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پزشکی مشهد، مهر ۱۳۹۵
تهیه و تنظیم: زهره پیله چیان، سعید حامد

معرفی

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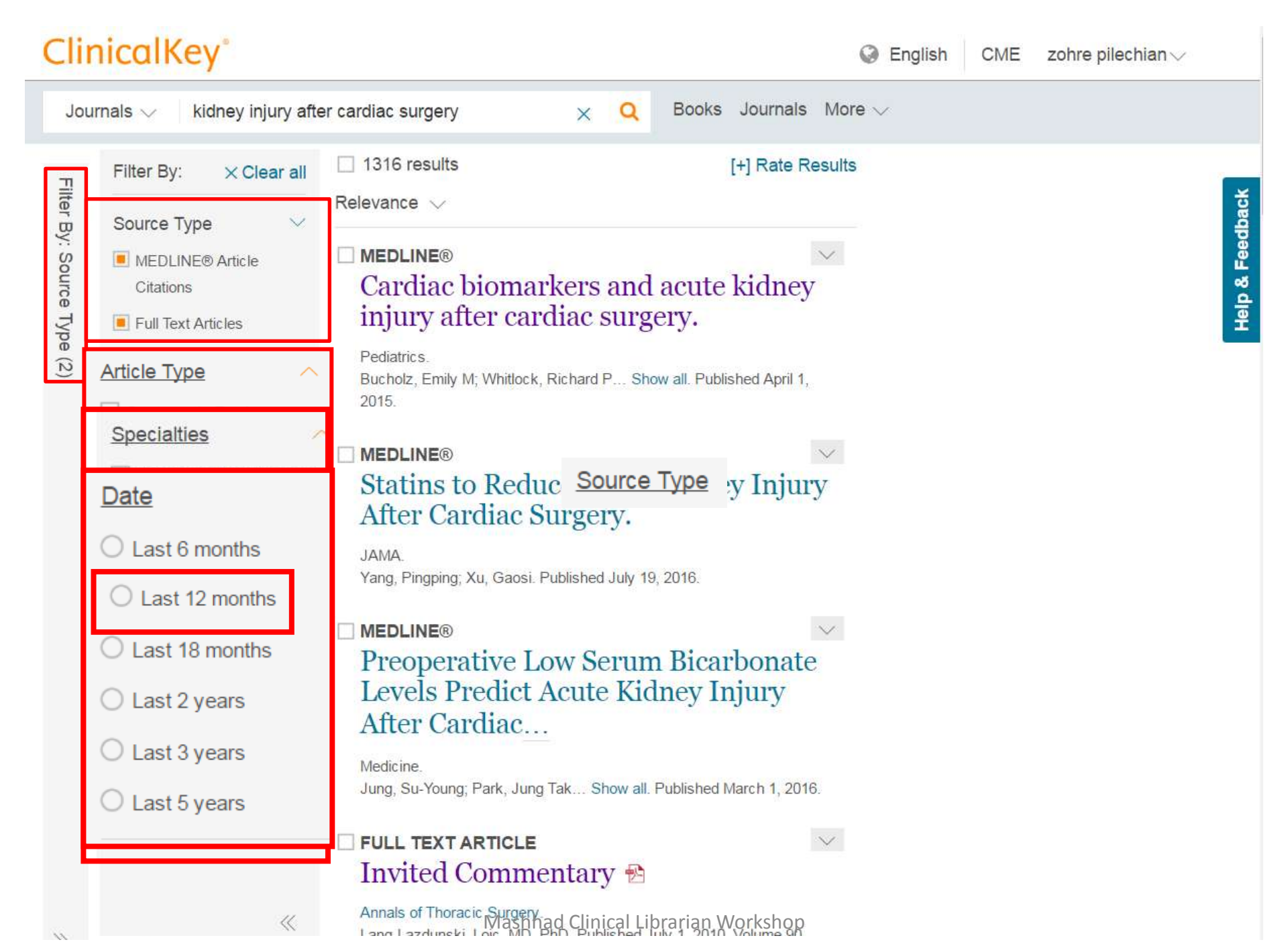
