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و خدمات بهداشتی درمانی لرستان

به نام خدا

آموزش استفاده از پایگاه اطلاعاتی Clinical Key

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- موتور جستجوی بالینی و یک منبع اطلاعاتی پزشکی است که محتوای تخصصی متنوعی را برای متخصصان سلامت فراهم می‌کند.
- یکی از محصولات بزرگترین ناشر بین‌المللی، الزویر (Elsevier) است که تمامی رشته‌های پزشکی و جراحی را پوشش می‌دهد.
- پاسخگوی نیاز های کلیدی بالینی پزشکان و پیراپزشکان
- قابلیت دسترسی یکجا به انواع متون و محتوای تخصصی حوزه های پزشکی و جراحی
- دسترسی به نزدیک به ۲۰ میلیون **چکیده** مدلاین علاوه بر منابع جراجی و پزشکی

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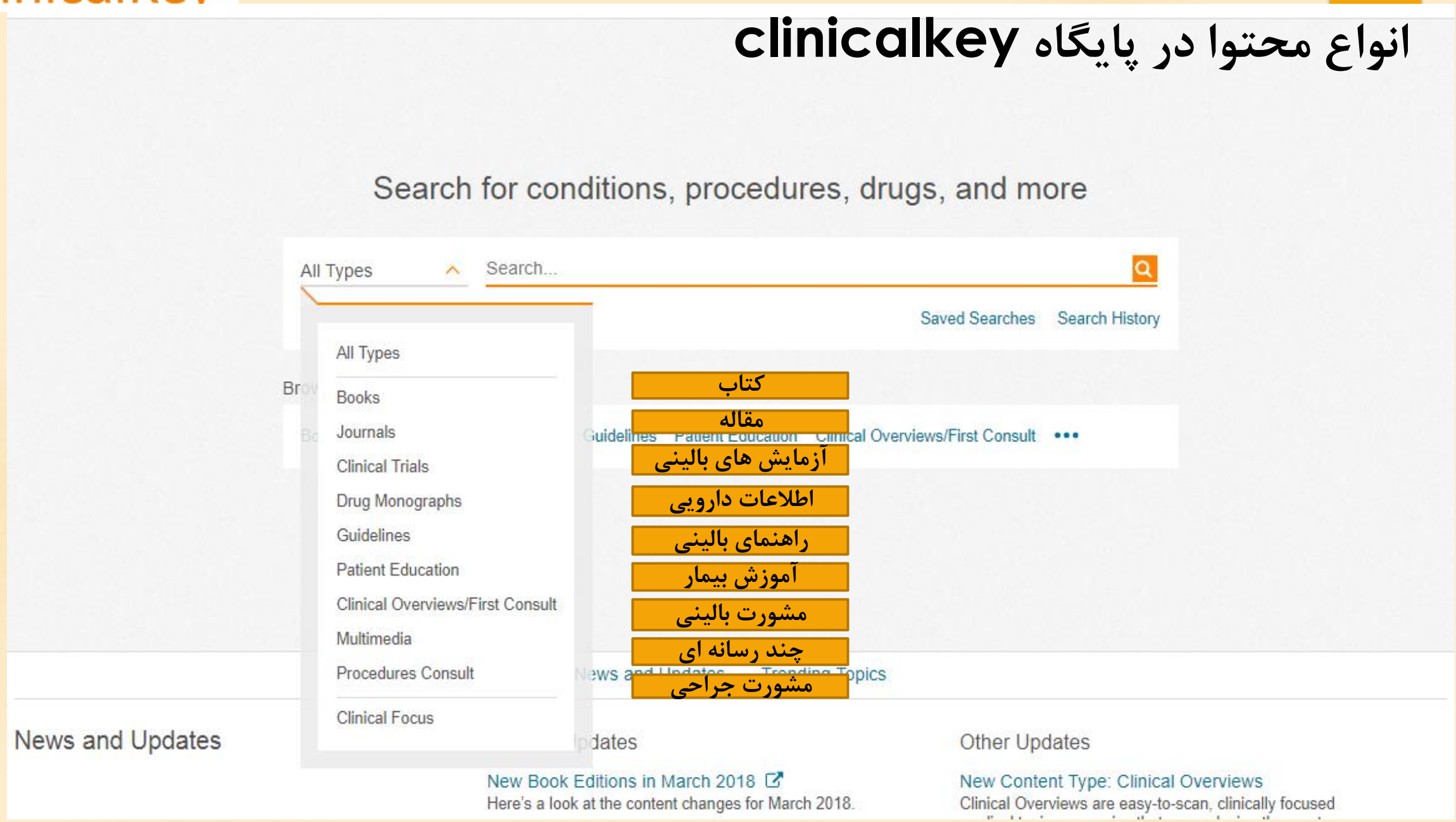

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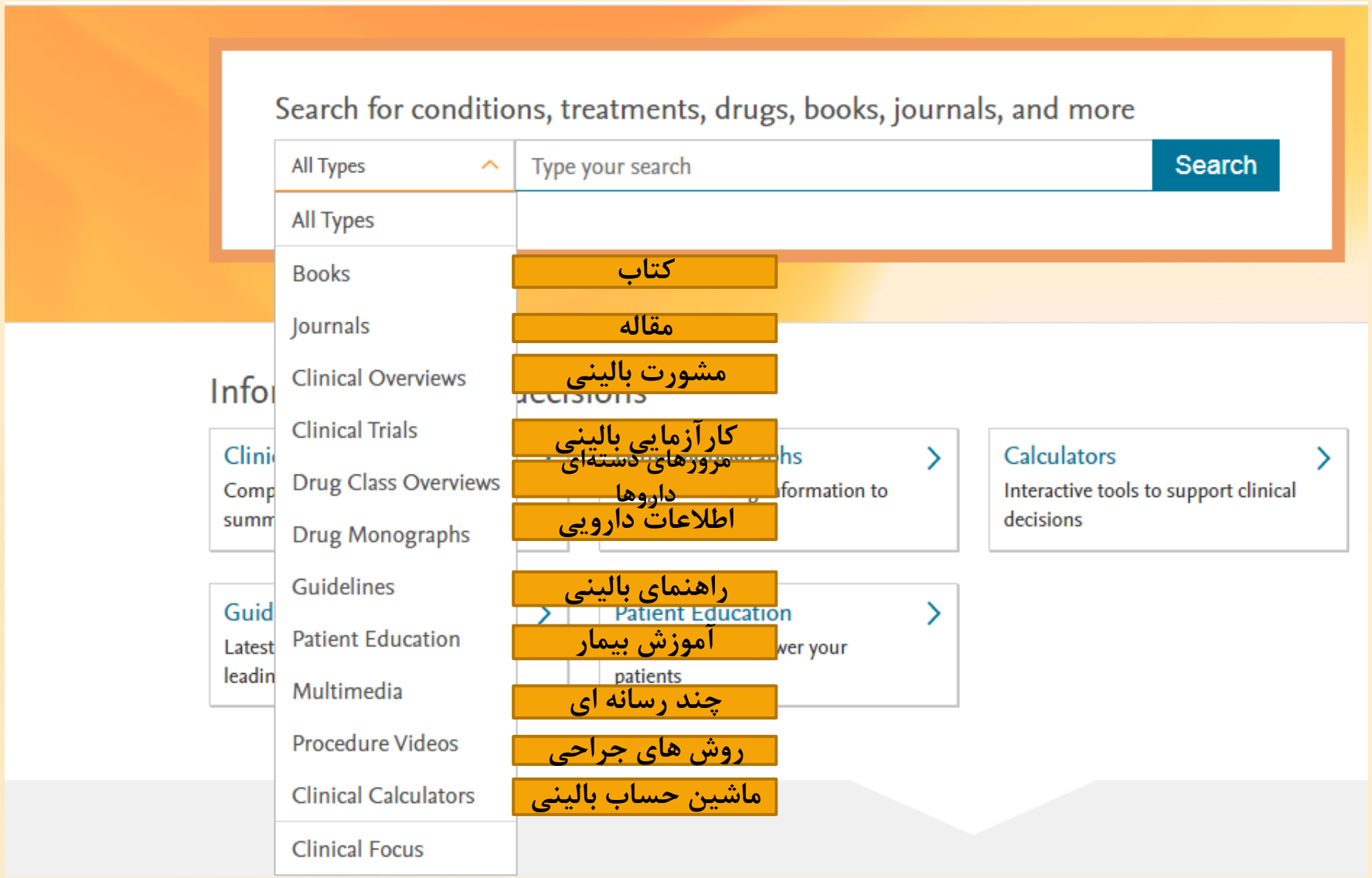

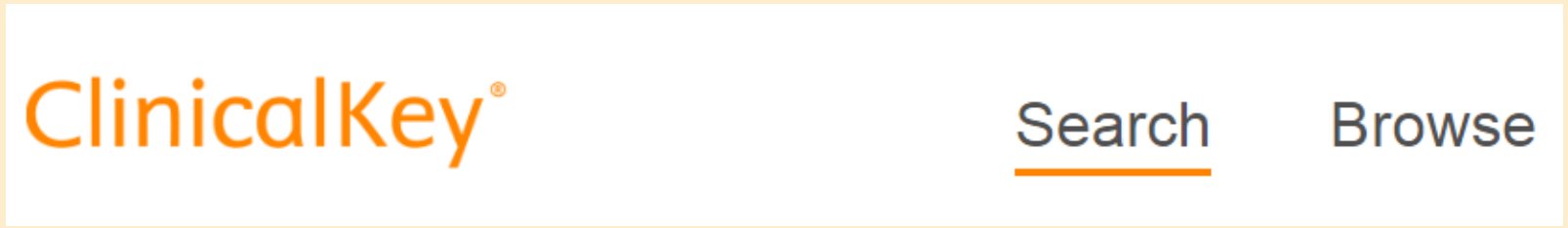

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Treatment

Multiple Sclerosis

Acute demyelinating MS attacks (relapses) may be treated with high doses of corticosteroids. These may be given orally or intravenously; however, high doses of corticosteroids are necessary and are superior to low doses. For example, a typical reg...

