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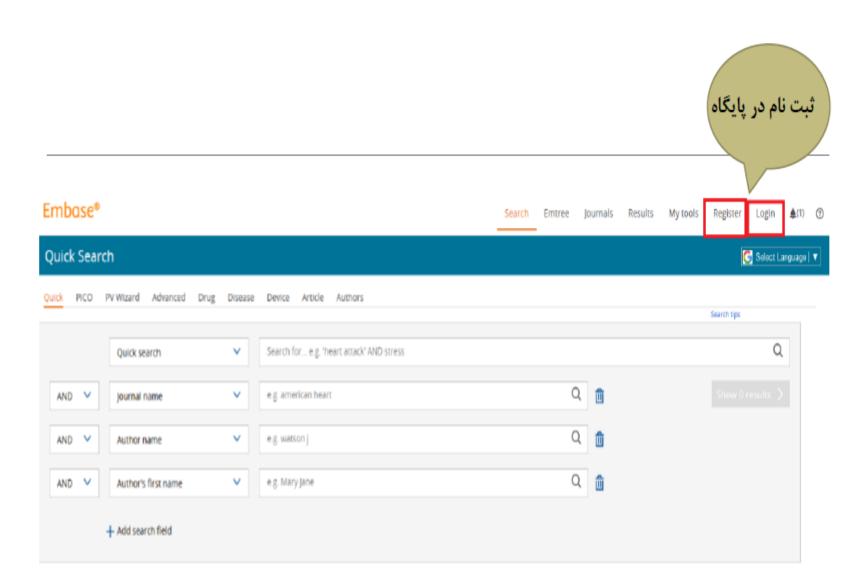
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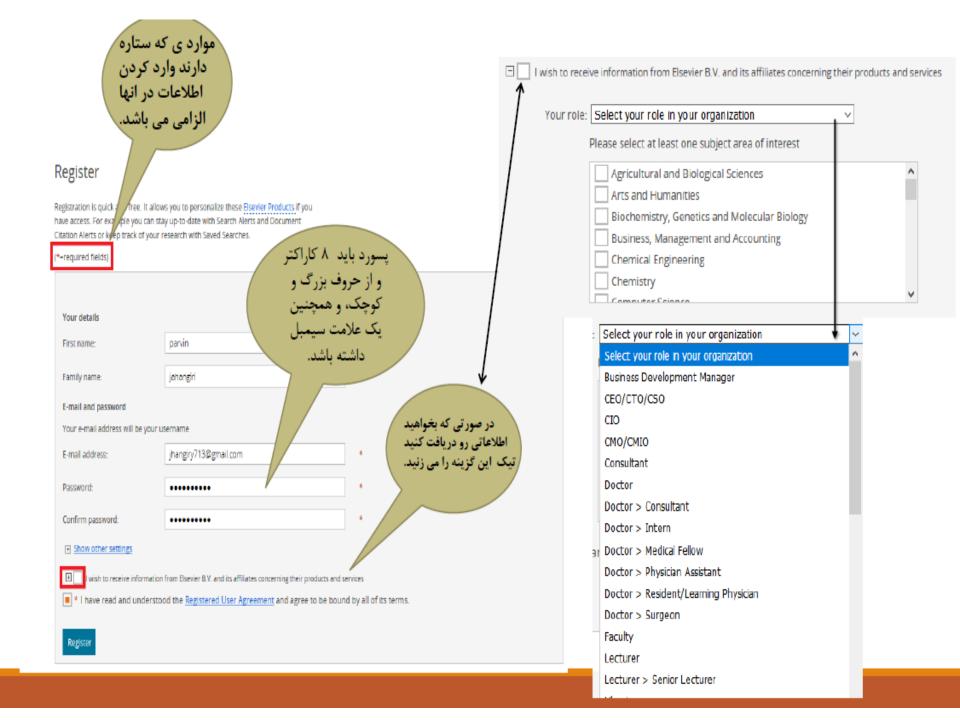
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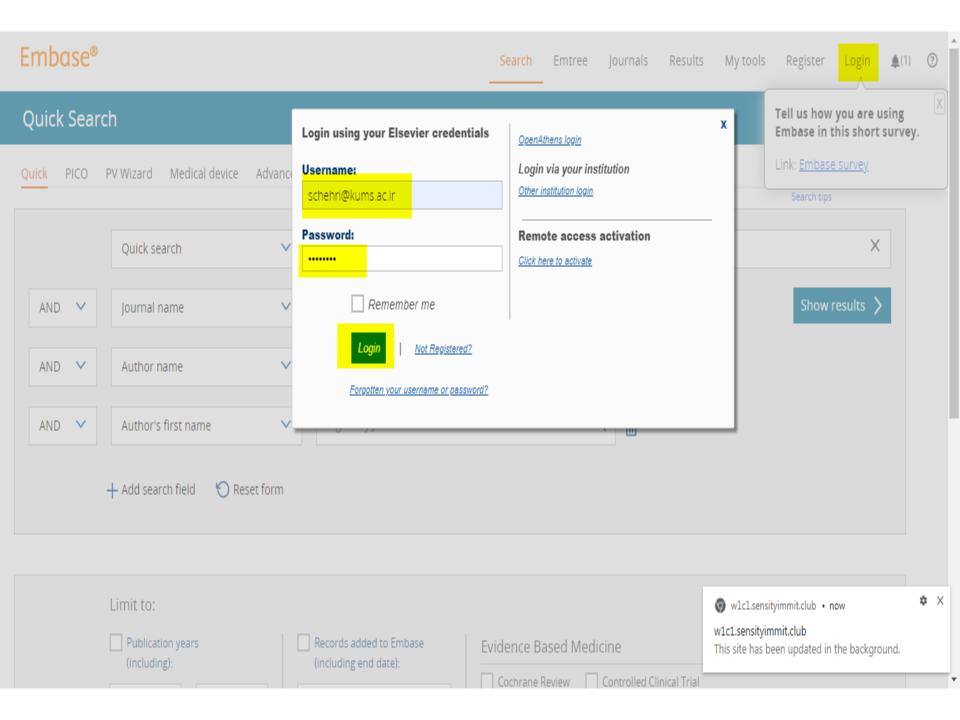
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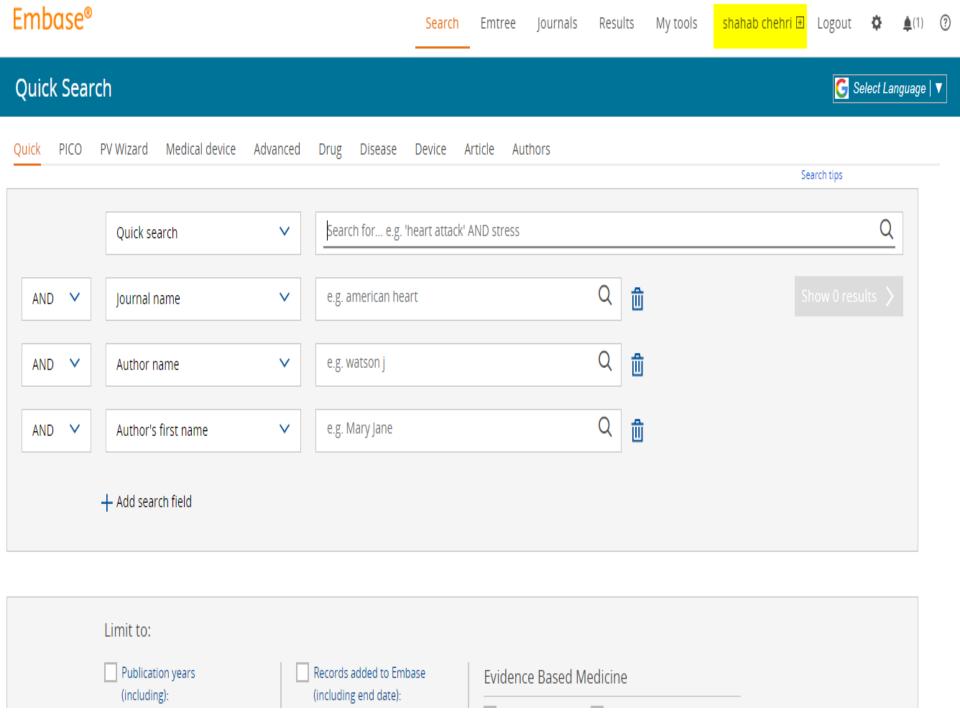
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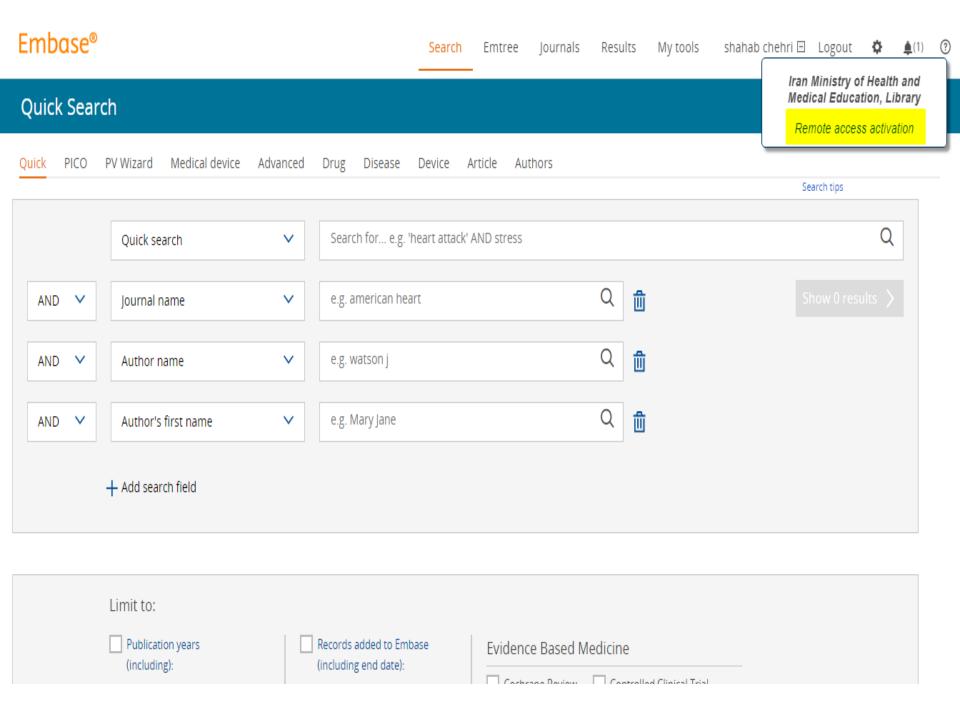
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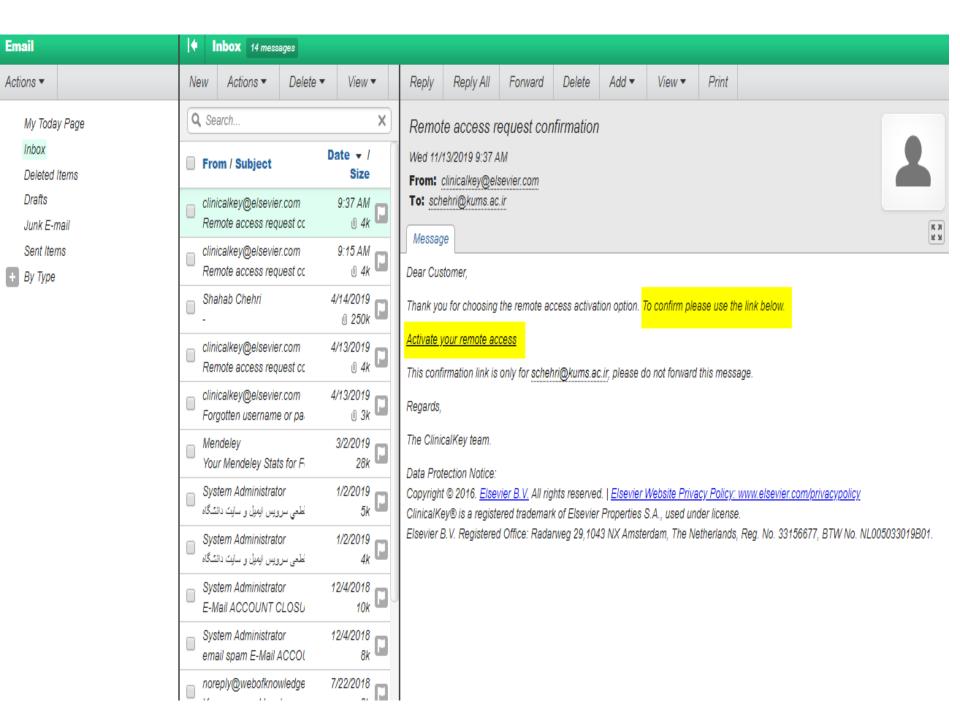
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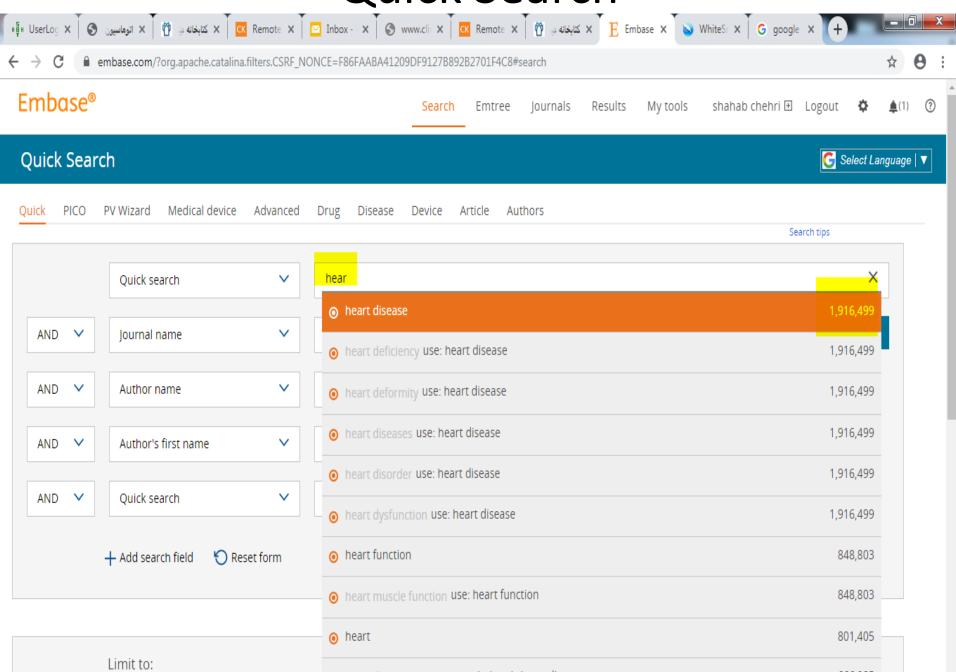
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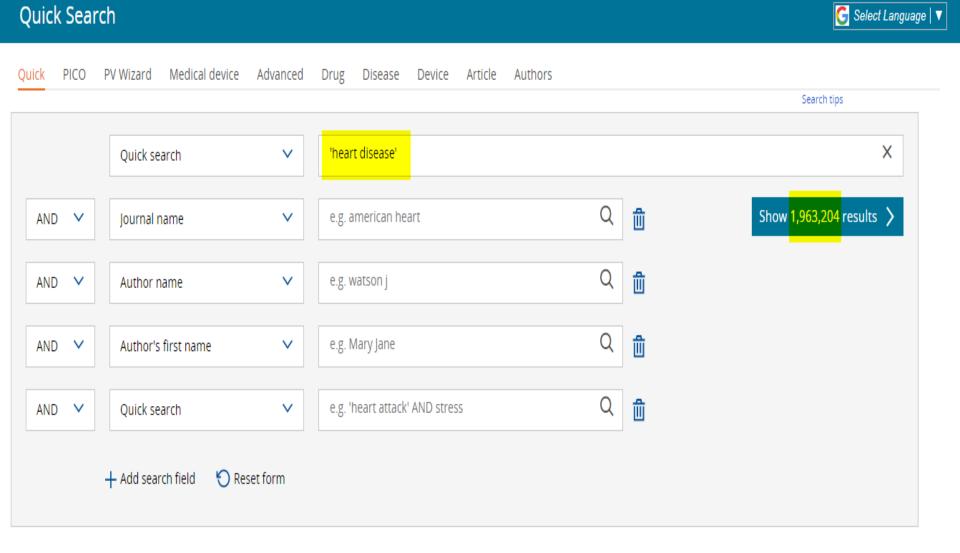
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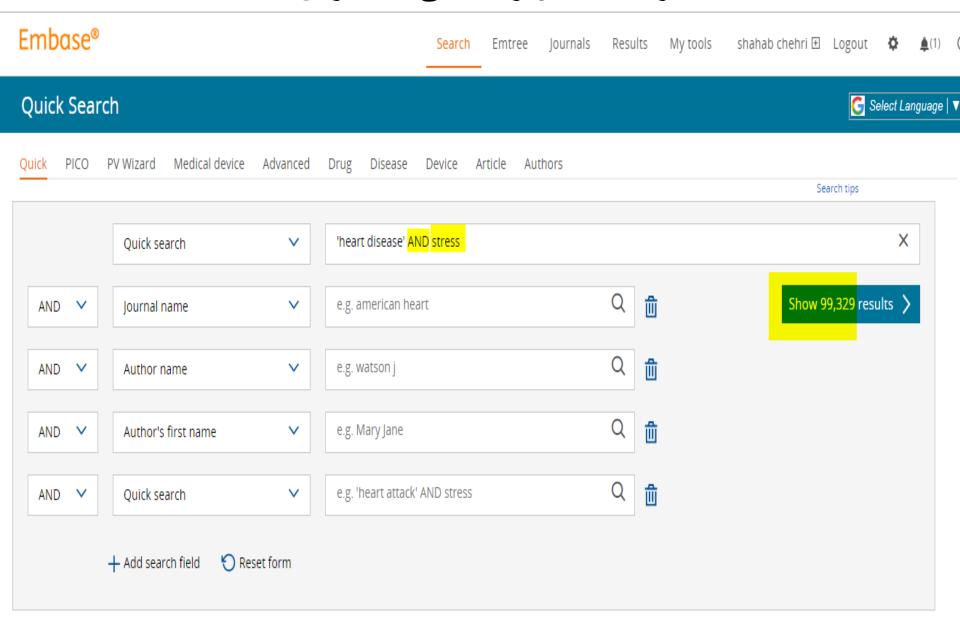