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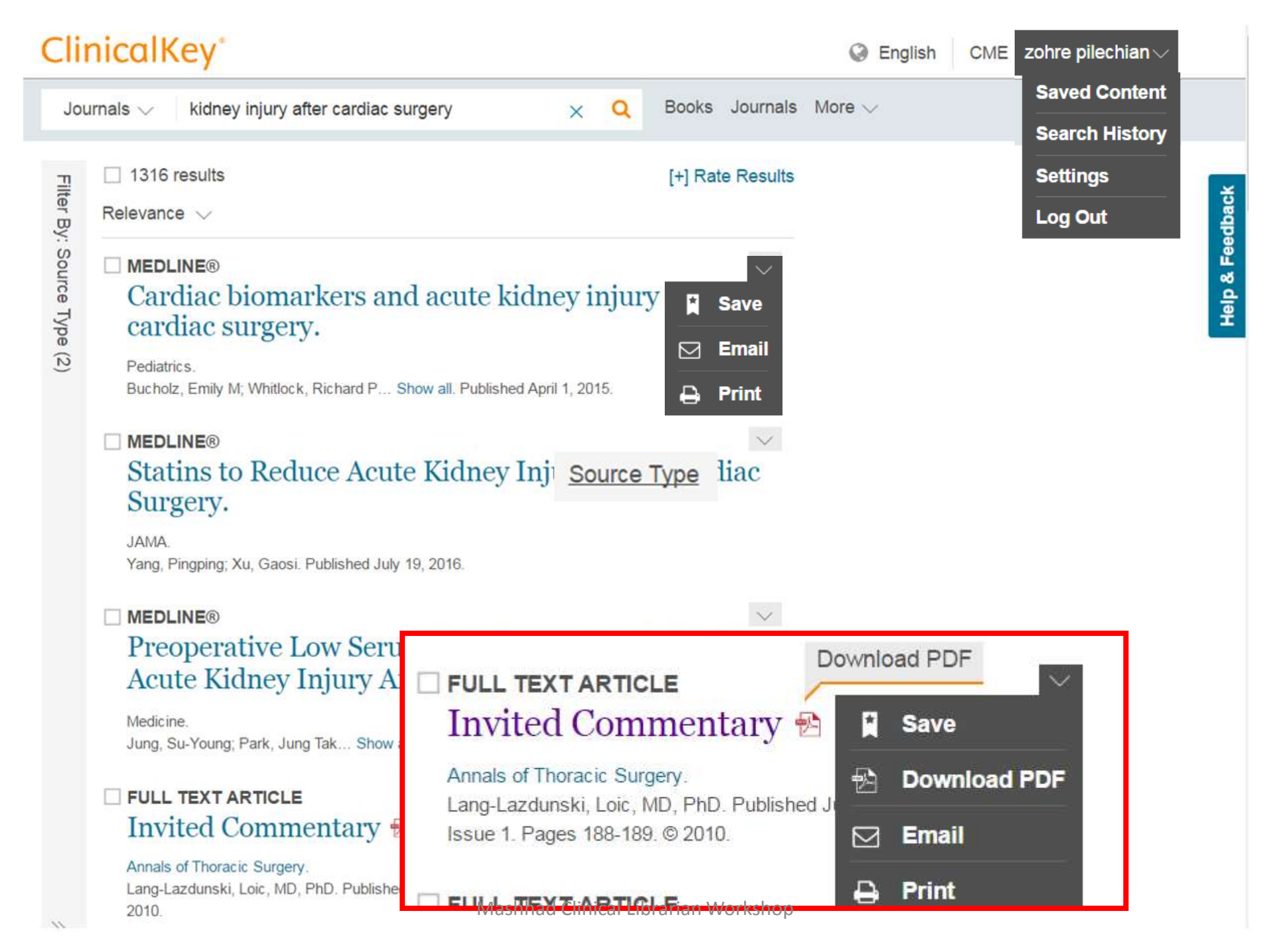
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Cardiac biomarkers and acute kidney injury after cardiac surgery.

