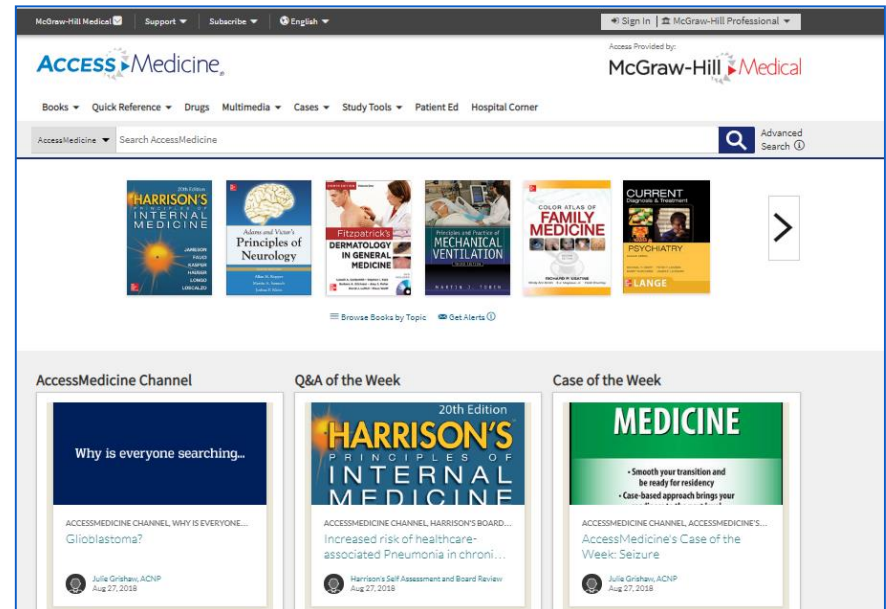


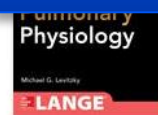
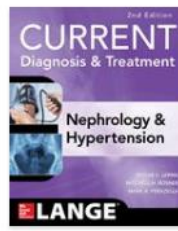
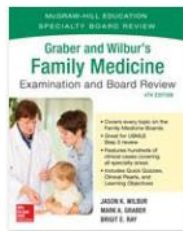
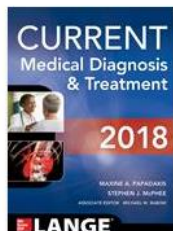
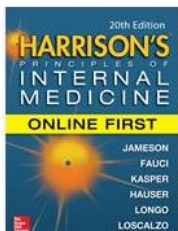
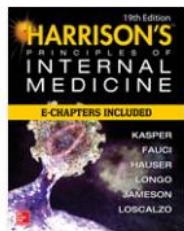
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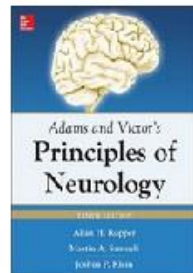
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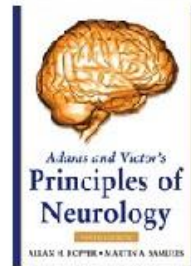
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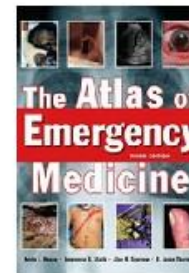
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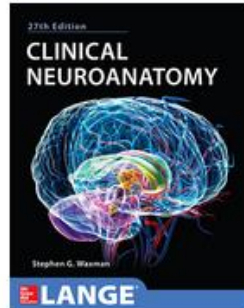
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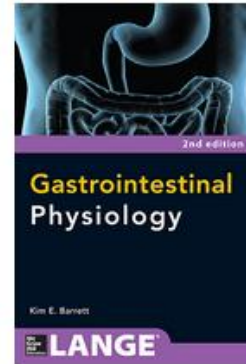
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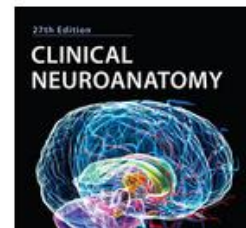
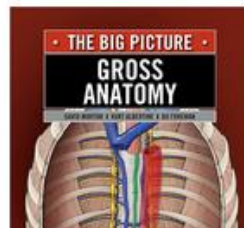


