



به نام خدا

آموزش استفاده از پایگاه اطلاعاتی Clinical Key

پایگاه Clinical key

- 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 نیازهای کلیدی بالینی پزشکان و پیراپزشکان
- قابلیت دسترسی یکجا به انواع متون و محتوای تخصصی حوزه‌های پزشکی و جراحی
- دسترسی به نزدیک به ۲۰ میلیون **چکیده** مدلاین علاوه بر منابع جراحی و پزشکی



محتوای Clinical key

- بیش از ۶۵۰ عنوان ژورنال های پزشکی و جراحی
- بیش از ۱۰۰۰ عنوان کتب مرجع پزشکی و جراحی
- اطلاعات بیش از ۲۰۰۰ بیماری
- بیش از ۱۷۰۰۰ فیلم های ویدئویی مرتبط و وابسته
- ۲/۲ میلیون تصویر پزشکی و جراحی
- بیش از ۵۰۰۰ راهنمای عملی
- بیش از ۱۵۰۰۰ راهنمای آموزش به بیمار
- بیش از ۷۹۰۰ مونوگراف دارویی
- ابزارهای محاسباتی
- مرورهای دسته ای (class) دارویی
- مشورت های بالینی

ویژگی های Clinical key

Fast ▶

Complete ▶

Trusted ▶

Convenient ▶

ضرورت ثبت نام (Register)

- ▶ ذخیره نتایج جستجو
 - ▶ مدیریت پاورپوینت و به کار گیری آن ها در دفعات بعدی
 - ▶ دسترسی به pdf تمام متن مدارک
- ✓ **نکته:** ثبت نام برای اولین بار در دانشگاه یا مراکز وابسته به دانشگاه صورت گیرد.
- ✓ **نکته:** اتصال از طریق Remote Access خارج از دانشگاه ، از طریق گیگالیب امکان پذیر است .

روش های دسترسی به پایگاه

▶ از طریق پورتال کتابخانه الکترونیک دانشگاه


▶ <https://arakmu.ac.ir/diglib/fa>

▶ کتابخانه دیجیتال گیگا

gigalib.org

انواع محتوا در پایگاه clinicalkey

Search for conditions, procedures, drugs, and more

All Types  Search... 

[Saved Searches](#) [Search History](#)

- All Types
- Books
- Journals
- Clinical Trials
- Drug Monographs
- Guidelines
- Patient Education
- Clinical Overviews/First Consult
- Multimedia
- Procedures Consult
- Clinical Focus

کتاب

مقاله

آزمایش های بالینی

اطلاعات دارویی

راهنمای بالینی

آموزش بیمار

مشورت بالینی

چند رسانه ای

مشورت جراحی

[Guidelines](#) [Patient Education](#) [Clinical Overviews/First Consult](#) ...

[News and Updates](#) [Trending Topics](#)

News and Updates

Other Updates

New Book Editions in March 2018 
Here's a look at the content changes for March 2018.

New Content Type: Clinical Overviews
Clinical Overviews are easy-to-scan, clinically focused

Search for conditions, treatments, drugs, books, journals, and more

All Types ^	Type your search	Search
All Types		
Books	کتاب	
Journals	مقاله	
Clinical Overviews	مشورت بالینی	
Clinical Trials	کارآزمایی بالینی	
Drug Class Overviews	مزورهای دسته‌ای	
Drug Monographs	اطلاعات دارویی	
Guidelines	راهنمای بالینی	
Patient Education	آموزش بیمار	
Multimedia	چند رسانه ای	
Procedure Videos	روش های جراحی	
Clinical Calculators	ماشین حساب بالینی	
Clinical Focus		

Calculators

Interactive tools to support clinical decisions

Books

جستجوی کتاب از قسمت Search

(امکان جستجوی کتب مرجع مانند برانوالد قلب، نلسون کودکان و
(...)

انتخاب Books از منوی
all Types

انتخاب کلیدواژه
جستجو

Search

Browse

farzaneh mahmoudvand



Books



multiple sclerosis



مرتب کردن نتایج
جستجو بر اساس
ارتباط یا تاریخ

1 Searches

Search History

تعریف MS در کتاب
انتخابی Clinicalkey

Filter By:

Clear all

Source Type

☐ Journal Articles 15764

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 257

☐ Meta-analyses 114

☐ Randomized Control Trials 379

☐ Narrative Reviews 2484

☐ Images 9142

☒ Books 2454

☐ Clinical Trials 1110

☐ Guidelines 175

☐ Clinical Overviews/First Consult 109

☐ Videos 97

☐ Drug Monographs 27

☐ Procedures Consult 25



2454 results

تعداد نتایج بازیابی شده

Sort by: Relevance



فیلتر کردن نتایج جستجو بر
اساس: نوع منبع، نوع مطالعه،
تخصص و تاریخ

ed to display results for "multiple sclerosis"

[+] Rate Results

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.

[See more results from this chapter](#)

CHAPTER EXCERPT

Multiple Sclerosis

Neurological Problems of Pregnancy

Uncomplicated multiple sclerosis (MSacnm1) 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

[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.