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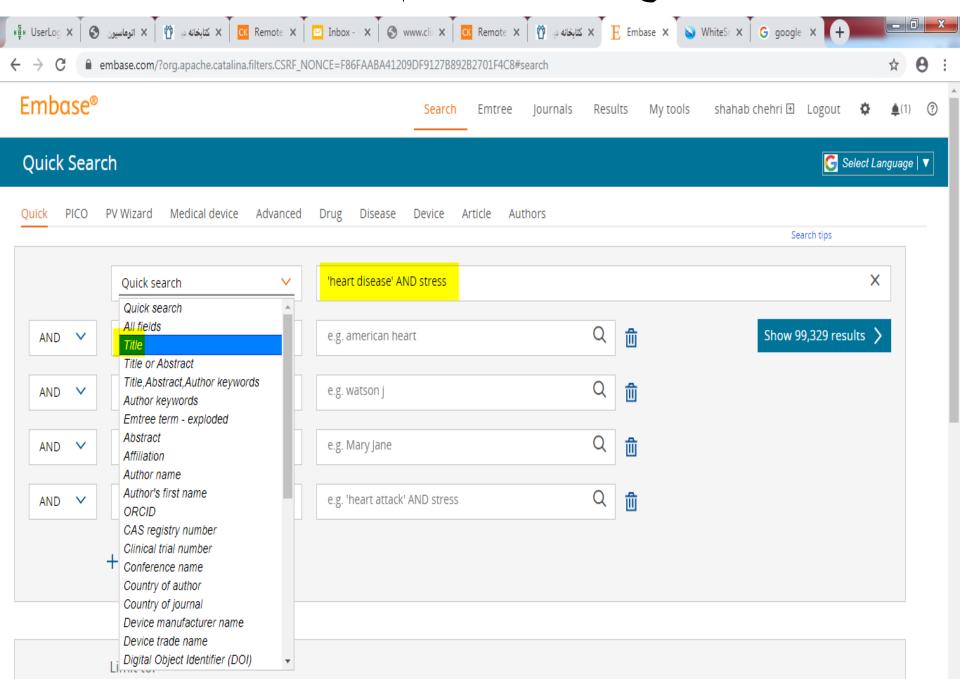




