An Intruduction to Medical Search

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Alireza Khatony,
Assistance Professor in Nursing Education,
Kermanshah University of Medical Sciences

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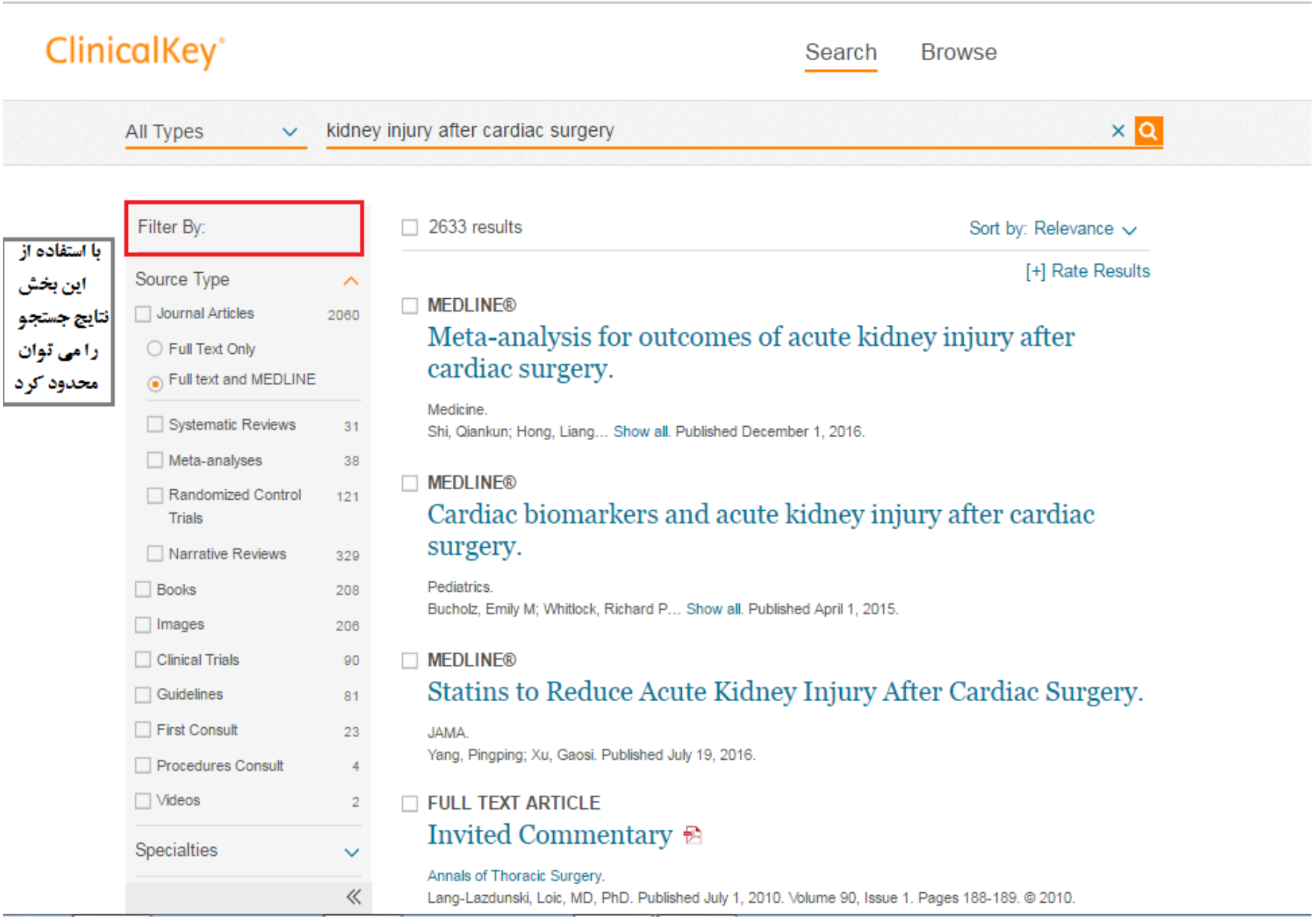
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Cardiac biomarkers and acute kidney injury after cardiac surgery.

Published April 1, 2015.
Volume 135, Issue 4, Pages e945-56

Bucholz EM[1], Whitlock RP[2], Zappitelli M[3], Devarajan P[4], Eikelboom J[5], Garg AX[6], Philbrook HT[7], Devereaux PJ[8], Krawczeski CD[9], Kavsak P[10], Shortt C[11], Parikh CR[12],.
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ژورنال چاپ کننده مقاله

Abstract

To examine the relationship of cardiac biomarkers with postoperative acute kidney injury (AKI) among pediatric patients undergoing cardiac surgery.

Data from TRIBE-AKI, a prospective study of children undergoing cardiac surgery, were used to examine the association of cardiac biomarkers (N-type pro-B-type natriuretic peptide, creatine kinase-MB [CK-MB], heart-type fatty acid binding protein [h-FABP], and troponins I and T) with the development of postoperative AKI. Cardiac biomarkers were collected before and 0 to 6 hours after surgery. AKI was defined as a ≥ 50% or 0.3 mg/dL increase in serum creatinine, within 7 days of surgery.

Of the 106 patients included in this study, 55 (52%) developed AKI after cardiac surgery. Patients who developed AKI had higher median levels of pre- and postoperative cardiac biomarkers compared with patients without AKI (all P < .01). Preoperatively, higher levels of CK-MB and h-FABP were associated with increased odds of developing AKI (CK-MB: adjusted odds ratio 4.58, 95% confidence interval [CI] 1.56-13.41; h-FABP: adjusted odds ratio 2.76, 95% CI 1.27-6.03). When combined with clinical models, both preoperative CK-MB and h-FABP provided good discrimination (area under the curve 0.77, 95% CI 0.68-0.87, and 0.78, 95% CI 0.68-0.87, respectively) and improved reclassification indices. Cardiac biomarkers collected postoperatively did not significantly improve the prediction of AKI beyond clinical models.

Preoperative CK-MB and h-FABP are associated with increased risk of postoperative AKI and provide good discrimination of patients who develop AKI. These biomarkers may be useful for risk stratifying patients undergoing cardiac surgery.

Citation

Cardiac biomarkers and acute kidney injury after cardiac surgery.
Bucholz EM, Whitlock RP, Zappitelli M, Devarajan P, Eikelboom J, Garg AX, Philbrook HT, Devereaux PJ, Krawczeski CD, Kavsak P, Shortt C, Parikh CR, - Pediatrics - April 1, 2015; 135 (4); e945-56
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Cardiac biomarkers and acute kidney injury after cardiac surgery.