Subtypes include:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- 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

Multiple Sclerosis

تعریف MS از
کتاب مورد نظر

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 (

سرفصل مطالب

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 (Bensonby 2012)

آیکون های CME (آموزش مداوم پزشکی)
Save, PDF, Email

Search

Journals

جستجوی مقالات مجلات از قسمت Search

Filter By:

[X Clear all](#)

Source Type

☒ Journal Articles 12993

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 164

☐ Meta-analyses 139

☐ Randomized Control Trials 386

☐ Narrative Reviews 2761

☐ Books 10312

☐ Images 3163

☐ Clinical Trials 623

☐ Guidelines 177

☐ Clinical Overviews/First Consult 113

☐ Patient Education 73

☐ Drug Monographs 18

☐ Procedures Consult 5

☐ 12993 results

Sort by: Relevance

[\[+\] Rate Results](#)

فیلتر کردن نتایج جستجو بر اساس: نوع منبع، نوع مطالعه، تخصص و تاریخ

[Hematuria-Child](#)

... [Show all](#). American College of Radiology. Published May 1, 2018. Volume 15, Issue 5, Supplement. Pages S91-S103. © 2018.

☐ 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](#)

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

تعریف Renal Disease در منابع انتخابی Clinicalkey

Find 'kidney disease' in this Article, Issue, or Journal

CME ☆ 📄 ✉️ 🖨️

Summary of Literature Review

Introduction/Background

Discussion of Procedures by Variant

Isolated Hematuria (nonpainful, nontraumatic)

Variant 1 : Child. Isolated microscopic hematuria (nonpainful, nontraumatic) without proteinuria. Initial imaging

Variant 2 : Child. Isolated microscopic hematuria (nonpainful, nontraumatic) with proteinuria. Initial imaging

Variant 3 : Child. Isolated macroscopic hematuria (nonpainful, nontraumatic). Initial imaging

Variant 4 : Child. Painful hematuria (nontraumatic). Suspected urolithiasis

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

سرفصل مطالب

presence of red blood cells in the urine, either visible to the eye (macroscopic hematuria) or as fewer than 100 red blood cells per high-power field (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

اطلاعات مجله



Journal of the American College of Radiology

Volume 15, Issue 5

Copyright © 2018 American College of Radiology

New Issue Alerts: [Subscribe](#)

Get rights and content 📄

[Journals](#)

[kidney disease](#)

[Saved Searches](#)
[Search History](#)

Filter By:

[Clear all](#)

Source Type

☒ Journal Articles 15094

☐ Full Text Only

☒ Full Text and MEDLINE

☐ Systematic Reviews 188

☐ Meta-analyses 173

☐ Randomized Control Trials 531

☐ Narrative Reviews 3192

☐ Books 8843

☐ Images 3025

☐ Clinical Trials 235

☐ Guidelines 165

☐ Clinical Overviews/First Consult 111

☐ Patient Education 36

☐ Drug Monographs 15

☐ Procedures Consult 3

☐ Videos 2

☐ 15094 results

Sort by: Relevance

[\[+\] Rate Results](#)
☐ MEDLINE®

Empagliflozin and Progression of Kidney Disease in Type 2 Diabetes

... [Show all..](#) Published July 28, 2016.

... [Show all..](#) Published January 15, 2015.

☐ FULL TEXT ARTICLE

ACR Appropriateness Criteria® Hematuria-Child

[Journal of the American College of Radiology.](#)
Dillman, Jonathan R., MD, MSc; Rigsby, Cynthia... [Show all.](#) American College of Radiology. Published May 1, 2018. Volume 15, Issue 5, Supplement. Pages S91-S103. © 2018.

Searches related to kidney disease

[kidney disease complications](#)
[kidney disease diagnostics](#)
[kidney disease drugs](#)
[kidney disease risk factors](#)
[kidney disease treatment](#)

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 end-stage renal disease requiring dialysis or... [More](#)

[Classification](#)


فیلتر کردن نتایج جستجو بر اساس مقالات مدلاین

Journals



kidney disease

Back to results × 🔍

Saved Searches

Search History



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 C¹, Inzucchi SE², Lachin JM³, Fitchett D⁴, von Eynatten M⁵, Mattheus M⁶, Johansen OE⁷, Woerle HJ⁸, Broedl UC⁹, Zinman B¹⁰, .

Author information

From MEDLINE®/PubMed®, a database of the U.S. National Library of Medicine

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

MEDLINE is the source for the citation and abstract for this record

Full Source Title

The New England journal of medicine

NLM Citation ID

27299675 (PubMed ID)

دسترسی به لینک فول
تکست مقاله در پابمد

Clinical Trials

جستجوی آزمایش های بالینی / مطالعات بالینی

انتخاب Clinical Trials
ازمنوی all Types

Search

Browse

farzaneh mahmoudvand

Clinical Trials

dermatitis

x

Q

Saved Searches

Search History

Filter By:

x Clear all

Source Type

☐ Journal Articles 7945

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 75

☐ Meta-analyses 32

☐ Randomized Control Trials 180

☐ Narrative Reviews 2129

☐ Books 4514

☐ Images 2677

☒ Clinical Trials 990

☐ Patient Education 71

☐ Clinical Overviews/First Consult 45

☐ Guidelines 31

☐ Drug Monographs 23

☐ Procedures Consult 11

☐ 990 results

تعداد نتایج بازیابی شده

Sort by: Relevance

[+] Rate Results

فیلتر کردن
نتایج جستجو

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 Dermatitis: 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 diagnostics

dermatitis drugs

dermatitis risk factors

dermatitis treatment

Find 'dermatitis' in this Page

[Purpose](#)[Eligibility](#)[Contacts and Locations](#)[More Information](#)


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))

More Information

[Top of Page](#)   [Purpose](#)[Eligibility](#)[Contacts and Locations](#)[More Information](#)