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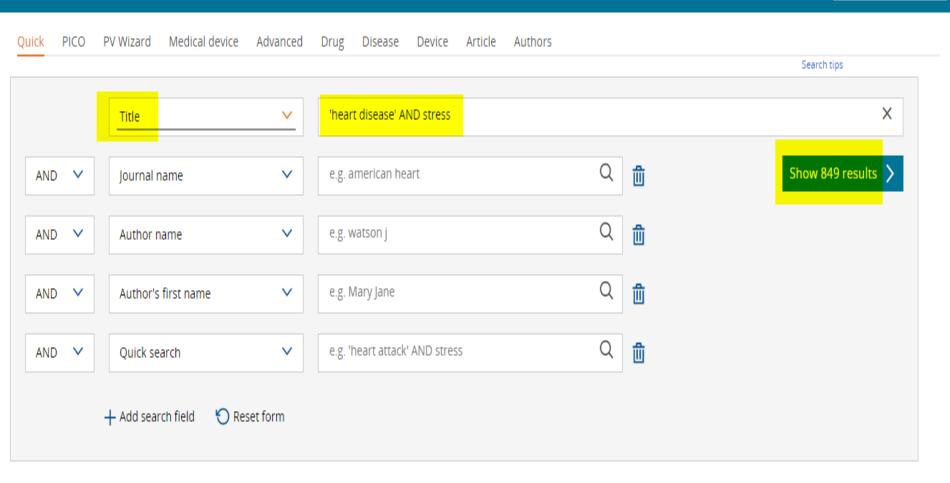
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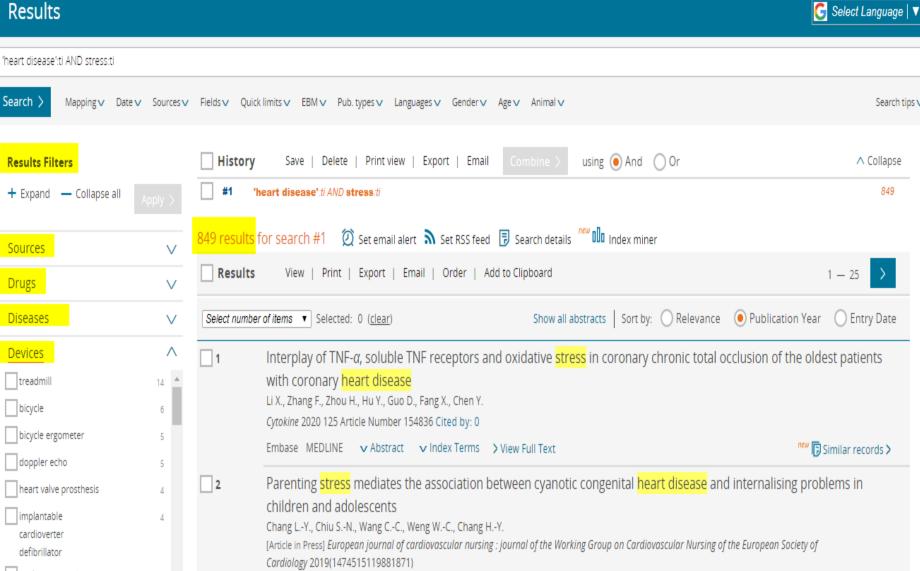




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Cytokine 2020 **125** Article Number 154836

Translated Abstract

Background: The interplay of tumour necrosis factor- α (TNF- α) and oxidative stress was related to severities of coronary atherosclerosis and congestive heart failure. We tried to identify TNF- α , soluble tumour necrosis factor- α receptor-1 (sTNFR-1), soluble tumour necrosis factor- α receptor-2 (sTNFR-2) and oxidative stress as potential non-invasive diagnostic and therapeutic biomarkers for coronary chronic total occlusion (CCTO) in the oldest patients with coronary heart disease (CHD). Methods: We determined the expression levels of TNF- α , sTNFR-1, sTNFR-2, oxidative stress biomarkers (malondialdehyde [MDA], aldosterone [ALD], angiotensin II [Ang II], and high sensitivity C-reactive protein [hs-CRP]) in oldest patients with CCTO. Results: The levels of TNF- α , sTNFR-1, sTNFR-2, MDA, ALD, Ang II and hs-CRP were increased in oldest patients with CCTO (P < 0.001). The CCTO of oldest patients with CHD may involve the interplay of TNF- α , sTNFR-1, sTNFR-2 and oxidative stress. Conclusions: The TNF- α , sTNFR-1, sTNFR-2 and oxidative stress could be considered as potential non-invasive diagnostic and therapeutic biomarkers for CCTO in the oldest patients with CHD.

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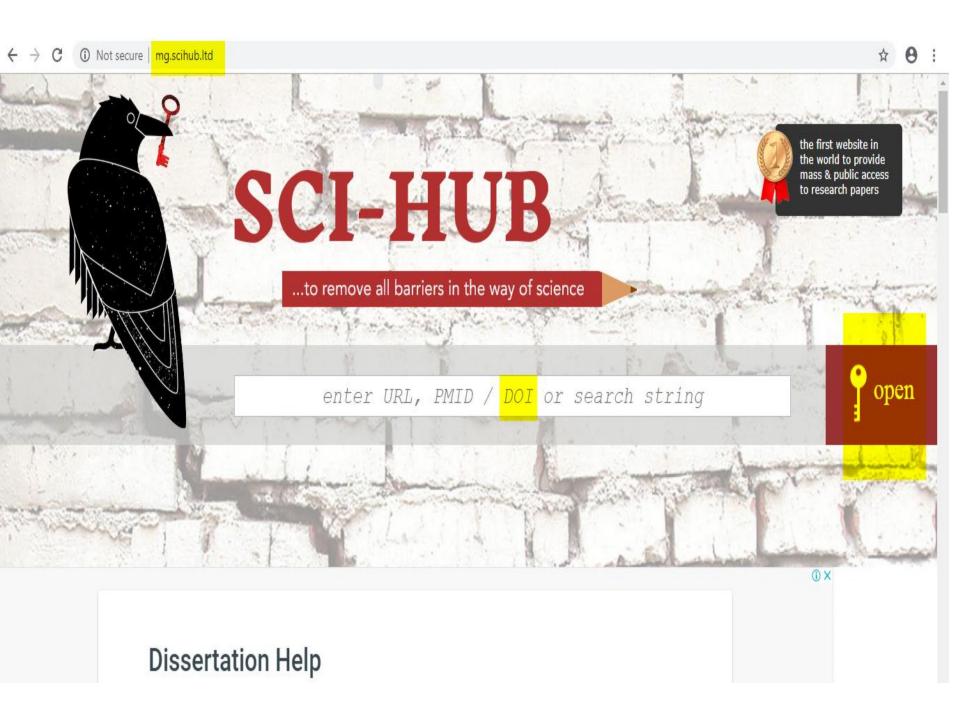
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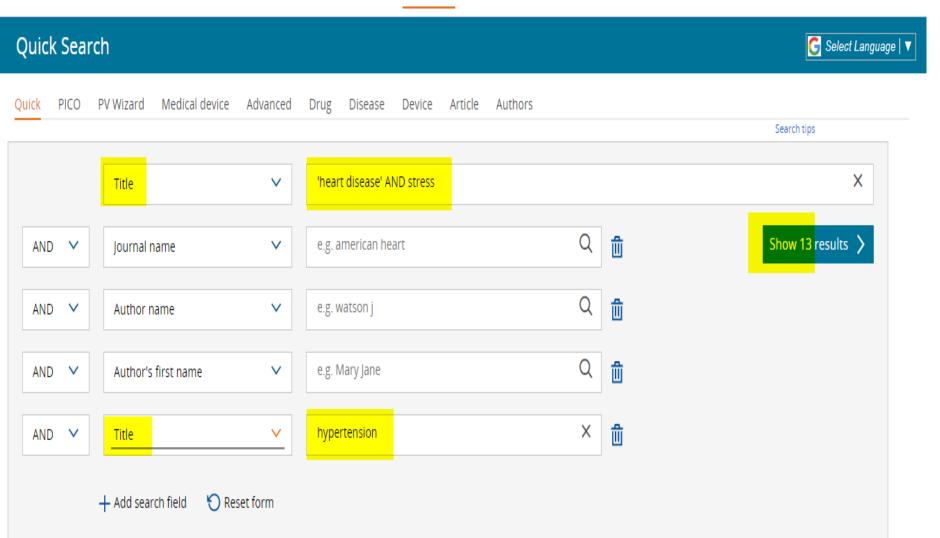
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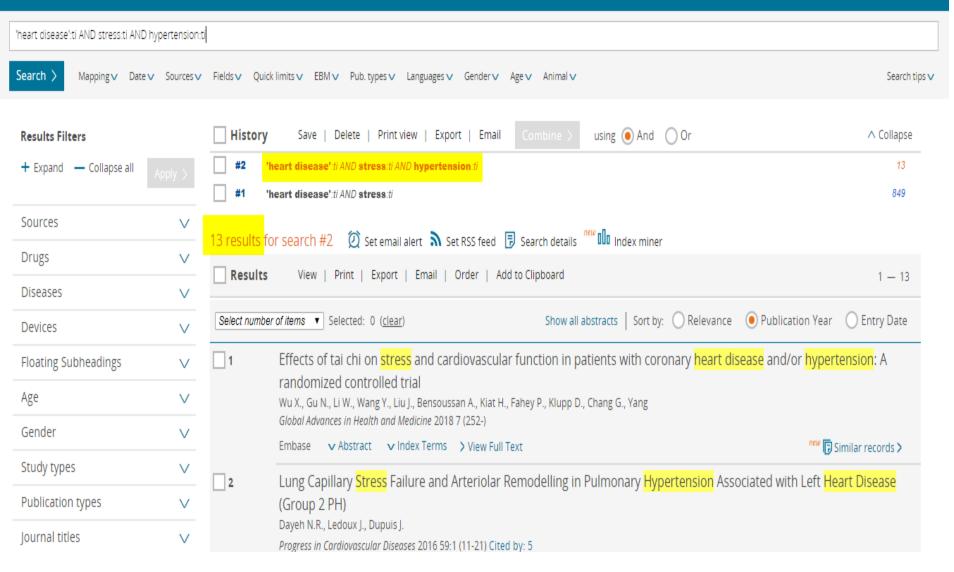
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Interplay of TNF- α , soluble TNF receptors and oxidative stress in coronary chronic total occlusion of the oldest patients with coronary heart disease