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Author information

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CONCLUSIONS: Preoperative CK-MB and h-FABP are associated with increased risk of postoperative AKI and provide good discrimination of patients who develop AKI. These biomarkers may be useful for risk stratifying patients undergoing cardiac surgery.

...etic peptide; creatine kinase; fatty acid-binding proteins; pediatrics; postoperative

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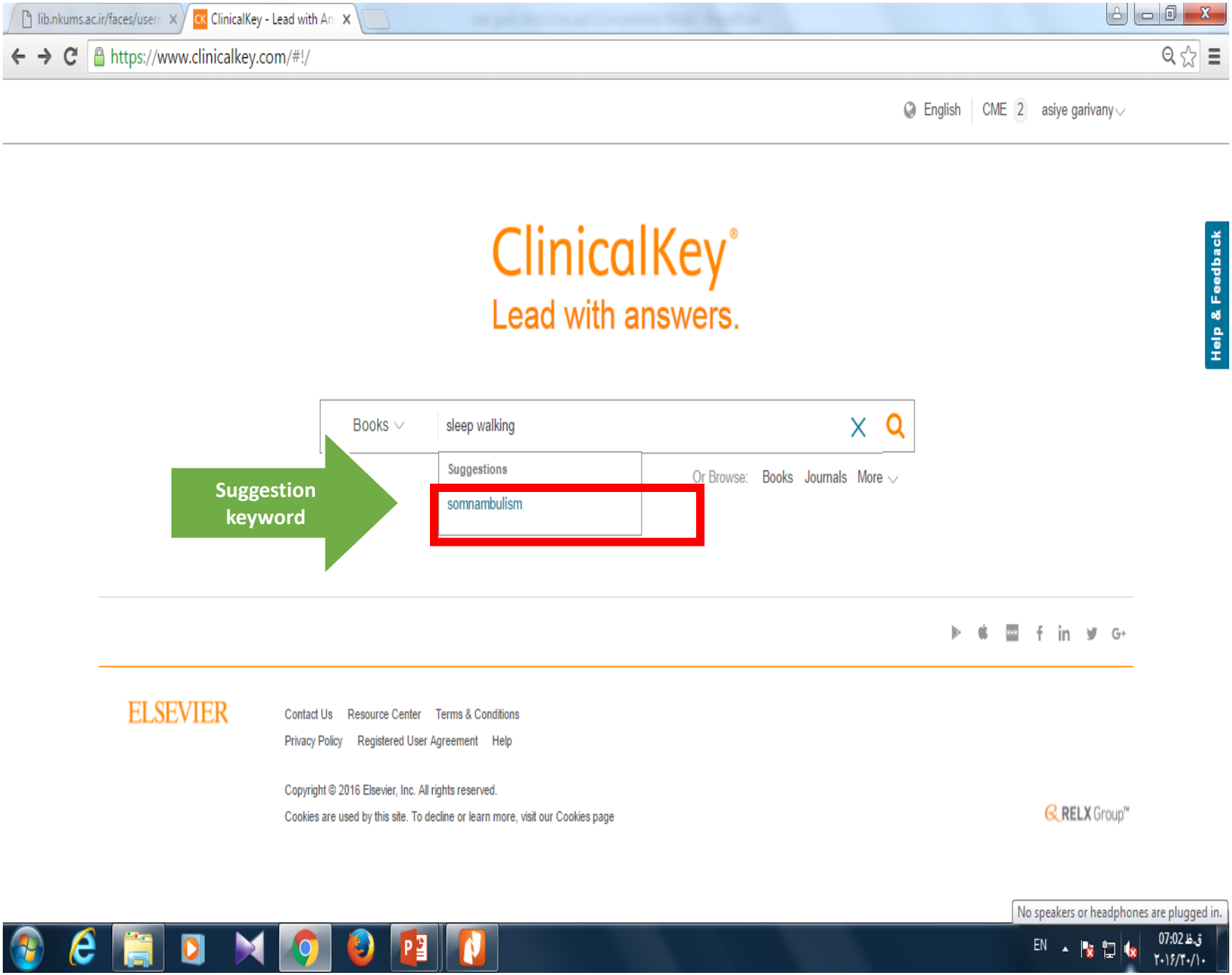
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Somnambulism (Sleepwalking)

Sleep and Its Disorders › Clinical Phenomenology › Parasomnias › Somnambulism (Sleepwalking)

Bradley's Neurology in Clinical Practice.

Chokroverty, Sudhansu; Avidan, Alon Y.. Published January 1, 2016. © 2016.

Sleepwalking is common in children between the ages of 5 and 12 (Box 102.25). Sometimes it persists into adulthood or (rarely) begins in adults Sleepwalking starts with the abrupt onset of motor activity arising out of slow-wave sleep during th... More

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Somnambulism

Nonobstructive Pediatric Sleep Disorders * › Parasomnias › Somnambulism

Cummings Otolaryngology.

Kepchar, Jessica; Brietzke, Scott. Published January 1, 2015. © 2015.

Somnambulism, more frequently known as sleepwalking, is defined as walking around during slow-wave sleep in an altered state of consciousness. Symptoms typically occur during the first third of the night. Although relatively benign, somnambulism r... More

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Somnambulism (Sleepwalking)

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Somnambulism (Sleepwalking)

Sleepwalking is common in children between the ages of 5 and 12 (Box 102.25). Sometimes it persists into adulthood or (rarely) begins in adults. Sleepwalking starts with the abrupt onset of motor activity arising out of slow-wave sleep during the first one-third of sleep. Episodes generally last less than 10 minutes. There is a high incidence of positive family history. Injuries and violent activity have been reported during sleepwalking episodes, but generally individuals can negotiate their way around the room. Sleep violence, associated with amnesia to the event, leading to injury and homicide have been reported, and are probably precipitated by conditions that deepen slow-wave sleep such as sleep deprivation, fatigue, concurrent illness, and sedatives (Mahowald et al., 2005 ; Shneerson, 2009 ; Siclari et al., 2010). Contrary to prior suggestions, alcohol probably does not play a role in triggering somnambulism (Pressman et al., 2013).