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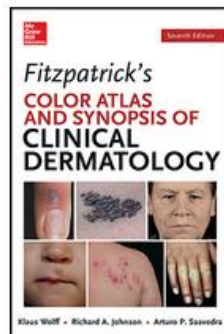
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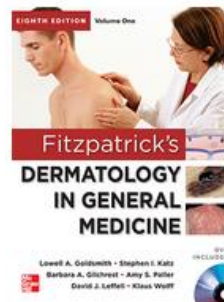
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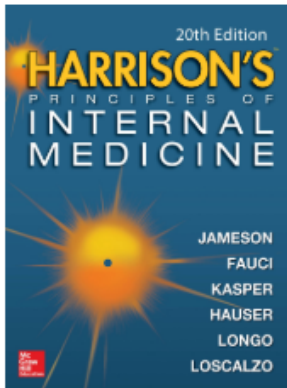
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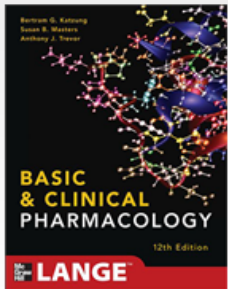


VIDEO A08-22: Metastatic cardiac tumor (PET whole-body cine view). 13 secs



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Chapter 12. Vasodilators & the Treatment of Angina Pectoris

Bertram G. Katzung, MD, PhD¹

The author thanks Dr. Kanu Chatterjee, MB, FRCP, who was coauthor of this chapter in prior editions.

– Case Study

[Case Study](#)

[Vasodilators & the Treatment of Angina Pectoris: Introduction](#)

[Basic Pharmacology of Drugs Used to Treat Angina](#)

[Clinical Pharmacology of Drugs Used to Treat Angina](#)

[Summary: Drugs Used in Angina Pectoris](#)

[Preparations Available](#)

A 74-year-old man presents with a history of anterior chest pressure whenever he walks more than one block. The chest discomfort is diffuse, and he cannot localize it; sometimes it radiates to his lower jaw. The discomfort is more severe when he walks after meals but is relieved within 5–10 minutes when he stops walking. Assuming that a diagnosis of stable effort angina is correct, what medical treatments should be implemented to reduce the acute pain of an attack and to prevent future attacks?

+ Vasodilators & the Treatment of Angina Pectoris: Introduction

+ Basic Pharmacology of Drugs Used to

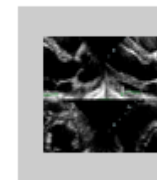
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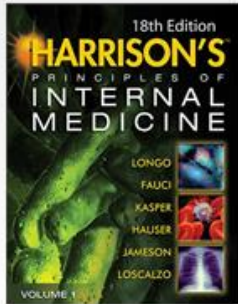
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Chapter 372



Parkinson's Disease and Related Disorders

Hyperkinetic Movement Disorders

Tremor

Dystonia

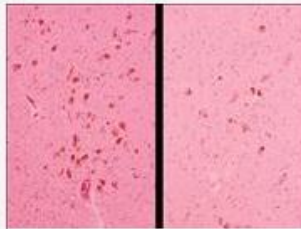
Choreas

Huntington's Disease–Like 1 (HDL1), Huntington's Disease–Like 2 (HDL2)

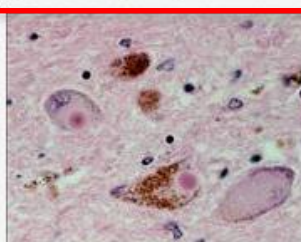
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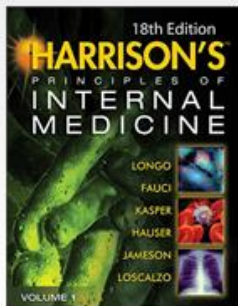
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Pathologic specimens from a patient with Parkinson's Disease (PD) compared to a normal control demonstrate the presence of the Substantia nigra (SNc) in PD (right) vs control (left), (B) reduced number of neurons in PD (right) compared to control (left), and (C) melanized dopamine neurons in PD. SNc = Substantia nigra, pars compacta.

