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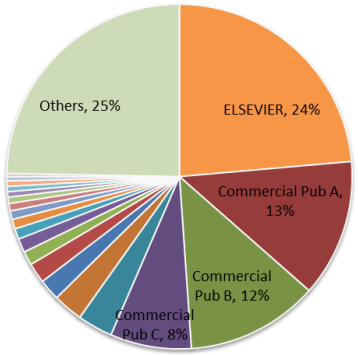

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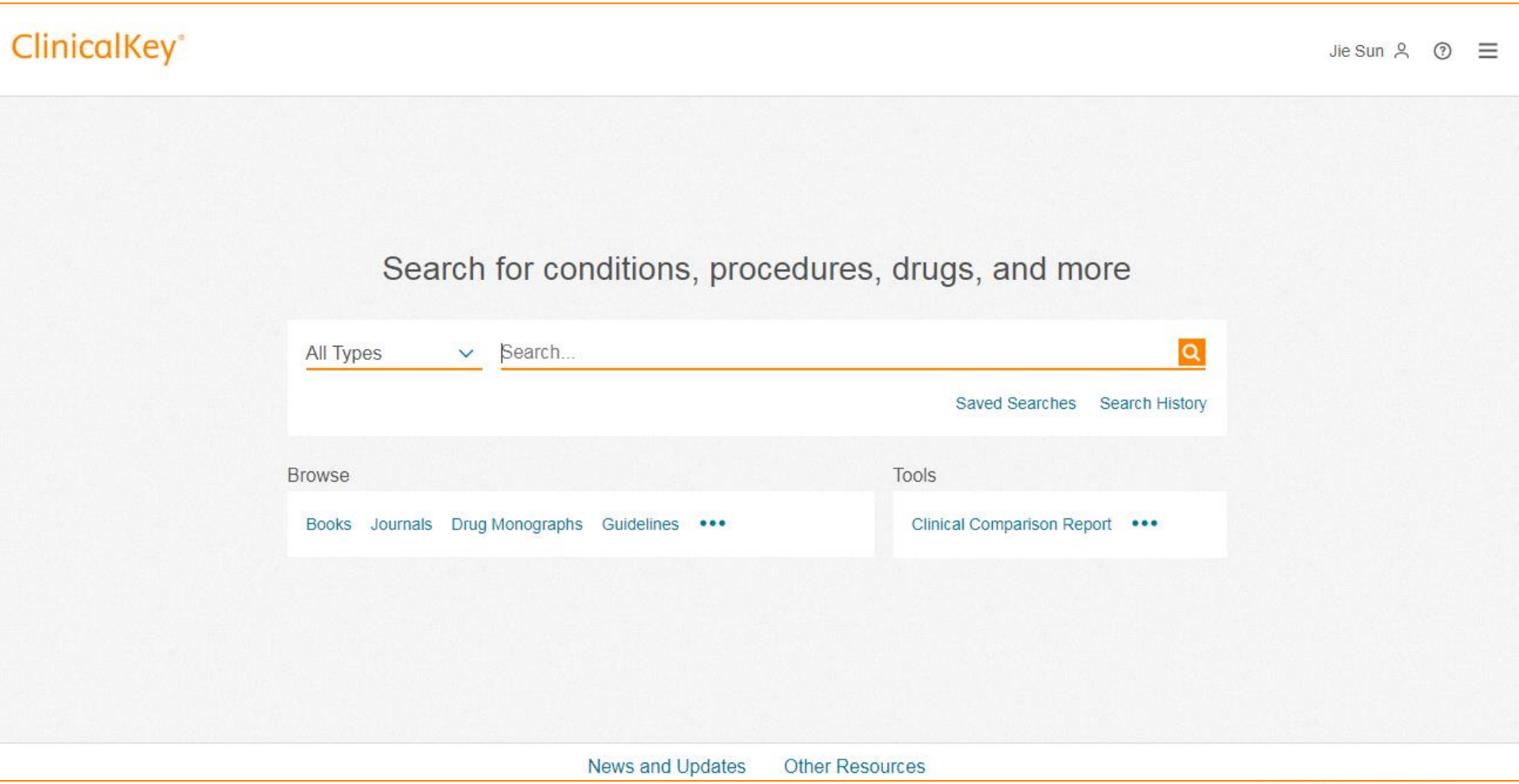

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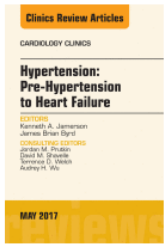

Cardiology Clinics

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北美临床期刊–心脏病学

本期邀请业内权威专家围绕高血压前期到心衰相关临床问题进行论述

Articles in this issue:

- Hypertension: Pre-Hypertension to Heart Failure
  Pages i-i. 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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- Contents
  Pages v-vii.

- Genomic Approaches to Hypertension
  Pages 185-196. Dodoo, Sheriff N., MD, and Benjamin, Ivor J., MD.
  Key points • Genomic insights and analyses of Mendelian hypertension (HTNacrnm1) syndromes and Genome-Wide Association study (GWASacrnm1) on essential * hypertension * have contributed to the depth of understanding of the genetics origins of hyper...
- 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 (BPacrnm1). • 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 d...
- 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 mod...
- Balancing Overscreening and Underdiagnosis in Secondary Hypertension

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以“腹痛”检索，可得到诊断建议，供参考：
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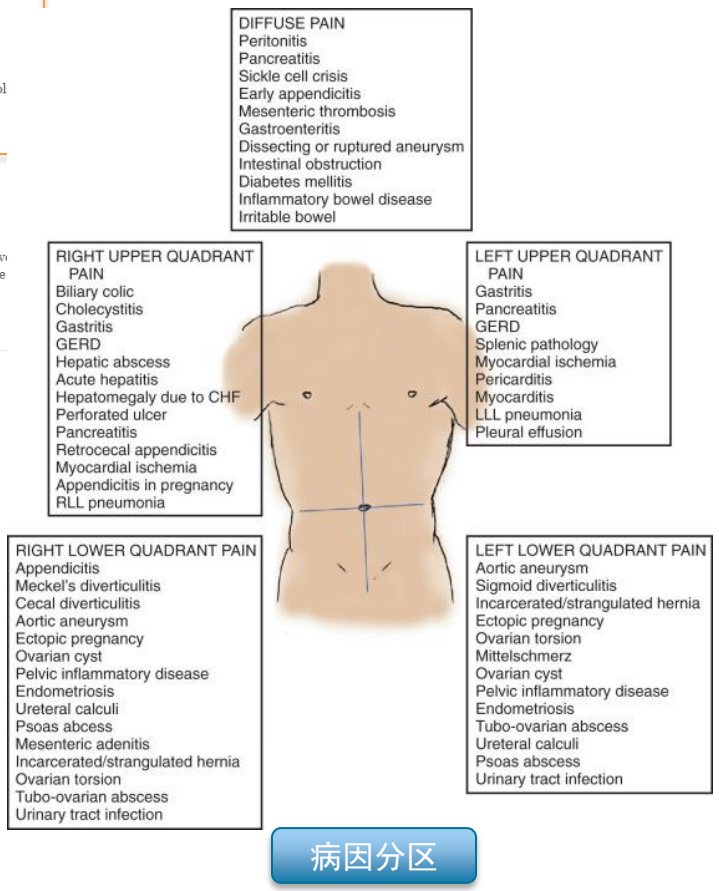
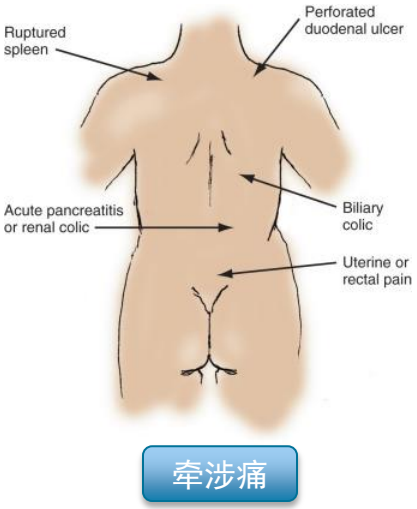