BOX 102.25
Features of Sleepwalking (Somnambulism)

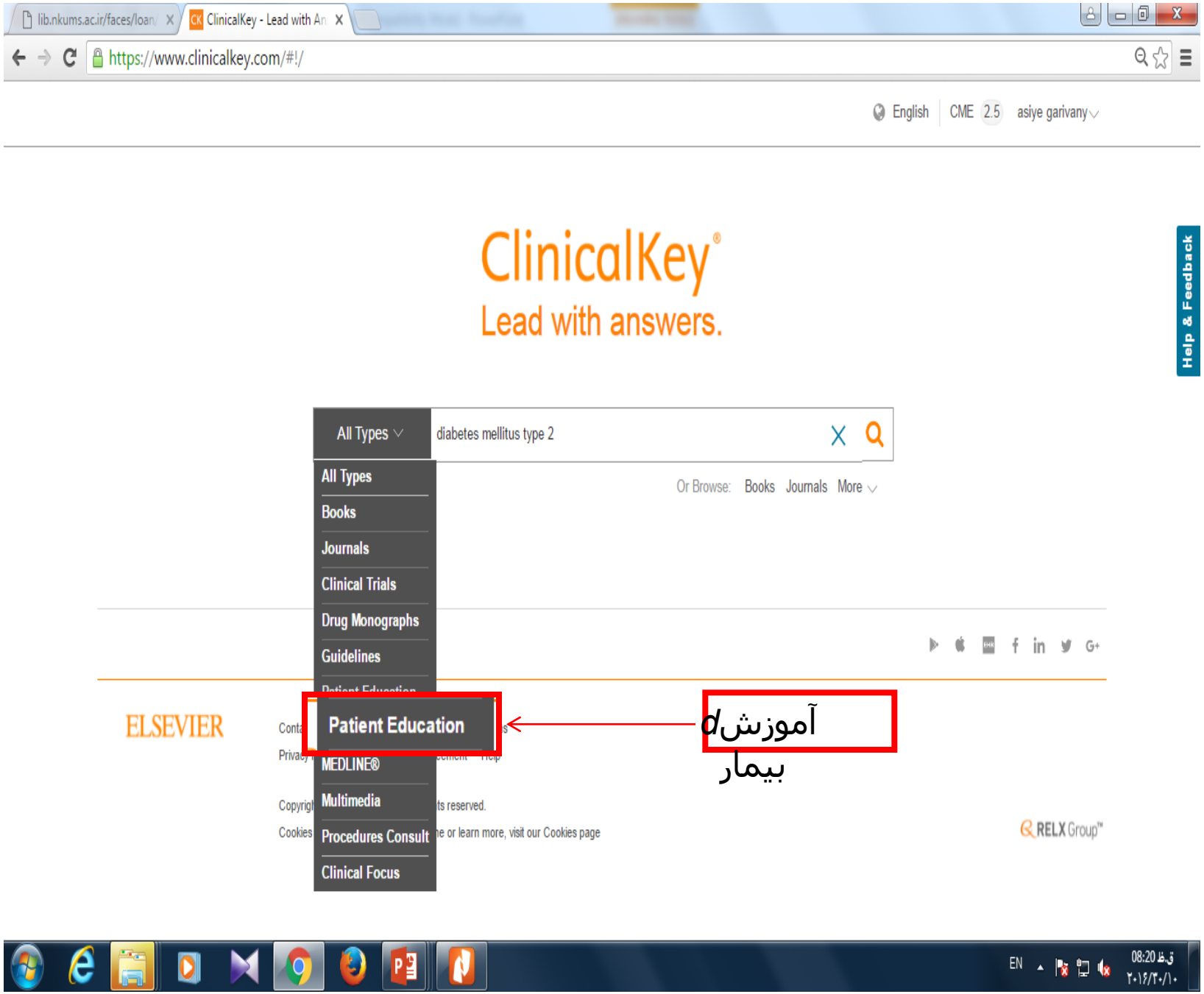
Onset: common between ages 5 and 12 yr

High incidence of positive family history

Abrupt onset of motor activity arising out of slow-wave sleep during first one-third of the night

Duration: less than 10 min

Injuries and violent activity occasionally reported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Type 1 or Type 2 Diabetes Mellitus During Pregnancy

Diabetes Mellitus Type 2

Disease Overview — View Full Topic

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

Epidemiology

Type 2 diabetes is one of the most common chronic diseases, affecting more than 25 million people in the United States and an estimated 366 million worldwide. The prevalence of type 2 diabetes has been increasing in the United States, from approximately 3% of the population in 1995 to more than 9% in 2012. This increase is in part due to demographic shifts (i.e., the aging of the population), but incidence rates are also increasing and parallel the rise of overweight and obesity as well as increasingly sedentary lifestyles. A similar pattern is observed globally, with projections of 550 million (approximately half undiagnosed) to be affected by 2030. Although type 2 diabetes is being increasingly recognized in obese adolescents and young adults, older age remains a major risk factor for type 2 diabetes. More than one quarter of adults aged 65 years and older have diabetes, and another 50% have glucose or HbA_{1c} levels in the impaired or pre-diabetic range. Type 2... More

Pathobiology

Genetics

Help & Feedback

Type 2 Diabetes Mellitus, Adult

Top of Page

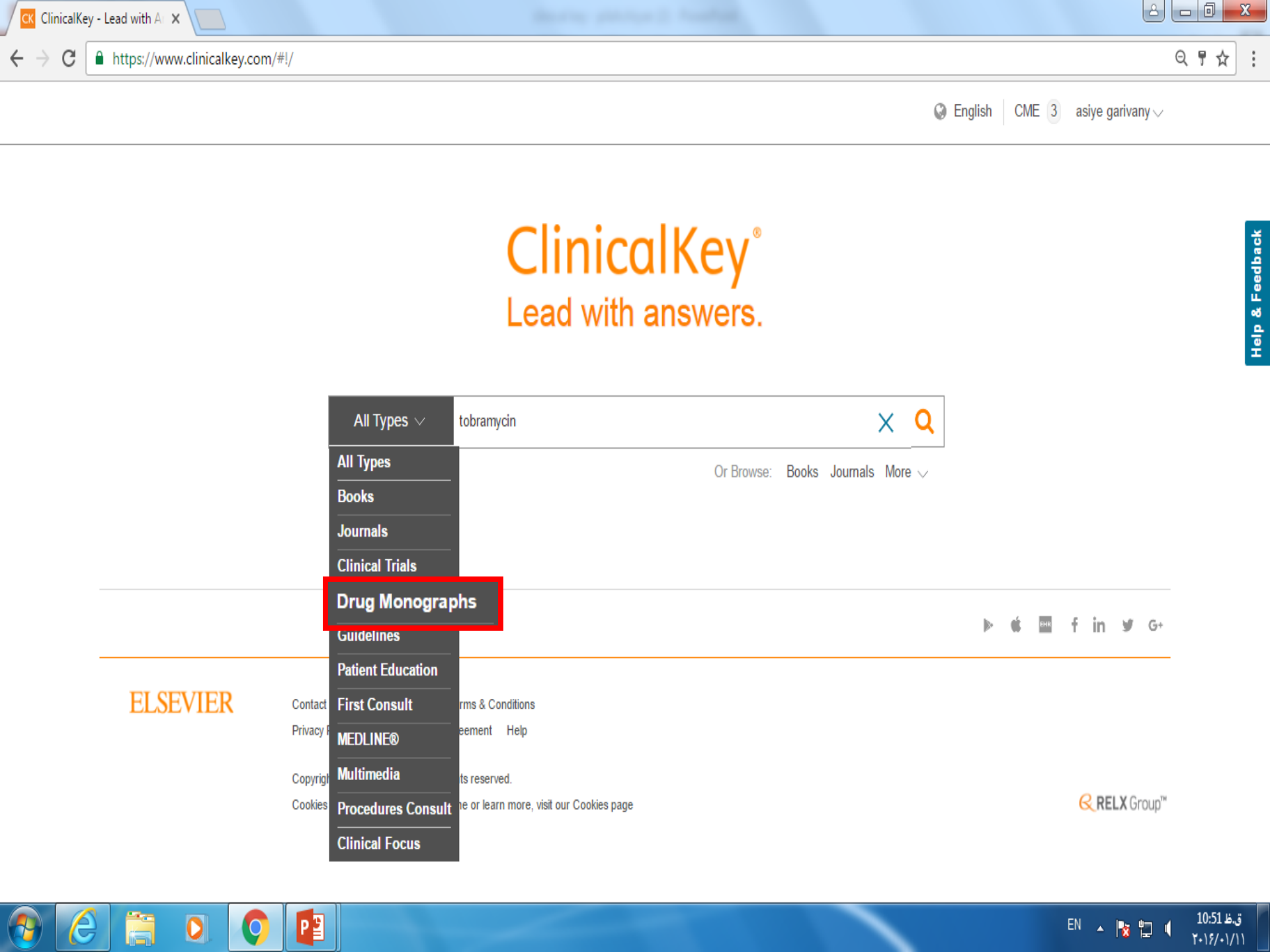
Normally, insulin moves sugars from food into tissue cells. This gives you energy. If you have type 2 diabetes, sugars cannot be moved into tissue cells. This causes high blood sugar (*hyperglycemia*).