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Huntington's Disease–Like 1 (HDL1), Huntington's Disease–Like 2 (HDL2)

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examinations then do no more than corroborate the clinical impression. However, it happens more often that the nature of the disease is not discerned by "case study" alone; the diagnostic possibilities may be reduced to two or three, but the correct one is uncertain. Under these

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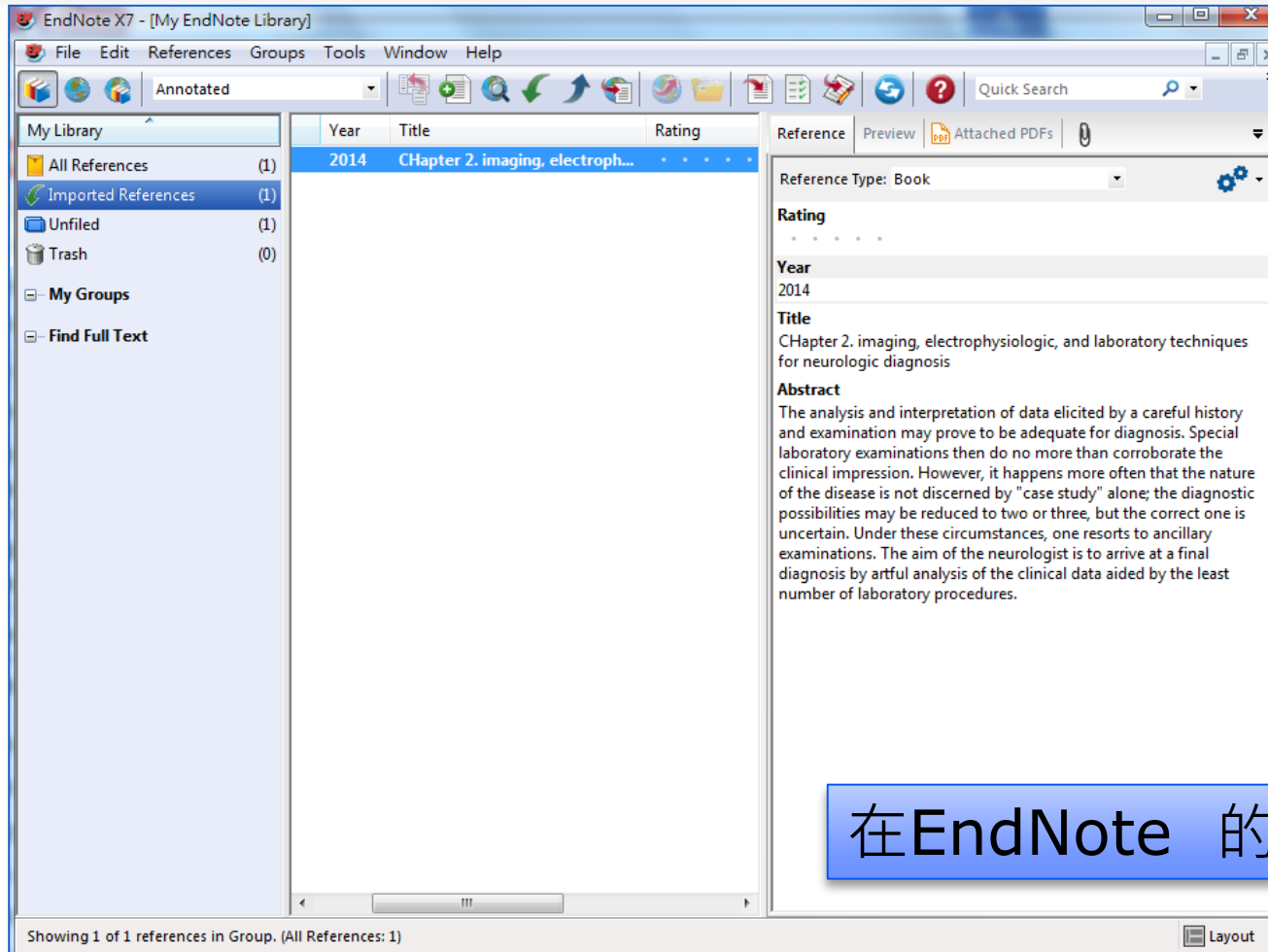
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Anemia, Iron Deficiency

