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### Key Results for measles

#### How mathematical models have helped to improve understanding the epidemiology of infection

- **Summary**: Mathematical models have been instrumental in understanding the spread of infectious diseases. These models can predict outcomes under different scenarios, helping public health officials make informed decisions.

#### Public Health, Communicable Diseases and Global Health

- **Introduction**: The study discusses the role of mathematical models in understanding the spread of measles, a highly contagious disease. The models help in estimating the impact of vaccination programs and other interventions.

#### Viruses as anticancer drugs

- **Study**: The study explores the potential of viruses to be used as anticancer agents. It highlights the role of viruses in targeting cancer cells selectively.

#### Design of histidine-rich peptides with enhanced bioavailability and inhibitory activity against hepatitis C virus

- **Objective**: The research focuses on developing peptides that can inhibit the hepatitis C virus. These peptides could potentially be used as a therapeutic agent.

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<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
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<td>Guidelines</td>
<td></td>
</tr>
<tr>
<td>Journals Fulltext</td>
<td></td>
</tr>
<tr>
<td>References Medline</td>
<td></td>
</tr>
<tr>
<td>Elsevier full-text books</td>
<td></td>
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<td>Clinical Trials</td>
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<tr>
<td>Drug Monographs</td>
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<td>Full patients</td>
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<td>Images</td>
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<td>First consult</td>
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<td>Multimedia (videos)</td>
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<td>Vitals</td>
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Hematology, Oncology and Palliative Medicine (56)
Infectious Disease (24)
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Neurosurgery (5)

Clinics in Pediatric Medicine and Surgery

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Surgery, The
Surgery for Obesity and Related Diseases
Anatomy of the rectum and anal canal

Mahadevan, Vishal
Surgery, 2014-04-01, Volume 32, Issue 4, 159-164

The rectum is the direct continuation of the sigmoid colon and commences in front of the body of the third sacral vertebra. The longitudinal orientation of the rectum conforms to the ventral concavity of the sacrum. Thus the rectum runs downwards...
Paediatric Surgery - Advances in fetal surgery

Manasi Upadhyaya and Anthony Lander
Surgery, 2015-05-01, Volume 31, Issue 5, Pages 114-118
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Abstract

Fetal surgery, until recently, only had a role for those fetuses with a very poor prognosis who were likely to die without intervention. With advances in imaging, endoscopic techniques, anaesthesia and novel interventions, fetal surgery is becoming a realistic option in some conditions with less severe prognosis. This article uses examples that outline the field.

Introduction

Fetal surgery has a potential role in managing some conditions. Improved outcome for the baby. Many anesthetic and surgical issues are required. Importantly the ethics are complex and important. The article outlines the procedure of fetal surgery in management of anomalies.

The first intratentorial surgical intervention in the management of pathophysiology of some potentially correctable anomalies. Advances in imaging techniques helped in better understanding of fetal anatomy and endoscopic techniques and instrumentation are used to facilitate intervention.

The fundamentals of fetal surgery are:-

1. Understanding the natural history of the uncorrectable condition.
2. Having a sound pathophysiological rationale for intervention.
3. Demonstrating safety and efficacy of the intervention.
4. Defining inclusion and exclusion criteria.

Until recently, only fetuses with a very poor prognosis were subjected to advances in techniques and a better understanding of fetal anatomy and endoscopic surgery will enable fetal surgery to be more widely practiced.

Some life-threatening defects are outlined below.

Aqueductal stenosis
Paediatric Surgery - Advances in fetal surgery

Manasvi Upadhyaya, and Anthony Lander
Surgery, 2013-05-01, Volume 31, Issue 3, Pages 113-118
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Abstract
Fetal surgery, until recently, only had a role for those fetuses with a very poor prognosis who were likely to die without intervention. With advances in imaging, endoscopic techniques, anaesthesia and novel interventions, fetal surgery is becoming a realistic option in some conditions with less severe prognoses where the aim is now to improve quality of life rather than simply allow survival. This article uses examples that outline the field’s embroyogenesis and point to its promising infancy and future.

