



# ClinicalKey

Eric Chou 周汶熹

Account Manager, Clinical Solution

# Introduction of Elsevier



*The original Non Solus mark of Isaac Elzevir was used for the first time in Leyden in 1620.*



**ELSEVIER**

- In 1620, the draft of Elsevier's logo first came out
  - Elm & Grapevine : stand for great wisdom by publishing
  - Old man : stand for research scholar
  - **NON SOLUS** : Latin, means "Not Alone" (never alone in study)
  - Implication : the scholar (Old man) and results of publishing (Elm) need to go together and coexist

# Challenges

## 挑戰

- 600,000 to 800,000 new clinical articles are published each year.  
每年有60~80萬篇臨床論文發表
- Every day, on average, each physician asks 9.5 questions. Two thirds of those clinical questions go unanswered.  
每天每一位醫師平均提出9.5個問題，其中2/3得不到答案\*
- Physicians and medical students today are being overwhelmed with information and questions which need to be answered.  
如今臨床工作人員被爆炸的資訊和需要解答的問題所淹沒
- Profusion of content sources makes it difficult to get answers.  
資訊來源太多(Google, PubMed, Various Database...)，  
答案的找尋變的耗時困難



\* "Watson and Healthcare" (quoting the British Medical Journal), April 2011

# How are information consumed nowadays? 現今資訊是如何被使用的？



Anytime  
Anywhere



Multimedia



High-  
Efficiency



# ClinicalKey

ClinicalKey®

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Search for conditions, procedures, drugs, and more

All Types  Search... 

[Saved Searches](#) [Search History](#)

Browse

[Books](#) [Journals](#) [Drug Monographs](#) [Guidelines](#) [Patient Education](#) [Multimedia](#) [Procedures Consult](#)

## Trusted and Comprehensive 資料全面、完整且值得信賴

✓ 1,100+ reference books

✓ 650+ medical journals

✓ Fully indexed MEDLINE

✓ 45,000+ medical / surgical videos

✓ 330+ Procedures Consult videos

✓ Over 3 million images

✓ 870+ Clinical Overview

✓ 4,500+ practice guidelines

✓ 1,400+ topic pages

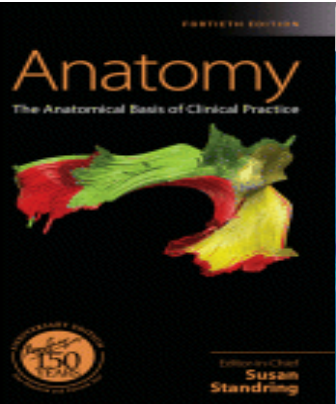
✓ 2,560+ drug monographs

✓ 9,500+ patient education handouts

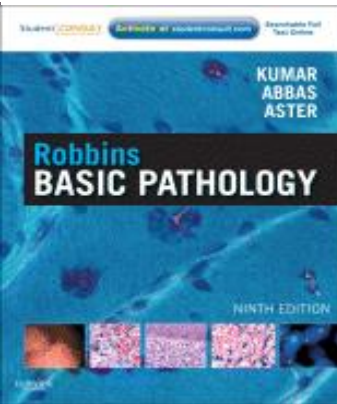
✓ Clinical Trials.gov database

# Books 1100+冊 跨45科別 從醫學生到專科醫師

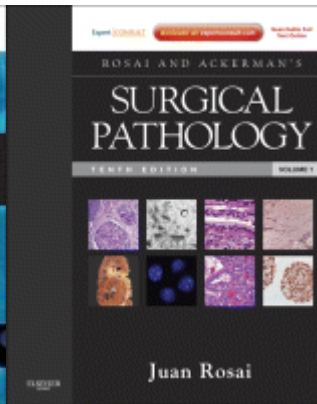
## 經典教科書X專科考試指定用書 All In ClinicalKey!!!