+ Key Features

- Clinical Findings

Symptoms and Signs

- Symptoms of anemia (eg, easy fatigability, dyspnea, palpitations and tachypnea on exertion)
- Skin and mucosal changes (eg, smooth tongue, brittle nails, spooning of nails [koilonychia], and cheilosis) in severe iron deficiency
- Dysphagia resulting from esophageal webs (Plummer-Vinson syndrome) may occur in severe iron deficiency
- Pica (ie, craving for specific foods [eg, ice chips, lettuce] often not rich in iron) is frequent

Differential Diagnosis

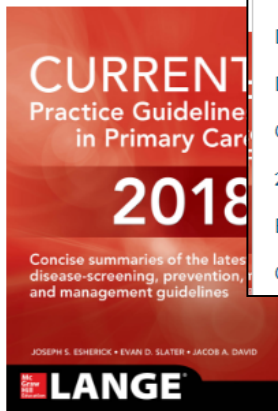
- Microcytic anemia resulting from other causes
 - Thalassemia
 - Anemia of chronic disease
 - Sideroblastic anemia
 - Lead poisoning

+ Diagnosis

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Slater, Jacob A. David

Disease Prevention | Disease Management | Appendices

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Abdominal pain, generalized

Abdominal pain, left lower quadrant

Abdominal pain, left upper quadrant

Abdominal pain, right lower quadrant

Abdominal pain, right upper quadrant

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Diana Nicoll, Chuanyi Mark Lu, Michael Pignone, Stephen J. McPhee

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APACHE II

BEE (Basal Energy Expenditure)

BMI

Adult BMI (Body Mass Index)

Pediatric BMI (Body Mass Index)

Body Surface Area

Calcium Salt Equivalents

Coronary Heart Disease Risk

Corrected Calcium

Creatinine Clearance

Fractional Excretion of Sodium

Free Water Deficit

GFR (Glomerular Filtration Rate)

Temperature Conversion

Find equivalent values on the three temperature scales (Centigrade, Fahrenheit, and Kelvin).

Enter temperature to convert:

30

Centigrade

Convert

ANSWER: Centigrade: 30 = Fahrenheit: 86.00 = Kelvin: 303.15

Clear Answer and Values Entered Above

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February 19, 2016

Interstitial lung abnormalities linked to greater risk of all-cause mortality

by John Prendergass, Michael Milligan

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1. The presence of interstitial lung abnormalities was associated with a greater risk of all-cause mortality, independent of smoking, COPD, cancer, and coronary artery disease status.

Evidence Rating Level: 2 (Good)

Study Rundown:

Interstitial lung disease (ILD) refers to a group of conditions characterized by progressive scarring of the lung tissue. Symptoms generally include decreased exercise capacity and shortness of breath caused by reductions in lung capacity and gas exchange. The etiology of ILD is understood in a subset of diseases—like occupational exposures and autoimmune disease—but most frequently unknown, such as in the case of idiopathic pulmonary fibrosis (IPF).

[Click to read the study in JAMA](#)

Relevant Reading: [MUC5B promoter polymorphism and interstitial lung abnormalities](#)

In-Depth [prospective cohort]:

This prospective cohort study evaluated patients from 4 different cohorts; including 2633 participants from the Framingham Heart Study (FHS) between 2008 and 2011, 5320 from the Age Gene/Environment Susceptibility (AGES)-Reykjavik study between 2002 and 2006, 2068 from the COPD Gene Study between 2007 and 2010, and 1670 from the Evaluation of COPD Longitudinally

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- Bradyarrhythmia seen in Framingham Heart Study**
Shaidah Deghan, MSc.
- Diuretics did not reduce heart failure readmissions: The BEAT-HF trial**
David J. Goldstein, MD
- Readmission rates for common conditions in VA hospitals**
- Mortality related to pulmonary arterial hypertension: The GRIPHON study**
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- Alzheimer's disease does not increase anxiety, depression or stress**
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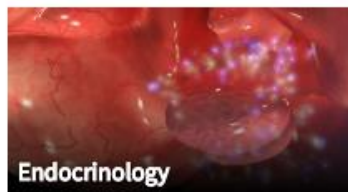
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- + How does atrial fibrillation impact cardiac output?
- + What are the hemodynamic effects of atrial fibrillation?
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How does atrial fibrillation impact cardiac output?