Introduction
Fetal surgery has a potential role in managing structural anomalies where antenatal intervention might theoretically result in an improved outcome for the baby. Many anomalies do not meet these criteria and are likely to remain best managed after birth. Importantly the ethics are complex as the risks to the mother have to be considered and all current interventions are rightly the subject of multicentre trials. Only when the efficacy and safety of a fetal intervention are well established will the techniques be more widely practised.

The first intrauterine surgical intervention attempted was a transfusion for Rh incompatibility in 1961. In the 1980s the developmental pathophysiology of some potentially correctable anatomical malformations was studied in animal models. Serial observations using advances in imaging techniques helped elucidating the natural history of some anomalies in human fetuses. Novel lococoel therapies, and endoscopic techniques and instruments now make it possible to correct some structural anomalies in utero.

The fundamentals of fetal surgery are to:
- understand the natural history of the untreated anomaly in utero
- have a sound pathophysiological rationale for treatment before birth
- demonstrate safety and efficacy of the fetal procedure in an animal model
- define inclusion and exclusion selection criteria for treatment.

Until recently, only fetuses with a poor prognosis and a life-threatening anomaly were considered for prenatal intervention, but advances in techniques and a better understanding of the natural history have allowed intervention for non-life-threatening conditions where outcome might be substantially improved.

Some life-threatening defects are outlined below:

Aqueductal stenosis
Aqueduct stenosis results in fetal hydrocephalus and neurological impairment.

Aqueduct stenosis results in fetal hydrocephalus and neurological impairment.

Advances in fetal surgery
Upadhyaya, Manasvi. Surgery, Volume 31, Issue 3, 114-118

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Thrombus Burden and Myocardial Damage During Primary Percutaneous Coronary Intervention

Massimo Napodano, MD,⁎, Gilberto Dantiol, MD,⁎, Ahmed H. Al Mamary, MD,⁎,
Martina Perazzolo Murru, MD,⁎, Giuseppe Tarantini, MD, PhD,⁎, Gianpiero D’Amico, MD,⁎,
Anna Chiara Frigo, MS,⁎, Paolo Buja, MD, PhD,⁎, Renato Ruzzolino, MD,⁎, and Sabino Illetto, MD,⁎

Large thrombus burden (LTB) lesions in the context of primary percutaneous coronary intervention (p-PCI) have been related to unsuccessful angiographic recanalization and unfavorable clinical outcomes. However, the hazard of LTB treatment on myocardial damage has not been evaluated. We investigated the impact of LTB on myocardial damage using contrast-enhanced cardiac magnetic resonance (CE-CMR) in the setting of p-PCI. In 322 patients who underwent p-PCI without thrombus aspiration within 12 hours from symptom onset, we prospectively assessed the impact of LTB on infarct size and microvascular damage using CE-CMR. LTB was defined by the presence of Thrombolysis In Myocardial Infarction (TIMI) flow grade 2 or 3 in patent infarct-related artery (IRA); or by “cut-off” occlusion pattern and/or large reference vessel diameter (≥3.5 mm) in occluded IRA. One hundred ninety-seven patients (61.2%) showed LTB and 130 (39.8%) did not. Distal embolization occurred in 18.8% patients with versus 6.9% without LTB (p = 0.008). At CE-CMR, patients with LTB had larger infarct size index (27.5 ± 11.1 vs 22.1 ± 17.1; p = 0.009) and more often transmural necrosis (70.5% vs 55.4%; p = 0.008) compared with patients without LTB. Excluding patients with distal embolization, patients with LTB still had larger necrosis. At multivariate analysis, excluded (IRA) at baseline, anterior infarct,
Artificial Liver Support System Using Large Buffer Volumes Removes Significant Glutamine Deficit: An Ideal Bridge to Liver Transplantation

Kiyoaki A. Kourin, T. Washinshige, M. Yamasaki, and M. Yoshida

Abstract

Fulminant hepatitis is an intractable disease of varying etiology. Artificial liver support (ALS) is used to control serious symptoms of liver failure, such as brain edema, which may induce progressive neurological deficits.