病因分区



牵涉痛

如何进一步判断病因？

Diagnostic Approach

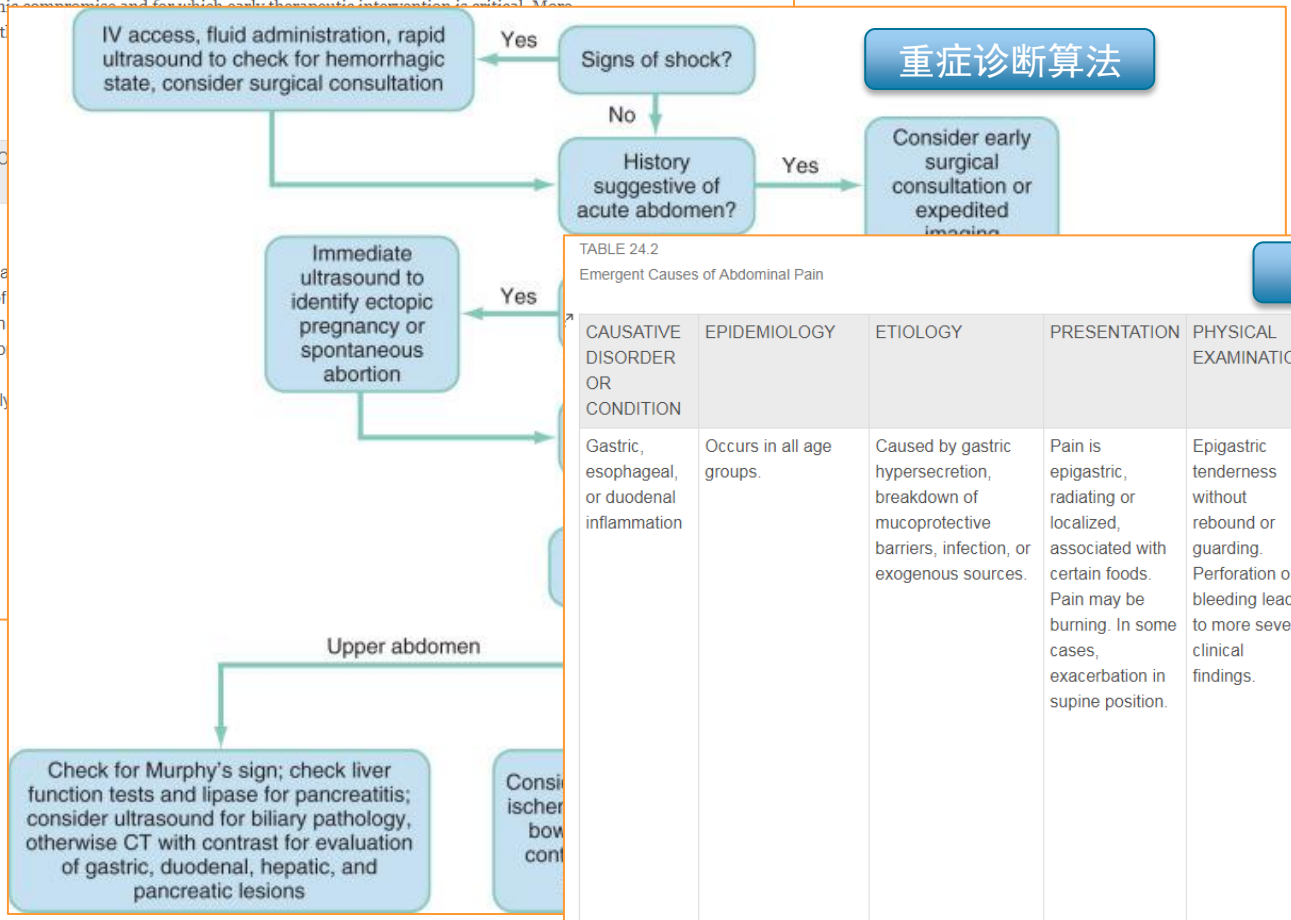
Differential Diagnosis Considerations

鉴别诊断

The differential diagnosis of abdominal pain is divided into abdominopelvic (intraperitoneal, 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	EPIDEMIOLO
Ruptured ectopic pregnancy	Occurs in females of childbearing a No method of contraception prevents ecto pregnancy. Approximately in every 100 pregnancies.



重症诊断算法

TABLE 24.2
Emergent Causes of Abdominal Pain

急症病因

CAUSATIVE DISORDER OR CONDITION	EPIDEMIOLOGY	ETIOLOGY	PRESENTATION	PHYSICAL EXAMINATION	USEFUL TES
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 wit antacids or his H_2 blockers b invasive studie contemplated. Gastroduoden is valuable in diagnosis and Testing for *Helicobacter p* with blood or b specimens. If perforation is suspected, an chest radiogra obtained early out free air. CT 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 cou nonspecific an be normal or elevated. If ele

随时随地快速解决问题

门诊夜班间隙、查房途中…

- 适用各种终端
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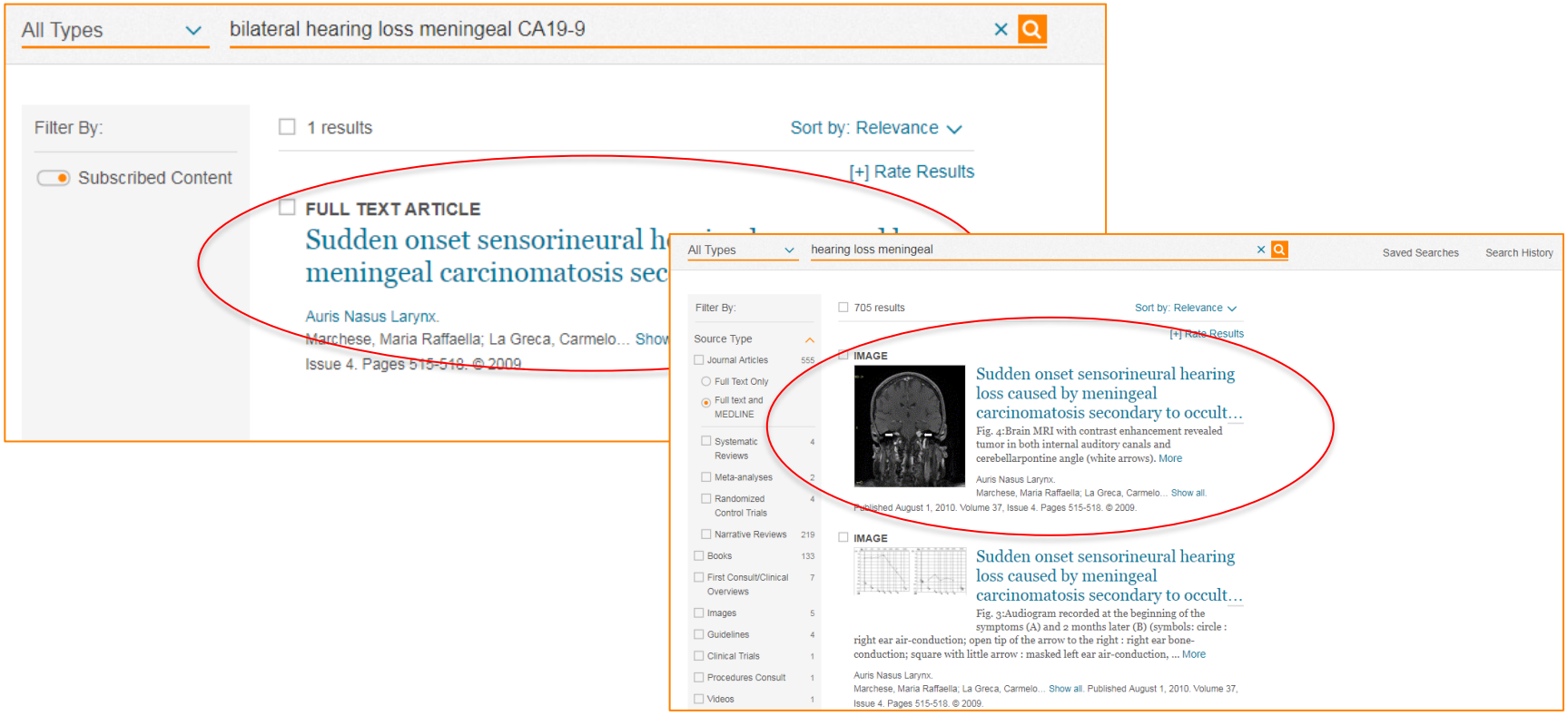
疑难复杂病—助力诊断

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。

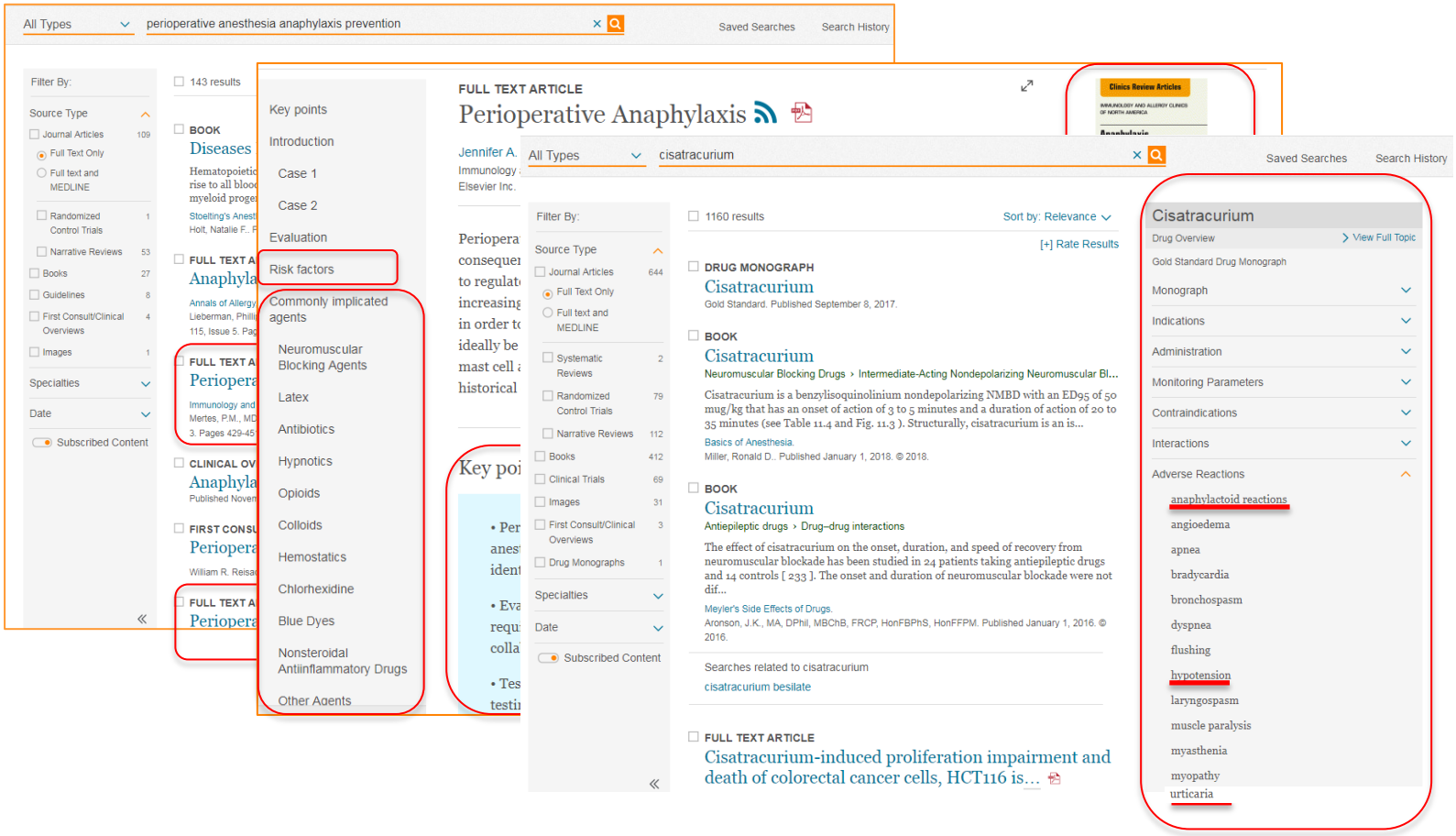
例1：患者出现双侧听力下降至耳聋，辗转半年就诊，检查现MRI脑膜强化、脑脊液CA19-9升高、脑神经受累等主要阳性症状和结果，经多次专家会诊后，无明确诊断，看ClinicalKey能否提供有效线索？