Xia Li*,1, Fenglin Zhang¹, Hualan Zhou¹, Youdong Hu, Dianxuan Guo, Xiang Fang, Ying Chen

Department of Geriatrics, The Affiliated Huai'an Hospital of Xuzhou Medical University, Huai'an 223002, China

ARTICLE INFO

ABSTRACT

Keywords: Coronary heart disease Coronary chronic total occlusion Tumour necrosis factor-a Oxidative stress

Background: The interplay of tumour necrosis factor-α (TNF-α) and oxidative stress was related to severities of coronary atherosclerosis and congestive heart failure. We tried to identify TNF-α, soluble tumour necrosis factorα receptor-1 (sTNFR-1), soluble tumour necrosis factor-α receptor-2 (sTNFR-2) and oxidative stress as potential non-invasive diagnostic and therapeutic biomarkers for coronary chronic total occlusion (CCTO) in the oldest natients with coronary heart disease (CHD)



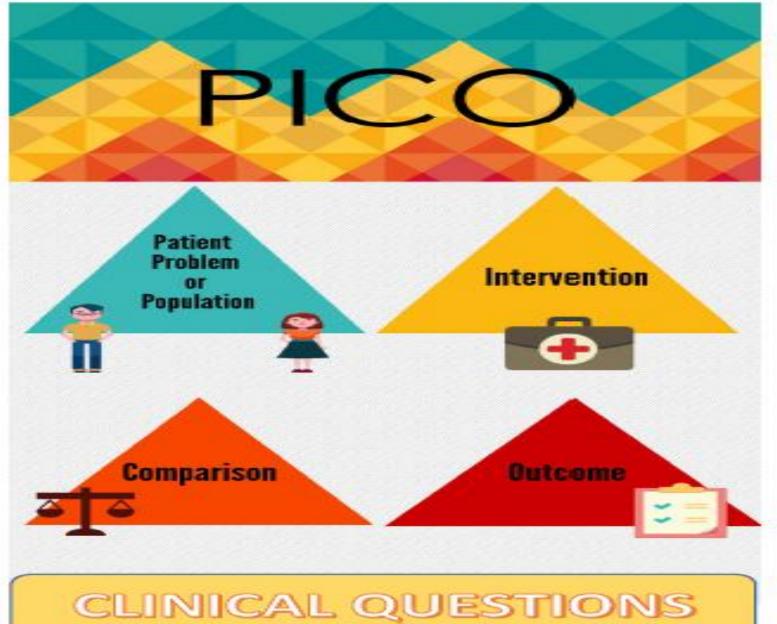


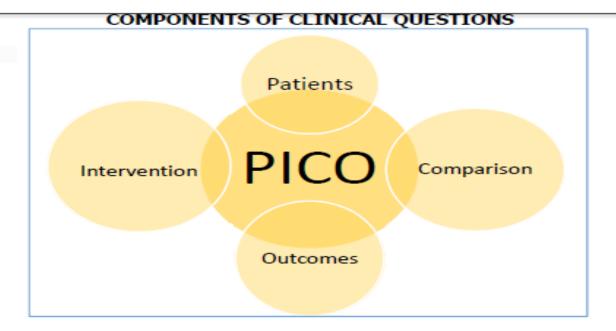




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۱. توصیف بیمار یا بیماری مورد نظر که همان P به منزله ی Patient یا Problem در ساختار PICO است . ۲. توصیف مداخله ی مورد نظر که همان I به منزله ی Intervention یا Indicator در ساختار PICO است . ۳. توصیف مقایسه ای مداخله ی مورد نظر که همان C به منزله ی Comparison یا Control در ساختار PICO است . ۶. توصیف نتیجه یا پیامد بالینی مورد نظر که همان O به منزله ی Clinical Outcome در ساختار PICO است.

P - patient and population
(problem)

I - intervention(treatment, test,
prognosis...)

C - comparison
O - outcome

P	- 1	C	0
Population Patient Problem	Intervention Or Exposure	Comparison	Outcome



PICO چیست؟

برای جستجوی اطلاعات مناسب، یافتن بهترین شواهد موجود <mark>در کمترین زمان</mark> ممکن بسیار

مهم و حیاتی می باشد. از این رو <mark>آشنایی با روش های صحیح جستجو، نحوه طرح سوال قابل</mark>

پاسخ (PICO) و پایگاه های اطلاعاتی مناسب ضروری به نظر می رسد.

مثال: تب شدید در کودکان در زمان سرماخوردگی احتمال تشنج را افزایش می دهد.

آیا تب شدید در کودکان در زمان سرماخوردگی احتمال تشنج را افزایش می دهد؟

مثال: تب شدید در کودکان در زمان سرماخوردگی احتمال تشنج را افزایش می دهد. p = mسرماخوردگی کودکان 1-common cold 2-child fever = تب = I hyperpyrexiaتب شدید o تشنج Seizure

طرح سوال:

آیا تب شدید در کودکان در زمان سرماخوردگی احتمال تشنج را افزایش می دهد.

استراتژی عمومی جستجو در بالین

موحله اول: طواحي PICO

در <mark>مرحله اول جستجوی اطلاعات،</mark> چند دقیقه وقت بگذارید و به خوبی در مورد سوال خود و آنچه که می خواهید در مورد آن جستجو کنید فکر کنید. جستجو^تکر بایستی مشکل و سوال خود را به خوبی بررسی و تجزیه و تحلیل کند. یکی از بهترین توصیه -ها در این زمینه برای کادر بالینی، طرح سوال قابل پاسخ و یا به اصطلاح PICO است.

مرحله دوم: تعیین کلیدواژه ها و مترادفات

پس از طراحی PICO ، کلیدواژه های جستجو بر اساس C ، I ، P و O در سوال موردنظر تعیین می شوند. واژه های مترادف و مرتبط این کلیدواژه ها از قبیل اختصارات، واژه های با دامنه وسیع تر و یا دامنه محدودتر، رسم الخط های متفاوت و ... نیز در صورت نیاز تعیین می شوند و جستجو آغاز می شود.

مرحله سوم: انتخاب پایگاه اطلاعاتی مناسب

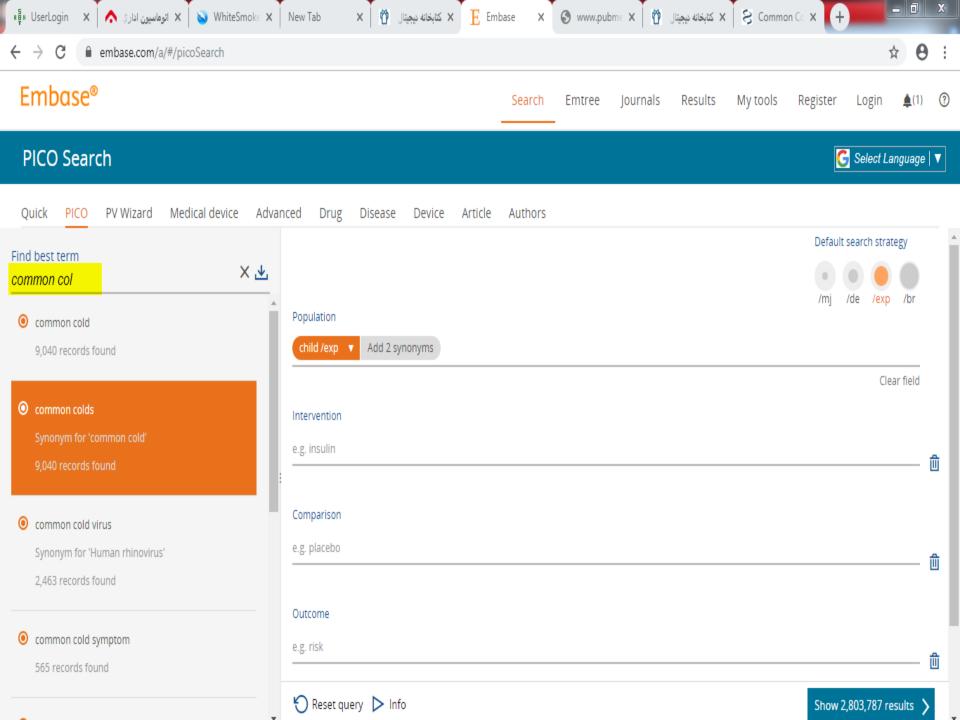
انتخاب پایگاه اطلاعاتی مناسب و مرتبط با موضوع جستجو یکی از کلیدی ترین مراحل جستجو است. با توجه به اینکه بسیاری از پایگاه های اطلاعاتی بویژه در حوزه پزشکی براساس نوع اطلاعات و مطالعات در حال تخصصی شدن هستند، أشنایی با دامنه موضوعی و کاربردهای آنها موجب بازیابی اطلاعات مناسب تر و صرفه جویی در زمان خواهد شد.