Your doctors will set personal treatment goals for you based on your age, your medicines, how long you have had diabetes, and any other medical conditions you have. Generally, the goal of treatment is to maintain the following blood glucose levels:

- Before meals (*preprandial*): 80–130 mg/dL.
- After meals (*postprandial*): below 180 mg/dL.
- A1c: less than 6.5–7%.

HOME CARE

- Have your hemoglobin A1c level checked twice a year. The level shows if your diabetes is under control or out of control.
- Test your blood sugar level every day as told by your doctor.
- Check your ketone levels by testing your pee (*urine*) when you are sick and as told.
- Take your diabetes or insulin medicine as told by your doctor.
- Never run out of insulin.
- Adjust how much insulin you give yourself based on how many carbs (*carbohydrates*) you eat. Carbs are in many foods such as fruits, vegetables, whole grains, and dairy products.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DRUG MONOGRAPH

Tobramycin

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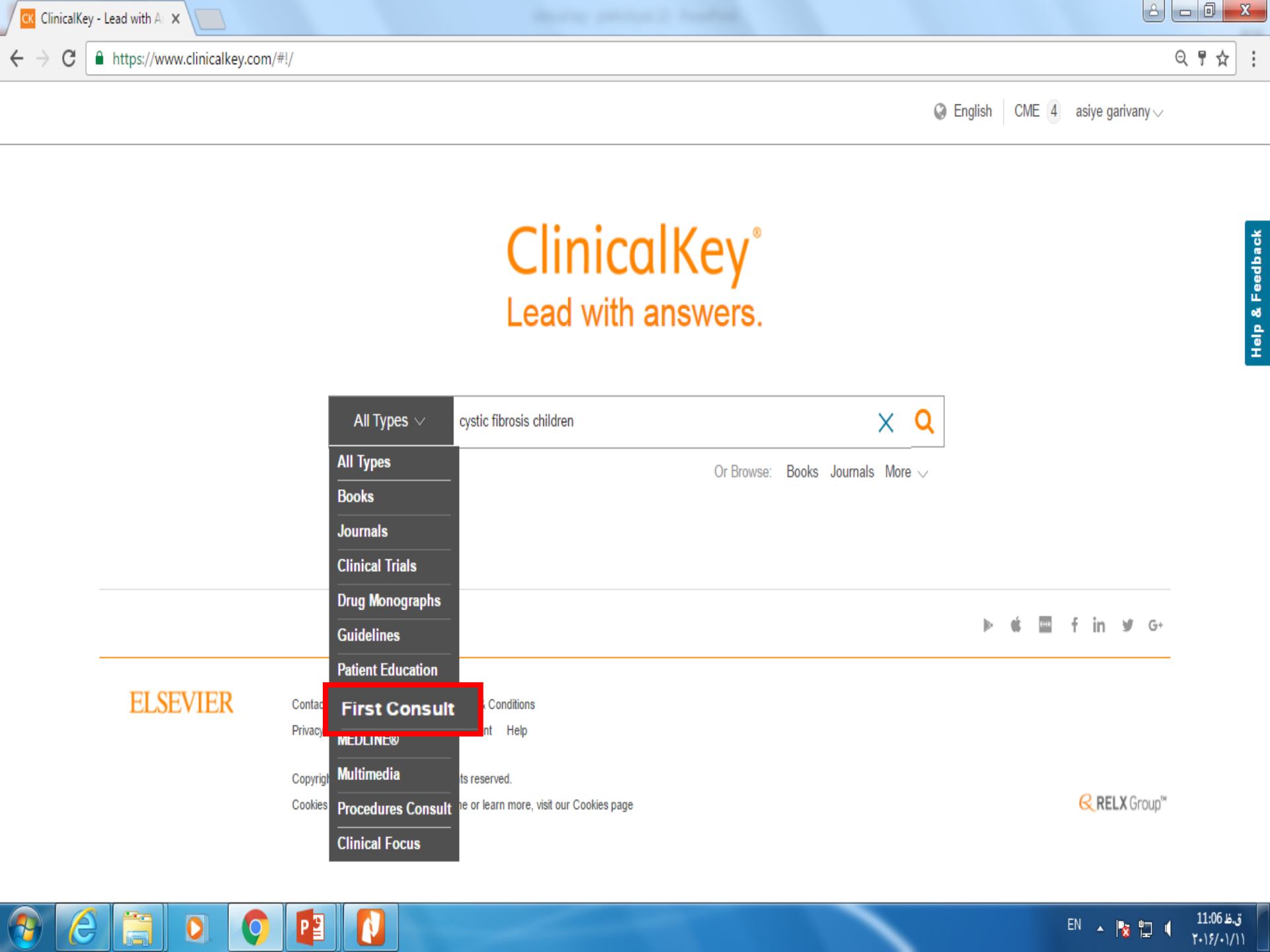
Drug Information Provided By Gold Standard