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？

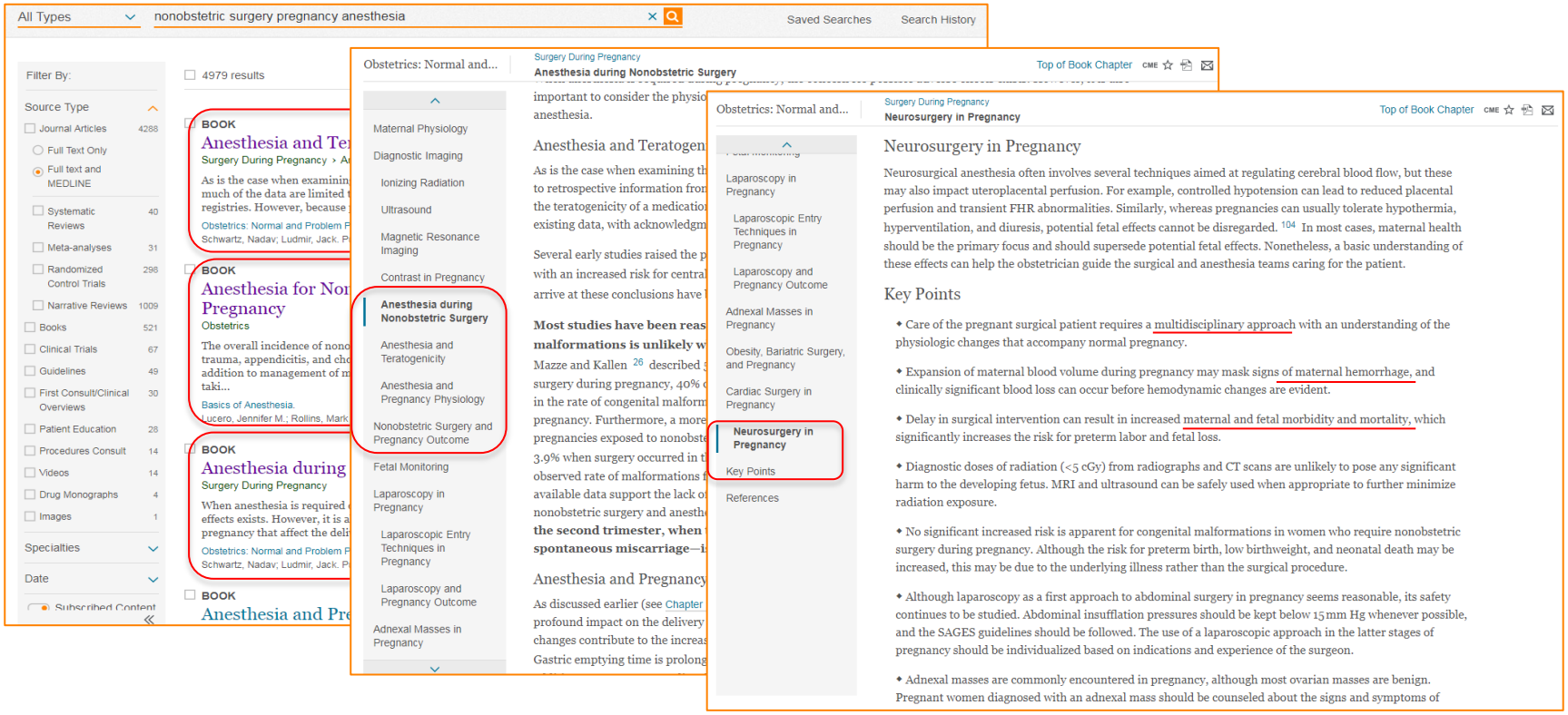


疑难复杂状况—助力方案制定

例2：如何实施孕妇巨大垂体瘤切除术麻醉？

- 女性，25岁，孕24周。二年前，月经出现紊乱，未接受治疗。2016年，临床症状加重，才于上海华山医院就诊，显示泌乳素（PRL）高达3640uIU/ml (正常值102-496uIU/ml)，脑部核磁共振检查显示：垂体瘤大小1.4*1.1cm。
- 给予溴隐亭治疗，直到2017年1月30日被确认怀孕。正规服药期间，泌乳素降到168.4uIU/ml.，肿瘤也缩小到0.6*1.1cm。
- 2017年5月，她因左眼视物模糊到瑞金医院就诊。脑部核磁共振显示，肿瘤达到2.1*1.8cm，泌乳素超过200ng/ml（正常值为5.18-26.53ng/ml ）。检查还发现左眼视野缺失3/19。右眼也开始模糊。
- 为减轻肿瘤压迫和阻止进行性视野缺损，神经外科医生准备进行经蝶垂体瘤切除术。患者是孕妇，还必须考虑腹中胎儿，所以手术和麻醉风险非常大。

问题：这类手术的麻醉风险？术中如何进行严密的麻醉监测和相关处理？



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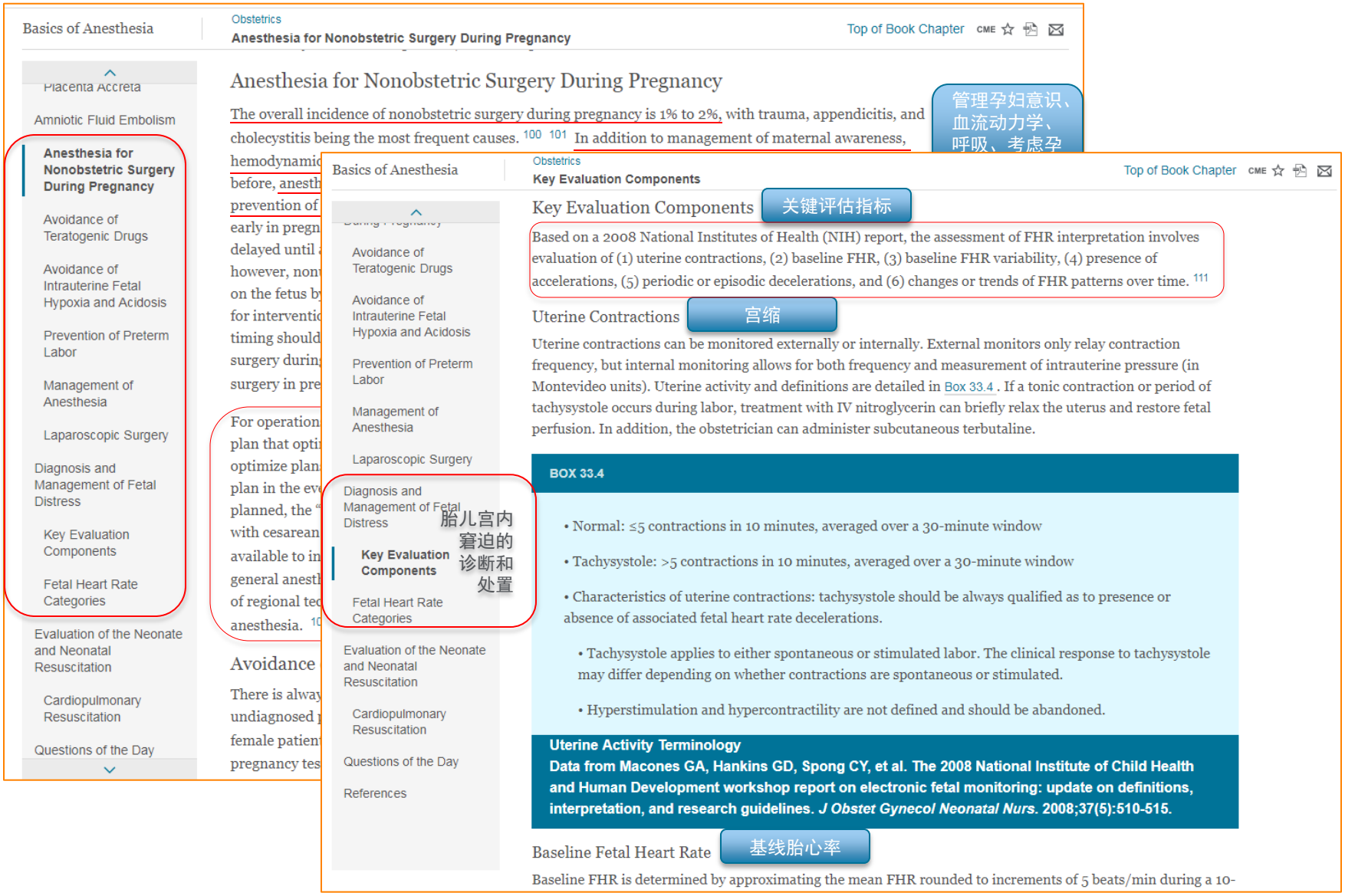
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Fetal Heart Rate Categories
Evaluation of the Neonate and Neonatal Resuscitation
Cardiopulmonary Resuscitation
Questions of the Day
Anesthesia for Nonobstetric Surgery During Pregnancy
The overall incidence of nonobstetric surgery during pregnancy is 1% to 2%, with trauma, appendicitis, and cholecystitis being the most frequent causes. 100 101 In addition to management of maternal awareness,
管理孕妇意识、血流动力学、呼吸、考虑孕
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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-