Abstract

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

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

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

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

Pediatrics

Published April 1, 2015.

Volume 135, Issue 4; Pages e945-56

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

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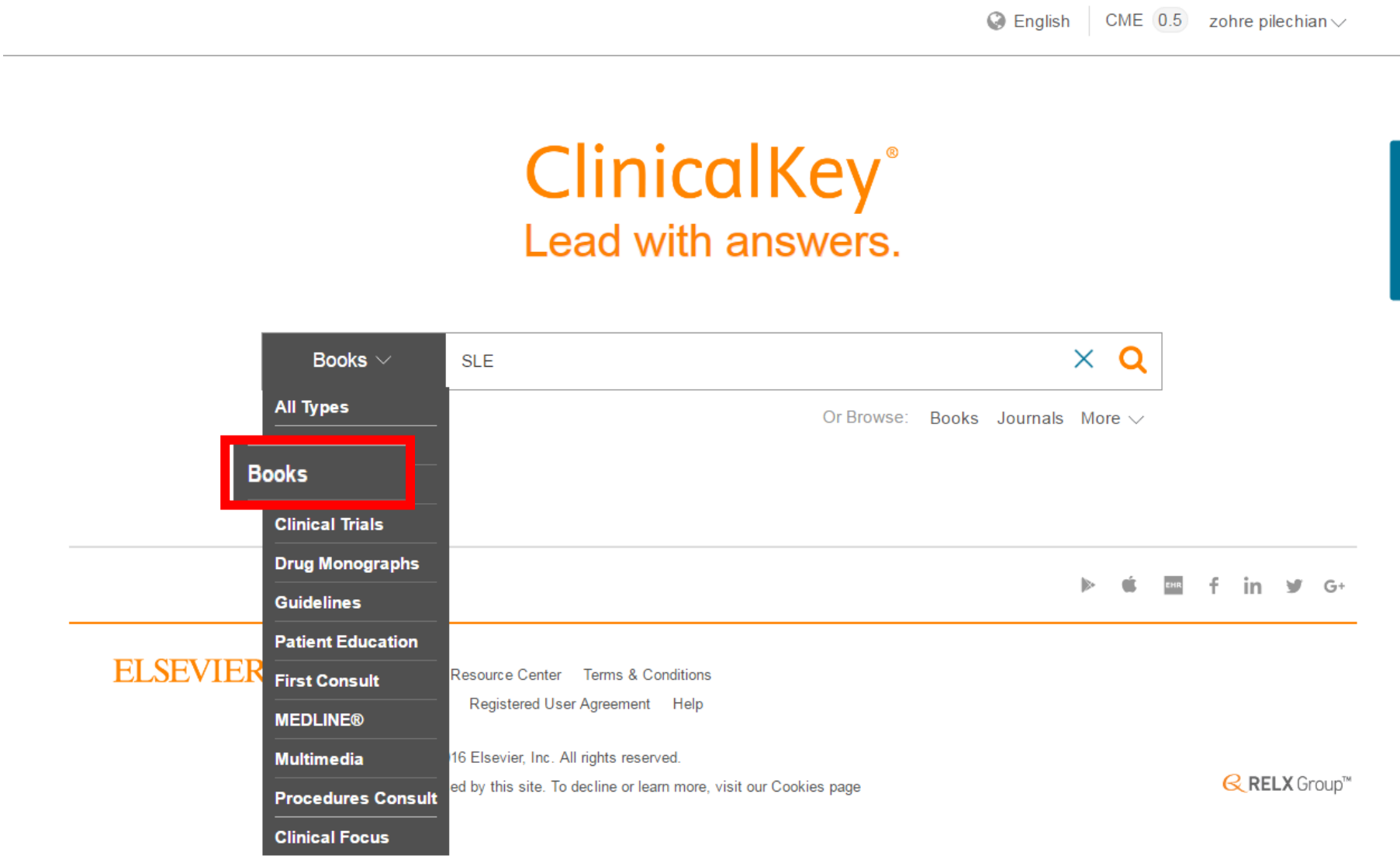
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Definition

– Systemic lupus erythematosus (SLE) is a chronic inflammatory disorder characterized by autoantibody production responsible for antibody-mediated and immune complex deposition tissue damage. SLE involves multiple organs and systems and has heterogeneous disease patterns. Relapses and remissions are a common feature.

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Lupus Erythematosus

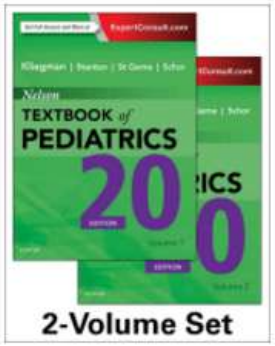
, Stacy P. Ardoin and Laura E. Schanberg