Patients and Methods

ALS was evaluated in 12 patients with fulminant hepatitis who had been placed on an ALS system comprising plasma exchange and intermittent hemodialysis. The ALS system was designed to improve metabolic homeostasis and to promote hepatic regeneration. The effects of ALS were evaluated on the basis of improvements in clinical symptoms, removal of citrulline, and changes in computed tomography.

Results

All 12 patients regained consciousness with ALS, in contrast to their deterioration despite conventional treatment. The ALS system maintained patients' metabolic homeostasis for more than 2 weeks. The median estimated plasma volume of removed Glu was 22 L (range, 8.7–45 L). There was a significant inverse correlation between total buffer volume and plasma volume of removed Glu.

Conclusion

Plasma exchange combined with intermittent dialysis using large buffer volumes is a promising and effective bridging method to liver transplantation.

ARTIFICIAL LIVER SUPPORT (ALS) is a large-scale symptomatic treatment for patients with fulminant hepatitis (FHM), and is designed to ensure the long-term survival of patients who may benefit from FHM transplantation. The ALS system was designed to improve metabolic homeostasis and to promote hepatic regeneration. The benefits of ALS were evaluated on the basis of improvements in clinical symptoms, removal of citrulline, and changes in computed tomography.

Results

At 171 patients received ALS, and 12 patients were maintained with ALS, including those with severe liver failure. The median estimated plasma volume of removed Glu was 22 L (range, 8.7–45 L). There was a significant inverse correlation between total buffer volume and plasma volume of removed Glu.

Conclusion

Plasma exchange combined with intermittent dialysis using large buffer volumes is a promising and effective bridging method to liver transplantation.

Artificial Liver Support System Using Large Buffer Volumes Removes Significant Glutamine Deficit and Is an Ideal Bridge to Liver Transplantation

Kiyoaki A. Kourin, T. Washinshige, M. Yamasaki, and M. Yoshida

ABSTRACT

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Conclusion

Plasma exchange combined with intermittent dialysis using large buffer volumes is a promising and effective bridging method to liver transplantation.
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MaB1, a first-in-class true human antibody targeting interleukin-10 in refractory cancers: an open-label, phase 1 dose-escalation and expansion study [journal article in press: Connected Proof]

Introduction: The estimated global incidence of cancer by sex in 2020 is projected to be in excess of 20.6 million, with a high burden of disease in low-resource settings. Failure of immune-based therapies to address the disease burden of cancer has led to the development of immune checkpoint inhibitors. However, the potential for additional treatment options is warranted.

Methods: In a phase 1 dose-escalation study (NCT03803406), we assessed the safety, tolerability, and activity of the human anti-interleukin-10 (IL-10) monoclonal antibody, MaB1, in patients with advanced cancer. Patients were enrolled with tumours that were refractory or intolerant to prior systemic therapy, including immune checkpoint inhibitors. Tolerability, safety, and clinical activity were assessed, with dose escalation based on pharmacokinetics (PK) and clinical experience.

Results: As of 17 July 2014, 16 patients (9 male, 7 female) with a median age of 66.5 years (range 36-83) and a median Eastern Cooperative Oncology Group performance status of 1 were enrolled across 11 dose levels (1.0-36.0 mg/kg q21d). Median number of prior regimens was 1 (range 1-5), and 11 patients had received prior immune checkpoint therapy. The most frequent grade 3 adverse events were fatigue (25%), nausea (13%), and hypophosphataemia (13%). There was 1 dose-limiting toxicity (DLT) at 12 mg/kg q21d (grade 4 febrile neutropenia). No patients had dose-related severe adverse events. The recommended phase 2 dose was 24 mg/kg q21d.

Conclusions: The phase 1 dose-escalation study of MaB1 in patients with refractory tumours showed dose-dependent PK and clinical activity. The recommended phase 2 dose of 24 mg/kg q21d was established. Further clinical development is warranted.
Supplementary appendix:

The appendix is part of the original submission and has been peer reviewed. We welcome feedback on the appendix.