Gray's



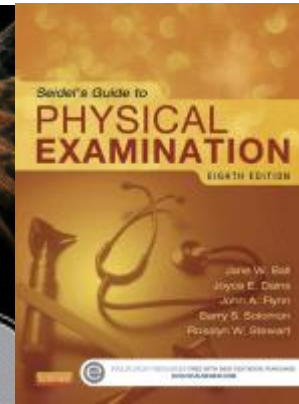
Robbins



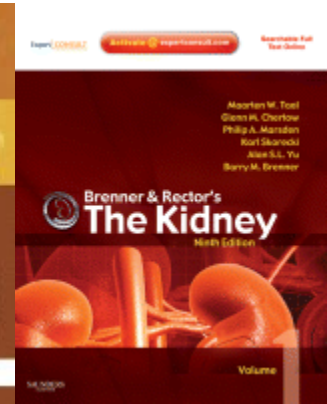
Rosai



Phillip's



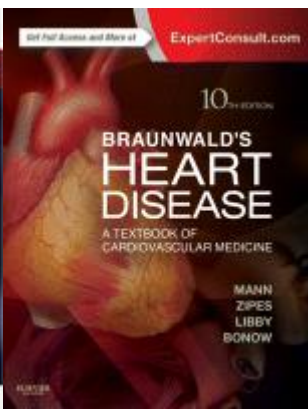
Seidel's



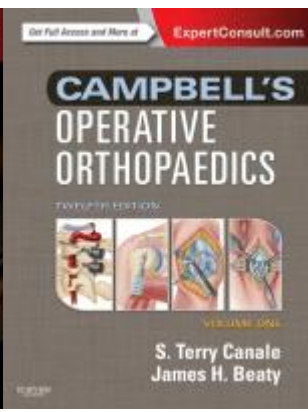
Brenner



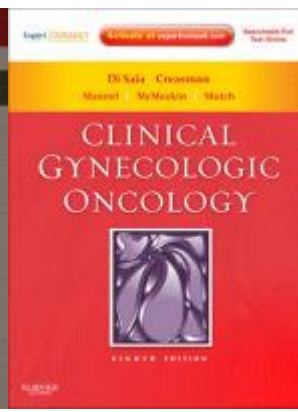
Rosen's



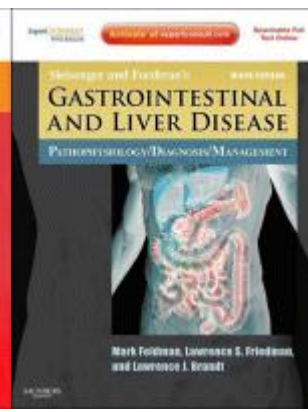
Braunwald's



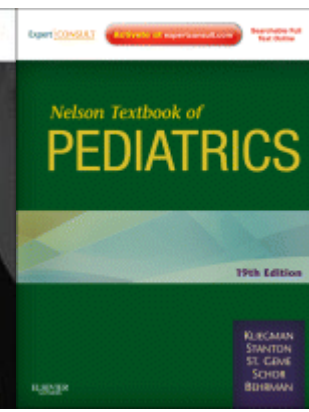
Campbell's



DiSaia



Sleisenger



Nelson

# Journals 650+種 跨45科別 從基礎到臨床

立即閱讀最新文獻X全文檔案不求人

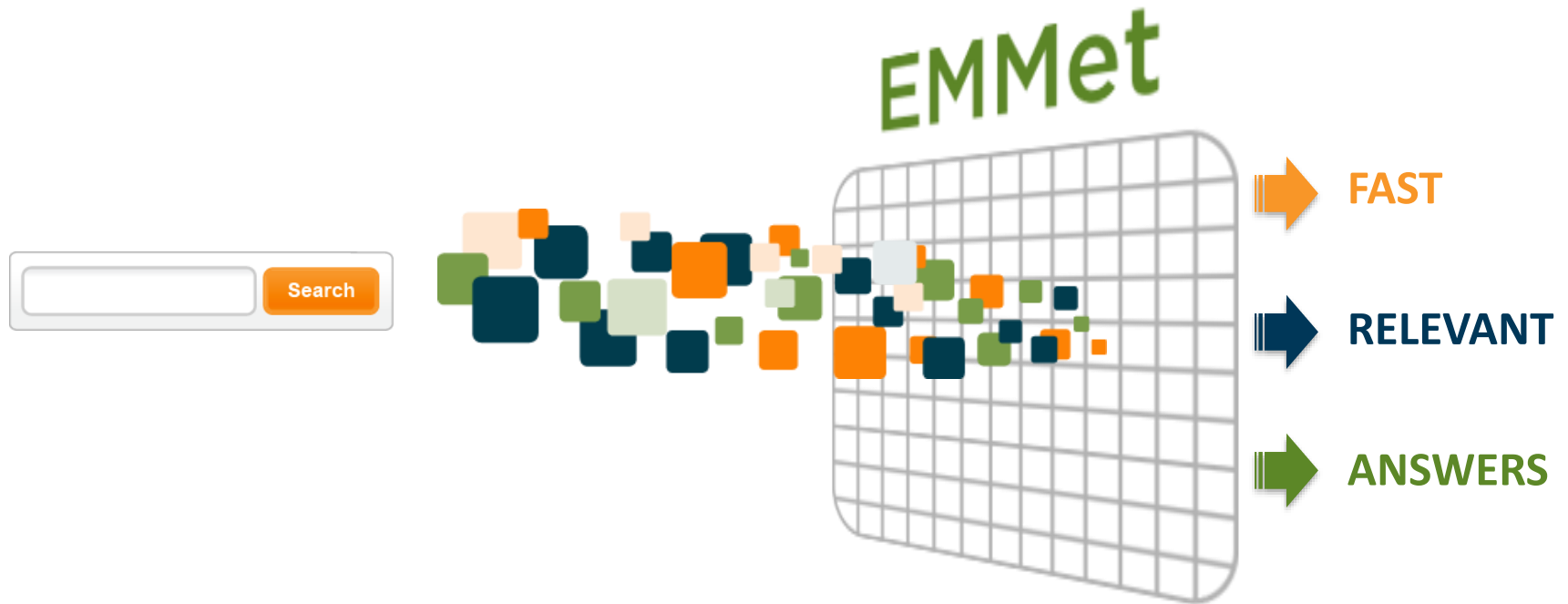
- *Trends in Biotechnology*
- *Trends in Cell Biology*
- *Trends in Pharmacological Sciences*
- *Journal of the American College of Cardiology*
- *Journal of Bone and Joint Surgery*
- *European Urology*
- *Journal of Urology*
- *Gastroenterology*
- *Lancet*
- *Lancet Infectious Diseases*
- *Lancet Neurology*
- *Lancet Oncology*





