Davoudi, MD. 出版 February 26, 2014. 最近一次更新 July 30, 2012.

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Atrial fibrillation

National Institute for Health and Care Excellence (NICE). 出版 July 9, 2015.

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2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial... 

Canadian Journal of Cardiology.

Macle, Laurent, MD; Cairns, John, MD... [显示全部](#)。 出版 October 1, 2016. Volume 32, Issue 10. 页 1170-1185. © 2016.

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HRS/NSA 2014 survey of atrial fibrillation and stroke: Gaps in knowledge and perspective,... 

Heart Rhythm.

Frankel, David S., MD, FHRS; Parker, Sarah E., MD... [显示全部](#)。 Heart Rhythm Society and National Stroke Association. 出版 July 1, 2015. Volume 12, Issue 7. 页 1185-1192. © 2015.

Atrial Fibrillation

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Ferri's Clinical Advisor 2017 - Ferri, Fred F., M.D., F.A.C.P.

Definition 

Atrial fibrillation (AF) is a supraventricular tachyarrhythmia characterized by disorganized and rapid atrial activation and uncoordinated atrial contraction. AF occurs when structural and/or electrophysiologic abnormalities alter atrial tissue to promote abnormal impulse formation and/or propagation. The ventricular rate is dependent on the conduction properties of the atrioventricular (AV) node, which can be influenced by vagal/sympathetic tone, medications, or disease of the AV node.

Multiple classification schemes have been used in the past to characterize AF. The current classification scheme (divided into three major types) used by the ACC/AHA guideline committee is as follows:

- Paroxysmal AF—more than one episode of AF that terminate spontaneously or with intervention within 7 days
- Persistent AF—episodes of AF that last longer than 7 days
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Figure 2. Schematic representation of the experimental design. The figure is divided into four quadrants. Top-left: A 3D brain model showing a lesion in the right hemisphere. Top-right: A 3D brain model showing a lesion in the left hemisphere. Bottom-left: A 3D brain model showing a lesion in the right hemisphere. Bottom-right: A 3D brain model showing a lesion in the left hemisphere.

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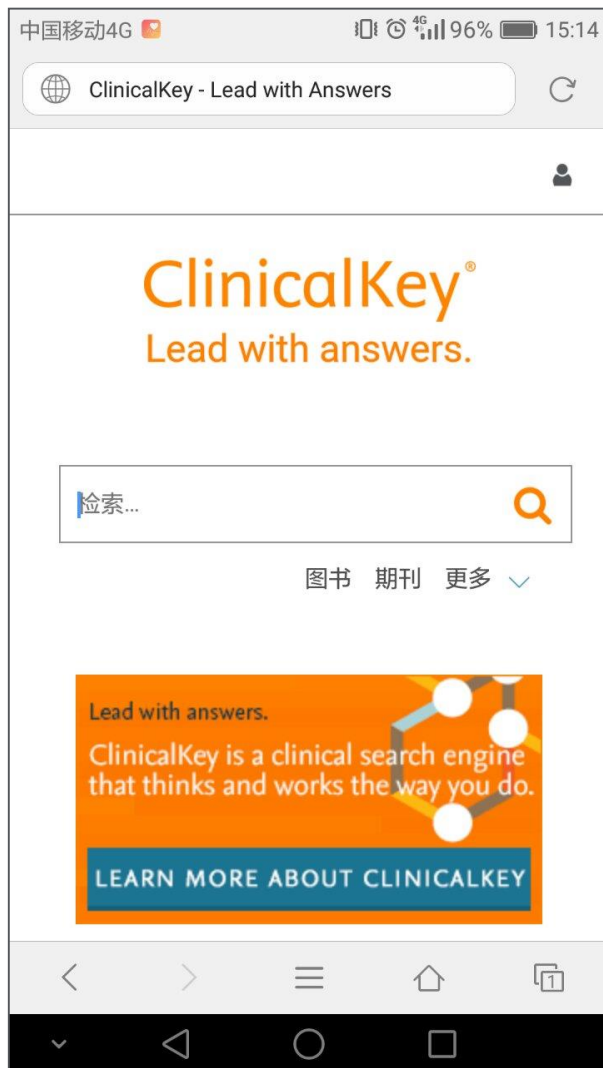
Figure 3. Schematic representation of the experimental design. The figure is divided into four quadrants. Top-left: A 3D brain model showing a lesion in the right hemisphere. Top-right: A 3D brain model showing a lesion in the left hemisphere. Bottom-left: A 3D brain model showing a lesion in the right hemisphere. Bottom-right: A 3D brain model showing a lesion in the left hemisphere.

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