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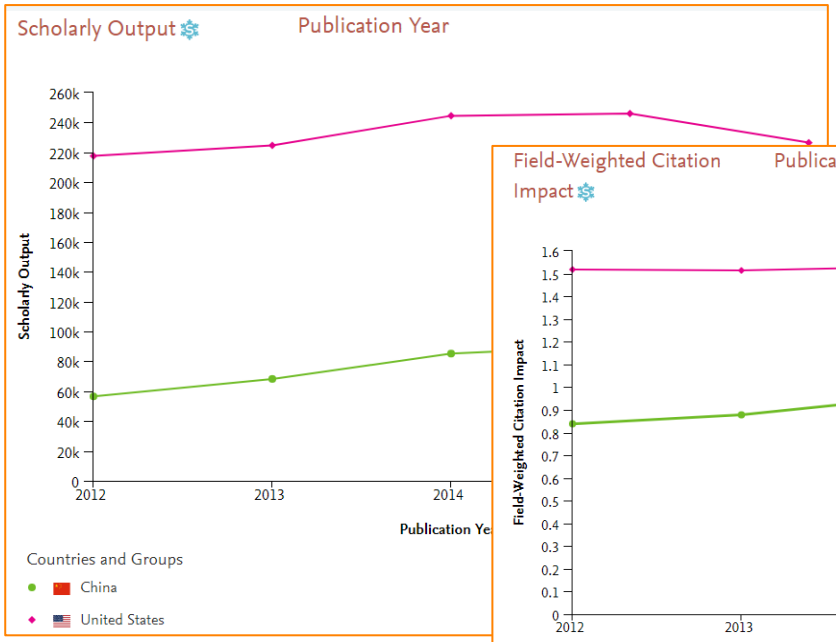

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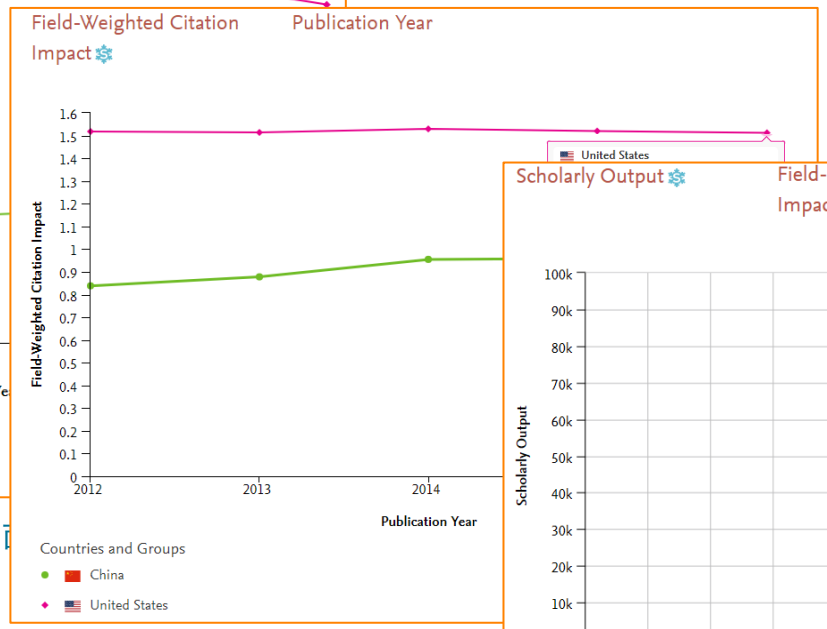

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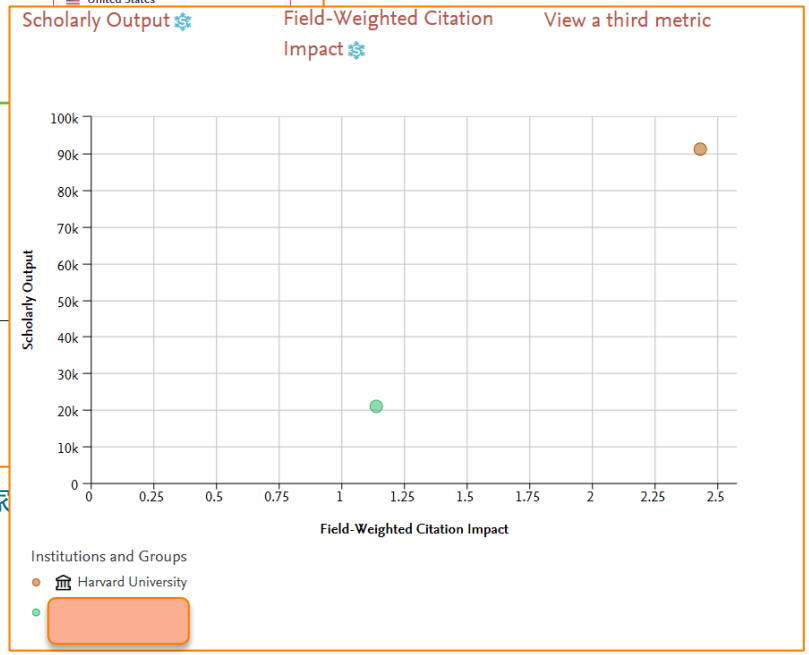

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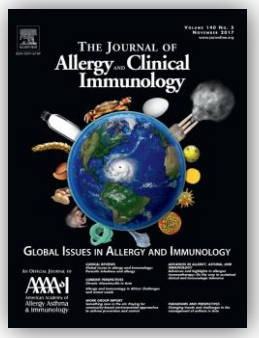

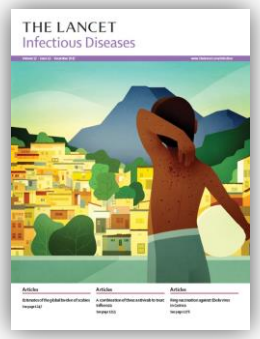

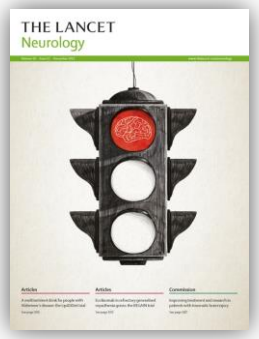

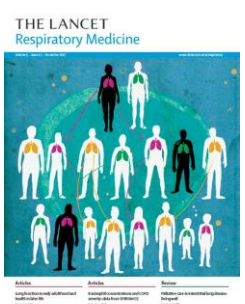

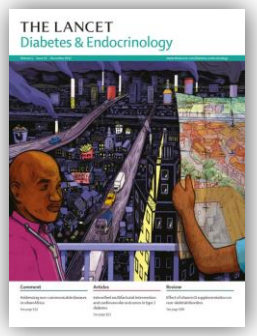

- 专科领域排名第一： 17种
- 专科领域排名前十： 100+ 种（The Lancet, Ophthalmology, etc.）
- 临床医学类期刊最著名的北美临床系列：包含全部专科五十余种