Conn's Current Therapy 2018.

Mark Keegan, B., MD.. Published January 1, 2018. © 2018.

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CHAPTER EXCERPT

Multiple Sclerosis

Neurological Problems of Pregnancy

Uncomplicated multiple sclerosis (MSacrnm1) has no apparent effect on fertility, pregnancy, labor, delivery, the rate of spontaneous abortions, congenital malformations, or stillbirths. The approximately 13% reduction in pregnancy rate among women...

Bradley's Neurology in Clinical Practice.

Shaner, D. Malcolm.. Published January 1, 2016. © 2016.

CHAPTER EXCERPT

Multiple Sclerosis

Disease Overview

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

Definition

Multiple sclerosis (MS) is a chronic predominantly autoimmune demyelinating disease of the central nervous system (CNS) characterized by subacute neurologic deficits correlating with CNS lesions separated in time and space, excluding other possible disease.

Subtypes include:

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- Relapses are defined as a subacute onset of neurologic dysfunction that lasts for at least 24 hr due to inflammatory demyelination.

Classic rare MS variants include:

- **Marburg variant:** MRI reveals a tumor-like lesion with

تعریف MS از کتاب مورد نظر

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سرفصل مطالب

Multiple Sclerosis

Uncomplicated multiple sclerosis (MS) has no apparent effect on fertility, pregnancy, labor, delivery, the rate of spontaneous abortions, congenital malformations, or stillbirths. The approximately 13% reduction in pregnancy rate among women with MS noted in one study may result from physical disability and from women deciding not to have children. Oral contraceptive agents do not affect the incidence of MS. One study of a large U.S. national database noted marginally increased risk of fetal intrauterine growth restriction (IUGR; weight <10th percentile for gestational age) and rate of cesarean section. Calculated at 2.7%, the low rate of IUGR was 1.9 times more likely than the normal population. Physicians performed cesarean section at a higher rate: 42% for women with MS compared to 32.8% for controls. The study found no increase in other adverse obstetric outcomes. The significant methodological concerns. Pregnancy outcome data were unavailable (

In a small study, researchers cautiously predict an increased relapse rate in patients with MS undergoing in vitro fertilization. This effect was noted for 3 months after the procedure, possibly associated with failure of IVF and the use of Gonadotropin Releasing Hormone agonists (Michel et al., 2012).

Predicting the effect of pregnancy on the course of MS for an individual patient remains challenging. Prospective analysis clarifies that for research populations, MS does not worsen overall as a result of pregnancy and suggests that for the average fertile patient with MS, the overall rate of progression of disability from MS compared to the rate of progression 1 year before pregnancy does not change for some 21 months postpartum. The exacerbation rate of MS decreases during the last trimester and increases during the 3 to 6 months after parturition. Postpartum relapse correlated with, but was predicted poorly by an increased relapse rate in the prepregnancy year, an increased relapse rate during pregnancy, and a higher level of disability at pregnancy onset (Vukusic et al., 2004). In one study finding that women with increasing parity were less likely to encounter a first demyelinating event, authors claim a cumulative protective effect of pregnancy on multiple sclerosis (Ponsonby, 2012)

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eria® Hematuria-Child

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FULL TEXT ARTICLE

EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis

Journal of Hepatology.
European Association for the Study of the Liver. Published August 1, 2018. Volume 69, Issue 2. Pages 406-460. © 2018.

FULL TEXT ARTICLE

ACR Appropriateness Criteria® Renovascular Hypertension

Journal of the American College of Radiology.
Harvin, Howard J., MD; Verma, Nupur, MD; Nikolaidis,... Show all. American College of Radiology. Published November 1, 2017. Volume 14, Issue 11, Supplement. Pages S540-S549. © 2017.

Searches related to kidney disease

kidney disease complications

kidney disease risk factors

تعریف Renal Disease در منابع انتخابی Clinicalkey

Renal Disease

Clinical Overview > View Full Topic

Elsevier Point of Care

Key Points

Decline in function of the kidney characterized by at least 3 months of reduced GFR (less than 60 mL/minute/ 1.73 m²) or at least 3 months of structural or functional kidney damage

Assessment of both GFR and albuminuria is necessary to diagnose chronic kidney disease and monitor disease progression

GFR is most commonly estimated through measuring serum creatinine and the use of GFR estimating equations, either the Modification of Diet in Renal Disease Study equation or the Chronic Kidney Disease Epidemiology Collaboration equation

Albuminuria is measured by urine albumin/creatinine ratio; greater than 30 mg/g indicates albuminuria

Chronic kidney disease is commonly associated with hypertension, diabetes, and cardiovascular disease

First line therapy includes ACE inhibitors and/or angiotensin II receptor blockers to reduce albuminuria and hypertension

If left untreated, chronic kidney disease can progress to

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CME

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FULL TEXT ARTICLE

ACR Appropriateness Criteria ® Hematuria-Child

Jonathan R. Dillman MD, MSc, Cynthia K. Rigsby MD, Ramesh S. Iyer MD, Adina L. Alazraki MD, Sudha A. Anupindi MD, Brandon P. Brown MD, Sherwin S. Chan MD, PhD, Scott R. Dorfman MD, Richard A. Falcone MD, MPH, Matthew D. Garber MD, Jie C. Nguyen MD, MS, Craig A. Peters MD, Nabile M. Safdar MD, MPH, Andrew T. Trout MD and Boaz K. Karmazyn MD

Journal of the American College of Radiology, 2018-05-01, Volume 15, Issue 5, Pages S91-S103, Copyright © 2018 American College of Radiology

اطلاعات مجله

Journal of the American College of Radiology

Volume 15, Issue 5

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nce of red blood cells in the urine, either visible to the eye (macroscopic hematuria) microscope (microscopic hematuria). The clinical evaluation of children and adolescents with any form of hematuria begins with a meticulous history and thorough evaluation of the urine. The need for imaging evaluation depends on the clinical scenario in which hematuria presents, including the suspected etiology. Ultrasound and CT are the most common imaging methods used to assess hematuria in children, although other imaging modalities may be appropriate in certain instances. This review focuses on the following clinical variations of childhood hematuria: isolated hematuria (nonpainful, nontraumatic, and microscopic versus macroscopic), painful hematuria (ie, suspected nephrolithiasis or urolithiasis), and renal trauma with hematuria (microscopic versus macroscopic).

The American College of Radiology Appropriateness Criteria are evidence-based guidelines for specific clinical conditions that are reviewed annually by a multidisciplinary expert panel. The guideline development and revision include an extensive analysis of current medical literature from peer reviewed journals and the

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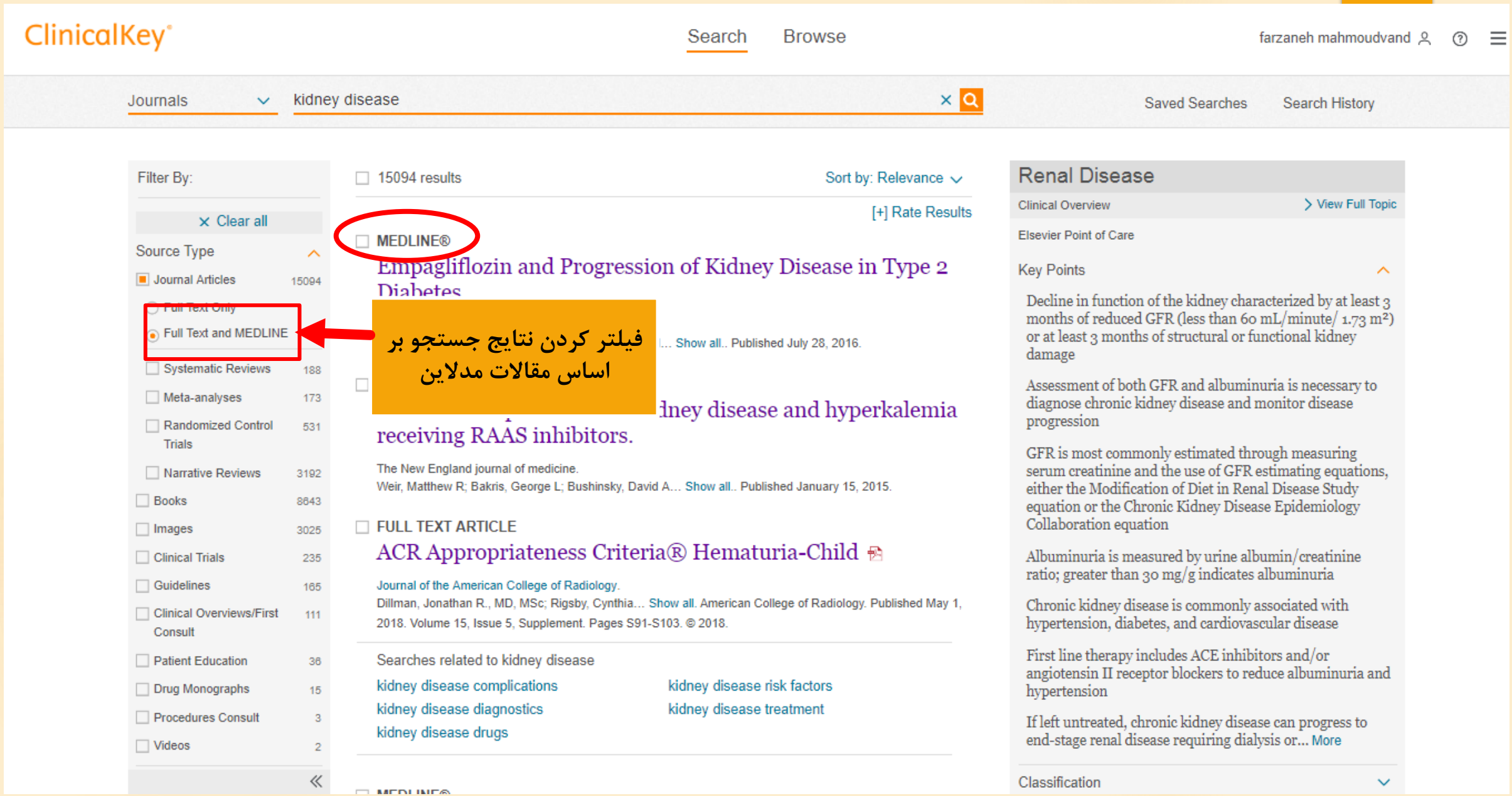