Description: Tobramycin is an aminoglycoside antibiotic obtained from cultures of *Streptomyces tenebrarius*. It is most active against aerobic gram-negative rods and, in combination with other antibiotics, is used to treat *Staphylococcus aureus* and certain species of *Streptococcus*. Tobramycin and some other aminoglycosides are used in combination with a penicillin for the treatment of endocarditis. Tobramycin also possesses activity against certain *Mycobacterium* species but is not active against any anaerobic bacteria. Some studies suggest that it is less nephrotoxic than gentamicin; however, a difference in incidence of nephrotoxicity has not been firmly established. Tobramycin injection was approved by the FDA in June 1975; tobramycin ophthalmic was approved prior to 1982. An aerosolized dosage form (TOBI) for the management of cystic fibrosis patients with *Pseudomonas* infection was given orphan drug designation and was approved by the FDA in December 1997. Subsequently, two other inhaled formulations have received FDA approval for the management of cystic fibrosis patients >= 6 years old with *Pseudomonas aeruginosa*, Bethkis (an orally inhaled nebulized solution) approved October 2012 and TOBI Podhaler (an orally inhaled powder) approved March 2013. [52050 53821]

Mechanism of Action: Tobramycin is bactericidal in action. Similar to other aminoglycosides, it works by inhibiting bacterial protein synthesis through irreversible binding to the 30 S ribosomal subunit of susceptible bacteria. Tobramycin is actively transported into the bacterial cell where it binds to receptors present on the 30 S ribosomal subunit. This binding interferes with messenger RNA (mRNA). As a result, abnormal, nonfunctional proteins are formed due to misreading of the bacterial DNA. Eventually, susceptible bacteria die because of the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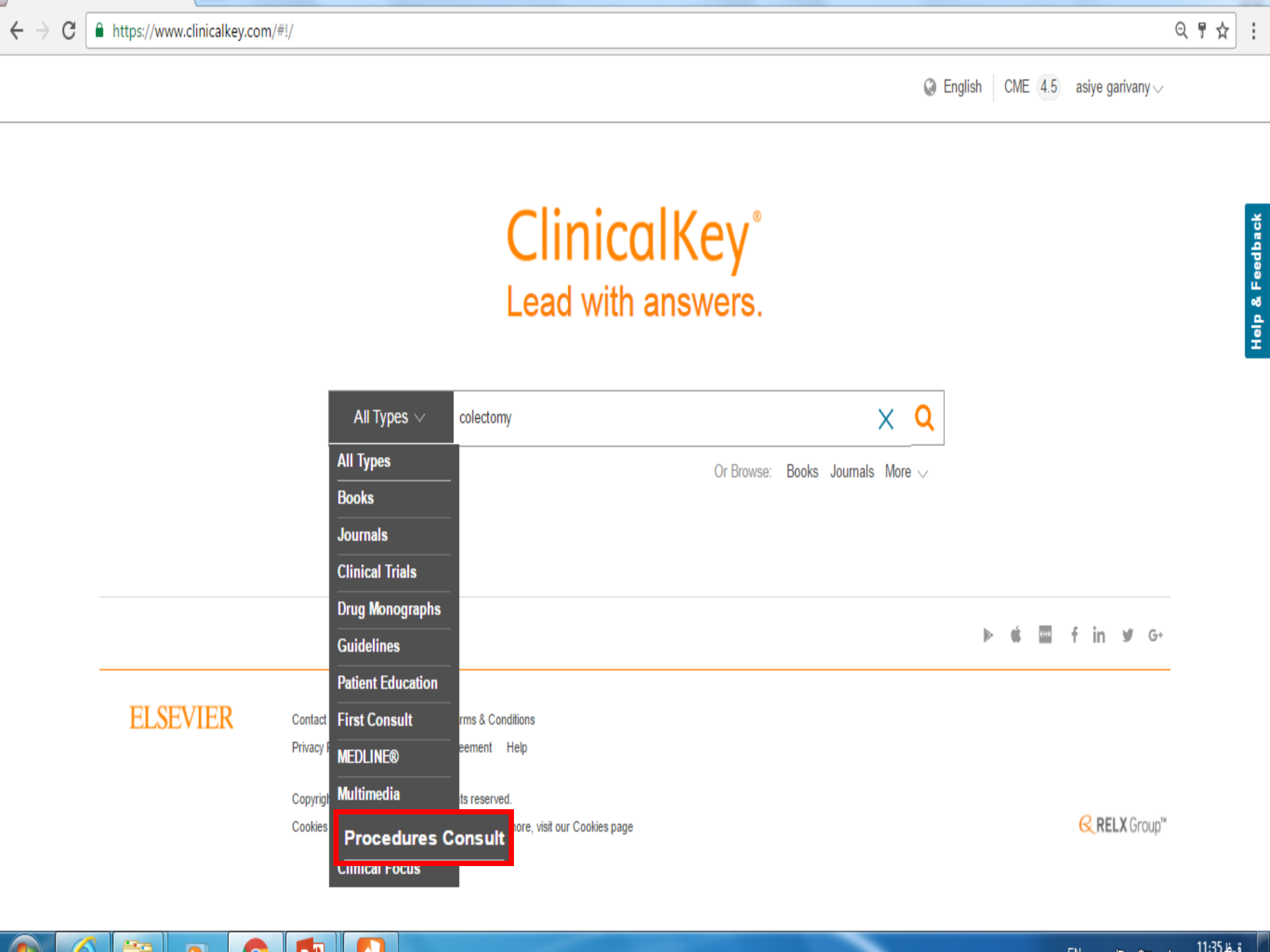
FIRST CONSULT

Cystic fibrosis

Revised: March 6, 2013

Key points

- Cystic fibrosis is an autosomal-recessive genetic disorder that can affect many systems, including the respiratory, gastrointestinal, and reproductive systems. The disease has variable expression from individual to individual
- Clinical presentation is highly variable and depends on age of patient
- Diagnosis is commonly made by an elevated sweat chloride concentration or identification of two cystic fibrosis mutations in the presence of one or more characteristic clinical features
- Aggressive treatment of complications, especially airway infection and nutritional disorders, has led to increased life expectancy
- Patients require a referral to a cystic fibrosis center for ongoing disease monitoring and treatment at least four times a year
- Emergency management is required for life-threatening pulmonary complications such as respiratory failure, massive hemoptysis, and pneumothorax
- Pulmonary exacerbations and abdominal pain must be evaluated and treated urgently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Danny Odell Jacobs. Published May 18, 2009.