# Clinical Solution **ClinicalKey**

**Powerful Search Engine + Comprehensive Information**



# Anytime Anywhere, Mobile-optimized User-Interface

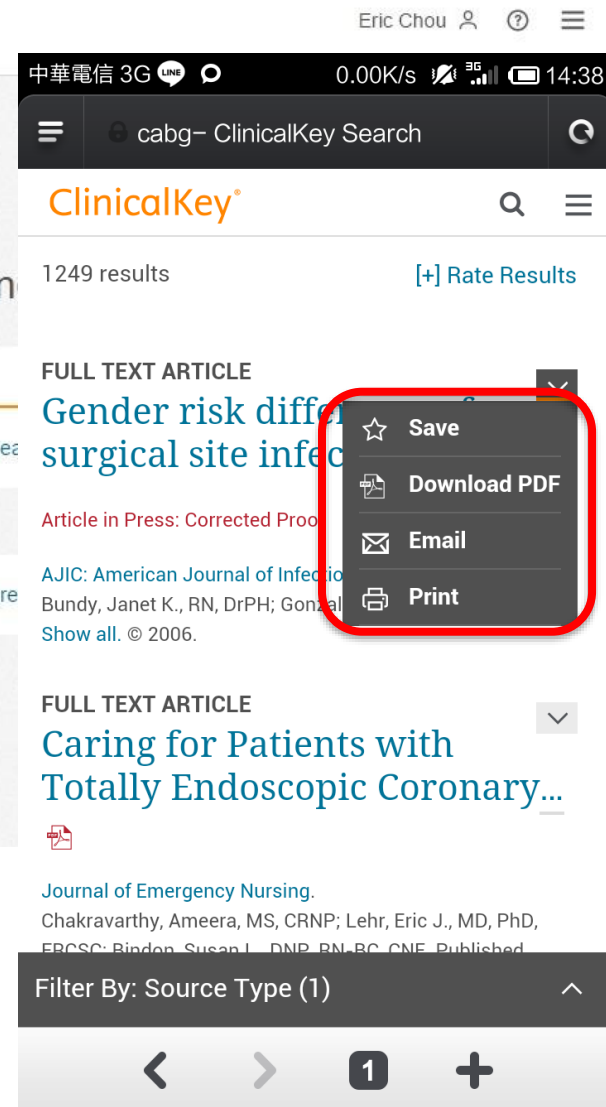
## 行動裝置優化操作介面

ClinicalKey®

Search for conditions, procedures, drugs, and

All Types Search...

- The same functionality as desktop version
- Intuitive and easier to navigate
- Browser / App / Via 3G, 4G or Wi-Fi



The image shows a mobile-optimized version of the ClinicalKey search results page. At the top, the user's name 'Eric Chou' is visible. The search bar contains 'cabg- ClinicalKey Search'. The page displays 1249 results with a '+ Rate Results' link. The first result is a 'FULL TEXT ARTICLE' titled 'Gender risk differ surgical site infe'. A red box highlights a menu with options: 'Save', 'Download PDF', 'Email', and 'Print'. The second result is another 'FULL TEXT ARTICLE' titled 'Caring for Patients with Totally Endoscopic Coronary...'. The page also shows a 'Filter By: Source Type (1)' section at the bottom.

Eric Chou

中華電信 3G 0.00K/s 14:38

cabg- ClinicalKey Search

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1249 results [+ Rate Results]

FULL TEXT ARTICLE

Gender risk differ surgical site infe

Article in Press: Corrected Proo

AJIC: American Journal of Infectio

Bundy, Janet K., RN, DrPH; Gonzal

Show all. © 2006.

FULL TEXT ARTICLE

Caring for Patients with Totally Endoscopic Coronary...

Journal of Emergency Nursing.

Chakravarthy, Ameera, MS, CRNP; Lehr, Eric J., MD, PhD, FRCSC; Bindon, Susan L., DNP, RN, BC, CNE. Published

Filter By: Source Type (1)

# Advantage of ClinicalKey

## 優勢



Includes the latest journals, videos, guidelines, etc.

包含最新出版的期刊, 影片, 臨床指引等



Covers virtually every medical specialties

涵蓋所有醫學專科; RT, PT, 營養師等專業人員也可使用



Content is continuously updated and

**always current**

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Search for conditions, procedures, drugs, and more



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Eric

Family name \*

Chou

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Password \*

.....

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# Smart Content - AutoSuggest

Lead with answers.

All Types hypertel X Q

Suggestions	Related	Books and Journals	Authors
hypertension	exercise	Journal of the American Society of Hypertension	French Society of Hypertension
hypotensive agent	echocardiography	Therapy in Nephrology and Hypertension	Ocular Hypertension Study Group
pulmonary hypertension	blood pressure monitoring	Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health	Polish Hypertension Registry
pre-eclampsia	smoking cessation	Hypertension: A Companion to Braunwald's Heart Disease	Polish Society of Hypertension
essential hypertension	history and physical examination	Chesley's Hypertensive Disorders in Pregnancy	FADOI Hypertension Group
portal hypertension	C-reactive protein measurement		Italian Society of Hypertension
Pulmonary hypertensive arterial disease	ophthalmoscopy		HYPertension in ESTonia Study
intracranial hypertension	weight loss advised		Hypertension Research Group
Severe Hypertension	blood pressure self-monitoring		
pregnancy-induced hypertension	intake of alcohol decreased		

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# Smart Content (Acronym) - AutoSuggest

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The screenshot shows a search bar with 'copd' entered. Below the search bar, there are four columns of suggestions: 'Suggestions', 'Related', 'Books and Journals', and 'Authors'. An orange arrow points to the search bar, and an orange rounded rectangle highlights the 'Related' column.