More Information

Other Publications

↗	First Received:	January 15, 2017
	Last Updated:	July 31, 2018
	ClinicalTrials.gov Identifier	NCT03309059

مشاهده شماره آیدی
کارآزمایی بالینی در سایت
clinicaltrials.gov

ClinicalTrials.gov processed this data on August 03, 2018 [Link to the current ClinicalTrials.gov record.](#)

Search

Drug Monographs

جستجوی اطلاعات دارویی از قسمت Search:

امکان جستجوی بیماری و نمایش داروهای مرتبط با آن و یا جستجوی مستقیم نام دارو و مشاهده اطلاعات مربوط به آن

Drugs

MS



Saved Searches

Search History

Filter By:

 Clear all

Source Type

☐ Journal Articles 15764

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 257

☐ Meta-analyses 114

☐ Randomized Control Trials 379

☐ Narrative Reviews 2484

☐ Images 9142

☐ Books 2454

☐ Clinical Trials 1110

☐ Guidelines 175

☐ Clinical Overviews/First Consult 109


☐ Videos 97

☒ Drug Monographs 27

☐ Procedures Consult 25

☐ Patient Education 15

Date

 Subscribed Content

☐ 27 results

Sort by: Relevance 



Your search has been modified to display results for "multiple sclerosis"

Search instead for mitral valve stenosis

[+] Rate Results

☐ DRUG MONOGRAPH

Ginkgo, Ginkgo biloba

Gold Standard. Published April 19, 2018.

☐ DRUG MONOGRAPH

Interferon Beta-1a

Gold Standard. Published July 19, 2018.

☐ DRUG MONOGRAPH

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.

Subtypes include:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- 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

Drugs


aspirin

[Saved Searches](#)

[Search History](#)

Filter By:

 Clear all

Source Type

☐ Journal Articles 20913

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 235

☐ Meta-analyses 270

☐ Randomized Control Trials 1603

☐ Narrative Reviews 3505

☐ Books 3870

☐ Images 2297

☐ Clinical Trials 728

☐ Guidelines 245

☐ Patient Education 207

☐ Clinical Overviews/First Consult 68

☒ Drug Monographs 57

☐ Procedures Consult 16

☐ Videos 10

Date

 Subscribed Content

☐ 57 results

Sort by: Relevance 

[\[+\] Rate Results](#)

☐ DRUG MONOGRAPH

Aspirin, ASA

Gold Standard. Published July 28, 2018.

☐ DRUG MONOGRAPH

Aspirin, ASA; Methocarbamol

Gold Standard. Published December 14, 2017.

☐ DRUG MONOGRAPH

Aspirin, ASA; Meprobamate

Gold Standard. Published December 14, 2017.

Searches related to aspirin

[aspirin adverse reactions](#)

[aspirin indications](#)

[aspirin contraindications](#)

[aspirin monitoring](#)

☐ DRUG MONOGRAPH

Aspirin, ASA; Diphenhydramine

Gold Standard. Published December 14, 2017.

☐ DRUG MONOGRAPH

Aspirin, ASA; Pentazocine

Gold Standard. Published December 14, 2017.


☐ DRUG MONOGRAPH

Aspirin, ASA; Caffeine

Gold Standard. Published December 14, 2017.

Drugs

aspirin

Back to results 

Saved Searches

Search History

Find 'aspirin' in this Page

DRUG MONOGRAPH

Aspirin, ASA

(F) Anacin Adult Low Strength | Aspergum | Aspir-Low | Aspirtab | Aspir-Trin ...

Description

Aspirin, the salicylic ester of acetic acid, was introduced into medicine in 1899 and is used for its analgesic, antiinflammatory, antipyretic, and antithrombotic effects. The antiinflammatory and analgesic effects of aspirin are roughly equivalent to those of many other NSAIDs. Aspirin is used in the treatment of many inflammatory and autoimmune conditions such as rheumatoid arthritis and osteoarthritis. Use in children is limited due to the association of aspirin with Reye's syndrome, a potentially fatal disease. Clinical guidelines for the treatment of juvenile idiopathic arthritis in children no longer recommend aspirin as a treatment option due to the availability of other NSAIDs (i.e., ibuprofen, naproxen) that are just as effective, safer, and better tolerated.^{54236 54237 54238 54239} Because of its antithrombotic effects, aspirin is useful in preventing or reducing the risk of myocardial infarction in patients with a history of myocardial infarction, coronary bypass, angioplasty, angina, stroke³⁰²⁵⁹, transient ischemic attacks (TIAs), or peripheral vascular disease²⁵³³⁰ and recurring transient ischemic attacks (TIAs). Observational studies have suggested that aspirin reduces the risk of colorectal cancer. However, long-term follow-up of the randomized Physicians' Health Study found no association between aspirin use and colorectal cancer.²⁷³⁴⁹ In contrast, randomized trials have shown that aspirin reduces the risk of recurrent adenomas in persons with a history of colorectal cancer or adenomas.^{27351 27352} The role of aspirin in the chemoprevention of colorectal cancer, either as primary or secondary prophylaxis, has not been determined. Aspirin was officially approved by the FDA in 1939.