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MEDLINE®

Empagliflozin and Progression of Kidney Disease in Type 2 Diabetes.

Abstract

Diabetes confers an increased risk of adverse cardiovascular and renal events. In the EMPA-REG OUTCOME trial, empagliflozin, a sodium-glucose cotransporter 2 inhibitor, reduced the risk of major adverse cardiovascular events in patients with type 2 diabetes at high risk for cardiovascular events. We wanted to determine the long-term renal effects of empagliflozin, an analysis that was a prespecified component of the secondary microvascular outcome of that trial.

N. Engl. J. Med.

Published July 28, 2016.

Volume 375, Issue 4; Pages 323-34

Wanner C[1], Inzucchi SE[2], Lachin JM[3], Fitchett D[4], von Eynatten M[5], Mattheus M[6], Johansen OE[7], Woerle HJ[8], Broedl UC[9], Zinman B[10], .

Author information

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ژورنال چاپ کننده مقاله

Citation

Empagliflozin and Progression of Kidney Disease in Type 2 Diabetes.
Wanner C, Inzucchi SE, Lachin JM, Fitchett D, von Eynatten M, Mattheus M, Johansen OE, Woerle HJ, Broedl UC, Zinman B, - N. Engl. J. Med. - July 28, 2016; 375 (4); 323-34
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Comparison Between the Effect of Zinc Oxide and Non-irritant Barrier Film on the Prevention of…

Published July 31, 2018. Conditions: Diaper Rash. Interventions: Device: water and soap; Device: zinc oxide; Device: Non-Irritant Barrier Film.

CLINICAL TRIAL

A Pilot Trial Assessing the Feasibility of Delivering Topical MTS-01 to Reduce Dermatitis in Patients…

Published July 3, 2018. Conditions: Anal Cancer. Interventions: Drug: Tempol; Drug: 5-Fluorouracil; Drug: Mitomycin-C; Procedure: Radiation Therapy.

CLINICAL TRIAL

Effect of Sublingual Immunotherapy With Mite Extract in Patients With Atopic Dermatits: Placebo-controlled…

Published June 14, 2018. Conditions: Atopic Dermatitis; Effects of Immunotherapy. Interventions: Drug: Mite extract sublingual immunotherapy (SLIT); Other: Placebo.

Searches related to dermatitis

- dermatitis complications
- dermatitis risk factors
- dermatitis diagnostics
- dermatitis treatment
- dermatitis drugs

CLINICAL TRIAL

Comparison of Barrier Products in the Prevention of Incontinence-associated Dermatitis in Hospitalized Elderly

First received on January 15, 2017. Last updated on February 6, 2018.

Purpose

In clinical practice, there are a large number of patients hospitalized with Incontinence-Associated Dermatitis. Studies are needed to determine the effectiveness of products available for disease prevention. It is believed that the use of the non-irritant barrier film is superior to the use of zinc oxide in the prevention of Incontinence-Associated Dermatitis. The objective of this study is to compare the effect of the use of zinc oxide ointment with the use of non-irritant barrier film in the prevention of diaper dermatitis in incontinent patients admitted to medical clinic units.

Status	Recruiting
Condition	Diaper Rash
Phase	N/A
Study Type	Interventional
Official Title	Comparison Between the Effect of Zinc Oxide and Non-irritant Barrier Film on the Prevention of Incontinence-Associated Dermatitis in Hospitalized Elderly in a Teaching Hospital

Further study details (as provided by National Institutes of Health Clinical Center (CC))

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Purpose

Eligibility

Contacts and Locations

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Other Publications

First Received:	January 15, 2017
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ClinicalTrials.gov Identifier:	NCT03309059

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Ginkgo, Ginkgo biloba

Gold Standard. Published April 19, 2018.

DRUG MONOGRAPH

Interferon Beta-1a

Gold Standard. Published July 19, 2018.

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Natalizumab

Gold Standard. Published April 30, 2018.

Searches related to multiple sclerosis

MS complications
MS diagnostics
MS drugs
MS risk factors
MS treatment

DRUG MONOGRAPH

Corticotropin, ACTH

Gold Standard. Published July 28, 2018.

DRUG MONOGRAPH

Glatiramer

Multiple Sclerosis

Disease Overview > View Full Topic

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

Definition

Multiple sclerosis (MS) is a chronic predominantly autoimmune demyelinating disease of the central nervous system (CNS) characterized by subacute neurologic deficits correlating with CNS lesions separated in time and space, excluding other possible disease.

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- Relapses are defined as a subacute onset of neurologic dysfunction that lasts for at least 24 hr due to inflammatory demyelination.

Classic rare MS variants include:

- **Marburg variant:** MRI reveals a tumor-like lesion with notable edema in one cerebral... More

Genetics

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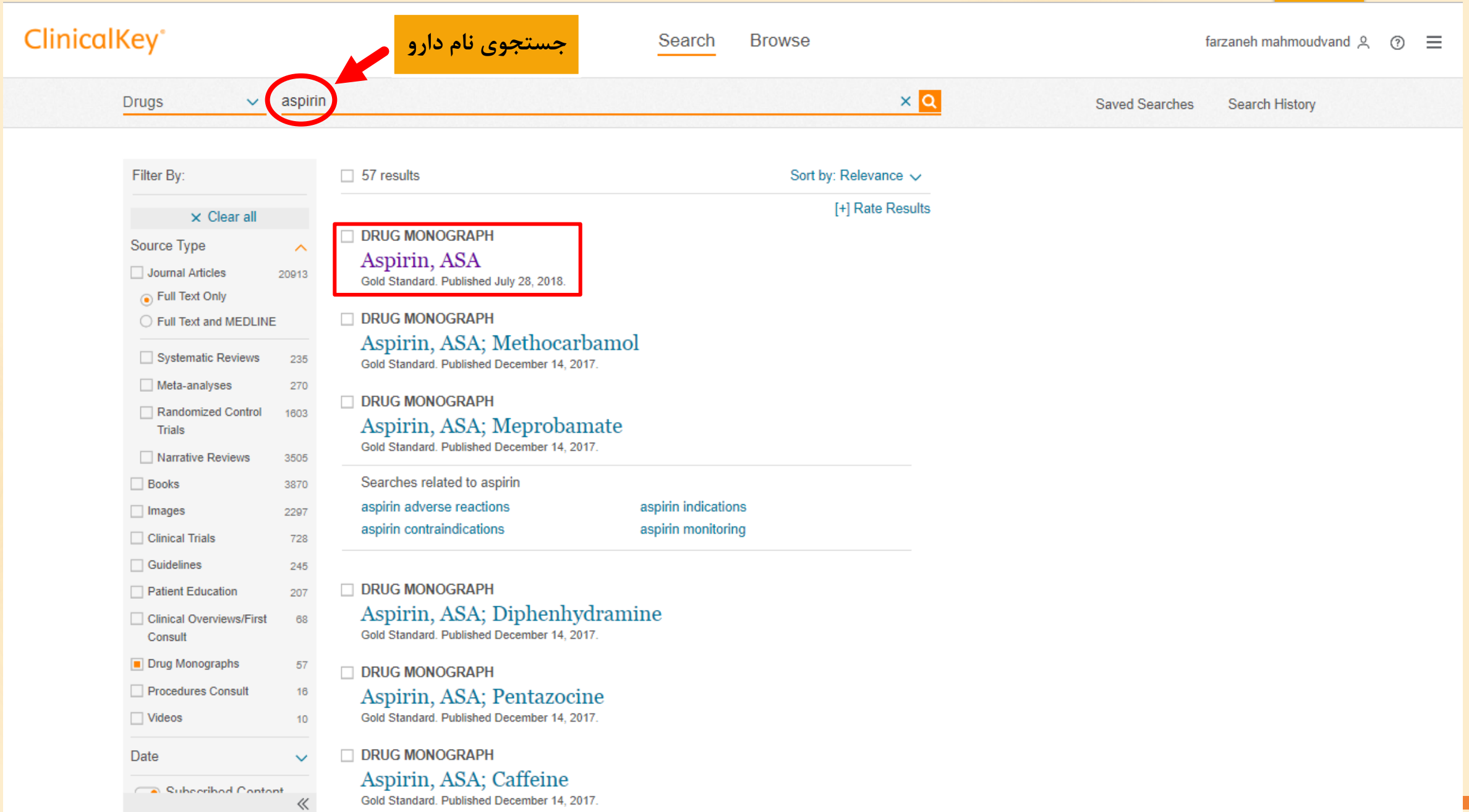