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Figures (5)

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Anaesthesia and Intensive Care A-Z
Anterior Cruciate Ligament: Reconstruction and Basic Science, The
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Arthritis and Arthroplasty: The Hip
Arthritis and Arthroplasty: The Knee
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Bipolar disorder

The management of bipolar disorder in adults, children and adolescents, in primary and secondary care

National Clinical Practice Guideline Number 38

National Collaborating Centre for Mental Health commissioned by the
National Institute for Health and Clinical Excellence
published by The British Psychological Society and Gaskell

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Clinical Guideline: Delirium

Choosing Antidepressants for Adults: Clinician Summary Guide

Agency for Healthcare Research and Quality [2008 06 27]
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The sheets can be filtered for patients who are on medication.
We explore the menu bar: **DRUGS**
Arsenic Trioxide

Classifications
- Antineoplastic Agents

Description: Arsenic trioxide (As$_2$O$_3$) is an inorganic metal. Arsenic has been used for centuries as a component of medicinal preparations. Commonly, arsenic was used as a trivalent oxide before the introduction of pentavalent arsenicals such as sodium arsenite, used in the treatment of the meningitis encephalitis stage of African trypanosomiasis. The medical effects of systemic arsenic (as Fowler's solution) in the treatment of myelogenous leukemia have been described in medical texts of the 19th and early 20th centuries. Arsenic trioxide has been shown to be an effective differentiating agent and inducer of apoptosis, or programmed cell death. Similar to all-trans-retinoic acid (ATRA), arsenic trioxide has been shown to have specific activity in acute promyelocytic leukemia (APL). Although the exact mechanisms differ, both arsenic trioxide and ATRA can produce complete remissions in patients who have relapsed with APL following treatment with ATRA and chemotherapy. Arsenic trioxide has received FDA orphan drug designations for the treatment of APL, chronic and acute myeloid leukemias, multiple myeloma, and myelodysplastic syndromes. Clinical studies are evaluating the role of arsenic trioxide in the treatment of hormone-refractory prostate cancer, renal cell carcinoma, cervical cancer, non-Hodgkin’s lymphoma. Hodgkin’s disease, acute lymphoblastic and myelogenous leukemias, and lymphoproliferative disorders. The combination of trichinosis, chemotherapy, and arsenic trioxide for the treatment of APL is being evaluated in a phase II study. The FDA approved arsenic trioxide for relapsed or refractory APL in September 2003.

Mechanism of Action: The mechanism of action of arsenic trioxide is not completely understood, but may be dependent in some degree on the dose administered and tumor type. Observations at arsenic trioxide in vitro have not completely correlated with in vivo results. Acute promyelocytic leukemia is caused by a genetic lesion that disrupts the alpha retinoic acid receptor (RAR-alpha). The fusion protein that is formed, PML-RAR-alpha, inhibits apoptotic pathways and blocks myeloid differentiation. Arsenic trioxide degrades the PML-RAR-alpha fusion protein; however, arsenic trioxide causes a different pattern of proteolysis than all-trans-retinoic acid (ATRA). By degrading the PML-RAR-alpha protein, arsenic trioxide therapy allows myeloid differentiation to continue and apoptosis to occur. Unlike ATRA, arsenic trioxide does not down regulate wild type RAR-alpha. Effects of arsenic trioxide are concentration dependent. Induction of nonterminal differentiation occurs at relatively low concentrations (0.1–0.5 nM) and apoptosis occurs at higher concentrations (0.5–2 nM). Other suggested actions include downregulation of Bcl-2, modification of the glutathione redox system, caspase activation, modulation of mitochondrial permeability transition pore, and inhibition of angiogenesis via decreases in vascular endothelial growth factor.
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HIV/AIDS

Key points
- Human immunodeficiency virus (HIV) infection is caused by either HIV-1 or HIV-2. These viruses target specific subsets of T cells and eventually lead to advanced stages of the disease. The occurrence of AIDS is usually seen in persons with normal immune function. This advanced form is called Acquired Immunodeficiency Syndrome (AIDS).
- The routes of HIV transmission include sexual contact, intravenous drug use, and occupational exposure. The blood supply of the U.S. is safe, however.
- Various U.S. Food and Drug Administration (FDA)-approved screening tests are recommended in certain high-risk population groups. The Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force (USPSTF) recommend testing persons aged 13 to 64 years, or 15 to 65 years, respectively.
- The two most commonly used diagnostic modalities in HIV are enzyme-linked immunosorbent assay (ELISA) and Western blot test.
- Treatment of HIV infection involves the use of multiple drug classes, including nucleoside reverse transcriptase inhibitors (NRTIs) and protease inhibitors (PIs), or a combination of both.
- CO2 count and plasma HIV-RNA are used to monitor the patient's response to therapy.
Other Documents: Clinical Trials