Mechanism of Action

The activity of aspirin is due to its ability to inhibit cyclooxygenase (COX). Cyclooxygenase is responsible for the conversion of arachidonic acid to prostaglandin G₂ (PGG₂), the first step in prostaglandin synthesis and precursor to prostaglandins of the E and F series. Cyclooxygenase exists in 2 isozymes: cyclooxygenase-1 (COX-1) and cyclooxygenase-2 (COX-2). Inactive aspirin is hydrolyzed to salicylic acid and acetate. Humane hydrolysis is



پرینت، ایمیل، ذخیره

معرفی کامل دارو و کاربرد آن در درمان بیماری



اطلاعات دارو
اعم از نحوه مصرف،
تداخلات،
عوارض و ...

Indications & Dosage

Administration

Monitoring Parameters

Contraindications

Interactions

Adverse Reactions

Classifications

References

Global Drug Names

Search

Guidelines

جستجوی دستورالعمل ها از قسمت Search

Guidelines

multiple sclerosis



Saved Searches

Search History

Filter By:

✕ Clear all

Source Type

☐ Journal Articles 15764☒ Full Text Only☐ Full Text and MEDLINE☐ Systematic Reviews 257☐ Meta-analyses 114☐ Randomized Control Trials 379☐ Narrative Reviews 2484☐ Images 9142☐ Books 2454☐ Clinical Trials 1110☒ Guidelines 175☐ Clinical Overviews/First Consult 109☐ Videos 97☐ Drug Monographs 27☐ Procedures Consult 25☐ Patient Education 15

Specialties

Data

☐ 175 results

Sort by: Relevance ▾



Your search has been modified to display results for "multiple sclerosis"
Search instead for mitral valve stenosis

[+] Rate Results

☐ 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 diagnostics

MS drugs

MS risk factors

MS treatment

☐ 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.

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:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- 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

دستورالعمل های
مربوط به بیماری MS

تعریف MS در نتایج
انتخابی Clinicalkey

[Introduction](#)[List of quality statements](#)[Quality statement 1: Support at diagnosis](#)[Quality statement 2: Follow-up after diagnosis](#)[Quality statement 3: Coordinated care](#)[Quality statement 4: Physical activity](#)[Quality statement 5: Managing relapses](#)[Quality statement 6: Comprehensive review](#)[Using the quality standard](#)[Diversity, equality and language](#)[Development sources](#)[Related NICE quality standards](#)[Quality Standards Advisory Committee and NICE project team](#)

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

© National Institute for Health and Care Excellence 2016. This content is made available by NICE (National Institute for Health and Care Excellence) but distributed by a third-party distributor. NICE takes no responsibility for the format in which this content is delivered. The distributor is responsible for incorporating updates from NICE and cannot alter NICE content in any way. Any information delivered alongside content provided by NICE will not necessarily reflect the views of either NICE or those organisations commissioned to develop NICE guidance. NICE content used outside of the UK is for personal use only. All other use of NICE content by commercial and non-commercial organisations is only allowed with the written permission of NICE.

Search

Patient Education

جستجوی آموزش بیمار از قسمت Search:

جدیدترین مطالب آموزشی شناخت و درمان بیماری برای بیمار و خانواده های آن ها

Patient Ed. ▾ migraine



Saved Searches

Search History

Filter By:

✕ Clear all

Source Type

☐ Journal Articles 9814

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 143

☐ Meta-analyses 69

☐ Randomized Control Trials 324

☐ Narrative Reviews 2167

☐ Books 4620

☐ Images 2001

☐ Clinical Trials 969

☒ Patient Education 318

☐ Drug Monographs 58

☐ Guidelines 49

☐ Clinical Overviews/First Consult 27

☐ Videos 14

☐ Procedures Consult 2

Specialties ▾

Date //

318 results

Sort by: Relevance ▾

[+] Rate Results

☐ PATIENT EDUCATION

Migraines

Available to print in English & Spanish

ians. Published August 22, 2017.

☐ PATIENT EDUCATION

Migraine Headache

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

☐ PATIENT EDUCATION

Recurrent Migraine Headache

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

Searches related to migraine

migraine complications

migraine diagnostics

migraine drugs

migraine risk factors

migraine treatment

☐ PATIENT EDUCATION

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

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

☐ PATIENT EDUCATION

MANAGING YOUR MIGRAINE HEADACHE

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

☐ PATIENT EDUCATION

Migraine Headache, Easy to Read (Easy to read)

Migraine

Clinical Overview

Elsevier Point of Care

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 ▾

تعریف میگرن در منابع
انتخابی Clinicalkey

انتخاب نتیجه
مورد نظر

[Patient Ed.](#)[migraine](#)[Back to results](#)  [Saved Searches](#)[Search History](#)

پرینت

[Print](#)Available to print in [English](#) & [Spanish](#).[Overview](#)[What is a migraine headache?](#)[Symptoms](#)[Are there different kinds of migraine headaches?](#)[What does a migraine feel like?](#)[Possible symptoms of migraines](#)[Causes & Risk Factors](#)[What causes migraines?](#)[What are some migraine risk factors and triggers?](#)[Foods that may trigger migraines:](#)[Diagnosis & Tests](#)[How is migraine diagnosed?](#)[Treatment](#)[How are migraines treated?](#)[What medicines help relieve](#)

PATIENT EDUCATION

Migraines

Copyright © 2017 by the American Academy of Family Physicians.
Last revised: August 23, 2017.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.

[Overview](#)

What is a migraine headache?

A migraine is usually an intense pounding headache that can last for hours or even days. The pounding or pulsing pain usually begins in the forehead, the side of the head or around the eyes. The headache gradually gets worse. Just about any movement, activity, bright lights or loud noises seem to make it hurt more. Nausea and vomiting are common.