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AF produces several adverse hemodynamic effects, including loss of atrial contraction, a rapid ventricular rate, and an irregular ventricular rhythm. The loss of mechanical AV synchrony may have a dramatic impact on ventricular filling and cardiac output when there is reduced ventricular compliance, as with LV hypertrophy from hypertension, restrictive cardiomyopathy, hypertrophic cardiomyopathy, or the increased ventricular stiffness associated with aging. In addition, patients with mitral stenosis, constrictive pericarditis, or right ventricular infarction typically experience marked hemodynamic deterioration at the onset of AF. The loss of AV synchrony results in a decrease in LV end-diastolic pressure (LVEDP) as the loading effect of atrial contraction is lost, thereby reducing stroke volume and LV contractility by the Frank-Starling mechanism. Although there is a reduction in the LVEDP, there is an increase in the left atrial mean diastolic pressure. Patients with significant restrictive physiology may experience pulmonary edema and/or hypotension with the onset of AF. In contrast, patients with dilated cardiomyopathy may experience minimal hemodynamic compromise with AF if their LV compliance is not significantly impaired. The inappropriately rapid ventricular rate during AF also limits the duration of diastole and reduces ventricular filling. The irregular ventricular rhythm has adverse hemodynamic effects, including a decrease in stroke volume and cardiac output, which may reduce cardiac output⁵⁹ and coronary blood flow.

[Answer Source](#) » **Hurst's The Heart, 14e**
ATRIAL FIBRILLATION, ATRIAL FLUTTER, AND ATRIAL TACHYCARDIA
Eric N. Prystowsky; Jonathan Halperin; Peter Kowey

Suggested Reading  From accesscardiology.mhmedical.com

JOURNAL
ARTICLES

View the current best evidence for Atrial Fibrillation from McMaster Plus Database

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S2 [OTC]

Sabril

Saccharomyces boulardii

Safe Handling of Hazardous D

Safe Wash [OTC]

Safyral

Saizen Click.Easy

Sulindac

- | | | | |
|-----------------------|-----------------------|-------------------------|------------|
| Basics | Pregnancy & Lactation | Storage & Compatibility | References |
| Clinical Pharmacology | Adverse Reactions | Monitoring | |
| Indications & Usage | Interactions | Patient Education | |
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Images	Description
 Formulation Details	Clinoril® [Merck and Co Inc] 150 mg
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Name

Sulindac

Pronunciation

(SUL in dak)

Brand Names: U.S.

每種藥品都提供以下資訊：基本資訊、適應症及用法、禁忌症、注意事項、不良反應、藥物交互作用、劑量、管理、孕婦和哺乳期使用、臨床藥理學、監測、病患教育、儲存、參考資料

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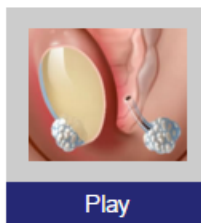
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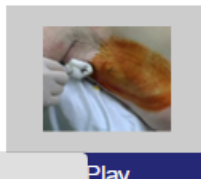
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Bartholin Gland Duct Incision and Drainage

Author(s): Barbara L. Hoffman, MD, and Generra Garrett
4 mins, 50 secs



Chest Tube Insertion

Author(s): David Cline and Henderson McGinnis, Department of Emergency Medicine, Wake Forest University Baptist Medical Center
10 mins

Medical Editor(s): Judith E. Tintinalli, David Cline, O. John



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Pharmacology Lectures

Route of Drug Administration, Absorption Rate & the First Pass Effect
10 mins, 49 secs
Author(s): Areo Saffarzadeh, Medical Student, Year 4, University of California, Irvine, School of Medicine, from *Katzung & Trevor's Basic and Clinical Pharmacology, 12e*
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Lecture 2 – Routes of Drug Administration, Absorption Rate & the First Pass Effect
12 mins, 04 secs
Author(s): Areo Saffarzadeh, Medical Student, Year 4, University of California, Irvine, School of Medicine, from *Katzung & Trevor's Basic and Clinical Pharmacology, 12e*
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Resident Readiness: Internal Medicine

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Biochemistry > Case 44



Clip

Author(s): Eugene C. Toy, MD

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Case

Questions

Approach

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Case 44

A 21-year-old primigravid female at 35-week gestation presents to the hospital with nausea, vomiting, and malaise over the last several days. Patient has also noticed that her eyes were turning yellow in color. Her prenatal course has otherwise been unremarkable. On examination she is found to have elevated blood pressure, proteinuria, increased liver function tests, prolonged clotting studies, hyperbilirubinemia, hypofibrinogenemia, and hypoglycemia. A pelvic ultrasound identified a viable intrauterine pregnancy measuring approximately 35-week gestation. After admission, the mother underwent an emergent cesarean delivery, and she subsequently developed a worsening hypoglycemia and coagulopathy and went into hepatic coma with renal failure. After reviewing all the laboratory results and her clinical picture, the patient was diagnosed with acute fatty liver of pregnancy.