Suggestions	Related	Books and Journals	Authors
chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPDMAP
Severe chronic obstructive pulmonary disease	chest radiography		COPDGene Study
acute exacerbation of chronic obstructive airways disease	pulmonary function test		COPD Study Group
Admit COPD emergency	oxygen therapy		COPD Working Group
	smoking cessation		Korean COPD Study Group
	pulmonary rehabilitation		Kurume COPD Study Group
	lung transplantation		ENIGMA in COPD project
	salmeterol		BTS COPD Consortium
	peak expiratory flow rate measurement		COPD Advisory Board
	lung volume reduction surgery		COPD Investigators

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# Entire Database Search

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✕ 🔍

Suggestions	Related	Books and Journals	Authors
chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPDMAP
Severe chronic obstructive pulmonary disease	chest radiography		COPDGene Study
	pulmonary function test		COPD Study Group
	oxygen therapy		COPD Working Group
acute exacerbation of chronic obstructive airways disease	smoking cessation		Korean COPD Study Group
	pulmonary rehabilitation		
Admit COPD emergency	lung transplantation		Kurume COPD Study Group
	salmeterol		ENIGMA in COPD project
	peak expiratory flow rate measurement		BTS COPD Consortium
	lung volume reduction surgery		COPD Advisory Board
			COPD Investigators

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# Specific Content Type Search

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The screenshot shows a search interface for 'copd'. A dropdown menu is open, listing various content types. The search results are organized into columns: Suggestions, Related, Books and Journals, and Authors. The dropdown menu is highlighted with an orange border.

All Types	Suggestions	Related	Books and Journals	Authors
All Types	chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPDMAP
Books	Severe chronic obstructive pulmonary disease	chest radiography		COPDGene Study
Journals	acute exacerbation of chronic obstructive airways disease	pulmonary function test		COPD Study Group
Clinical Trials	Admit COPD emergency	oxygen therapy		COPD Working Group
Drug Monographs		smoking cessation		Korean COPD Study Group
Guidelines		pulmonary rehabilitation		Kurume COPD Study Group
Patient Education		lung transplantation		ENIGMA in COPD project
First Consult		salmeterol		BTS COPD Consortium
MEDLINE®		peak expiratory flow rate measurement		COPD Advisory Board
Multimedia		lung volume reduction surgery		COPD Investigators
Procedures Consult				

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# All Search Results

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English | CME 144.5 | Eric Chou

All Types  | copd



Books Journals More

Filter By: Source Type  Study Type  Specialties  Date

[+] Rate Results

25798 results

Show: Subscribed Content  Sort by: Relevance

**FIRST CONSULT**

## Chronic obstructive pulmonary disease

Shawn P. E. Nishi, MD; Gulshan Sharma, MD, MPH... Show all. Published February 5, 2014. Last updated August 26, 2011.

**BOOK CHAPTER**

## Chronic Obstructive Pulmonary Disease

Ferri's Clinical Advisor 2016.  
Ferri, Fred F., M.D., F.A.C.P.. Published January 1, 2016. Pages 330-334.e2. © 2016.

**BOOK CHAPTER**

## Chronic Obstructive Pulmonary Disease

Rosen's Emergency Medicine.  
Swadron, Stuart P.; Gruber, Phillip F.. Published January 1, 2014. Pages 956-964.e2. © 2014.

**BOOK CHAPTER**

## Chronic Obstructive Pulmonary Disease

Goldman-Cecil Medicine.  
Niewoehner, Dennis E.. Published January 1, 2016. Pages 555-562.e3. © 2016.

### Chronic Obstructive Pulmonary Disease

Disease Overview [View Full Topic](#)

Ferri's Clinical Advisor 2016 · Ferri, Fred F., M.D., F.A.C.P.

#### Definition

Chronic obstructive pulmonary disease (COPD) is an inflammatory respiratory disease usually caused by exposure to tobacco smoke. It is characterized by the presence of airflow limitation that is not fully reversible. The pathophysiology of COPD is related to chronic airway irritation, mucus production, and pulmonary scarring. Traditionally, COPD was described as encompassing *emphysema*, characterized by loss of lung elasticity and destruction of lung parenchyma with enlargement of air spaces, and *chronic bronchitis*, characterized

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- 2579 MEDLINE® Abstracts 12494
- FIRS Full Text Articles 7295
- Images 3281
- Books 1432
- Clinical Trials 1029
- Guidelines 162
- First Consult 74
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Study Type	Count
Systematic Reviews	462
Meta Analysis	283
Randomized Control Tri...	1969
Narrative Review	3122

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Specialties <input type="checkbox"/>	Date <input type="checkbox"/>
Advanced Basic Science	82
Allergy and Immunology	531
Anesthesia & Perioperat...	227
Anesthesiology	11
Cardiothoracic Surgery	169
Cardiovascular	1426
Cardiovascular Disease	38
Critical Care	258
Critical Care Medicine	21
Dentistry	46

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Date	Count
Last 6 months	1797
Last 12 months	3181
Last 18 months	5383
Last 2 years	6640
Last 5 years	15078