Migraines may happen only once or twice a year, or as often as daily. Women are more likely to have migraines than men.

Symptoms

Are there different kinds of migraine headaches?

Yes. The most common are classic migraine and common migraine.

Classic migraines start with a warning sign, called an aura. These types of migraines are also called "migraines with aura." The aura often involves changes in the way you see. You may see flashing lights, colors, a pattern of

Search

Clinical Overviews/ First Consult

جستجوی مشورت بالینی از قسمت Search

ابزار تشخیص افتراقی که بر اساس پزشکی مبتنی بر شواهد تهیه شده است.

انتخاب CO&FC
ازمنوی all Types

انتخاب کلیدواژه
جستجو

Search

Browse

farzaneh.mahmoudvand

CO & FC

asthma

x

Q

Saved Searches

Search History

Filter By:

81 results

Sort by: Relevance

[+] Rate Results

Clear all

Source Type

Journal Articles 14784

Full Text Only

Full Text and MEDLINE

Systematic Reviews 203

Meta-analyses 106

Randomized Control Trials 726

Narrative Reviews 2174

Images 7123

Books 4551

Clinical Trials 1121

Guidelines 142

Clinical Overviews/First Consult 81

Drug Monographs 61

Patient Education 53

Videos 15

Procedures Consult 5

Specialties

Data

CLINICAL OVERVIEW

Asthma in adults

Updated March 15, 2018. © 2017.

CLINICAL OVERVIEW

Asthma in children

Updated May 8, 2018. © 2017.

CLINICAL OVERVIEW

Pulmonary barotrauma

Updated March 13, 2017. © 2017.

Searches related to asthma

asthma complications

asthma diagnostics

asthma drugs

asthma risk factors

asthma treatment

CLINICAL OVERVIEW

Allergic rhinitis

Updated November 7, 2017. © 2017.

CLINICAL OVERVIEW

Anaphylaxis

Updated August 2, 2018. © 2017.

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

Show more

Was this helpful? Yes or No

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

Find 'asthma' in this Page

CME   [Synopsis](#)[Key Points](#)[Pitfalls](#)[Terminology](#)[Clinical Clarification](#)[Classification](#)[Diagnosis](#)[Clinical Presentation](#)[Causes and Risk Factors](#)[Diagnostic Procedures](#)[Differential Diagnosis](#)[Treatment](#)[Goals](#)[Disposition](#)[Treatment Options](#)[Monitoring](#)[Complications and Prognosis](#)

CLINICAL OVERVIEW


Asthma in adults

Elsevier Point of Care ([see details](#))

Updated March 15, 2018. Copyright Elsevier BV. All rights reserved.

Synopsis

Key Points

- Asthma in adults may be persistence of childhood-onset asthma (usually allergic) or may reflect new onset in adulthood (often nonallergic)
- **موارد مربوط به تشخیص و درمان بیماری**  **موارد مربوط به**, chest tightness, difficulty breathing, and cough; cough-variant asthma is a primary symptom
- **Diagnosis** is based on the 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 SaO₂ of at least 90%
- Consider alternative diagnoses, such as foreign body aspiration or congestive heart failure, that would require other urgent action
- FEV₁ or peak expiratory flow measurement is helpful to assess severity of an exacerbation, but do not allow testing to delay treatment

Search

Procedures Consult

جستجوی مشورت جراحی از قسمت Search

آموزش و راهنمایی گام به گام روند تکنیک های جراحی بصورت فیلم و انیمیشن

انتخاب
Procedures Consult
ازمنوی
all Types

جستجوی
کلیدواژه مورد نظر

Search

Browse

farzaneh mahmoudvand

Procedures

colectomy

×

Q

Saved Searches

Search History

Filter By:

×

Clear all

Source Type

☐ Journal Articles 5202

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 85

☐ Meta-analyses 53

☐ Randomized Control Trials 109

☐ Narrative Reviews 999

☐ Books 1193

☐ Images 953

☐ Clinical Trials 213

☐ Guidelines 38

☐ Patient Education 11

☐ Videos 11

☐ Clinical Overviews/First Consult 6

☒ Procedures Consult 3

Date

☒ Subscribed Content

☐ 3 results

Sort by: Relevance

[+] Rate Results

☐ PROCEDURES CONSULT
Right Hemicolectomy
Danny O. Jacobs.. Published March 22, 2009.

☐ PROCEDURES CONSULT
Laparoscopic Rectosigmoid Colon Resection/Low Anterior Resection
Danny Odell Jacobs.. Published May 18, 2009.

☐ PROCEDURES CONSULT
Abdominoperineal Resection with Total Colectomy and End-Ileostomy
Danny O. Jacobs.. Published May 10, 2017.