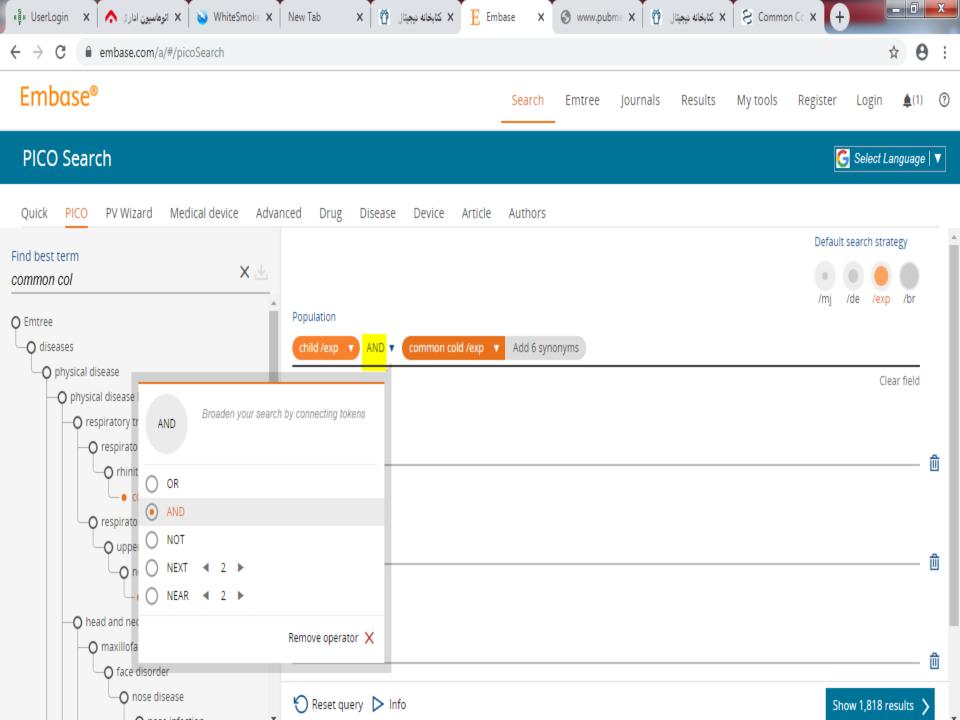
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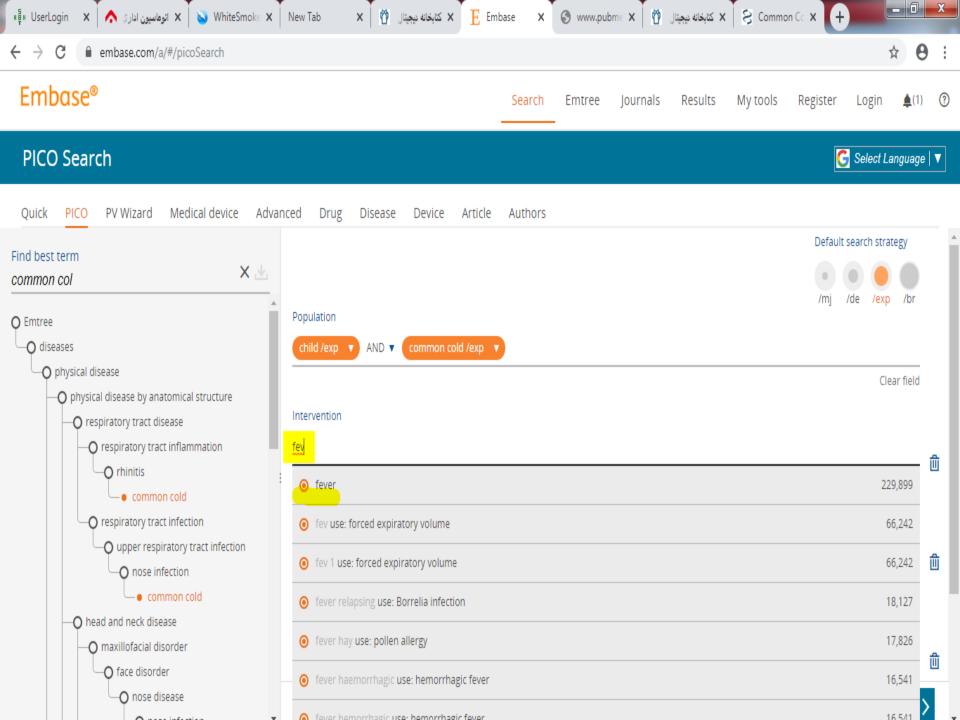
جستجو در اینترنت و پایگاه اطلاعاتی با بکارگیری روش های ساده و در عین حال صحیح جستجو بسیار آسان و لذت بخش خواهد بود. برعکس، عدم آشنایی با این روش های آسان ممکن است موجب شود که یا اطلاعات غیرمرتبط بازیابی کنید و یا بسیاری از اطلاعات مفید را از دست بدهید.

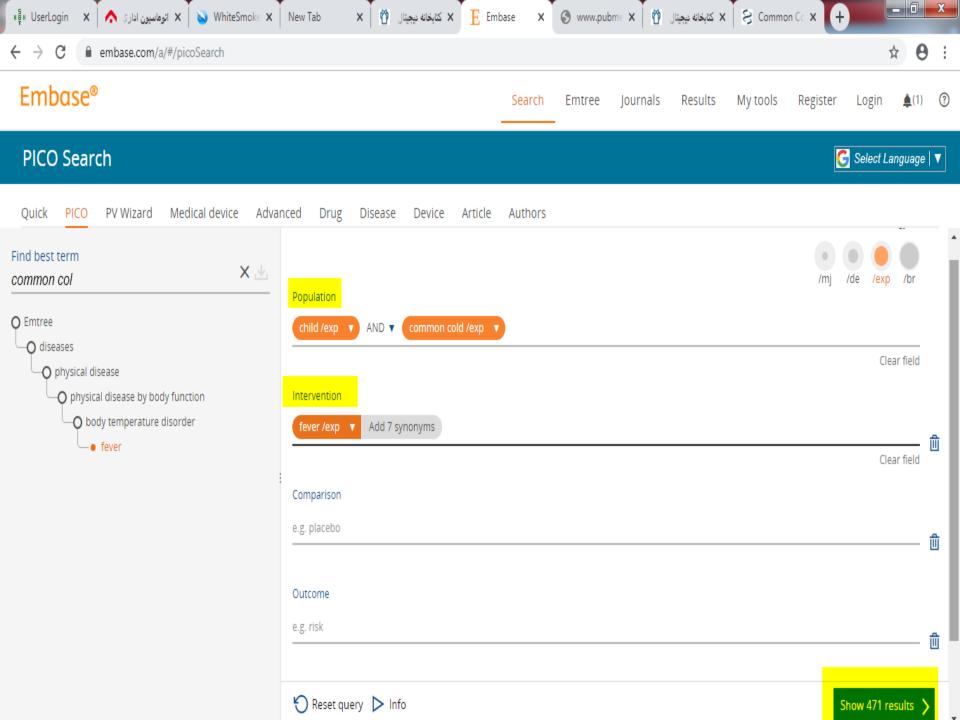
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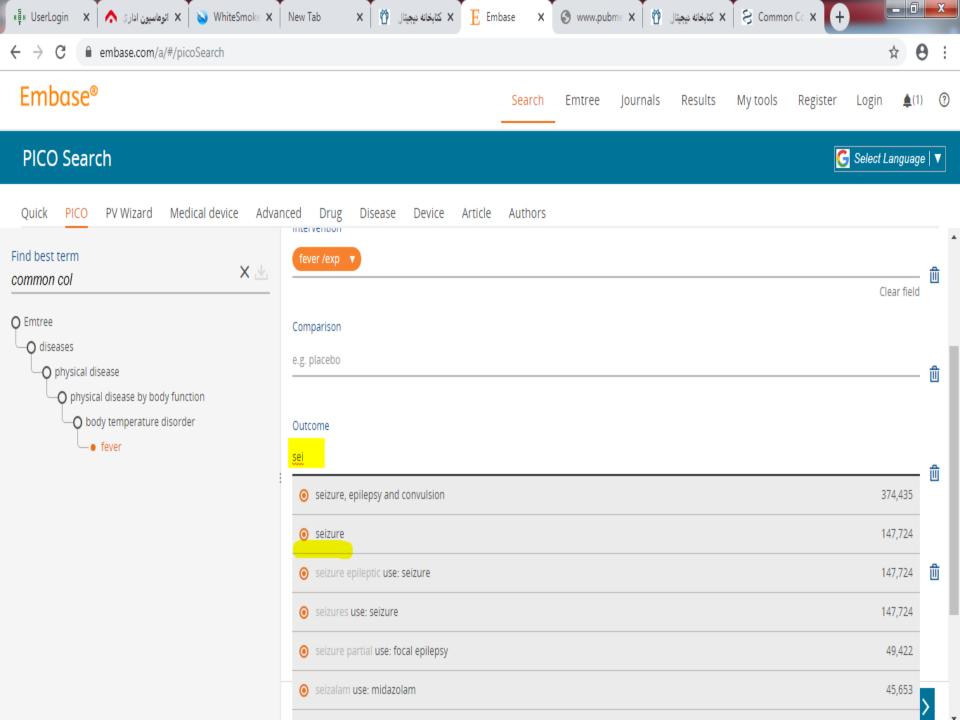
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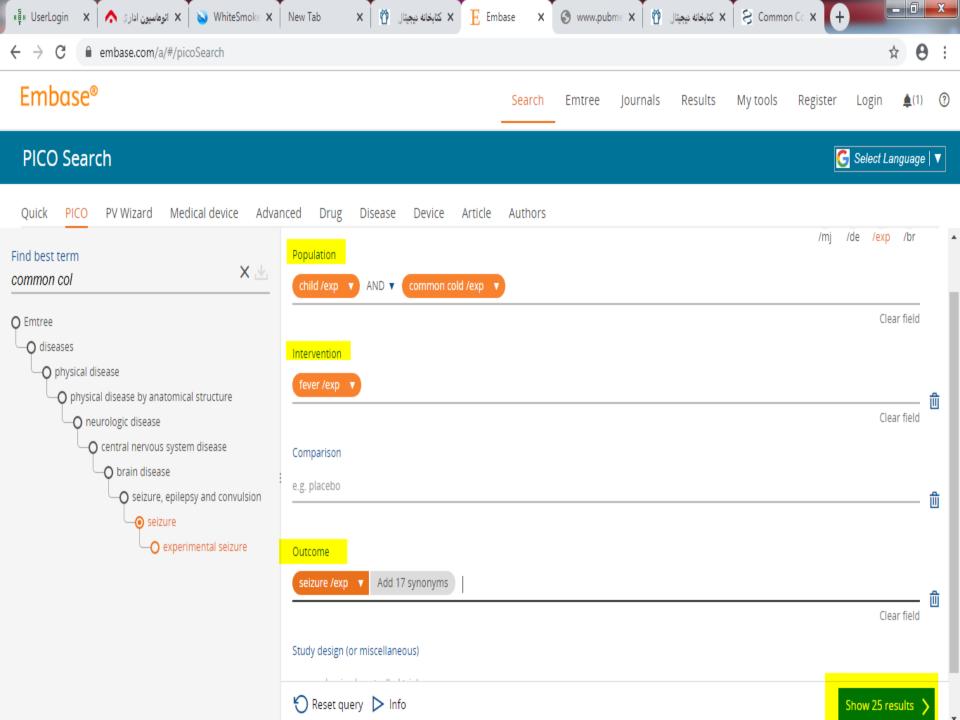