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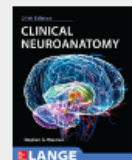
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► Katzung & Trevor's Pharmacology: Examinati

Your Score: 0 %

You answered 0 of 2 questions correctly.

Question 1: Incorrect

Viruses belonging to which of the

- A Poxviruses
- B Filoviruses
- C Herpesviruses
- D Influenza viruses
- E Caliciviruses

Related Topics:

- herpesviridae
- herpesviridae infections
- virus latency

Question 1: Incorrect

A 51-year-old alcoholic man is admitted to the hospital for upper gastrointestinal bleeding. From further history and physical examination, it becomes apparent that his bleeding is from gingival membranes. He is intoxicated and complains of fatigue. Reviewing his chart you find that he had a hemarthrosis evacuated 6 months ago and has been lost to follow-up since then. He takes no medications. Laboratory data show platelets of 250,000 and INR of 0.9. He also has a diffuse hemorrhagic eruption on his legs that is centered around hair follicles. What is the recommended treatment for this patient's underlying disorder?

- A Folate
- B Niacin
- C Thiamine
- D Vitamin C
- E Vitamin K

Related Topics:

- scurvy

The correct answer is D. You answered B

Explanation: This patient has the classic signs of scurvy, which is primarily a disease of alcoholics. The nonspecific symptoms of fatigue and bleeding into various sites, including gingival membranes, hemarthrosis, and peripheral neuropathy (ber

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Jaundic

Jaundic

Jaundice of the Newborn: Brief Version

Job Grounding as a Method of Discipline

Jock Itch

Jock Itch: Brief Version

Jock Itch: Teen Version

Juvenile Rheumatoid Arthritis

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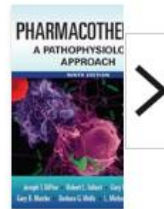
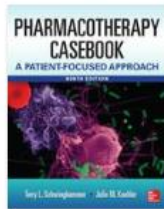
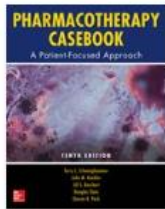
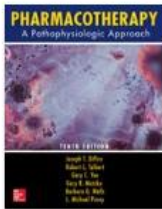
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Apr 29, 2018

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
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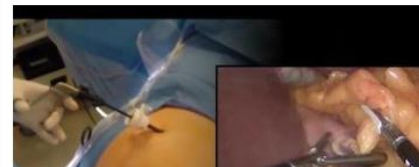


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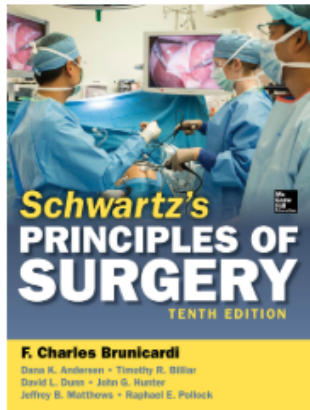
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F. Charles Brunicaardi, Dana K. Andersen, Timothy R. Billiar, David L. Dunn, John G. Hunter, Jeffrey B. Matthews, Raphael E. Pollock