Searches related to colectomy

[colectomy alternatives](#)

[colectomy complications](#)

[+] Rate Results

Find 'colectomy' in this Page



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

اطلاعات این قسمت شامل تمام موارد
مربوط به عمل، تجهیزات مورد نیاز و
... می باشد

Multimedia

جستجوی چند رسانه ای

(شامل فیلم و تصاویر)

[Multimedia](#)
[heart attack](#)

[Saved Searches](#)
[Search History](#)

Filter By:

[Clear all](#)

Source Type

☐ Journal Articles 32751

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 373

☐ Meta-analyses 436

☐ Randomized Control Trials 1774

☐ Narrative Reviews 3555

☐ Books 3718

☒ Images 3176

☐ Guidelines 375

☐ Clinical Trials 316

☐ Clinical Overviews/First Consult 113

☐ Drug Monographs 84

☐ Patient Education 56

☐ Procedures Consult 27

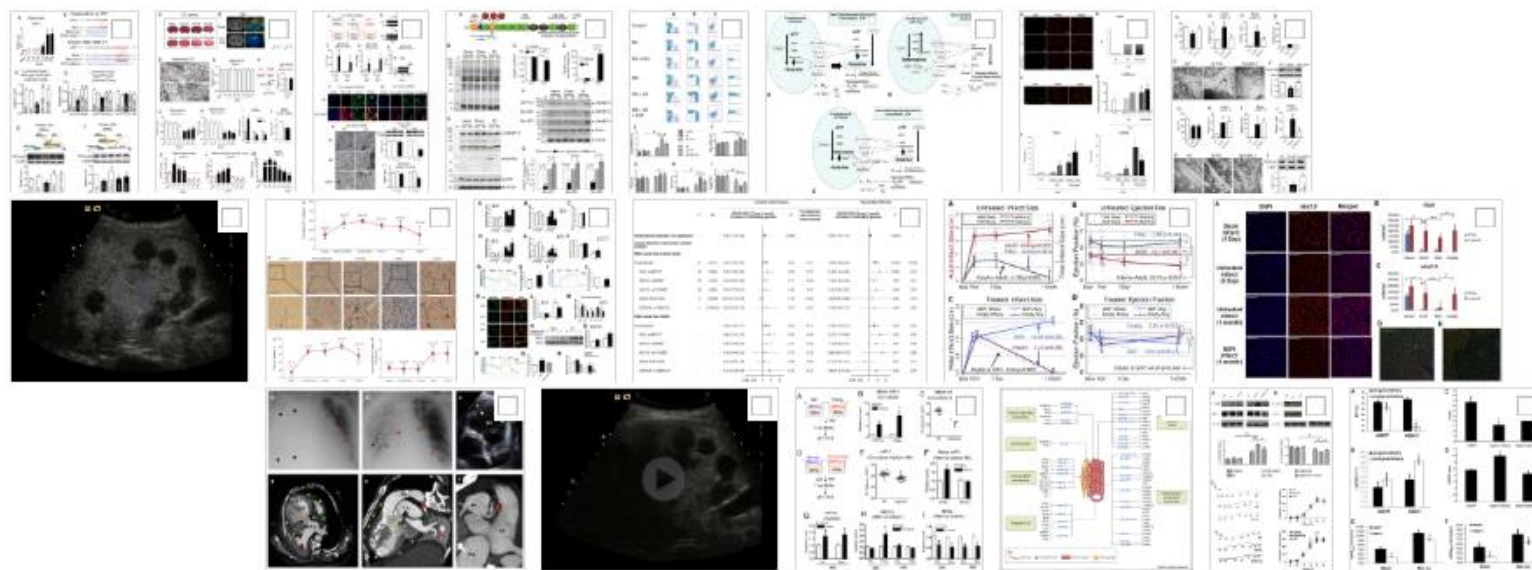
☒ Videos 25

Specialties

Date

☐ 3201 results

 View:  [Grid](#)

 Sort by: [Relevance](#)
[\[+\] Rate Results](#)


1 2 3 4 5 ... 161 Next >

 نتایج بازبینی
شده

 فیلتر بر
اساس تصاویر
و ویدئو

افزودن تصویر
به پاورپوینت

ایمیل، پرینت، افزودن به
پاور پوینت و ذخیره تصویر

☒ Full Text Only

☐ Full Text and MEDLINE

☐ Systematic Reviews 373

☐ Meta-analyses 436

☐ Randomized Control Trials 1774

☐ Narrative Reviews 3555

☐ Books 3718

☒ Images 3176

☐ Guidelines 375

☐ Clinical Trials 316

☐ Clinical Overviews/First Consult 113

☐ Drug Monographs 84

☐ Patient Education 56

☐ Procedures Consult 27

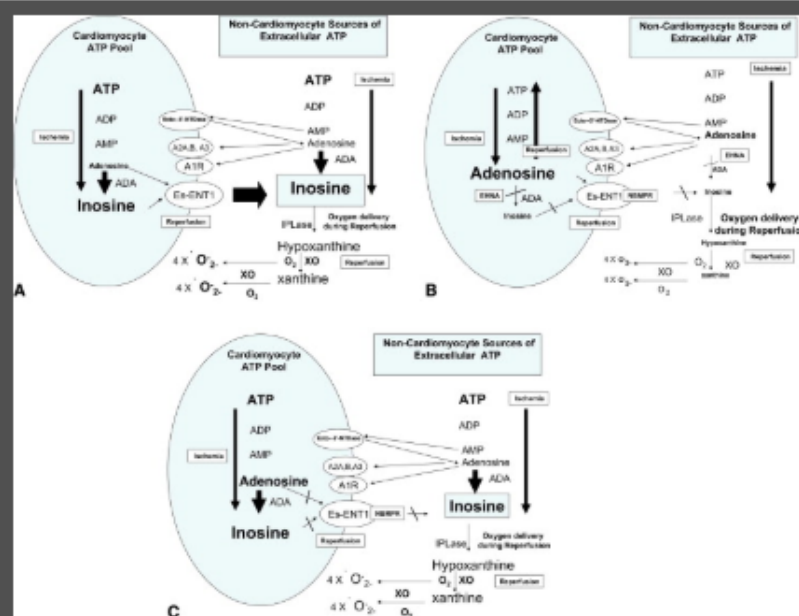
☒ Videos 25

Specialties

Date

☒ Subscribed Content

☐ 3201 results



elevating extracellular ATP. Ecto- and endo-5'-nucleotidase (endo) and adenosine deaminase continue breaking down ATP and adenosine monophosphate (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 adenosine 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 adenosine nucleoside transporter 1; A1R, adenosine receptor 1; IPLase, inosine phosphorylase; XO, xanthine oxidase; O₂, molecular oxygen; O₂⁻, superoxide radical. The font size reflects the amount of purine at ischemia or reperfusion.