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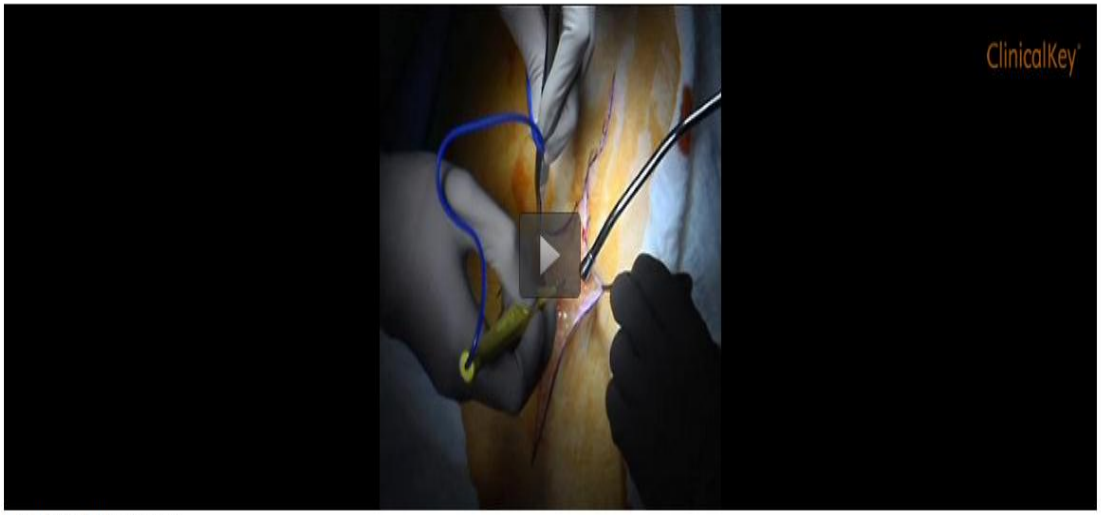

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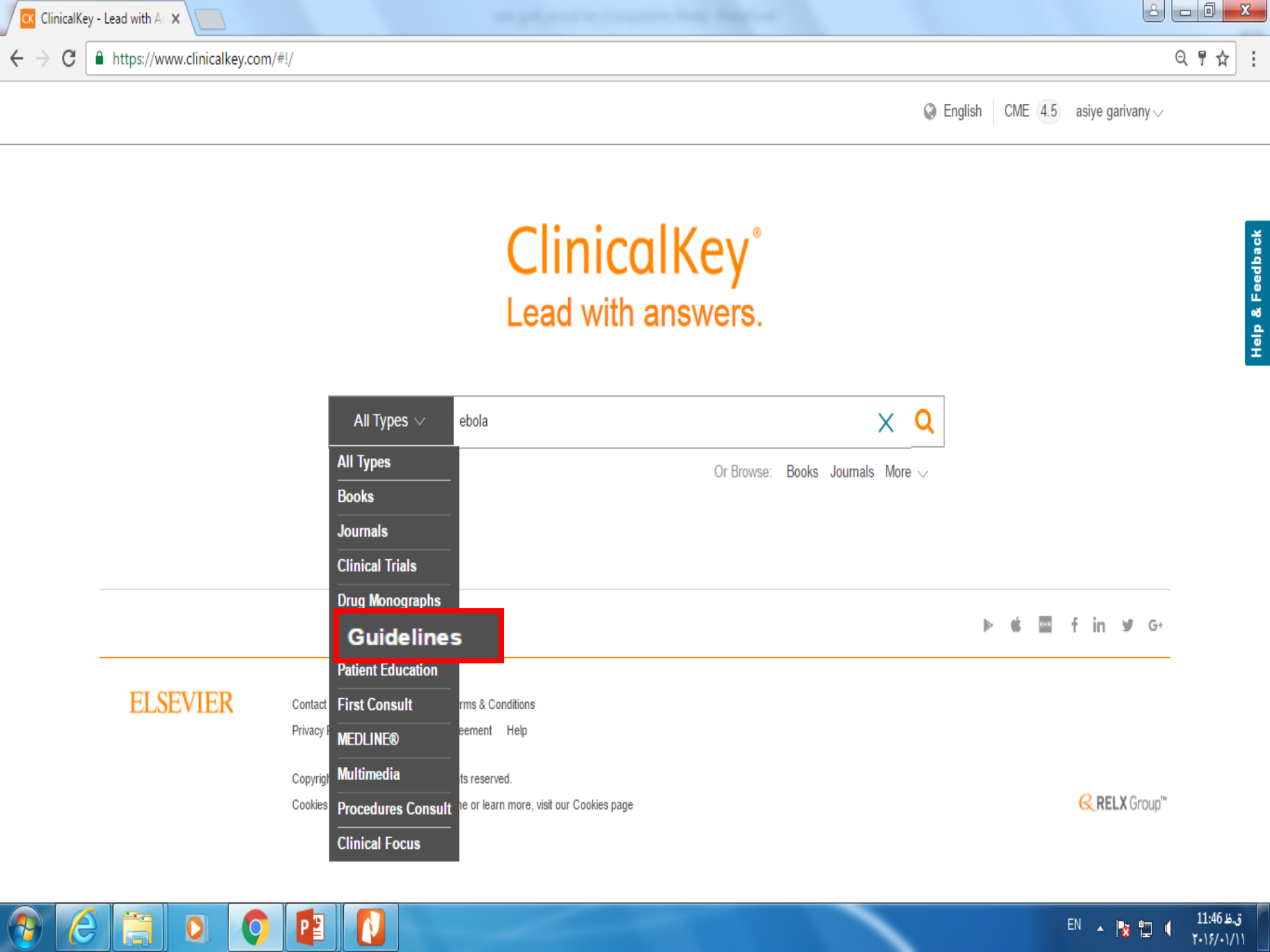
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Surgical Protocol for Possible or Confirmed Ebola Cases

American College of Surgeons. Published October 20, 2014.

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Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients...

Centers for Disease Control and Prevention. Published October 21, 2014.

Searches related to ebola

- Ebola hemorrhagic fever
- Ebola virus vaccine
- ZMapp
- recombinant vesicular stomatitis virus-based Zaire ebolavirus vaccine

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Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola...

Centers for Disease Control and Prevention. Published August 25, 2014.

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Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with...