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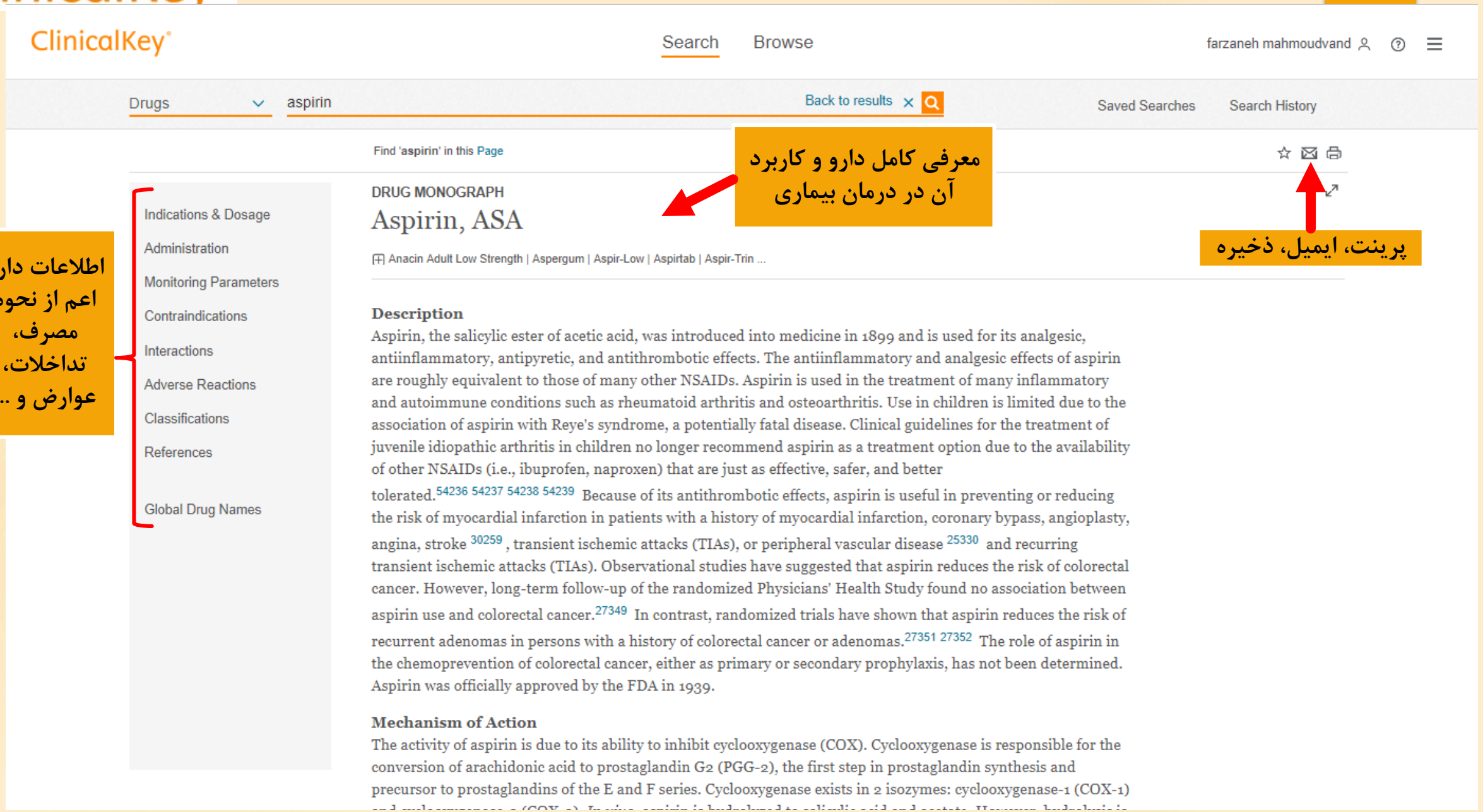

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GUIDELINE
Multiple sclerosis
National Institute for Health and Care Excellence (NICE). Published January 14, 2016.

GUIDELINE
Beta interferons and glatiramer acetate for treating multiple sclerosis
National Institute for Health and Care Excellence (NICE). Published June 27, 2018.

GUIDELINE
Multiple sclerosis in adults: management
National Institute for Health and Care Excellence (NICE). Published October 8, 2014.

Searches related to multiple sclerosis

- MS complications
- MS risk factors
- MS diagnostics
- MS treatment
- MS drugs

GUIDELINE
Ocrelizumab for treating relapsing–remitting multiple sclerosis
National Institute for Health and Care Excellence (NICE). Published July 25, 2018.

Multiple Sclerosis

Disease Overview

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

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Classic rare MS variants include:

- **Marburg variant:** MRI reveals a tumor-like lesion with notable edema in one cerebral... More

Genetics

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GUIDELINE

Multiple sclerosis (QS108)

National Institute for Health and Care Excellence (NICE)

Introduction

This quality standard covers the diagnosis and management of multiple sclerosis (MS) in adults (18 years and over). For more information see the multiple sclerosis topic overview.

Why this quality standard is needed

MS is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. People with MS typically develop symptoms in their late 20s, experiencing visual and sensory disturbances, limb weakness, gait problems, and bladder and bowel symptoms. They may initially have partial recovery, but over time develop progressive disability.

The cause of MS is unknown but is believed to be related to an abnormal immune response to environmental triggers in people with a genetic predisposition. The initial phase of inflammation is followed by a phase of progressive degeneration of the affected cells in the nervous system.

MS affects approximately 100,000 people in the UK. It is the commonest cause of serious physical disability in adults of working age.

The most common pattern of disease is relapsing–remitting MS (RRMS), in which periods of stability (remission) are followed by periods when symptoms are worse (relapses). About 85% of people with MS have RRMS at onset. Around two-thirds of people who start with RRMS may develop secondary progressive MS (the disability gradually gets worse over time but this is not related to any relapses, which become less frequent or stop completely). About 10–15% of people with MS have primary progressive MS. Symptoms develop gradually

NICE National Institute for Health and Care Excellence

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Available to print in English & Spanish ...ians. Published August 22, 2017.

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Available to print in English, Bosnian... Show all. Interactive Patient Education. Published June 27, 2018.

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Recurrent Migraine Headache, Easy-to-Read (Easy to read)

Available to print in English & Spanish. Interactive Patient Education. Published June 27, 2018.

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MANAGING YOUR MIGRAINE HEADACHE

Available to print in English & Spanish. Ferri's Netter Patient Advisor. Published May 11, 2016.

PATIENT EDUCATION

Migraine

Clinical Overview

Elsevier Point of Care

تعریف میگرن در منابع انتخابی Clinicalkey

Key Points

Migraines are recurrent, episodic headache attacks that may or may not be preceded by a focal neurologic symptom (aura)

History and physical examination are the primary diagnostic tools; laboratory tests and imaging are usually unnecessary if symptoms are typical for migraine and physical examination results are otherwise normal

Therapy involves either treatment of acute headache or prevention of subsequent migraine

Abortive therapy can be accomplished with analgesics, triptans, or ergotamine, plus antiemetics as needed

Comorbidities may include conditions such as depression, anxiety, and epilepsy

Complications may occur, such as chronic migraine, status migrainosus, or medication overuse headache