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Source Type <input type="checkbox"/>	Study Type <input type="checkbox"/>	Specialties <input type="checkbox"/>	Date <input type="checkbox"/>
Full Text ... <input type="checkbox"/>	Randomiz... <input type="checkbox"/>	Hematolo... <input type="checkbox"/>	Last 12 m... <input type="checkbox"/>
	Systemati... <input type="checkbox"/>	Allergy an... <input type="checkbox"/>	

[+] Rate Results

5 results Show:  Subscribed Content Sort by:  Relevance

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Lancet Oncology, The. Rödel, Claus, Prof; Graeven, Ulm... MD... Show all. Published August 1, 2015. Volume 16, Issue 8. Pages 979-989. © 2015.
- FULL TEXT ARTICLE  
**Effect of budesonide transnasal nebulization in patients with eosinophilic chronic rhinosinusitis with nasal polyps**   
Journal of Allergy and Clinical Immunology, The. Wang, Chengshuo, MD; Lou, Hongfei, MD... Show all. Published April 1, 2015. Volume 135, Issue 4. Pages 922-929.e6. © 2014.
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## Chronic Obstructive Pulmonary Disease

Disease Overview [View Full Topic](#)

Ferri's Clinical Advisor 2016 · Ferri, Fred F., M.D., F.A.C.P.

### Definition

Chronic obstructive pulmonary disease (COPD) is an inflammatory respiratory disease usually caused by exposure to tobacco smoke. It is characterized by the presence of airflow limitation that is not fully reversible. The pathophysiology of COPD is related to chronic airway irritation, mucus production, and pulmonary scarring. Traditionally, COPD was described as encompassing *emphysema*, characterized by loss of lung elasticity and destruction of lung parenchyma with enlargement of air spaces, and *chronic bronchitis*, characterized

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Chronic obstructive pulmonary disease (COPD) is an inflammatory respiratory disease usually caused by exposure to tobacco smoke. It is characterized by the presence of airflow limitation that is not fully reversible. The pathophysiology of COPD is related to chronic airway irritation, mucus production, and pulmonary scarring. Traditionally, COPD was described as encompassing *emphysema*, characterized by loss of lung elasticity and destruction of lung parenchyma with enlargement of air spaces, and *chronic bronchitis*, characterized

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CME | | | |

Latest updates

Key points

Background

Description

Epidemiology

Causes and risk factors

Associated disorders

Screening

Summary approach

Population at risk

Screening modalities

Primary prevention

Summary approach

## FIRST CONSULT

# Chronic obstructive pulmonary disease

Revised: August 26, 2011  
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## Latest updates

In December 2013, the U.S. Food and Drug Administration (FDA) approved the first fixed-dose inhaled combination of umeclidinium, a long-acting muscarinic antagonist (LAMA), with vilanterol, a long-acting  $\beta$ 2-agonist (LABA), for long-term maintenance treatment of moderate to severe, stable chronic obstructive pulmonary disease.

Evidence suggests that co-administration of LAMA and LABA is more effective than either drug class alone. Although this combination medication is not approved for asthma, it does carry a black box warning that LABAs such as vilanterol increase the risk for asthma-related death.

Applications for other LAMA/LABA once- or twice-daily combinations are in the FDA pipeline.

## Key points

- A hallmark of chronic obstructive pulmonary disease (COPD) is airway obstruction that is not

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## Background

Top of Page CME 📖 ✉️ 🖨️

Diagnosis

Summary approach

Clinical presentation

Diagnostic testing

Office spirometry

Chest radiography

Bronchodilator  
reversibility testing

Arterial blood gas

Alpha-1-antitrypsin  
deficiency screening

Differential diagnosis

Asthma

Bronchiectasis

Pulmonary

significant change in mental status consistent with hypoxia or hypercapnia, then transfer patient to emergency department for evaluation and treatment of possible respiratory failure

## Background

### Description

- COPD is a disease state characterized by airflow limitation that is not fully reversible (asthma is typically reversible)
- Airflow limitation is progressive and caused by a mixture of airway disease and parenchymal destruction. It is also associated with an abnormal pulmonary inflammatory response to noxious particles or gases
- Chronic inflammation causes remodeling and narrowing of small airways; lung elastic recoil decreases and expiratory small airways collapse
- Chronic cough and sputum production may or may not be present
- Progressive dyspnea is often present
- Management plan focuses on four main components: assess and monitor; reduce risk factors; manage stable COPD; and manage exacerbations

### Epidemiology

Incidence and prevalence:

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Back to results × 🔍



Go to: Outline ▾

## Description

Top of Page CME 📖 ✉️ 🖨️

Consultation

decreases and expiratory small airways collapse

Treatment

- Chronic cough and sputum production may or may not be present
- Progressive dyspnea is often present
- Management plan focuses on four main components: assess and monitor; reduce risk factors; manage stable COPD; and manage exacerbations

Summary approach

Medications

Ipratropium

Evidence

Epidemiology

Incidence and prevalence:

References

- This disease tends to be significantly under-diagnosed; it is possible that only half of those with COPD are included in prevalence data
- Incidence: New diagnosis of COPD is more common in women, owing to diagnosis in aging women who have smoked since their teenage years
- Prevalence: 6% to 10% of the adult population and up to 50% of smokers have COPD

Beta-2 agonists

Evidence

References

Demographics:

- Age: COPD prevalence increases with increasing age; number of smoking pack years exposure to cigarette smoke are critical
- Gender: In developed countries, men have been affected more than women, probably because

Tiotropium

Evidence

References

Inhaled

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Go to: Outline ▾

## > Ipratropium

Top of Page CME 📖 ✉ 🖨

Substances

Consultation

Treatment

Summary approach

Medications

Ipratropium

Evidence

References

Beta-2 agonists

Evidence

References

Tiotropium

Evidence

References

Labels

### Medications

#### ▾ Ipratropium

##### Indication

- [Ipratropium](#) is used to treat mild-to-very severe COPD and acute COPD exacerbations

##### Dose information

- 34 µg four times a day (17 µg/inhalation)
- Maximum: 204 µg/d

##### Major contraindications

- Bromide hypersensitivity

##### Comments

- Use of ipratropium as monotherapy for the relief of bronchospasm in acute COPD exacerbation has not been adequately studied. Alternative medications with faster onset of action may be preferable initially. Combinations of ipratropium bromide and β-2 agonists are synergistic in reversing the bronchospasm associated with an acute COPD exacerbation. Treatment improves quality of life in patients with COPD

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## Evidence

Top of Page CME   

### Treatment

Summary approach

Medications

Ipratropium

Evidence

References

Beta-2 agonists

Evidence

References

Tiotropium

Evidence




References

Inhaled corticosteroids

- Use caution in patients with angle-closure glaucoma, prostatic hypertrophy, urinary retention, and bladder-neck obstruction

### Evidence

Short-term treatment with ipratropium plus a short-acting or long-acting inhaled  $\beta$ -2 agonist in stable COPD and short-term treatment with ipratropium in stable COPD and in the treatment of exacerbations.

- A systematic review studying treatment for COPD exacerbations, found no significant difference in changes in FEV<sub>1</sub> between patients treated with short-acting  $\beta$ -2 agonists and ipratropium. [1] *Level of evidence: 1* 
- One systematic review found that exacerbations of COPD were significantly reduced over 12 weeks in people taking combined anticholinergic agents plus a short-acting  $\beta$ -2 agonist compared with those taking short-acting beta-2 agonists alone. The review failed to find any significant difference in outcome between those taking the combined anticholinergic agent plus short-acting  $\beta$ -2 agonist and ipratropium alone at 12 weeks. [2] *Level of evidence: 1* 
- A further systematic review of treatment of stable COPD found a small advantage in the regular long-term use of ipratropium in combination with a short-acting  $\beta$ -2 agonist over a  $\beta$ -2 agonist alone in terms of improving lung function, symptoms, and exercise tolerance. [3] *Level of evidence: 1* 
- Another systematic review of stable COPD therapy found that combination therapy of

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Go to: Outline ▾

> Lifestyle

Top of Page CME   

Action plans

Evidence

References

Surgical interventions

Evidence

References

Special circumstances

Comorbidities

Patient satisfaction/lifestyle priorities

Consultation

Follow-up

Evidence

## References

### Non-drug treatments

- > Lifestyle
- > Pulmonary rehabilitation
- > Oxygen therapy
- > Action plans
- ▾ **Surgical interventions**

### Description

- Surgical options for COPD include bullectomy, open lung volume reduction surgery, and lung transplantation in patients with moderate obstruction and progressive symptoms despite aggressive medical management and pulmonary rehabilitation
- Bullectomy is considered mainly for a single, well-defined bulla occupying more than one-third of the hemithorax with normal surrounding parenchyma and near normal lung diffusing capacity of carbon monoxide
- Lung volume reduction surgery should be considered only in select patients with advanced disease (upper lobe emphysema, low exercise capacity, and >20% predicted FEV<sub>1</sub> and lung diffusing capacity of carbon monoxide) and performed in a center with such expertise. The surgery may improve lung capacity and function in patients with emphysema as

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Go to: Outline ▾

Top of Page CME   

Action plans

Evidence

References

Surgical interventions

Evidence

References

Special circumstances

Comorbidities

Patient satisfaction/lifestyle priorities

Consultation

Follow-up

Evidence

## Surgical interventions

comorbid conditions ( *eg* , homogeneous emphysema)

- The long-term consequences of lung volume reduction surgery are not yet known
- The survival advantage of lung transplantation for COPD has not been established, but for patients in whom the procedure is successful, marked improvement in the quality of life can be expected

### Evidence

Lung volume reduction surgery is effective to improve quality of life and pulmonary function.

- A systematic review of eight studies involving 1,663 participants assessed effectiveness of lung volume reduction surgery and sought to identify the best surgical techniques. Pulmonary function, quality of life, and exercise capacity were improved in the treatment group compared to patients who were managed with conventional medical care of COPD. Ninety-day mortality was substantially higher in those patients undergoing lung volume reduction surgery. Greatest mortality was linked to those patients with particularly impaired lung function, poor diffusing capacity, and homogenous emphysema preoperatively. [39] *Level of evidence: 1*