Epidemiology

Of the five Ebola virus species only four– *Zaire*, *Sudan*, *Ivory Coast*, *Bundibugyo* –cause disease in humans. Since its first recognition in 1976, *Zaire ebolavirus* has caused multiple outbreaks in Central Africa. It is the causative agent of the 2014 West African epidemic, with an initial estimated case fatality rate as high as 70%, although as the epidemic evolved, lower fatality rates in the range of 30% to 40% were observed. The 2014 epidemic began in Guinea, when a 2-year-old child became infected in late 2013, and *Zaire ebolavirus* subsequently spread to Liberia, Sierra Leone, Nigeria, Senegal, and Mali. *Sudan* virus has been associated with a case-fatality rate of approximately 50% in four epidemics, which occurred in Sudan and Uganda between 1970 and 2004. *Ivory Coast* virus has been identified as the cause of illness in one person following exposure during a necropsy on a chimpanzee found dead in the Tai Forest. *Bundibugyo* virus, most closely related... More

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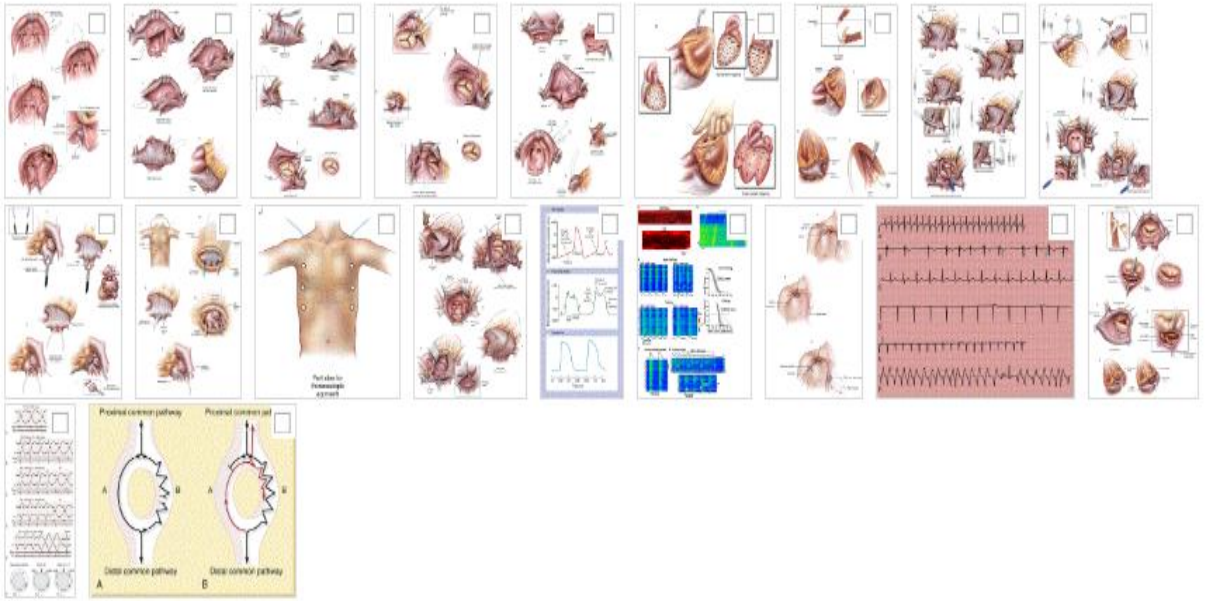

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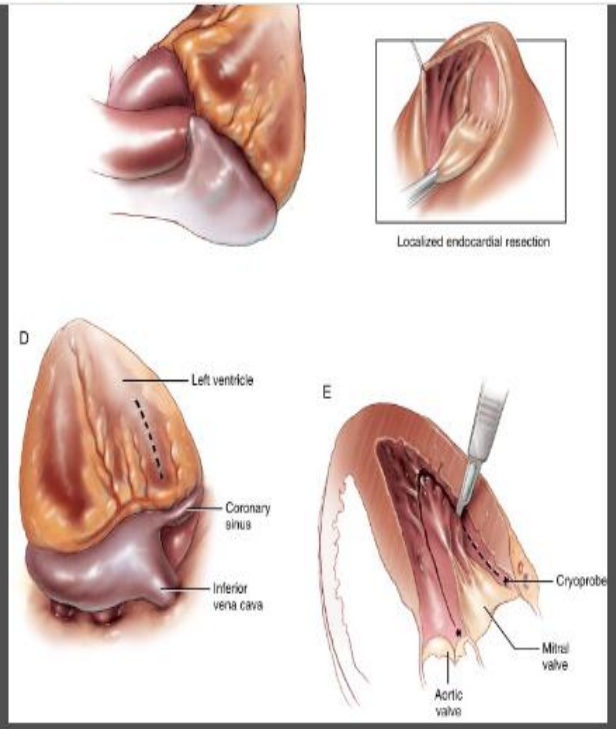

is essential during operation for Wolff-Parkinson-White syndrome. Only electrograms obtained from the ventricular surface near the atrioventricular groove (shown in larger typeface in the illustration) are important in this syndrome. These electrograms detect early entry of depolarization on the ventricle. Devices that contain multiple electrodes in a net or sock have been developed so that electrograms from multiple points can be obtained simultaneously. The information is analyzed by computer to simplify the process of localizing the focus of the arrhythmia. Endocardial mapping can be performed through a ventriculotomy using either the probe or an electrode placed on a ring. Again, the systematic acquisition of surface electrograms and the development of a grid aid in localizing the focus of the rhythm disturbance. B Operation may be indicated for ventricular tachyarrhythmia refractory to medical therapy or catheter ablation. The location of the irritable myocardium responsible for initiating the rhythm disturbance is usually well known prior to operation because these patients have had multiple catheter studies and multiple attempts to induce and control the problem medically or to ablate the focus of the arrhythmia. Further operative mapping using the surface electrograms directs the surgeon to the areas of the heart most likely to r espond to operative intervention. Arrhythmogenic myocardium is usually located at the margin of a myocardial scar, the result of ischemic damage to the heart. Two approaches are commonly used to treat the affected myocardium. The irritable myocardium may be resected by removing a peel of the endocardium, or it may be isolated by an encircling incision on the endocardial surface of the ventricle. C When the focus of the rhythm disturbance is located at the margin of a scar on the anterolateral surface of the left ventricle near the apex, an incision is made into the scar to gain access to the ventricle. Localized endocardial resection of the arrhythmogenic focus is accomplished by dissecting a partial thickness of the ventricular wall. The dissection is started at the margin of the scar and proceeds in a well-developed subendocardial plane of partial scar to normal myocardium. Removal of this portion of the myocardium should eliminate the irritable focus causing the rhythm disturbance. D When the focus of the rhythm disturbance is located on the posterior wall of the left ventricle, a combination of techniques is required to isolate the area. The most complex lesions are those located in proximity to the mitral valve and the posterior papillary muscle. An incision is made through the surface myocardial scar. E The myocardium near the poster ior papillary muscle can be isolated by a combination of encircling ventriculotomy and cryoablation. An incision is made in the endocardium and part way through the ventricle wall, around the base of the papillary muscle, and continued to a point near the annulus of the mitral valve. A cryoprobe is used to destroy the myocardium near the mitral annulus. Cryoablation of myocardium is safer and more effective than incision near the mitral