Prognosis is variable; migraine headache is a leading cause of disability More

Classification

Diagnosis

Differential Diagnosis

Treatment

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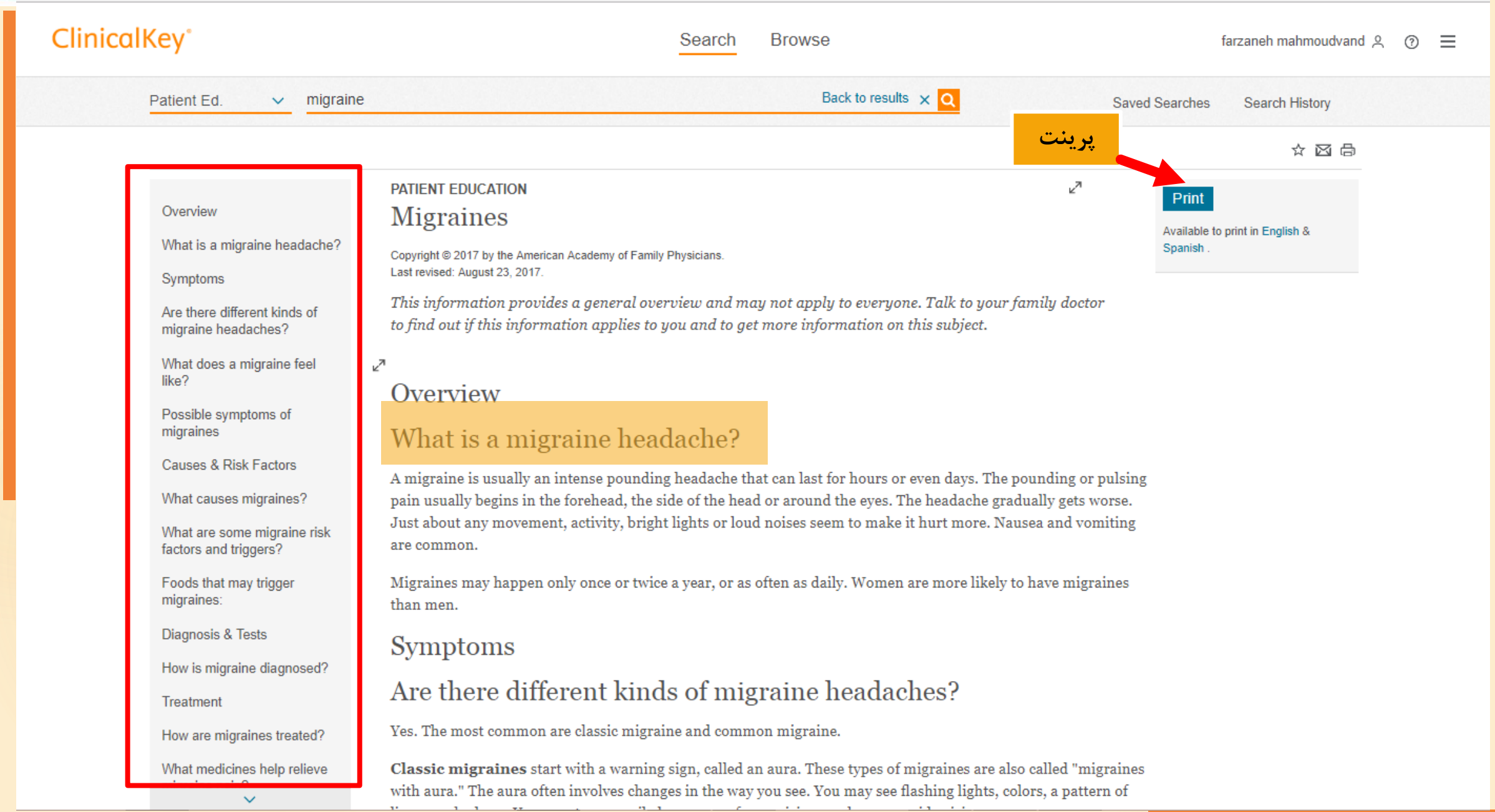

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Clinical Overviews/ First Consult

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CLINICAL OVERVIEW

Asthma in adults

Updated March 15, 2018. © 2017.

CLINICAL OVERVIEW

Asthma in children

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Pulmonary barotrauma

Updated March 13, 2017. © 2017.

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Allergic rhinitis

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Anaphylaxis

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CLINICAL OVERVIEW

Bronchiectasis

Selected Content (13) BETA

How do I manage an acute asthma exacerbation?

Emergency Medicine • January 2013

How is asthma diagnosed?

Murray and Nadel's Textbook of Respiratory Medicine • January 2016

How is asthma classified in adolescents and adults?

Murray and Nadel's Textbook of Respiratory Medicine • January 2016

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Asthma

Clinical Overview > View Full Topic

Elsevier Point of Care

Key Points

Asthma in adults may be persistence of childhood-onset asthma (usually allergic) or may reflect new onset in adulthood (often nonallergic)

Presents with episodic wheezing, chest tightness, difficulty breathing, and cough; cough-variant asthma may present with coughing as primary symptom

موارد مربوط به تشخیص و درمان بیماری

CLINICAL OVERVIEW

Asthma in adults

Elsevier Point of Care (see details)

Synopsis

Key Points

- Asthma in adults may be persistence of childhood-onset asthma (usually allergic) or may reflect new onset in adulthood (often nonallergic)
- P , chest tightness, difficulty breathing, and cough; cough-variant asthma imary symptom
- D te history plus clinical picture and documented reversibility of airflow obstruction (12% increase or more from baseline in FEV1; minimum 200 mL) following treatment with an inhaled short-acting bronchodilator [1]
- Classify the asthma initially by frequency of symptoms (intermittent or persistent) and their effect on daily functioning (ie, mild, moderate, severe); initial pharmacotherapy is based on this classification
- After starting pharmacotherapy, classify the asthma by level of control; pharmacotherapies are stepped up or down based on this level
- Persistent asthma requires use of a daily controller medication, starting with a low-dose inhaled corticosteroid for mild persistent asthma. There is some evidence that starting inhaled corticosteroids may be beneficial even for mild intermittent asthma

Urgent Action

- Quickly assess the following in any patient with respiratory distress: vital signs, signs of tiring from work of breathing, lung function, and oxygen saturation. Give supplemental oxygen to maintain SaO_2 of at least 90%
- Consider alternative diagnoses, such as foreign body aspiration or congestive heart failure, that would require other urgent action
- FEV_1 or peak expiratory flow measurement is helpful to assess severity of an exacerbation, but do not allow testing to delay treatment

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Procedures Consult

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Right Hemicolectomy

Danny O. Jacobs.. Published March 22, 2009.

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Laparoscopic Rectosigmoid Colon Resection/Low Anterior Resection

Danny Odell Jacobs.. Published May 18, 2009.

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Abdominoperineal Resection with Total Colectomy and End-Ileostomy

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PROCEDURES CONSULT

Right Hemicolectomy

Last Reviewed Date: March 22, 2009

Editor: Danny O. Jacobs, MD

Section Editor: Hilliard F. Seigler, MD, Julie K. Thacker, MD

Contributor: Kyla M. Bennett, MD

Medical Writer: Kyla M. Bennett, MD

CPT codes

44140 Colectomy, partial; with anastomosis

44141 Colectomy, partial; with skin level cecostomy or colostomy

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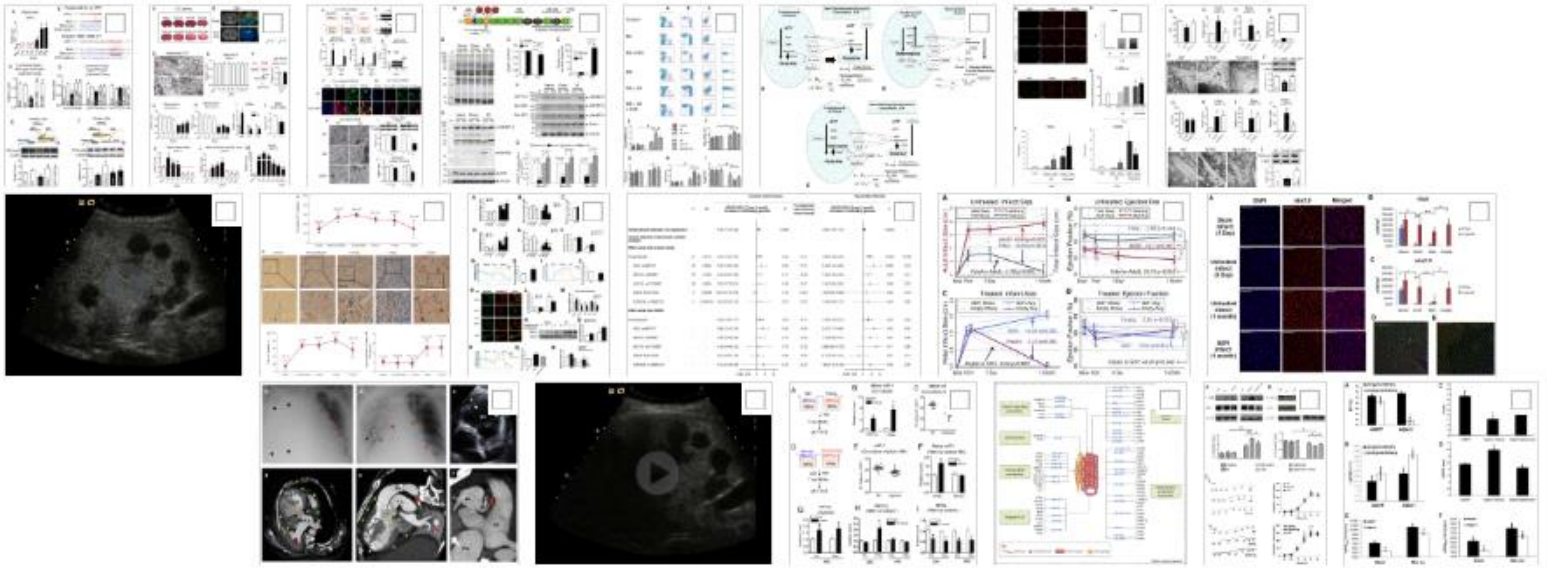