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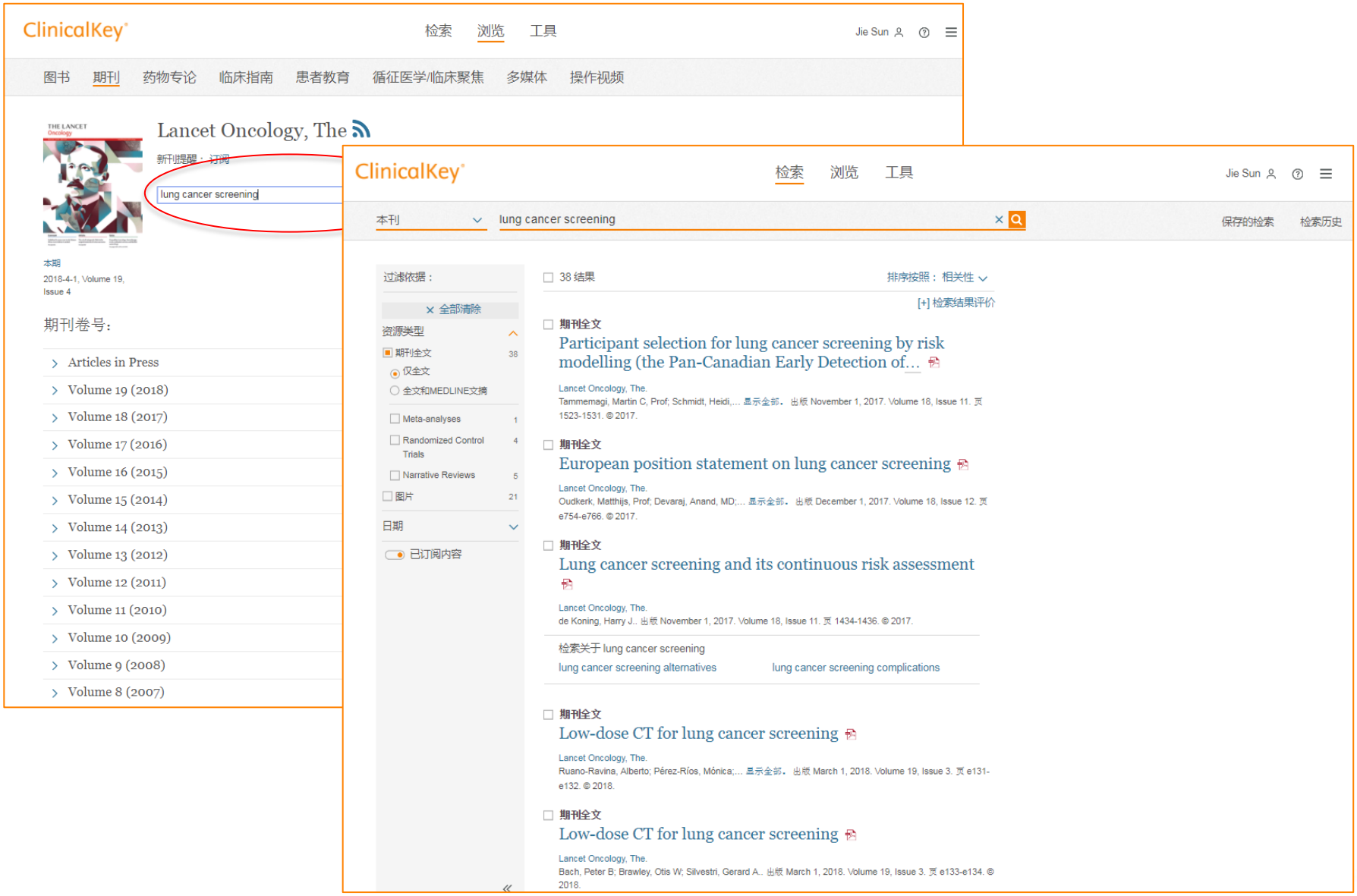
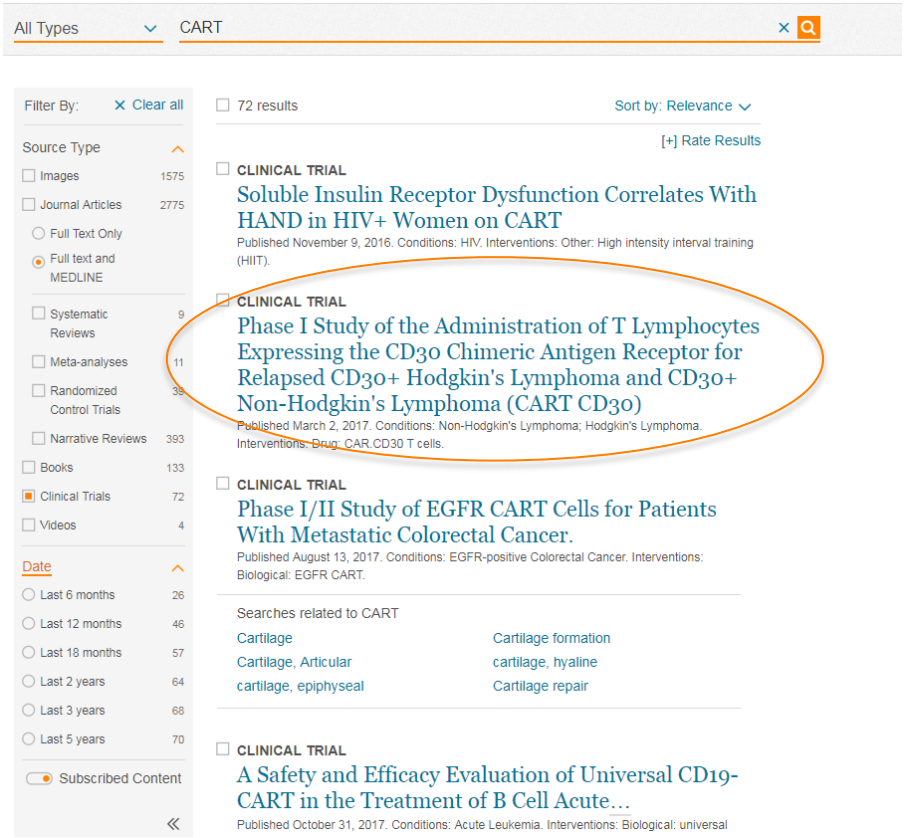
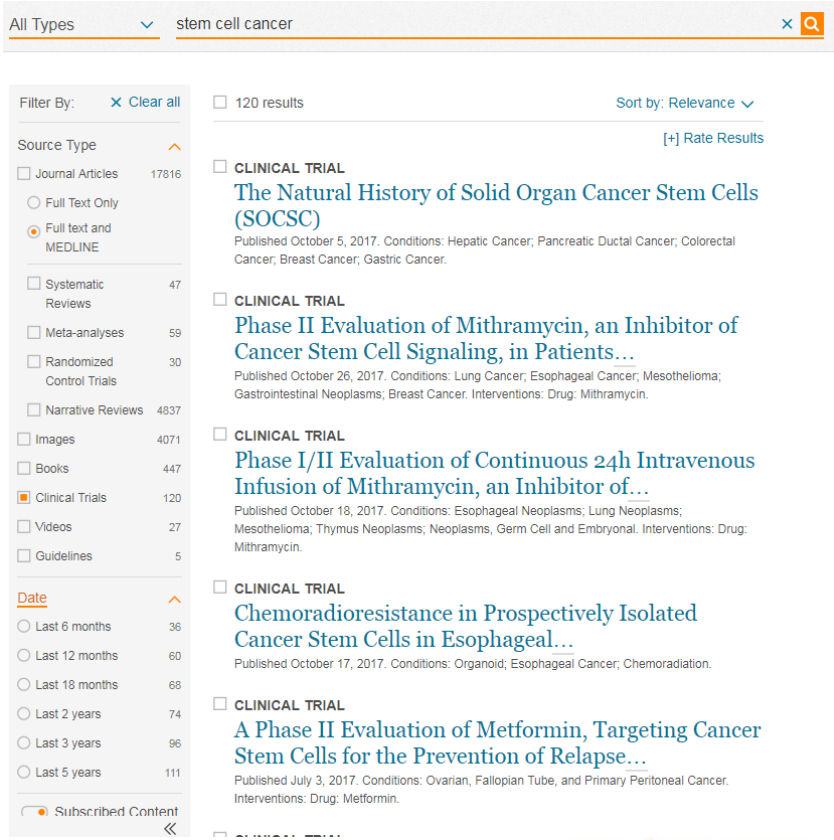


转化医学前沿

Clinical Trials 临床试验:

NIH批准的全球范围内21万余个在研项目





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了解科研最新前沿：全球在研多中心临床试验

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

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ClinicalTrials.gov processed this data on March 08, 2017 Link to the current ClinicalTrials.gov record.

如何开展临床研究？

-流行病学、生物统计学、临床和转化医学研究的工具书

图书

Epidemiology, Fifth Edition

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Clinical and Translational Science: Principles of Human Research, Second Edition

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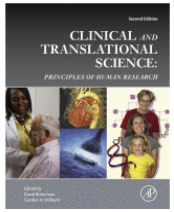

Robertson, David, MD; Williams, Gordon H., MD

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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。