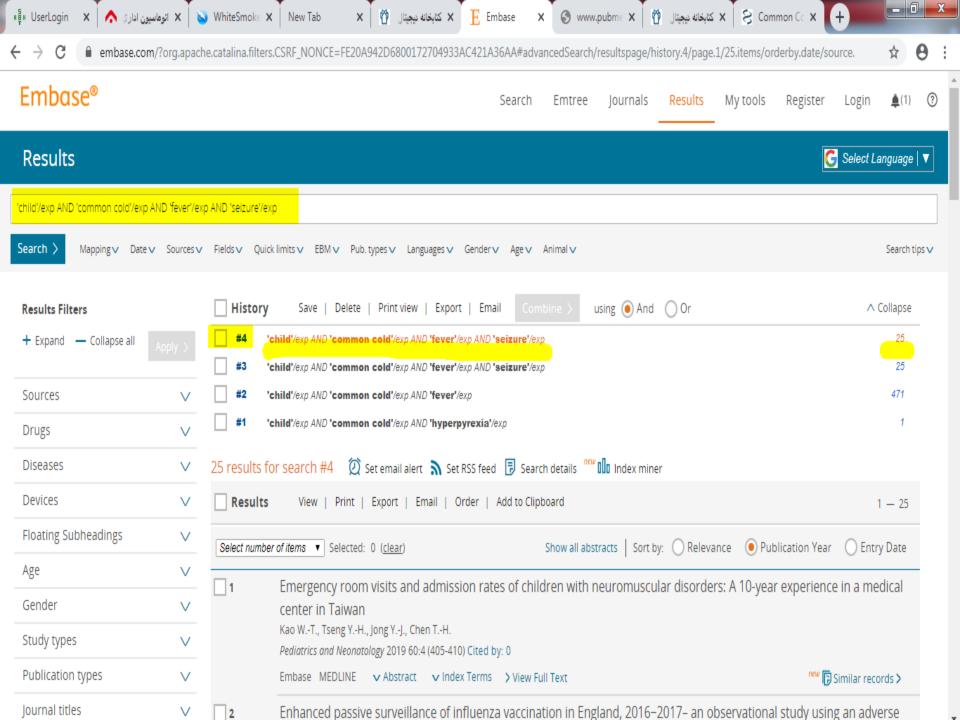




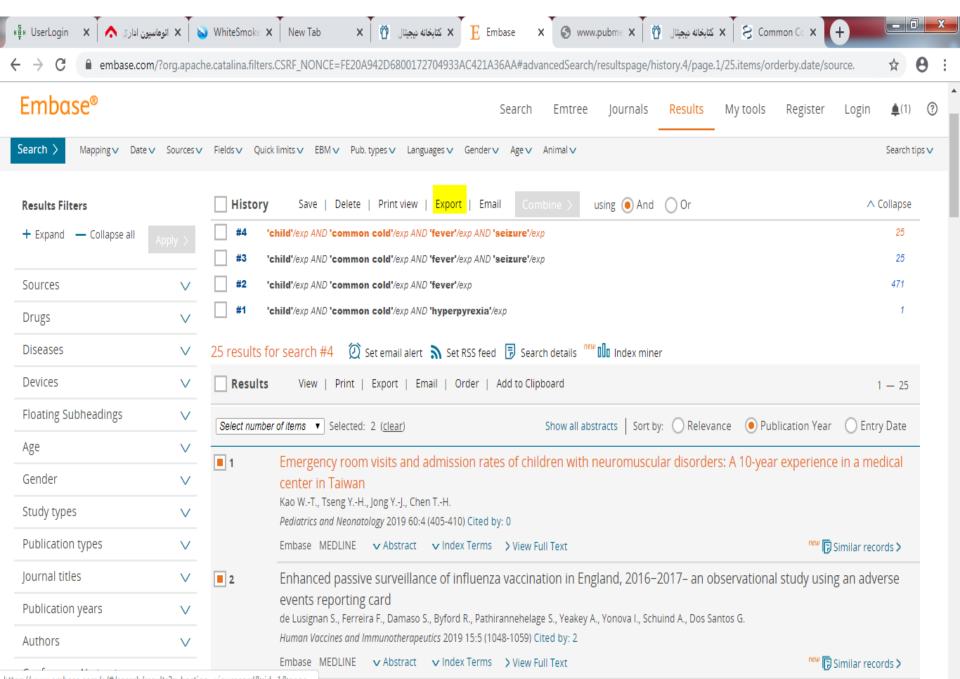


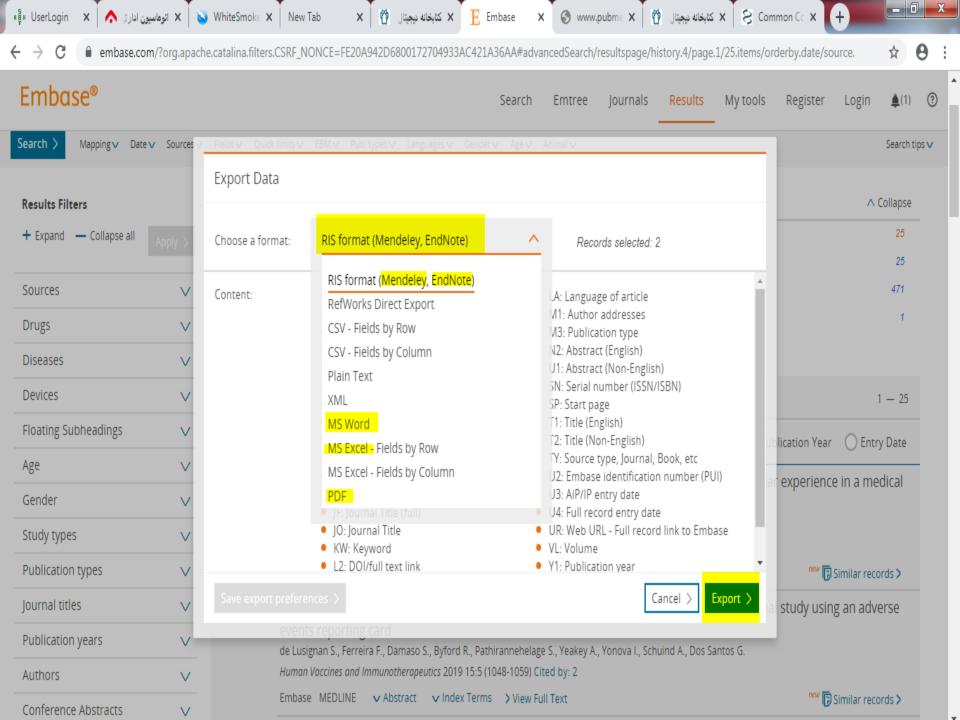


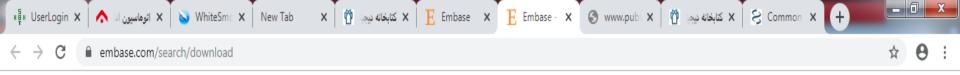




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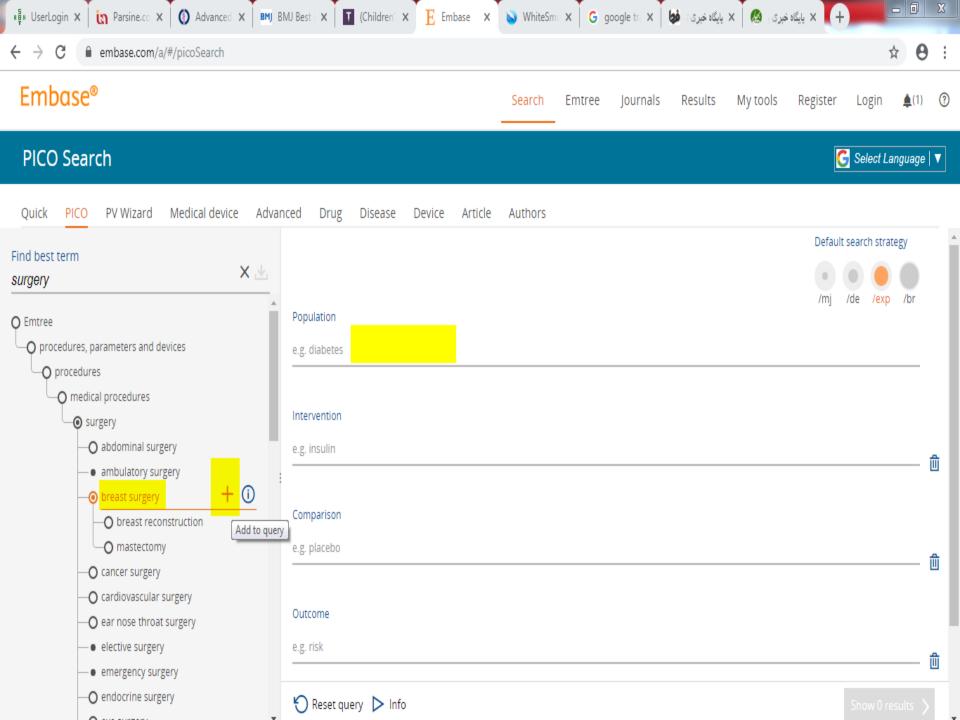