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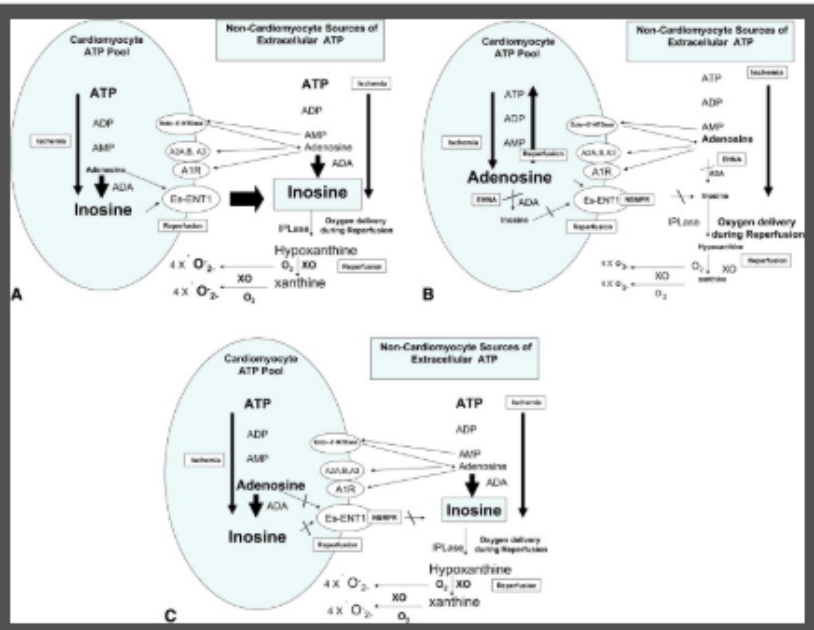

IMAGE

Myocardial protection in beating heart cardiac surgery: I: Pre- or postconditioning with inhibition of es-ENT1 nucleoside transporter and adenosine deaminase attenuates post-MI reperfusion-mediated ventricular fibrillation and regional contractile dysfunction

Journal of Thoracic and Cardiovascular Surgery, The.
Abd-Elfattah, Anwar Saad, MS, PhD, FAHA, AFSTS;... Show all. Published July 1, 2012. Volume 144, Issue 1. Pages 250-255.e3. © 2012.

Figure E1 Role of adenine nucleosides metabolism and transport by way of es-NT1 (compartmentalization) in purine-mediated post-myocardial infarction reperfusion injury. The figure illustrates purine metabolism and compartmentalization in relation to ischemic and reperfusion injury in the untreated control group (A). Ischemia is associated with intracellular adenosine triphosphate (ATP) depletion. Sympathetic stimulation at the onset of ischemia results in neurotransmitter and ATP co-release, elevating extracellular ATP. Ecto- and endo-5′-nucleotidase (endo) and adenosine deaminase continue breaking down ATP and adenosine monopho sphate (AMP) during ischemia to adenosine in the intracellular and extracellular compartments. Adenosine is rapidly deaminated to inosine by adenosine deaminase. Extracellular inosine is converted by inosine phosphorylase (IPLase) to hypoxanthine, and the latter is oxidized to xanthine and superoxide radicals during cardiac ischemia and reperfusion. Intracellular inosine and the remaining adenosine are rapidly released on reperfusion by way of the p-nitrobenzylthioinosine (NBMPR) -sensitive adenine nucleoside transporter-1 (es-ENT1) , allowing abrupt formation of hypoxanthine, xanthine, and free radicals. The effect of preischemic treatment with EHNA/NBMPR of purine metabolism and compartmentalization is depicted in part B. Adenosine is maintained inside and outside cells. C, Effect of MI postconditioning with EHNA/NBMPR. Intracellular inosine is the major end product of ATP depletion during ischemia. Similar to the control group, noncardiac ATP is broken down to xanthine, producing free radicals in the circulation. Infusion of EHNA/NBMPR after MI but before releasing the left anterior descending coronary artery occlusion allowed entrapment of intracellular inosine, limiting the reperfusion injury mediated by free radicals. ADP , Adenosine diphosphate; AMP , adenosine monophosphate; ecto-5 ′ NTDase , 5′-nucleotidase; es-ENT1 , equilibrative p-nitro-benzylthioinosine (NBMPR) -sensitive adenine nucleoside transport 1; A1R , adenosine receptor 1; IPLase , inosine phosphorylase; XO , xanthine oxidase; O2 , molecular oxygen;. O–2 , superoxide radical. The font size reflects the amount of purine at ischemia or reperfusion.

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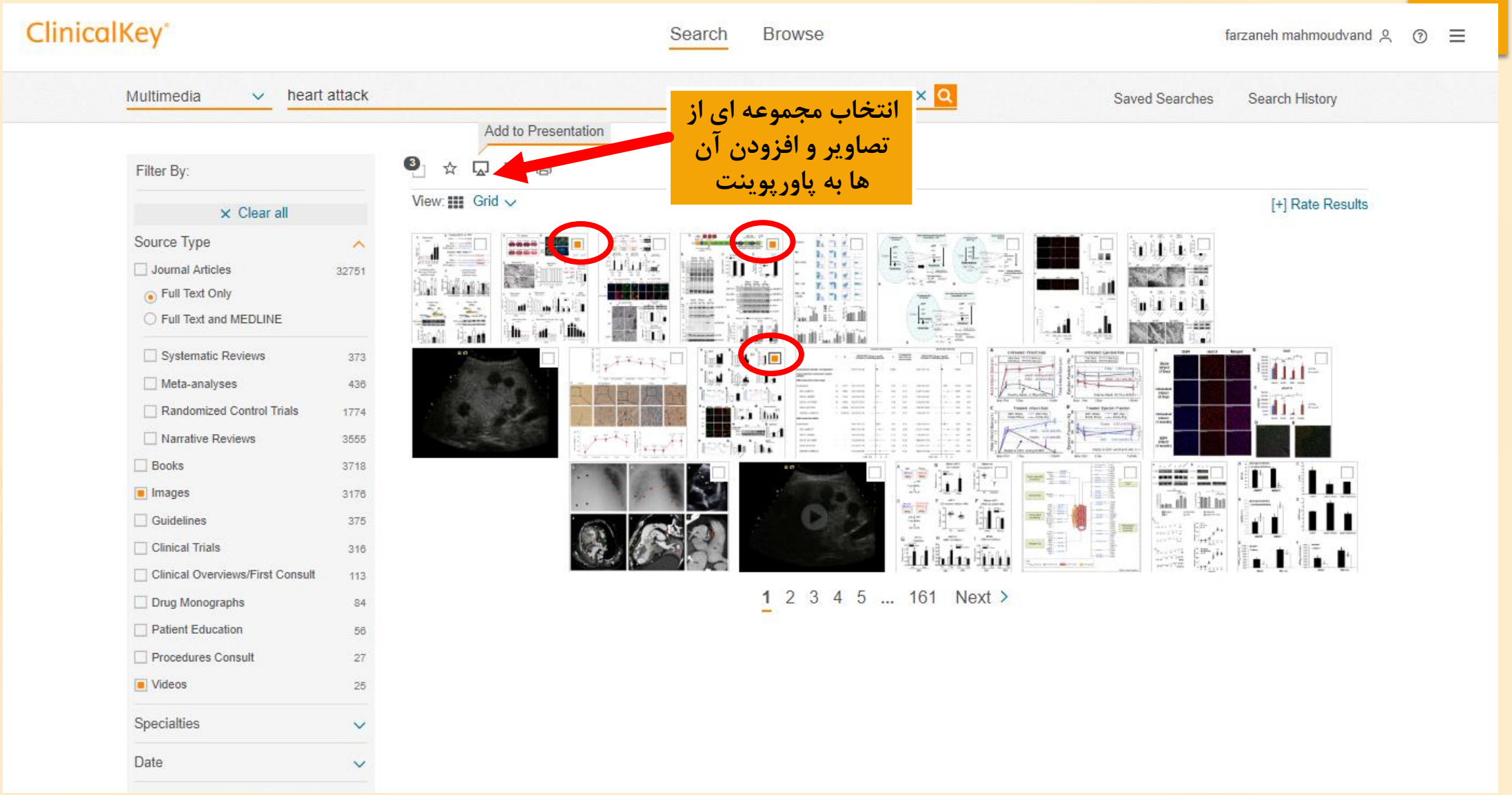