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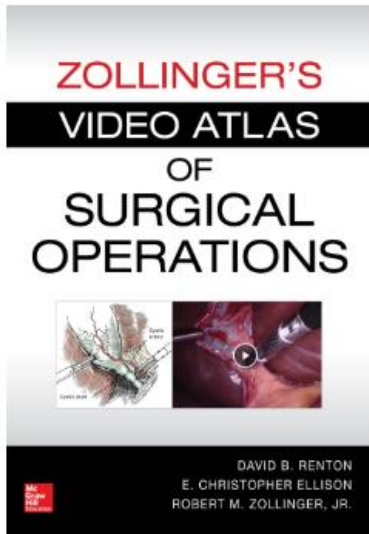
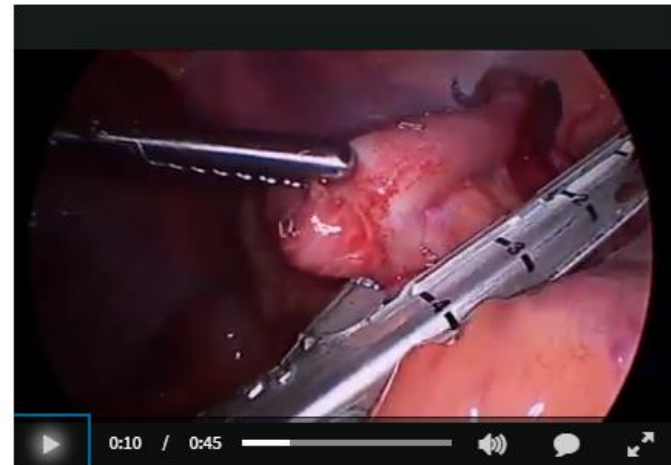
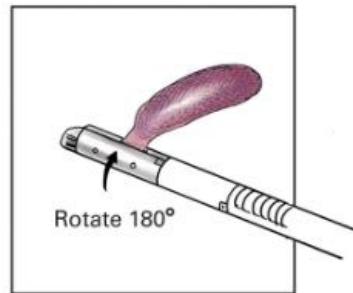


FIGURE 5A
Rotation of the linear stapler



- A small, minimally inflamed appendix can be removed safely through the shaft of a 10-mm port.
- Most surgeons place an enlarged or suppurative appendix into a plastic bag for removal through the abdominal wall (**Figure 6**). This lessens the chances of infection at the surgical site.
- The appendiceal stump and stapled mesoappendix are inspected for security and hemostasis. The area is lavaged with the suction irrigator and a regional inspection is made to verify the integrity of the cecum and small bowel.
- Each of the 5-mm ports is removed under direct vision with the videoscope to make sure that there are no bleeding abdominal wall vessels.