### References

### Special circumstances

### Comorbidities

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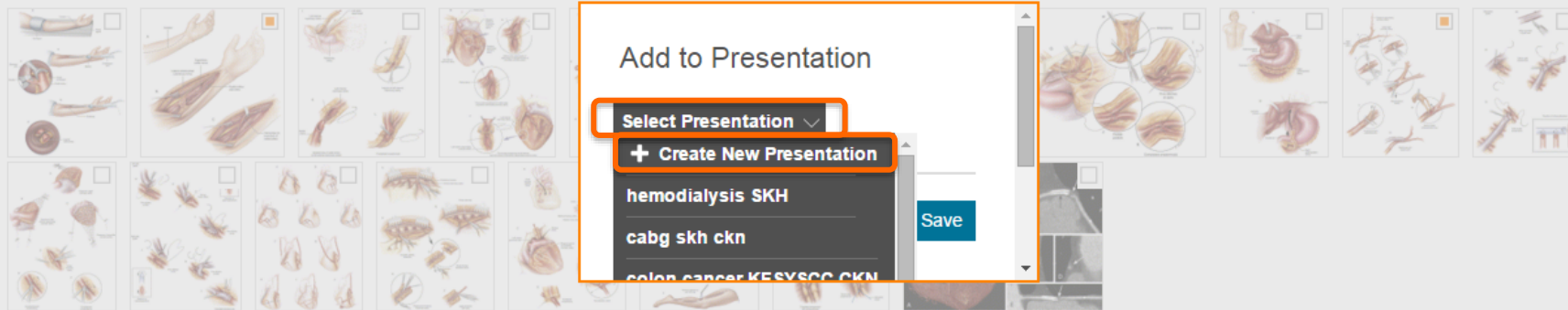
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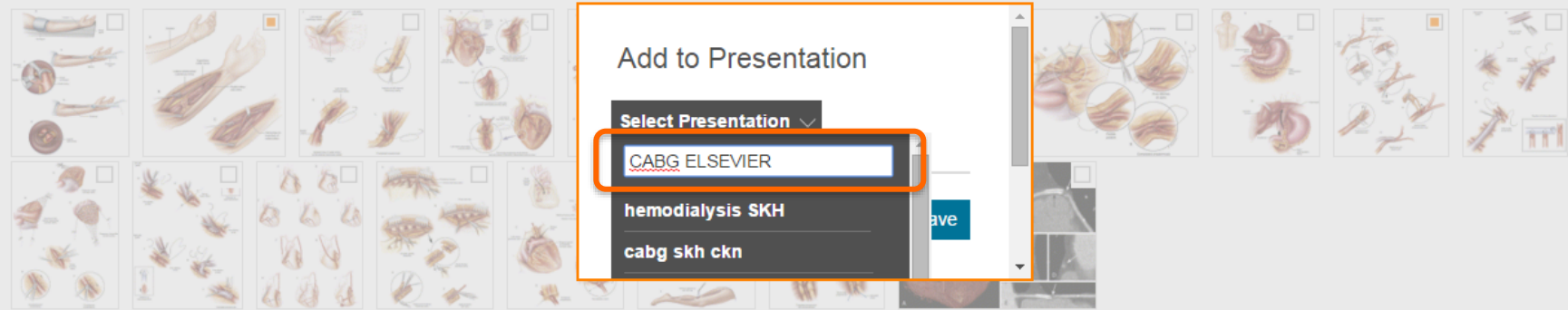
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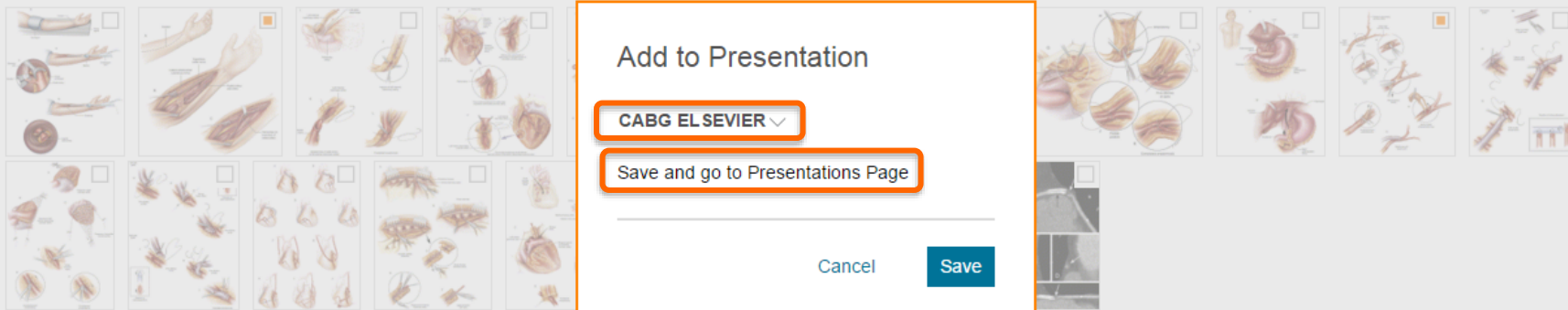
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2 ClinicalKey

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A A small incision is made on the medial aspect of the knee. Direct or endoscopic visualization is used to locate the greater saphenous vein, which can be encircled with a vasculature snare if necessary. Prior to inserting the endoscopic system, intravenous heparin is administered to prevent intraluminal clot. B The endoscopic port is inserted into the incision. The balloon on the port is inflated to maintain the seal if necessary. Continuous carbon dioxide insufflation is used to expand the tunnel and subcutaneous tissues for better visualization. C A tunnel is created along the course of the saphenous vein in the thigh by gradually advancing the cone of the dissector under videoscopic guidance. The vein and side branches are freed from the subcutaneous tissue anteriorly, posteriorly, and bilaterally. The side branches are then cauterized and divided to free the vein within the tunnel in the thigh. D A similar tunnel is created along the course of the saphenous vein in the calf by reversing the direction of the endoscopic system within the primary incision. The vein and side branches are freed from the subcutaneous tissue, and the side branches are divided to free the vein within the tunnel in the lower leg. E Using videoscopic guidance, a small stab wound is made through the skin and into the tunnel above the vein at both the proximal and distal ends; the vein is then divided with electrocautery. F The entire saphenous vein is removed through the knee incision. The remnants of the side branches are reinforced with fine silk ligatures. A pressure dressing is applied to the leg.