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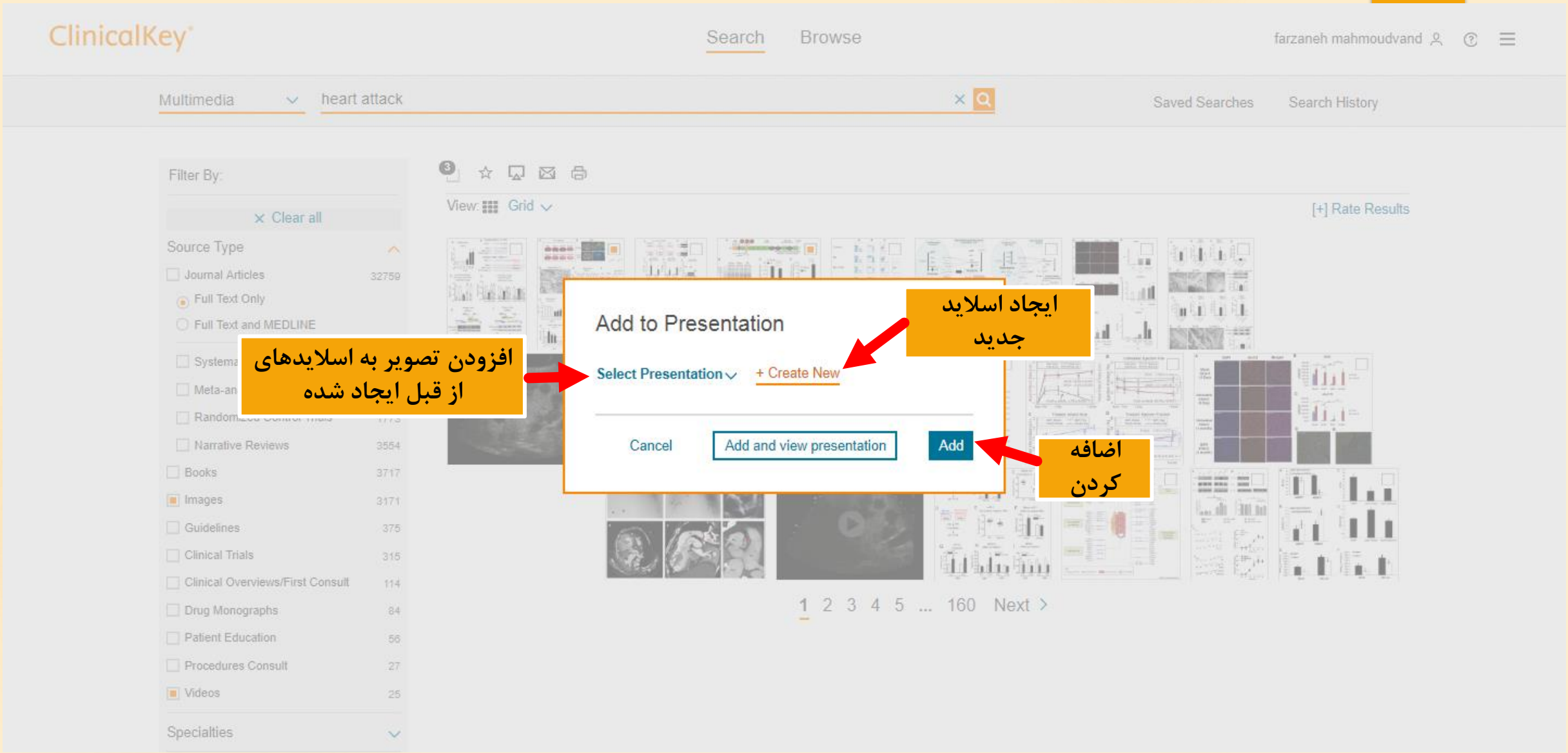

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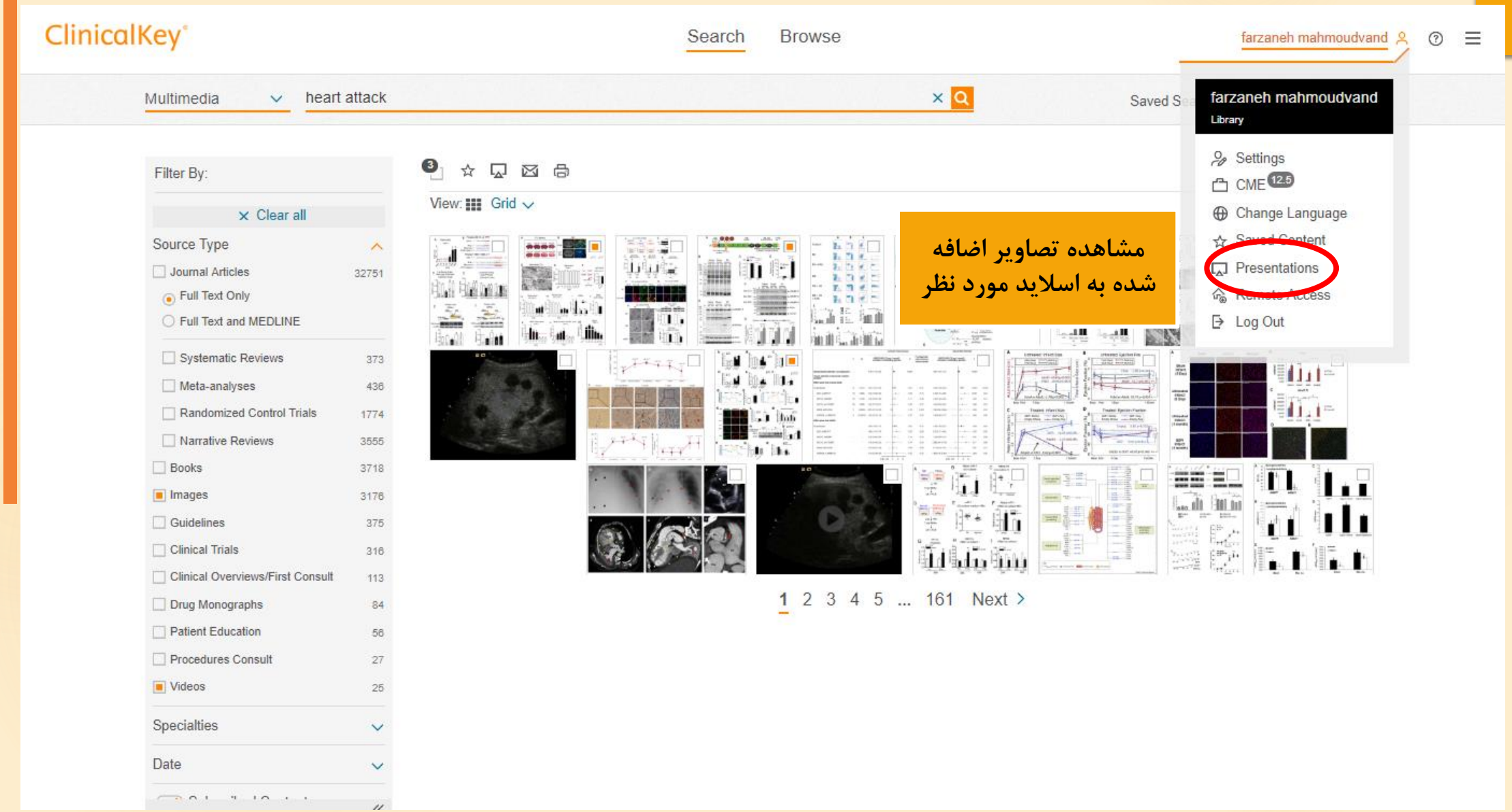

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Myocardial infarction-induced hippocampal microtubule damage by cardiac originating microRNA-1 in mice

Journal of Molecular and Cellular Cardiology.

Sun, Lin-Lin; Duan, Ming-Jing... Show all.. Published July 1, 2018.

MI increases miR-1 levels in the hippocampus independent of CBH. (A) Characterization of cerebral ischemia in a coronal section after 2VO for 3 h, 6 h, 9 h,12 h, 24 h, 15 d and 30 d. TTC staining was used to identify the brain ischemia. Red repres...

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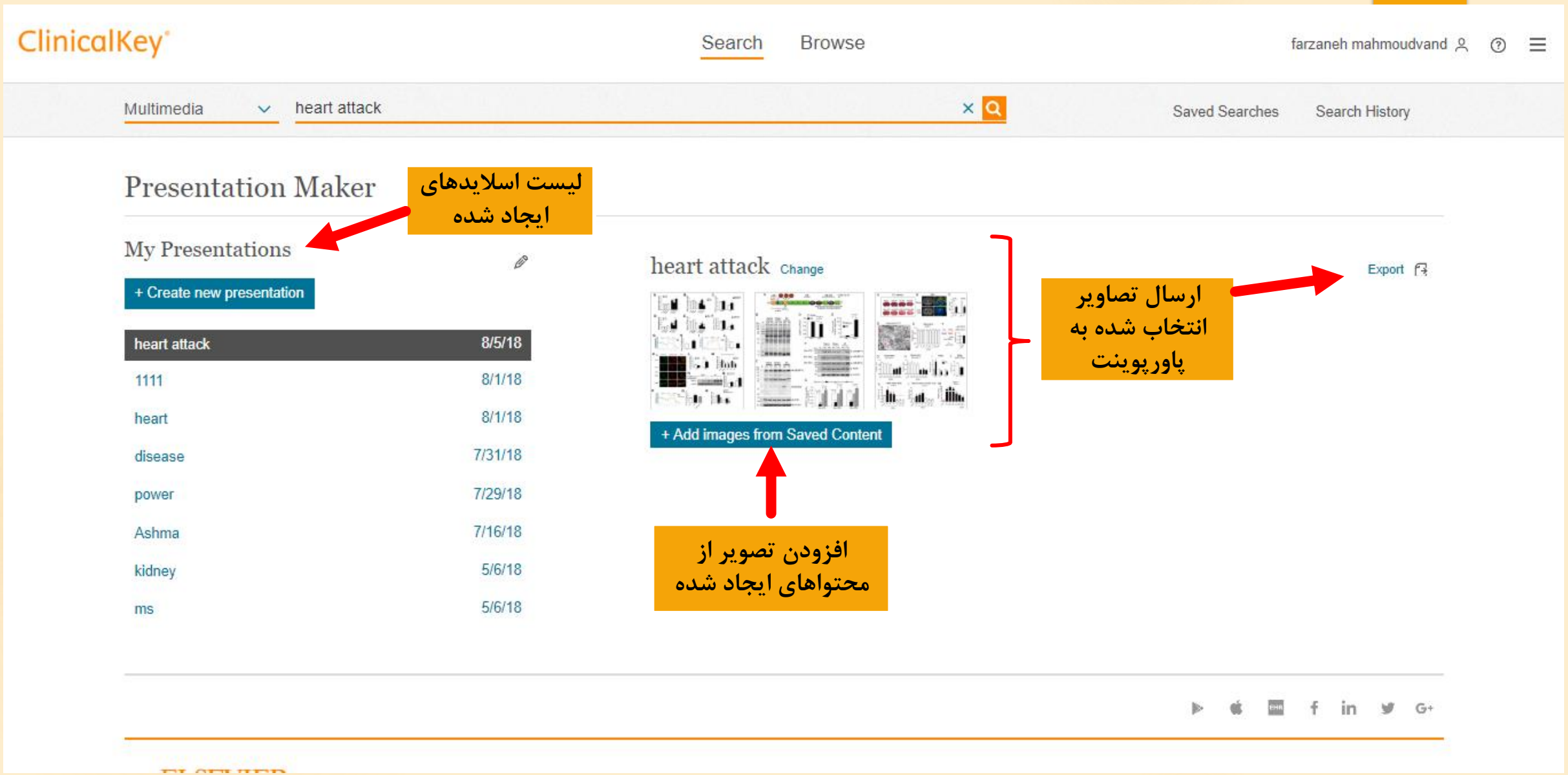