[View in source](#) [View full size](#)

مشاهده تصویر در منبعی
که متعلق به آن است

مشاهده تصویر
در اندازه کامل



Filter By:

✕ Clear all

Source Type

- ☐ Journal Articles 32751
- ☒ Full Text Only
- ☐ Full Text and MEDLINE
- ☐ Systematic Reviews 373
- ☐ Meta-analyses 436
- ☐ Randomized Control Trials 1774
- ☐ Narrative Reviews 3555
- ☐ Books 3718
- ☒ Images 3176
- ☐ Guidelines 375
- ☐ Clinical Trials 316
- ☐ Clinical Overviews/First Consult 113
- ☐ Drug Monographs 84
- ☐ Patient Education 56
- ☐ Procedures Consult 27
- ☒ Videos 25

Specialties ▼

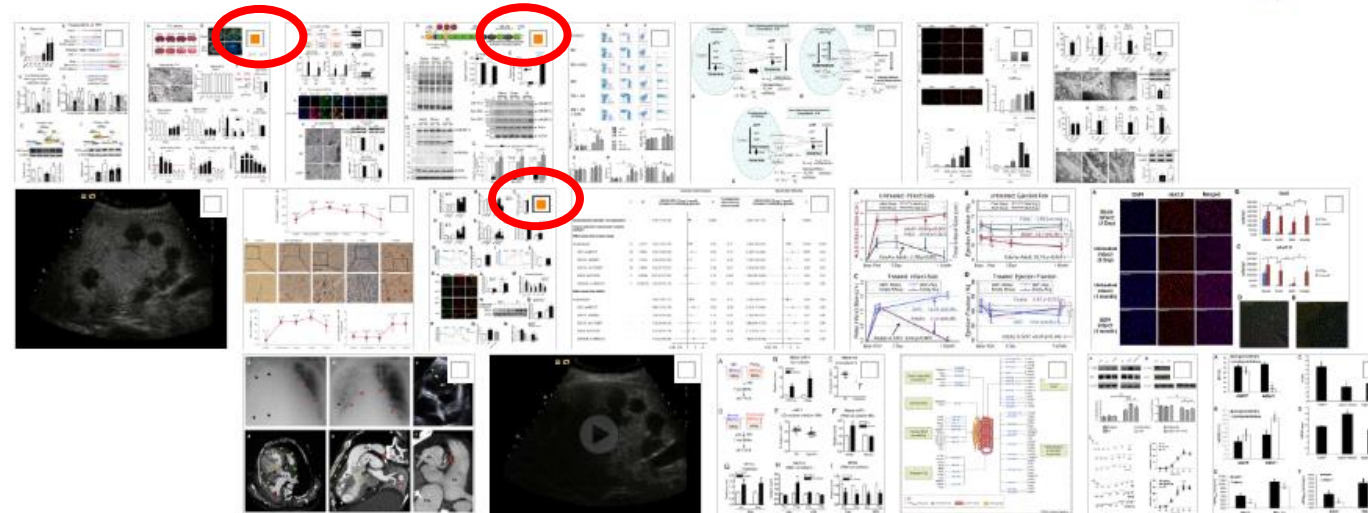
Date ▼

Add to Presentation

View: Grid ▼

[+] Rate Results

انتخاب مجموعه ای از
تصاویر و افزودن آن
ها به پاورپوینت



1 2 3 4 5 ... 161 Next >

Filter By:

x Clear all

Source Type

- | Category | Count |
|----------------------------------|-------|
| Journal Articles | 32759 |
| Full Text Only | |
| Full Text and MEDLINE | |
| Systematic Reviews | 1173 |
| Meta-analyses | 3554 |
| Randomized Controlled Trials | 3717 |
| Narrative Reviews | 3171 |
| Books | 375 |
| Images | 315 |
| Guidelines | 114 |
| Clinical Trials | 84 |
| Clinical Overviews/First Consult | 56 |
| Drug Monographs | 27 |
| Patient Education | |
| Procedures Consult | |
| Videos | |

افزودن تصویر به اسلایدهای از قبل ایجاد شده

Add to Presentation

➤ **Select Presentation** ▾ + **Create New**

Cancel

[Add and view presentation](#)

Add

ایجاد اسلاید جدید

اضافه
کردن

[+] Rate Results

1 2 3 4 5 ... 160 Next >

Multimedia



heart attack



Saved Search

Filter By:

Clear all

Source Type

- ☐ Journal Articles 32751
- ☒ Full Text Only
- ☐ Full Text and MEDLINE
- ☐ Systematic Reviews 373
- ☐ Meta-analyses 436
- ☐ Randomized Control Trials 1774
- ☐ Narrative Reviews 3555
- ☐ Books 3718
- ☒ Images 3176
- ☐ Guidelines 375
- ☐ Clinical Trials 316
- ☐ Clinical Overviews/First Consult 113
- ☐ Drug Monographs 84
- ☐ Patient Education 56
- ☐ Procedures Consult 27
- ☒ Videos 25