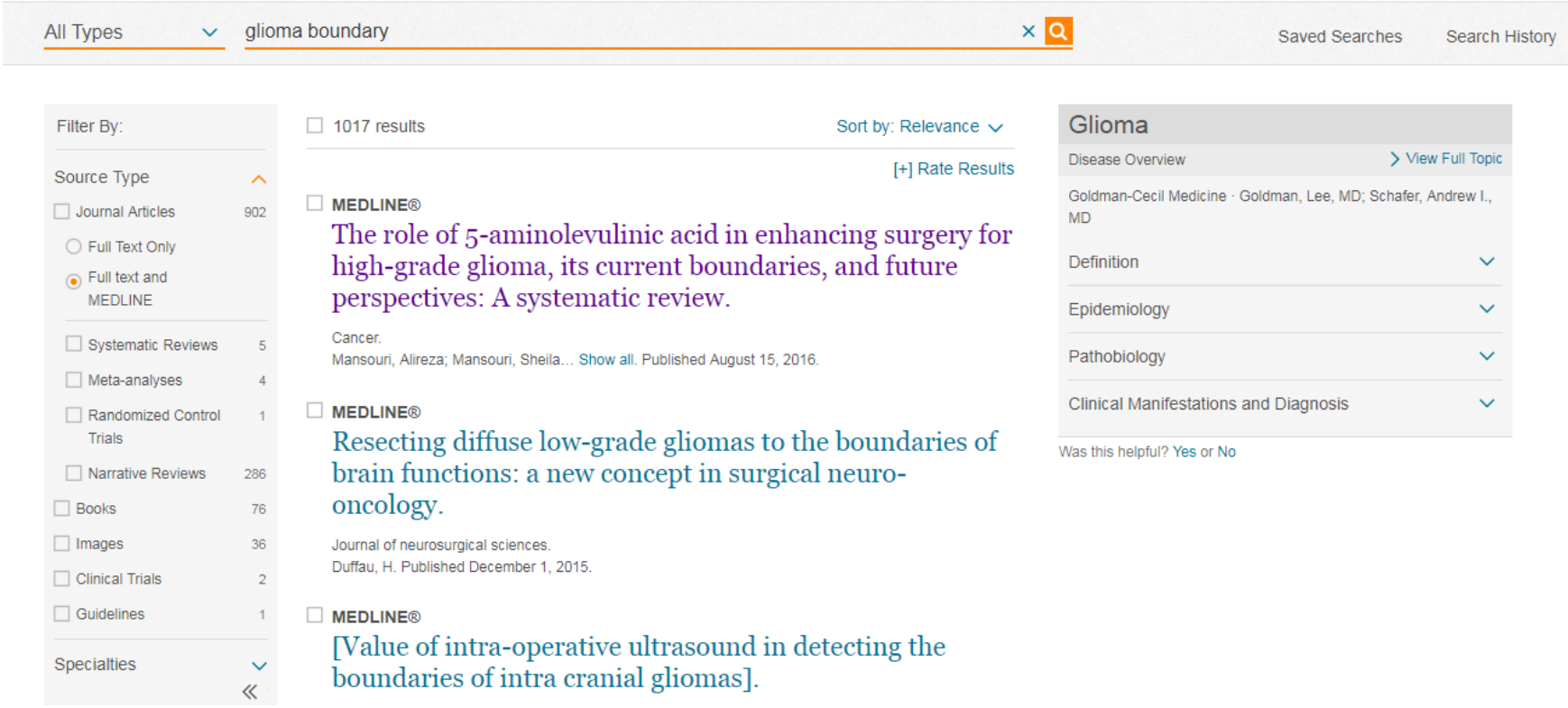
分析：

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？

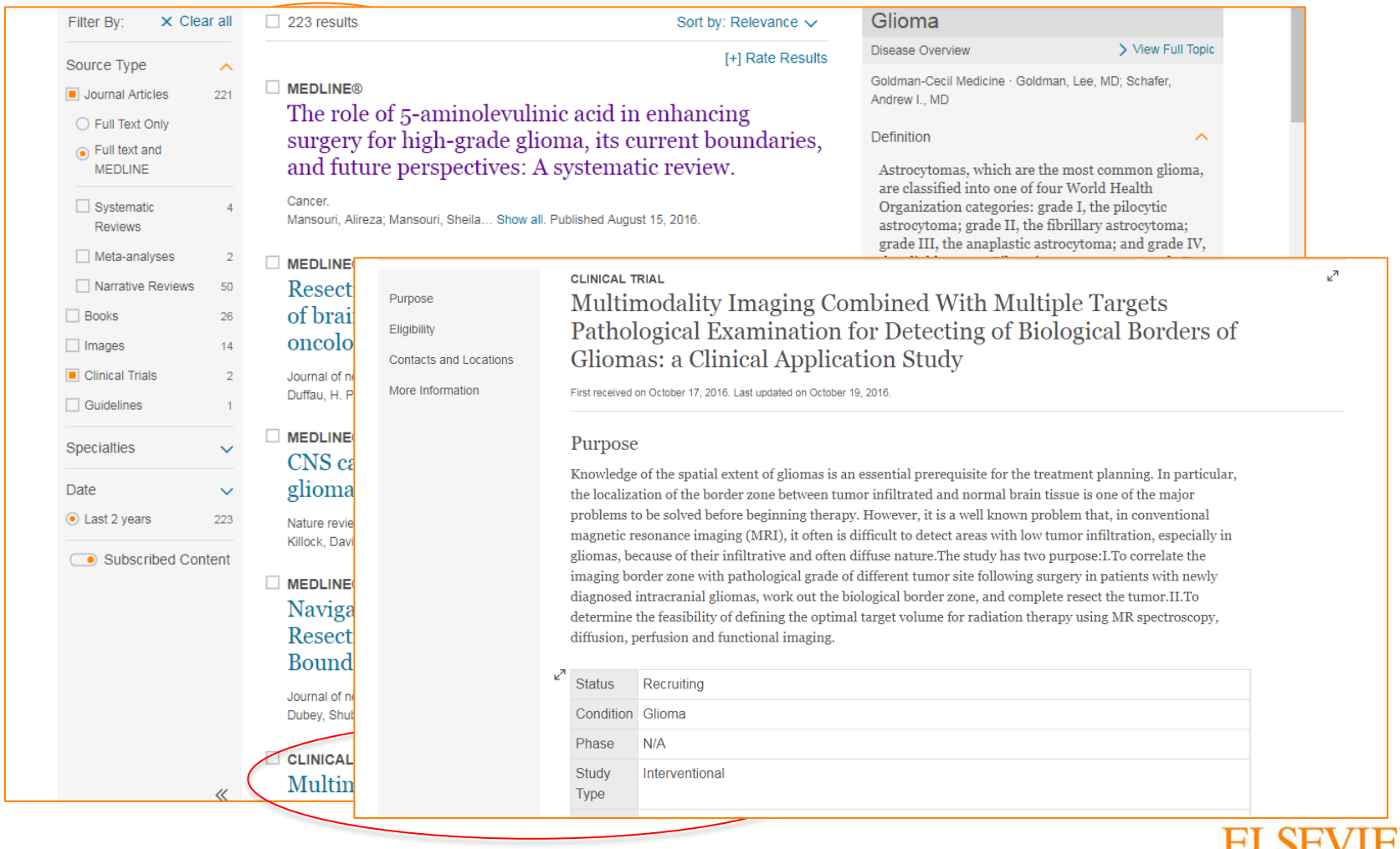
关键词选取：Glioma Boundary, Glioma Border



资源筛选：

内容：首选Journal Articles和Clinical Trials；其次Books、Guidelines；

时间：近两年内



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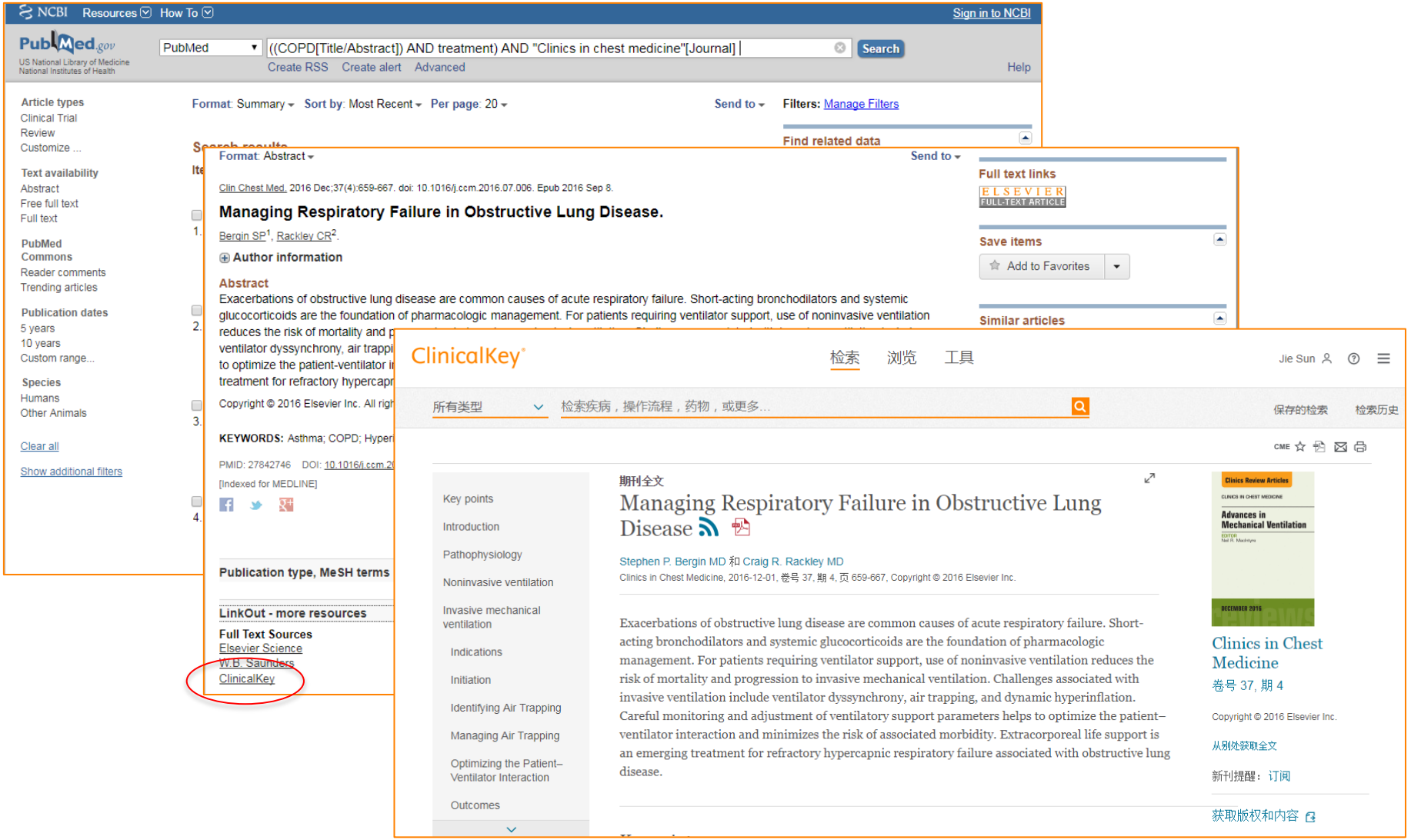