INDICATIONS

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ANESTHESIA

POSITION AND OPERATIVE
PREPARATION

ABDOMINAL ACCESS AND PORT

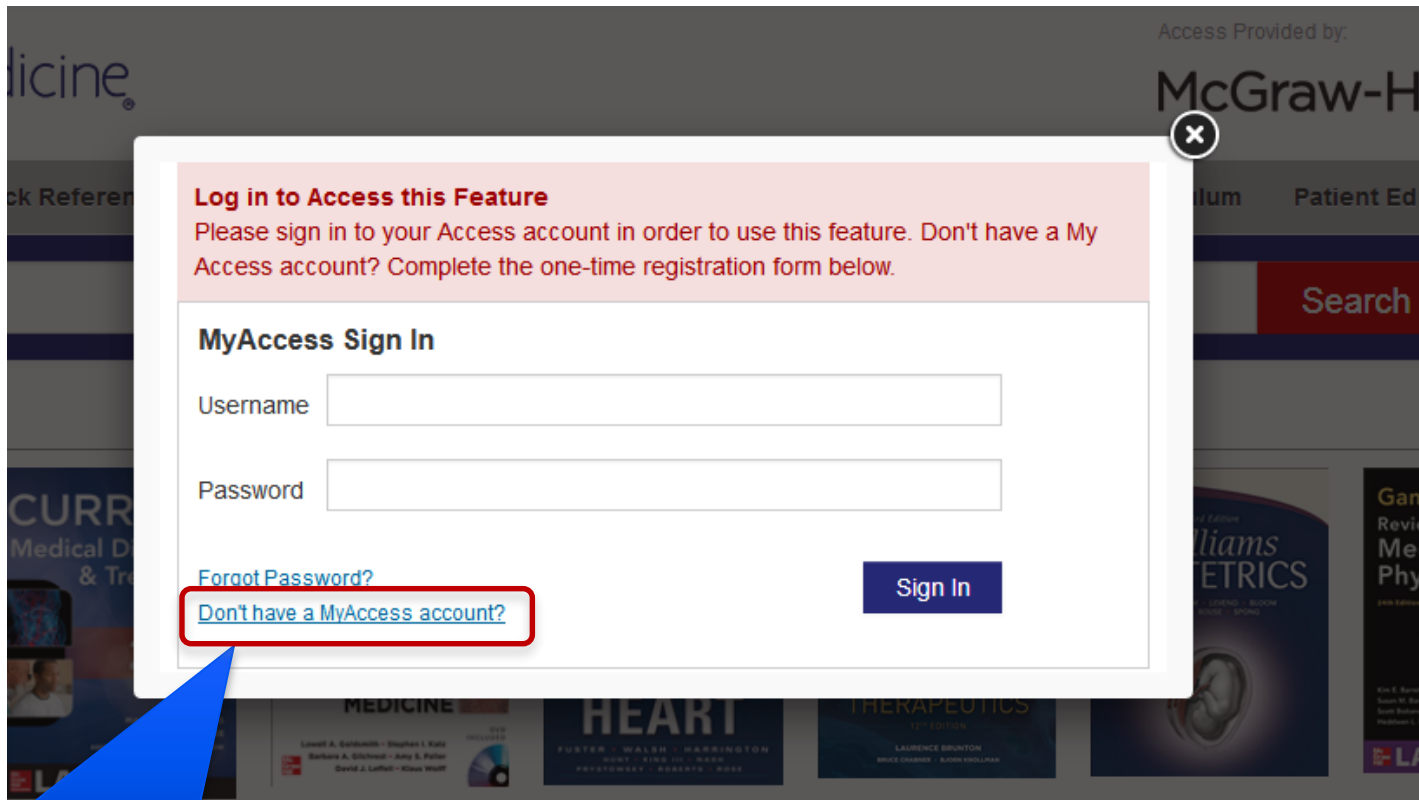
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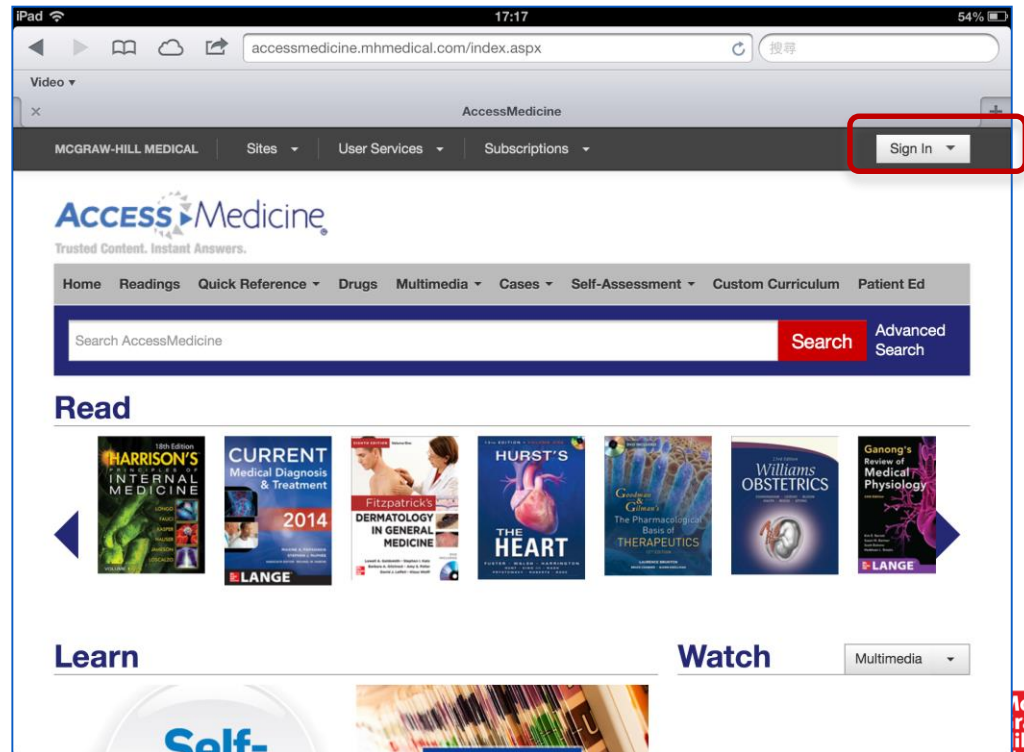
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建立帳號

**必填欄位
Username
Password
Profession
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