Specialties

Date



View: Grid



1 2 3 4 5 ... 161 Next >

مشاهده تصاویر اضافه
شده به اسلاید مورد نظر

farzaneh mahmoudvand
Library

- Settings
- CME 12.5
- Change Language
- Saved Content
- Presentations**
- Remote Access
- Log Out

Presentation Maker

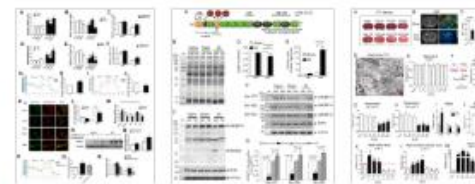
My Presentations

+ Create new presentation

heart attack	8/5/18
1111	8/1/18
heart	8/1/18
disease	7/31/18
power	7/29/18
Ashma	7/16/18
kidney	5/6/18
ms	5/6/18

heart attack Save

Export 



انتخاب و حذف
اسلاید ایجاد شده

Delete

IMAGE

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...

Multimedia

heart attack



Saved Searches

Search History

Presentation Maker

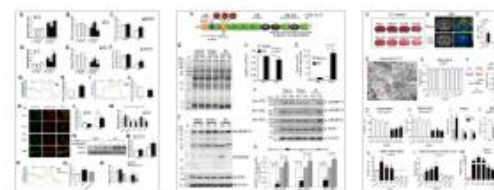
لیست اسلایدهای
ایجاد شده

My Presentations

+ Create new presentation

heart attack	8/5/18
1111	8/1/18
heart	8/1/18
disease	7/31/18
power	7/29/18
Ashma	7/16/18
kidney	5/6/18
ms	5/6/18

heart attack [Change](#)



+ Add images from Saved Content


افزودن تصویر از
محتوای ایجاد شده

ارسال تصاویر
انتخاب شده به
پاورپوینت

Export 

- ☒ Full Text Only
- ☐ Full Text and MEDLINE

- ☐ Systematic Reviews 373
- ☐ Meta-analyses 436
- ☐ Randomized Control Trials 1774
- ☐ Narrative Reviews 3555
- ☐ Books 3718
- ☒ Images 3178
- ☐ Guidelines 375
- ☐ Clinical Trials 316
- ☐ Clinical Overviews/First Consult 113
- ☐ Drug Monographs 84
- ☐ Patient Education 56
- ☐ Procedures Consult 27
- ☒ Videos 25

Specialties 

Date 

☒ Subscribed Content

مشاهده ویدئو در
اندازه کامل





VIDEO

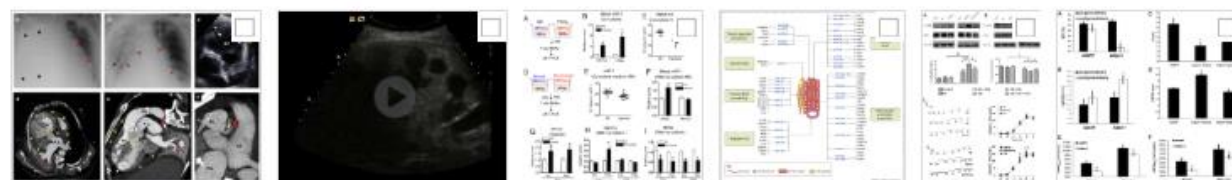
17.1b Liver metastases on low MI scanning after injection of echo-enhancing agent - half speed

Clinical Doppler Ultrasound.

Published August 10, 2015.

17.1b Liver metastases on low MI scanning after injection of echo-enhancing agent - half speed A video clip taken following the injection of "SonoVue". The metastatic deposits are relatively avascular compared with normal liver and there is conseq...

[View full size](#)



Multimedia



heart attack



Saved Searches

Search History

Filter By:

✕ Clear all

Source Type

- ☐ Journal Articles 32759
- ☒ Full Text Only
- ☐ Full Text and MEDLINE
- ☐ Systematic Reviews 373
- ☐ Meta-analyses 436
- ☐ Randomized Control Trials 1773
- ☐ Narrative Reviews 3554
- ☐ Books 3717
- ☒ Images 3171
- ☐ Guidelines 375
- ☐ Clinical Trials 315
- ☐ Clinical Overviews/First Consult 114
- ☐ Drug Monographs 84
- ☐ Patient Education 56
- ☐ Procedures Consult 27
- ☒ Videos 25

Specialties

3196 results


View: Grid



1 2 3 4 5 ... 160 Next >

تاریخچه جستجو: ذخیره
خودکار فرایند جستجو و
امکان ذخیره یا اجرای
دوباره جستجو

Sort by: Relevance ▾
[+] Rate Results

Multimedia 

heart attack



Saved Searches

Search History

Search History

Search History

Saved Searches

[Clear All History](#)

Today

heart attack

You Filtered By: IMAGES and VIDEOS

diabetes

No Filters Applied

Save



ذخیره یا حذف
جستجوی انجام شده

مشاهده جستجوهای
ذخیره شده

Yesterday

heart attack

You Filtered By: IMAGES and VIDEOS

Autism

You Filtered By: IMAGES and VIDEOS

colectomy

You Filtered By: PROCEDURES CONSULT

asthma

با تشکر