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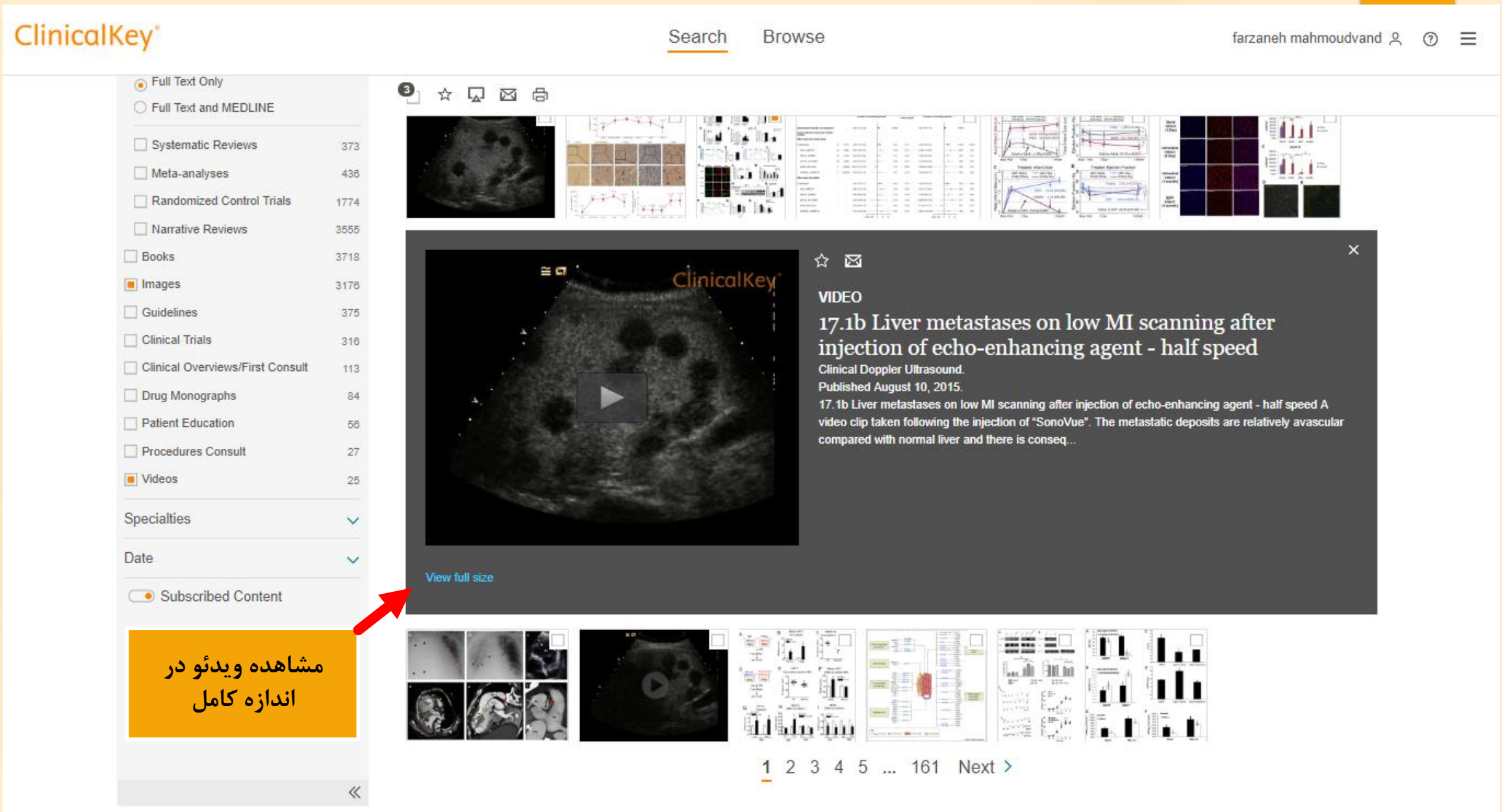

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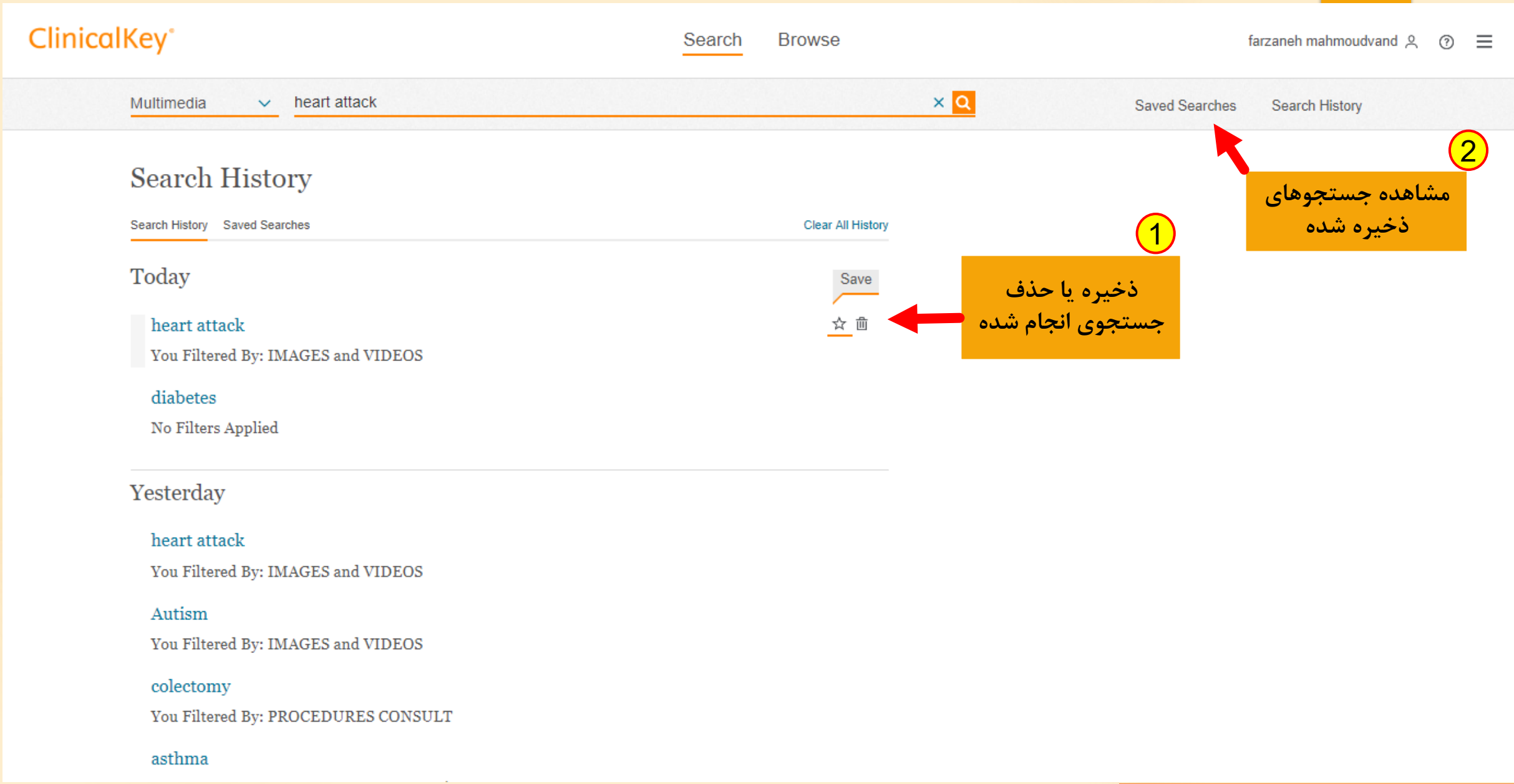

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