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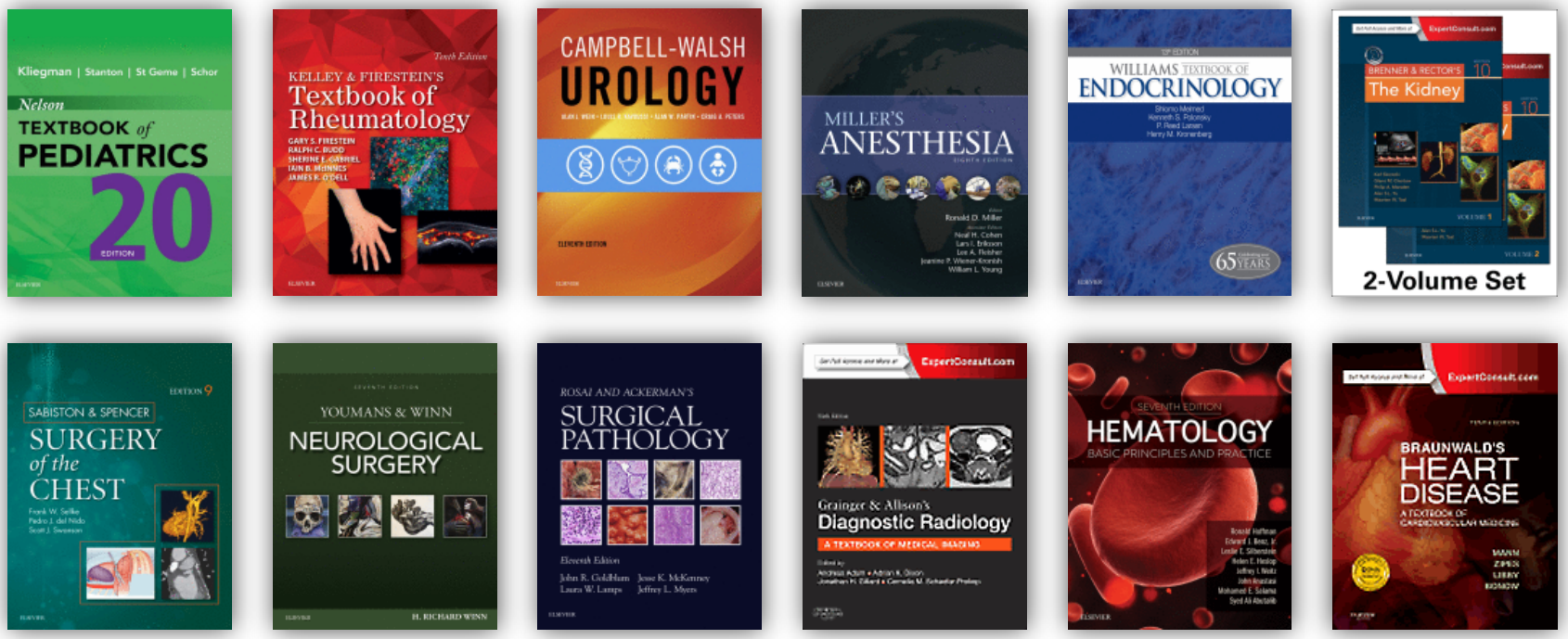

- 1,100余种图书，涵盖所有医学专科，不断增加，不断更新版本
- 西氏内科学、克氏外科学、米勒麻醉学、尼尔森儿科学、尤曼斯神经外科、坎贝尔骨科、坎贝尔-沃尔什泌尿外科、凯利风湿病、……

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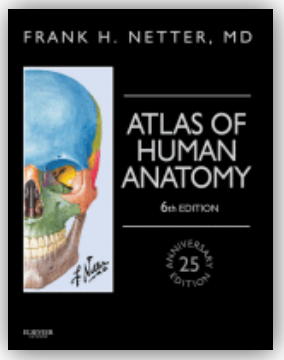

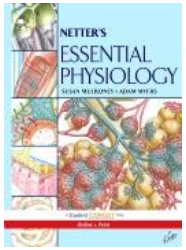

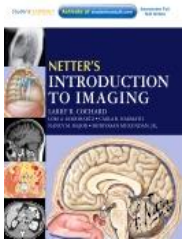

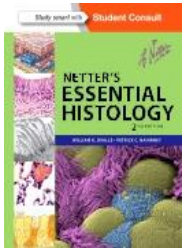

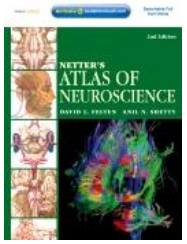

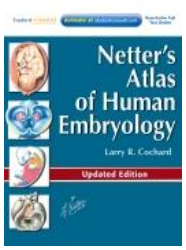

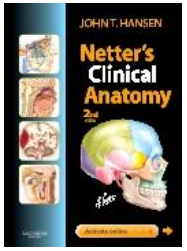

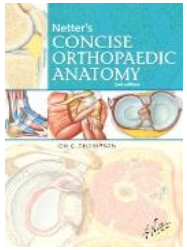

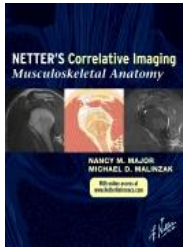

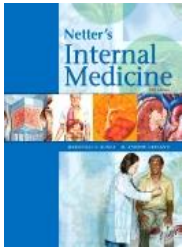

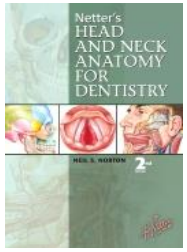

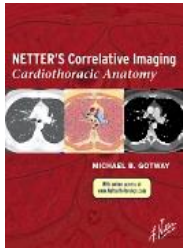

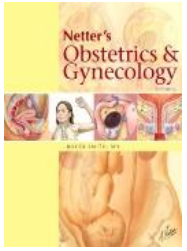

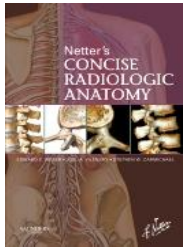

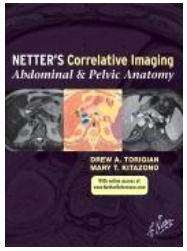

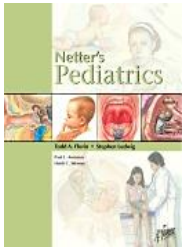

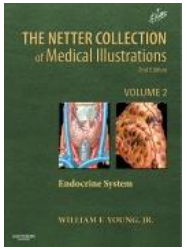

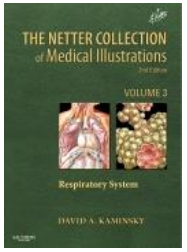

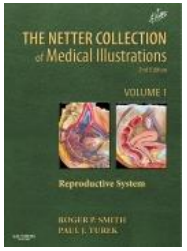

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医学发展前沿　基础结合临床

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TESTS OF PULMONARY FUNCTION

RADIOLOGIC EX OF THE LUNGS

ROUTINE EXA (see Plates 3-

COMPUTED TOMOGRAPH 3-6)

CONTRAST EXAMINATIOI

RADIONUCLIE

MAGNETIC RI IMAGING

SONOGRAPH

INTERPRETA RADIOGRAPH PATTERNS

EXHALED BREAT

FLEXIBLE BRON

ROUTINE EXAMINATION (see)

Top o

image magnified and annotated.

NORMAL POSTEROANTERIOR (PA) AND LATERAL VIEWS OF CHEST

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RADIOLOGIC EXAMINATION OF THE LUNGS

ROUTINE EXAMINATION (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

FLEXIBLE BRONCHOSCOPY

EQUIPMENT

CONTRAST EXAMINATIONS

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LEFT BRONCHIAL TREE AS REVEALED BY BRONCHOGRAMS

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RADIOLOGIC EXAMINATION OF THE LUNGS

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

COMPUTED TOMOGRAPHY (see Plate 3-6)