Coronary artery bypass graft  
Doty, Donald B., M.D., Cardiac Surgery: Operative Technique, Chapter 36, 393-431

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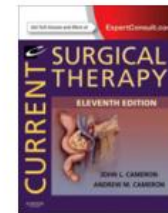
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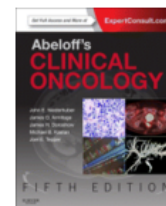
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Associate Editors	150. Toxin- and Drug-Induced Liver Disease
Preface	151. Bacterial, Parasitic, Fungal, and Granulomatous Liver Diseases
Contributors	152. Alcoholic and Nonalcoholic Steatohepatitis
Video Contents	153. Cirrhosis and Its Sequelae
1. Approach to Medicine, the Patient, and the Medical Profession : Medicine as a Learned and Humane Profession	154. Hepatic Failure and Liver Transplantation
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BOOK CHAPTER

## Diseases Caused by Non-Spore-Forming Anaerobic Bacteria

Itzhak Brook

Goldman-Cecil Medicine, 297, 1931-1934.e2

### ◆ Definition

Anaerobic bacteria are the predominant members of the indigenous, normal human flora, including the skin and the oral, gastrointestinal, and vaginal mucosa ( Fig. 297-1 ; Table 297-1 ). However, the types of predominant anaerobes are different at each location.

**Skin**  
*Propionibacterium acnes*  
 Gram-positive cocci

**Oral cavity and upper respiratory passages**  
*Prevotella melaninogenica*  
*Prevotella oralis*  
 Other *Prevotella* sp  
*Porphyromonas* sp  
*Fusobacterium nucleatum*  
 Anaerobic cocci—pepto-streptococci, *Veillonella*, microaerophilic streptococci



### Goldman-Cecil Medicine

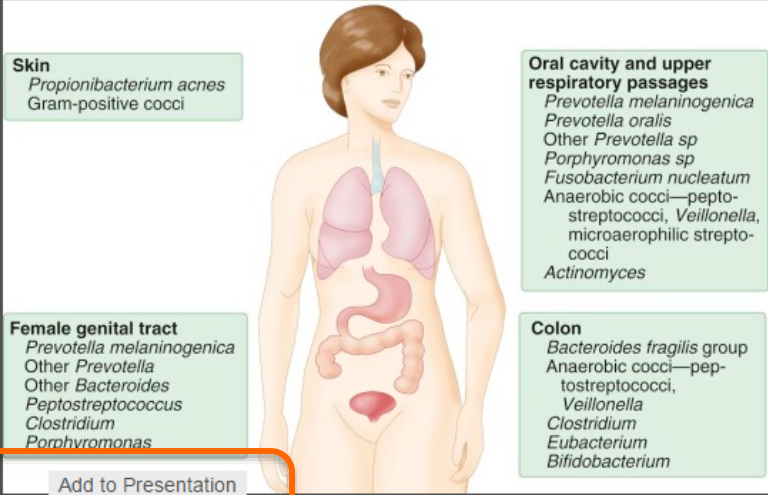
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*Porphyromonas* sp  
*Fusobacterium nucleatum*  
Anaerobic cocci—peptostreptococci, *Veillonella*, microaerophilic streptococci  
*Actinomyces*

**Female genital tract**  
*Prevotella melaninogenica*  
Other *Prevotella*  
Other *Bacteroides*  
*Peptostreptococcus*  
*Clostridium*  
*Porphyromonas*

**Colon**  
*Bacteroides fragilis* group  
Anaerobic cocci—peptostreptococci, *Veillonella*  
*Clostridium*  
*Eubacterium*  
*Bifidobacterium*

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## Diseases Caused by Non-Spore-Forming Anaerobic Bacteria

Goldman-Cecil Medicine.

Brook, Itzhak. Published January 1, 2016. Pages 1931-1934.e2. © 2016.

FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.

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*Actinomyces*

**Female genital tract**  
*Prevotella melaninogenica*  
 Other *Prevotella*  
 Other *Bacteroides*  
*Peptostreptococcus*  
*Clostridium*  
*Porphyromonas*

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## Diseases Caused by Non-Spore-Forming Anaerobic Bacteria

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FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.



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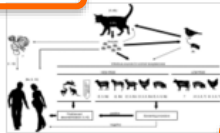


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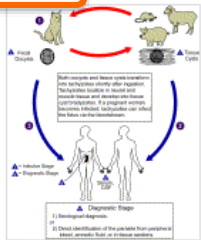
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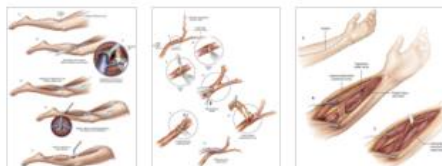
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