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Surgery for Gastric Cancer: What the Trials Indicate

Scott A. Hundahl, MD

KEYWORDS
- Gastric cancer
- Surgery
- Trials
- Lymphadenectomy

To optimize the therapeutic value of an operation for cancer, surgeons must weigh survival values on one hand against mortality/morbidity risk on the other. As a result of several prospective, randomized trials, many surgeons view the muddled waters of international opinion concerning optimal gastric cancer treatment as having been filtered clean. But does this viewpoint withstand detailed scrutiny? Unquestionably, the refinements and surgical techniques that have given way to more novel, customized approaches to this disease. Emphasizing existing trial findings and controversies, this review hopes to open the topic for the reader to have his own conclusions.

EAST-WEST DIFFERENCES IN DIAGNOSIS AND STAGING

Gastrointestinal neoplasms are often diagnosed at an early stage when surgical resection is still possible. The differences in diagnosis and staging between Eastern and Western countries have been well documented. In the Eastern countries, surgical resection is often performed for gastric cancer with a high rate of survival. In the Western countries, surgical resection is performed for gastric cancer with a low rate of survival.

References


PDF file
**Clinical Summary**

**Epilepsy in adults** [First Consult]
Revised: 08 Sep 2011  
Last Updated: 07 Sep 2011
Epilepsy is a chronic condition characterized by the presence of recurrent, unprovoked seizures, which are defined as involuntary paroxysmal (or epileptic) changes in behavior caused by synchronous abnormal firing of neurons. Seizure is a common re...
Epilepsy in adults
Andreas V. Alexopoulos, MD, MPH, Eelco Wijdicks, MD, and Stephen D. Sieson, MD
Routed: 05 Sep 2011
Last Updated: 07 Sep 2011
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Key points

- Epilepsy is a chronic condition characterized by the presence of recurrent, unprovoked seizures, which are defined as involuntary paroxysmal (or episodic) changes in behavior caused by synchronous abnormal firing of neurons.
- Seizure is a common reason for patients to seek medical care and requires thorough evaluation; it may be a manifestation of epilepsy or a one-time event secondary to a precipitating factor.
- Several new antiepileptic drugs have a better side effect profile and provide better control of seizures.
- Treatment of intractable epilepsy has improved with the introduction of new surgical options and wider availability of comprehensive epilepsy centers.
- Seizures that repeat without an intervening lucid interval, seizures that last for a prolonged period of time (5 minutes), and two or more back-to-back seizures within 5 minutes should be considered as impending status epilepticus and must be treated emergently.
- During a seizure, objects should not be forced into the patient's mouth, and the patient should not be turned to the side due to the risk of shoulder dislocation.
- A benzodiazepine should be administered if the seizure lasts more than a few (i.e., 2-3) minutes.
- Following a generalized seizure, the patient should be placed in a semicrowd position with the head to one side to avoid aspiration.

Background

Description

- Epilepsy is a condition in which a person has a propensity to manifest recurrent episodes of disturbed behavior caused by paroxysmal uncontrolled hypersynchronous discharges from an aggregate of neurons, owing to a chronic underlying proepileptic process, such as a neoplasm or congenital abnormality.
- It is important to recognize that the terms 'seizure' and 'epilepsy' are not synonymous. Any brain, when provoked by any number of metabolic, drug-induced, or other changes, can generate a single seizure or multiple seizures. Occurrence of a single seizure or recurrent seizures caused by correctable or avoidable circumstances (i.e., provoked seizures) does not indicate that a patient has...
Evidence references

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5. Kadow MI, Polman BK. Oxcarbazepine versus carbamazepine monotherapy. Rev 2009;CD006453
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