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MAGNETIC RESONANCE IMAGING

SONOGRAPHY

INTERPRETATION OF RADIOGRAPHIC PATTERNS

EXHALED BREATH ANALYSIS

FLEXIBLE BRONCHOSCOPY

EQUIPMENT

Pulmonary Angiography

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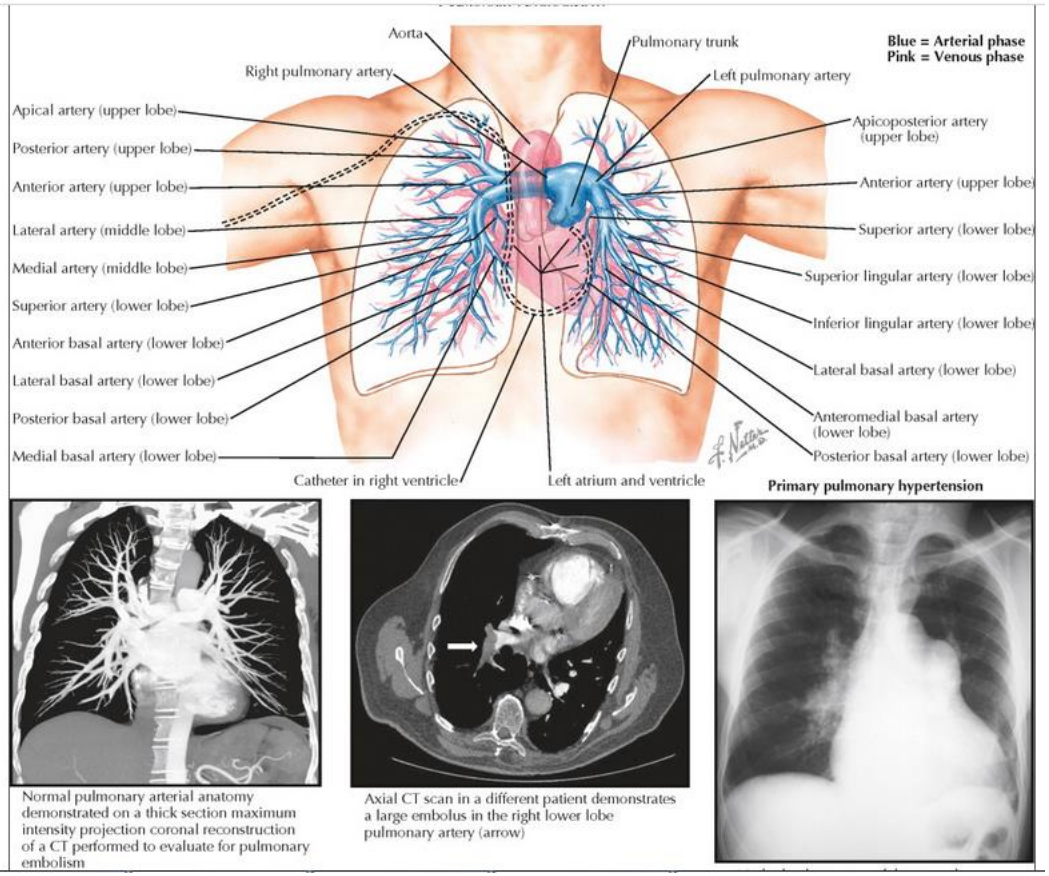
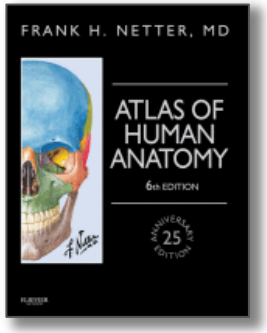
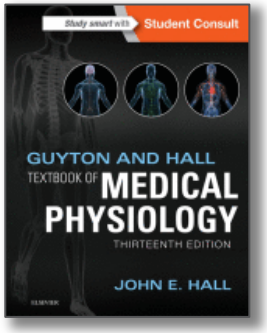


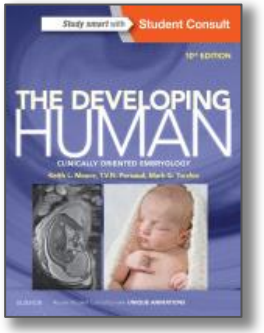
Normal pulmonary arterial anatomy demonstrated on a thick section maximum intensity projection coronal reconstruction of a CT performed to evaluate for pulmonary embolism

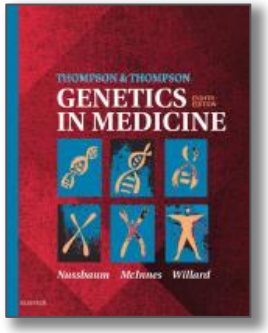
Axial CT scan in a different patient demonstrates a large embolus in the right lower lobe pulmonary artery (arrow)

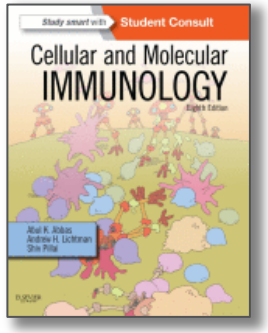
精品医学教材

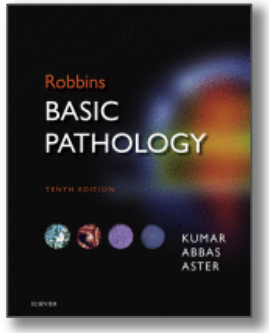


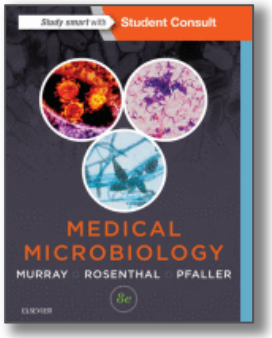


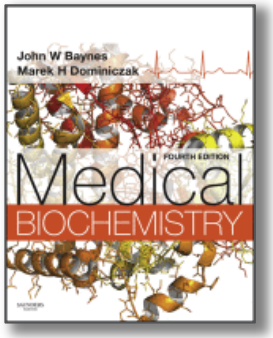


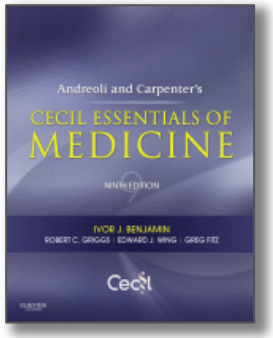


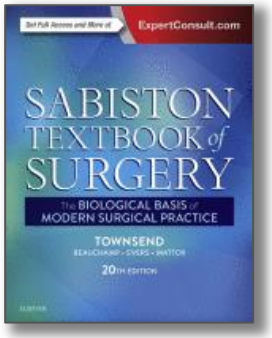


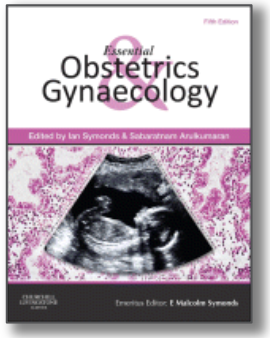












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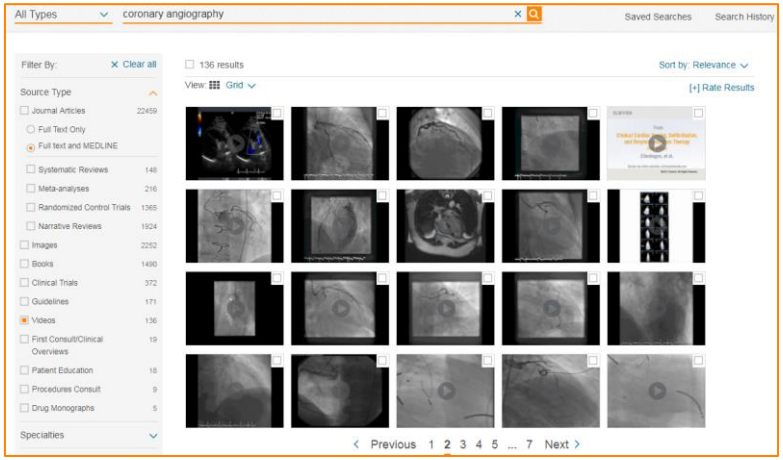

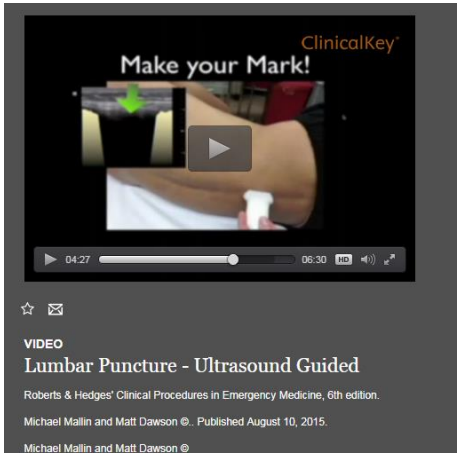

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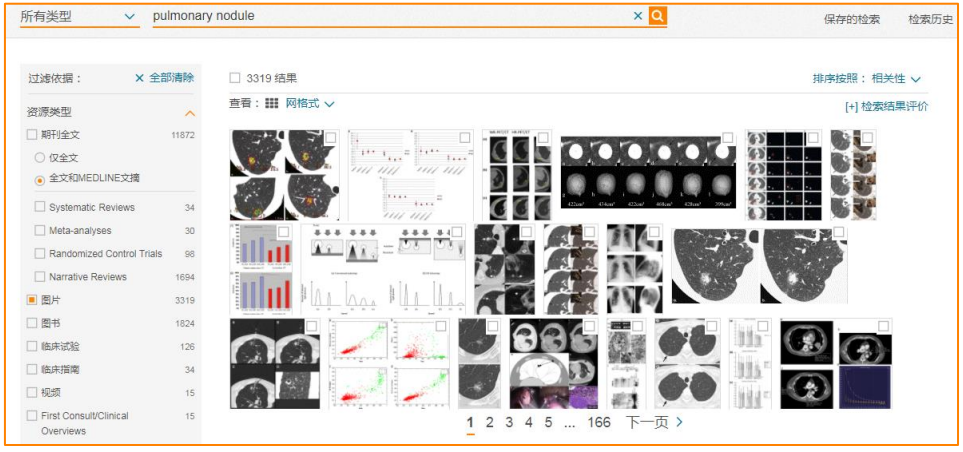

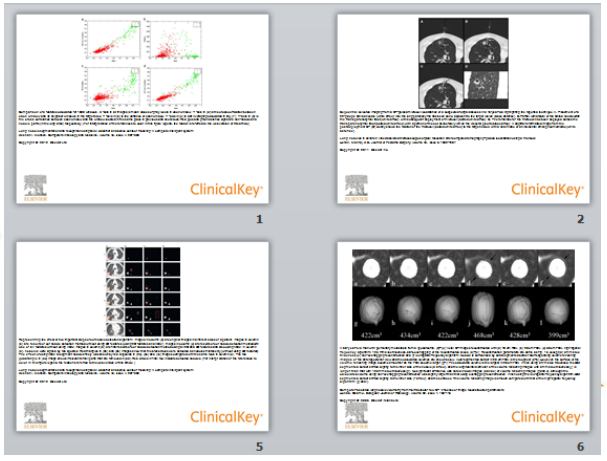

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