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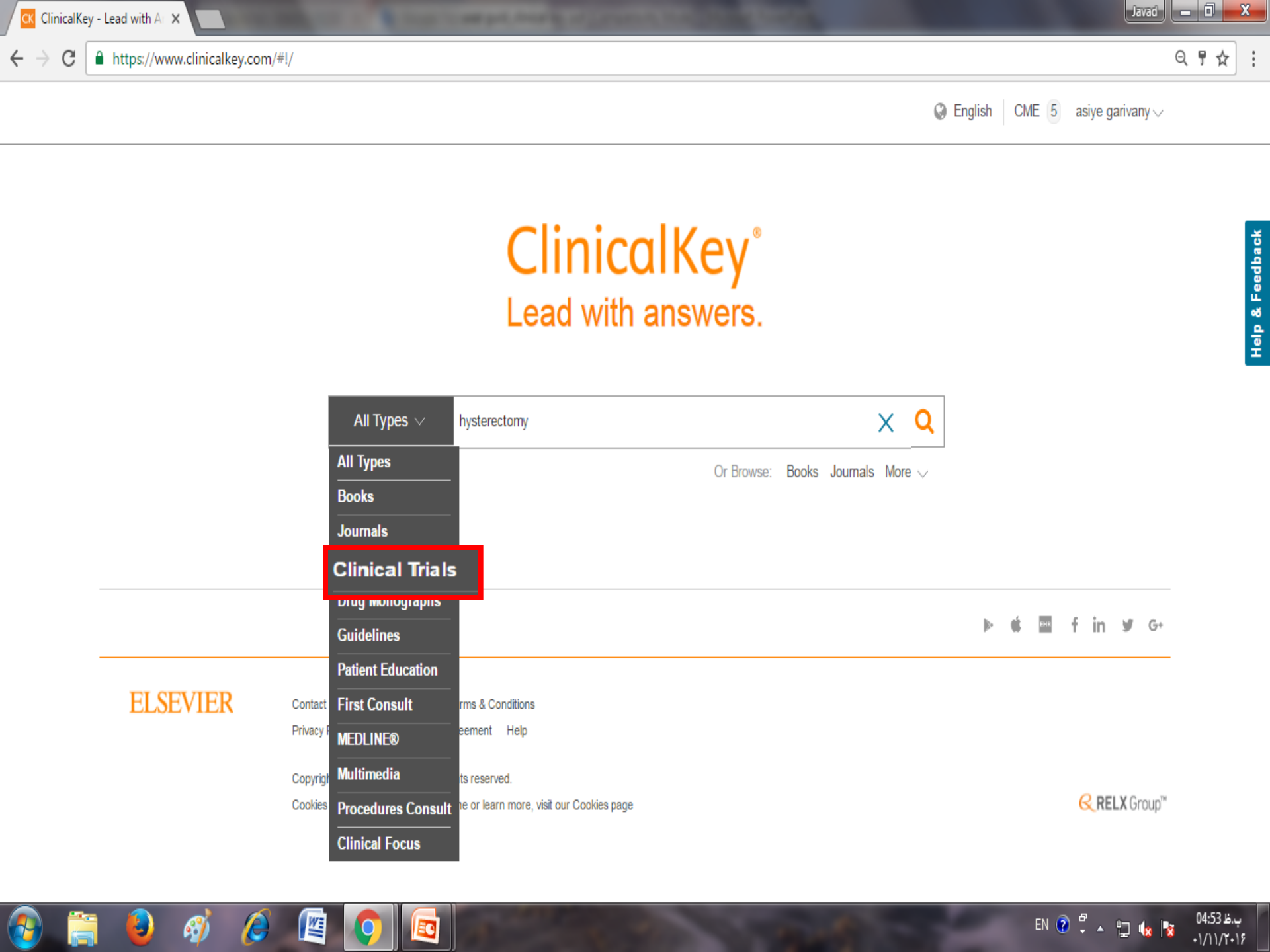
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CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

Published September 2, 2016. Conditions: Abdominal Hysterectomy (& Wertheim). Interventions: Procedure: Hysterectomy plus Tubectomy; Procedure: Hysterectomy; Device: light microscopy.

CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Disease by Natural Orifice Transluminal Endoscopic Surgery or...

Published August 31, 2016. Conditions: Uterine Diseases. Interventions: Procedure: vNOTES hysterectomy; Procedure: LSC hysterectomy.

CLINICAL TRIAL

Uterine Cooling During Cesarean Section to Reduce Blood Loss, Need for Uterotonic Medications and Blood...

Published January 12, 2015. Conditions: Postpartum Hemorrhage; Uterine Atony. Interventions: Procedure: Uterine Cooling.

Searches related to hysterectomy

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CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

First received on July 1, 2014. Last updated on September 2, 2016.

Purpose

The purpose of this study is to determine whether a tubectomy during hysterectomy for benign gynaecological conditions does not result into a premature menopause.

Status	Completed
Condition	Abdominal Hysterectomy (& Wertheim)
Phase	N/A
Study Type	Interventional
Study Design	Allocation: Randomized, Endpoint Classification: Safety Study, Intervention Model: Parallel Assignment, Masking: Open Label, Primary Purpose: Prevention
Official Title	Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

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First Received:	July 1, 2014
Last Updated:	September 2, 2016
ClinicalTrials.gov Identifier:	NCT02281487
Health Authority:	Netherlands: The Central Committee on Research Involving Human Subjects (CCMO)

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ClinicalTrials.gov processed this data on September 08, 2016 Link to the current ClinicalTrials.gov record.

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy (HYSTUB)

This study has been completed.

Sponsor:
Gynaecologisch Oncologisch Centrum Zuid

Collaborators:
Elisabeth-TweeSteden Ziekenhuis
Catharina Ziekenhuis Eindhoven
Radboud University
Jeroen Bosch Ziekenhuis

Information provided by (Responsible Party):
Jurgen M.J. Piek, Gynaecologisch Oncologisch Centrum Zuid

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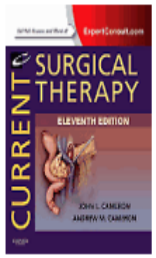

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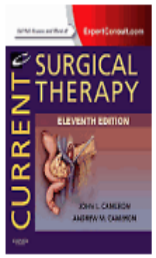

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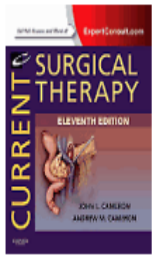

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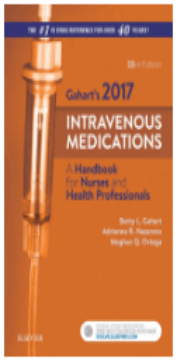

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