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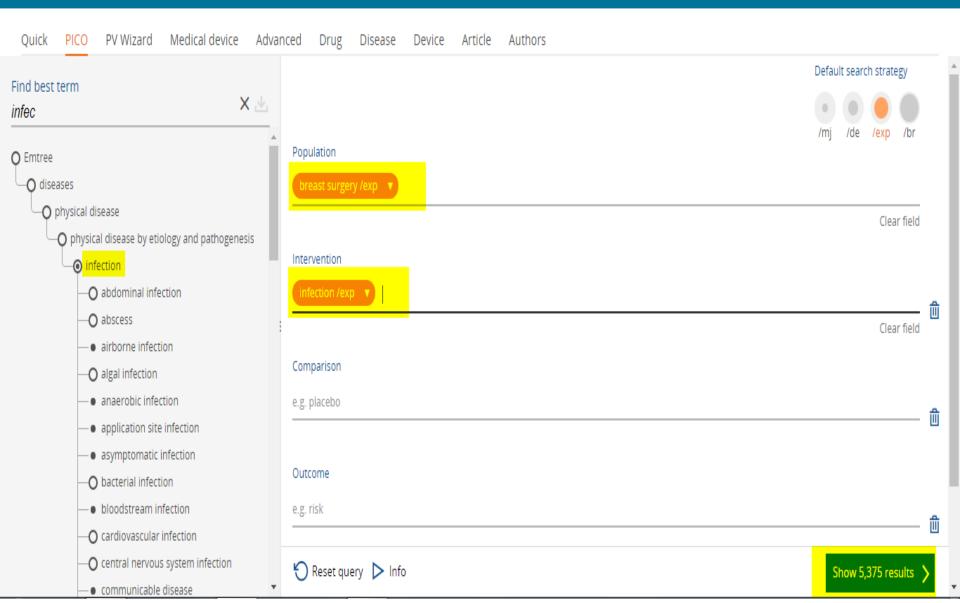


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Breast 2019 48 (32 - 37)

Translated Abstract

Background: Prepectoral implant placement is an innovative option for breast reconstruction, due to multiple advantages over subpectoral implant placement. The adoption of various ADMs and meshes supports the utilization of the prepectoral technique. Methods: 200 breasts were reconstructed with prepectoral implant placement after nipple-sparing mastectomy in a one-stage direct-to-implant procedure. The implants were completely covered and fixed with porcine ADMs (Strattice™ or Artia™), or with synthetic meshes (TIGR®). The pectoralis major muscle was not detached at all and kept intact entirely. Results: Minor complications included minimal nipple necrosis without further intervention and complete healing in 14 breasts (7.0%). Major complications comprised implant loss due to skin necrosis and wound infection in 7 breasts (3.5%), and hematoma with revision surgery in 8 breasts (4.0%). At a mean follow-up of 36 months cosmetic results were excellent and good in 180 breasts (90.0%), sufficient in 13 breasts (6.5%) and insufficient in 7 breasts (3.5%). Breast animation deformity and implant displacement could not be observed, while implant rotation was documented in 5 breasts (2.5%). Capsular contractures grade III or IV could not be observed neither in patients with previous radiotherapy nor in patients with radiotherapy to the reconstructed breast. Conclusions: The single-stage direct-to-implant prepectoral implant placement after NSM with complete coverage of the implant with ADM or synthetic mesh represents a novel and feasible technique for breast reconstruction. This technique provides an alternative to the subjectoral implant

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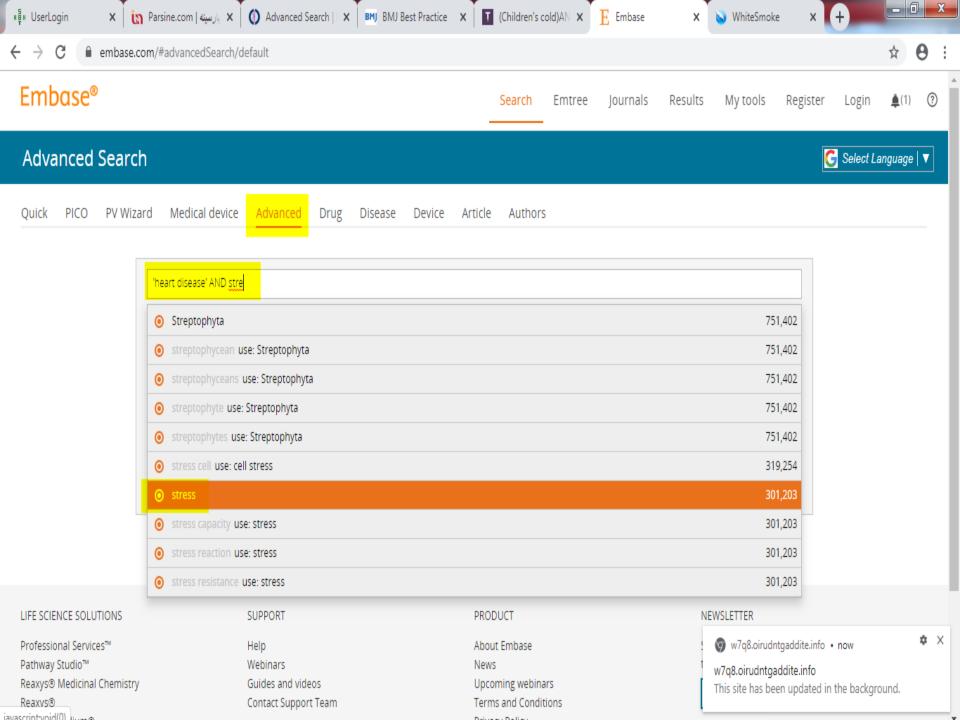
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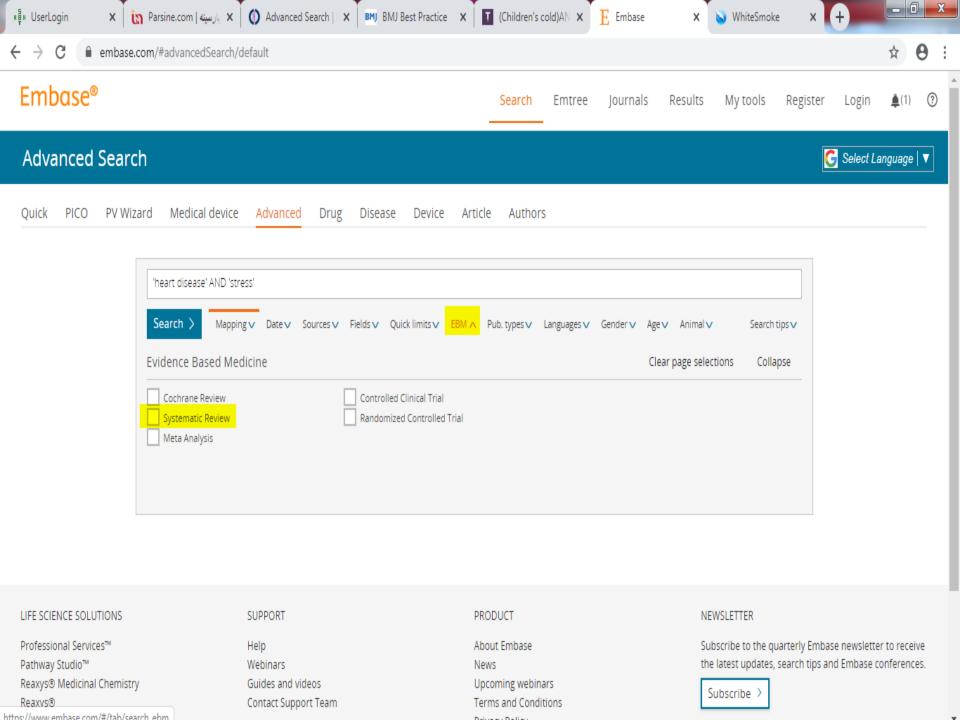
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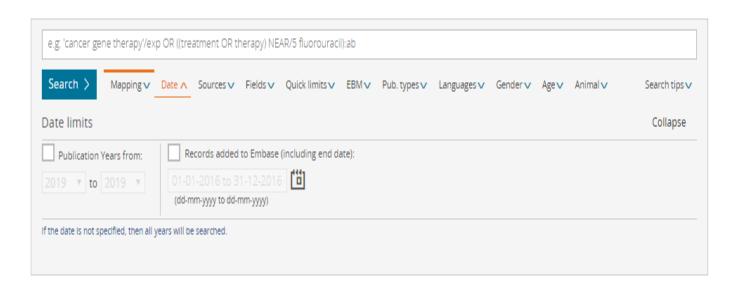
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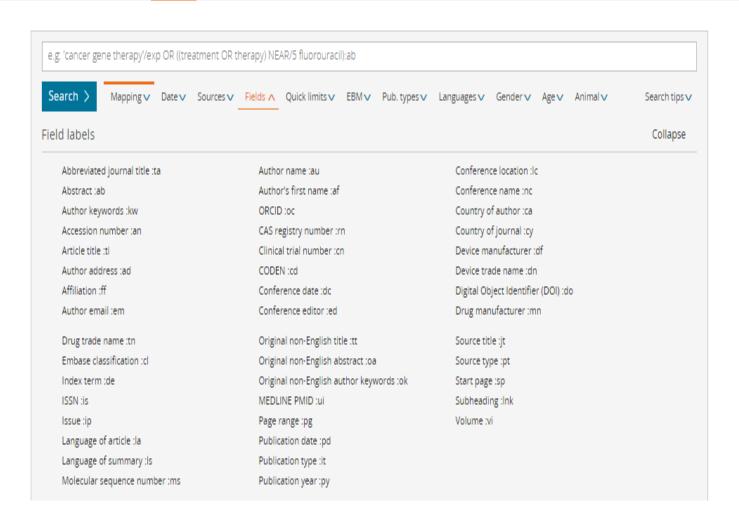
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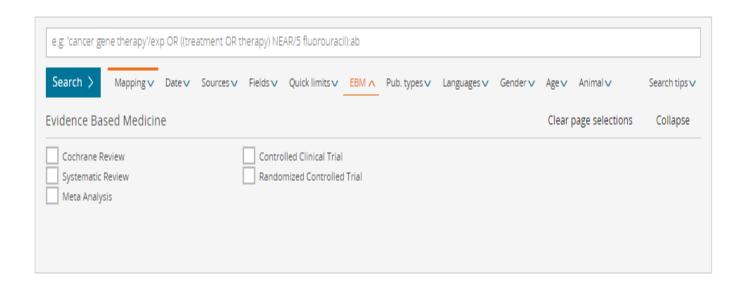
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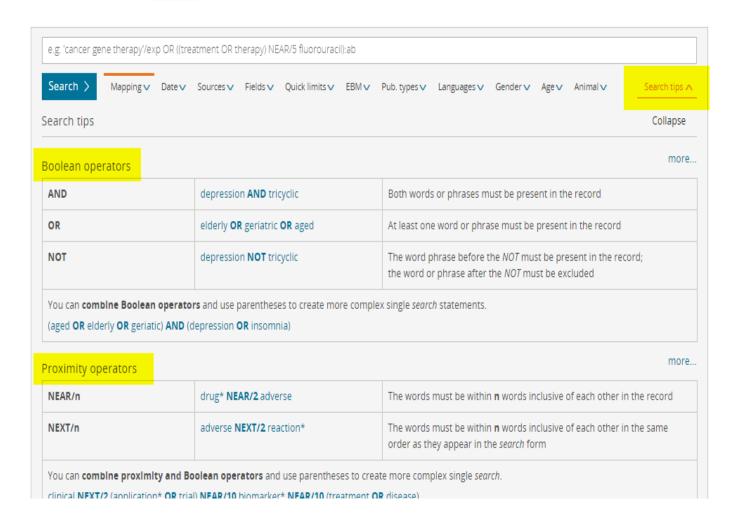
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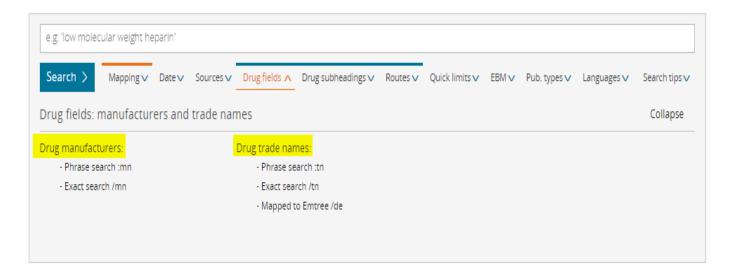


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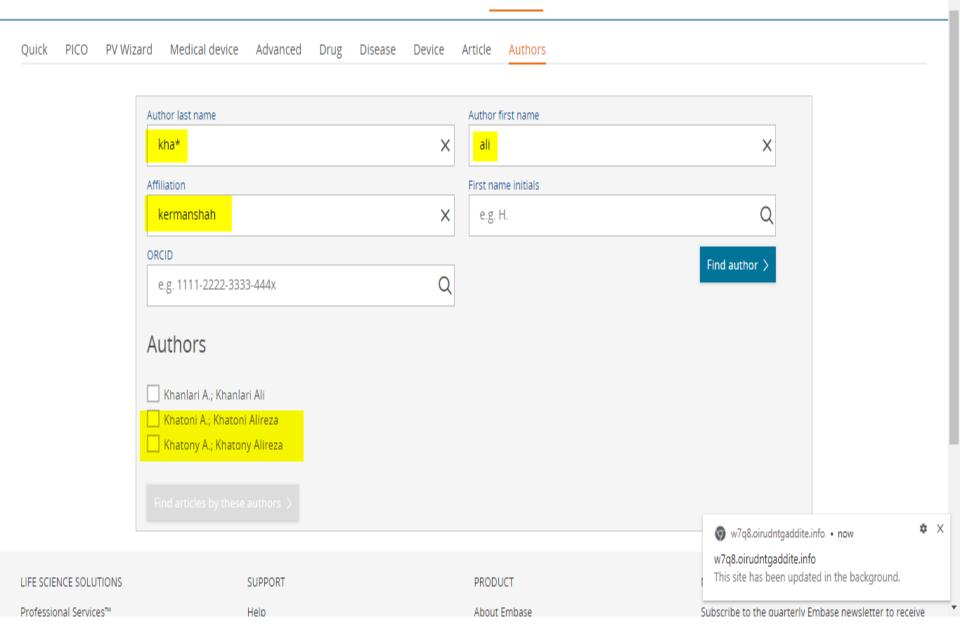
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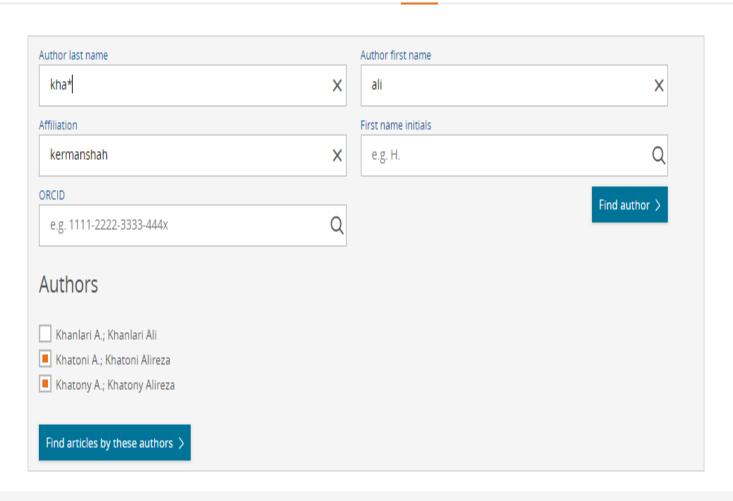
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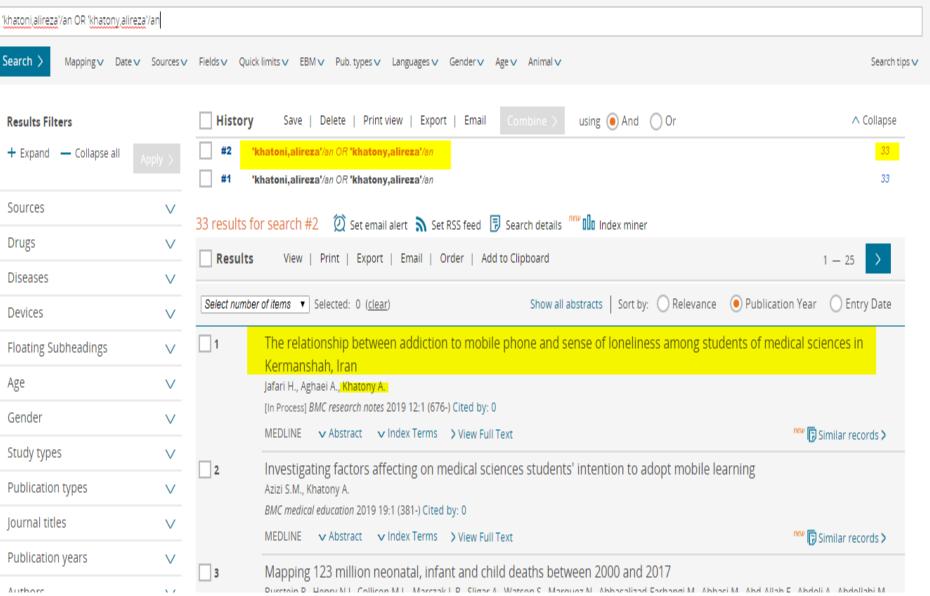
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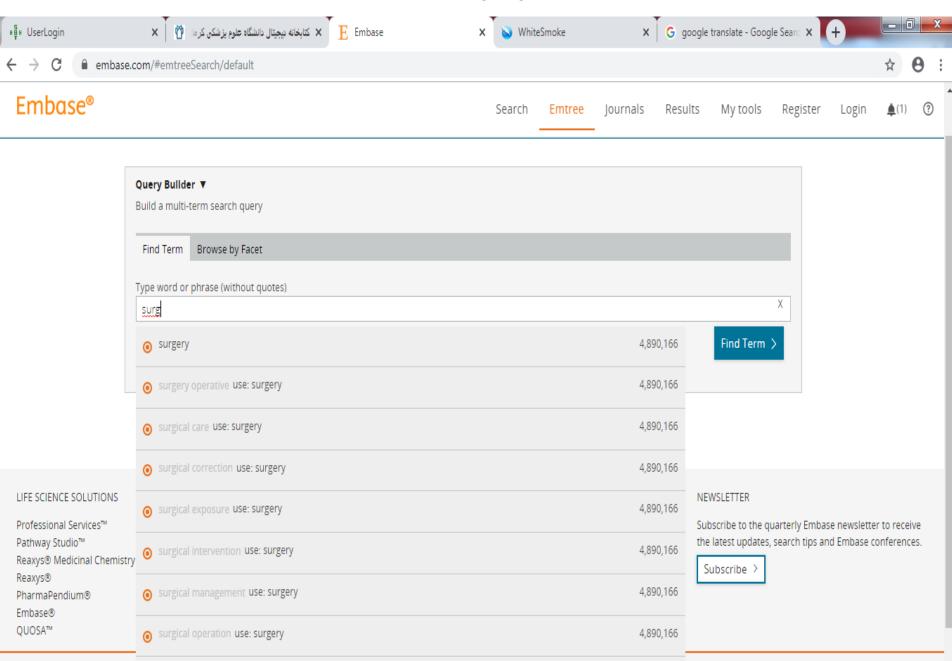
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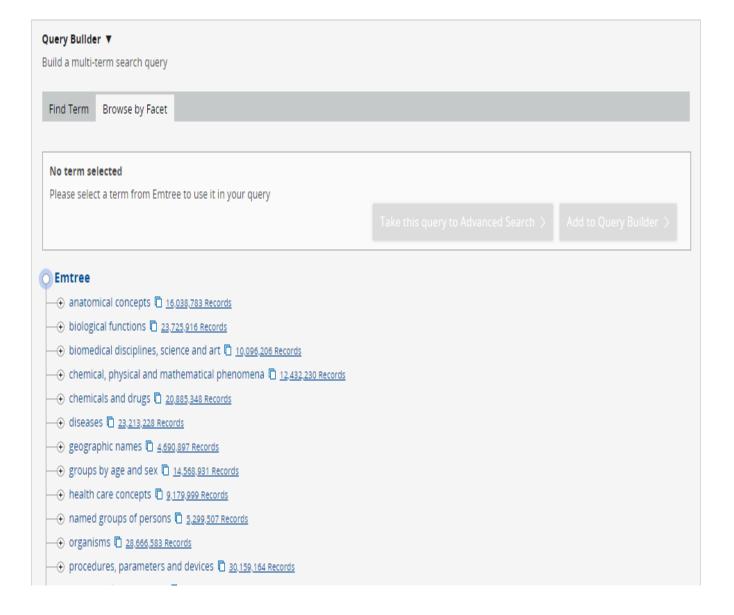


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