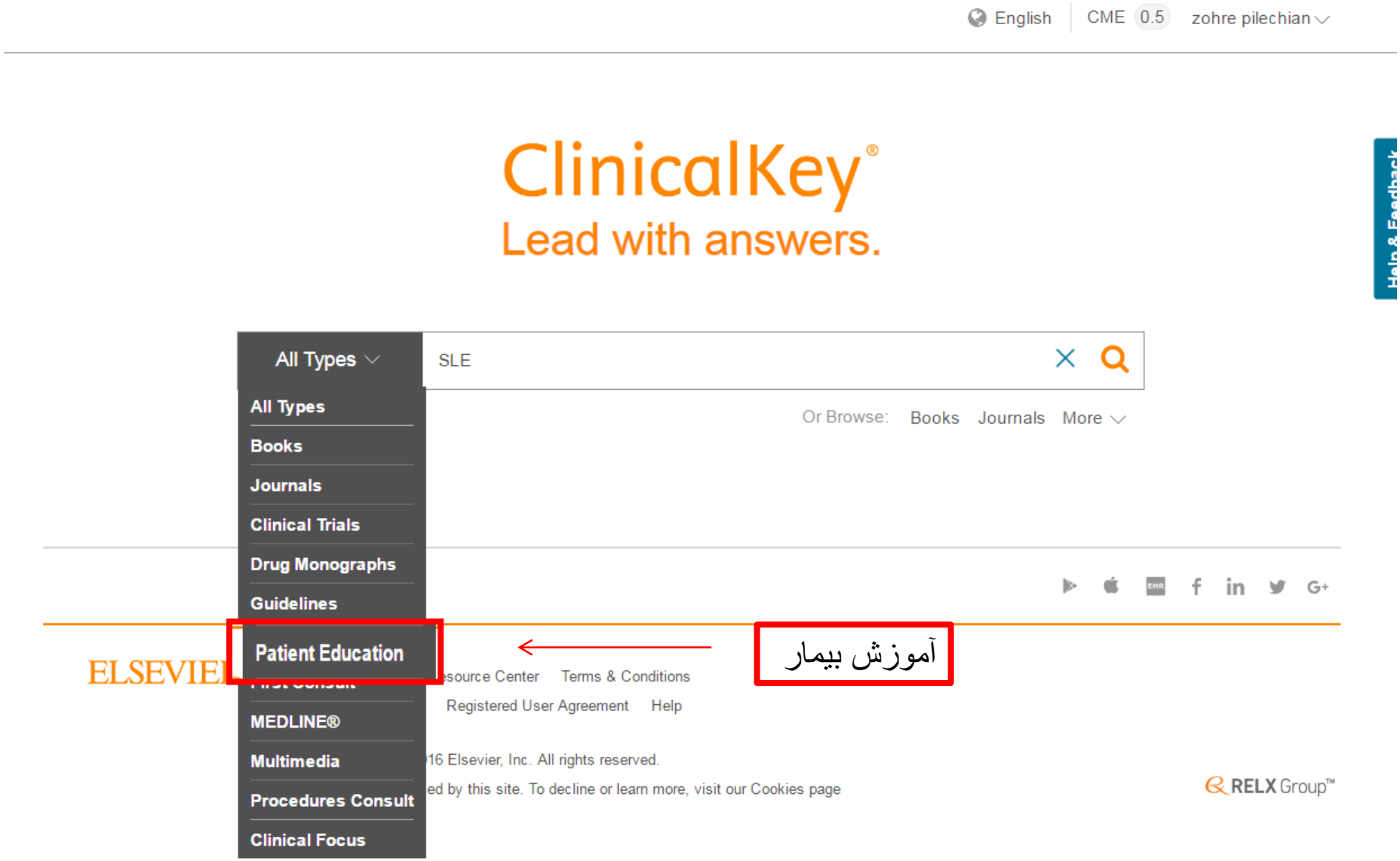
diatrics, Chapter 158, 1176-1181.e1

s erythematosus (SLE) is a chronic autoimmune disease multisystem inflammation and the presence of circulating irected against self-antigens. SLE occurs in both children and tionately affecting females of reproductive age. Although nearly be affected, most commonly involved are the skin, joints, kidneys, lls, blood vessels, and the central nervous system. Compared with nd adolescents with SLE have more severe disease and more n involvement.

The pathogenesis of SLE remains largely unelucidated, but several factors likely influence risk and severity of disease, including genetics, hormonal milieu, and environmental exposures.

A genetic predisposition to SLE is suggested by the association with **specific genetic abnormalities,** including congenital deficiencies of C1q, C2, and C4, as well as several polymorphisms (e.g., interferon regulatory factor 5 and protein tyrosine phosphatase N22), and familial clustering of SLE or other autoimmune disease. In addition, certain human leukocyte antigen (HLA) types (including HLA-B8, HLA-DR2, and HLA-DR3) occur with increased frequency in patients with SLE. Although SLE clearly has a genetic component, its occurrence is sporadic in families and its concordance is incomplete (estimated at 2-5% among dizygotic twins and 25-60% among monozygotic twins), suggesting that multiple genes are involved and that epigenetic and

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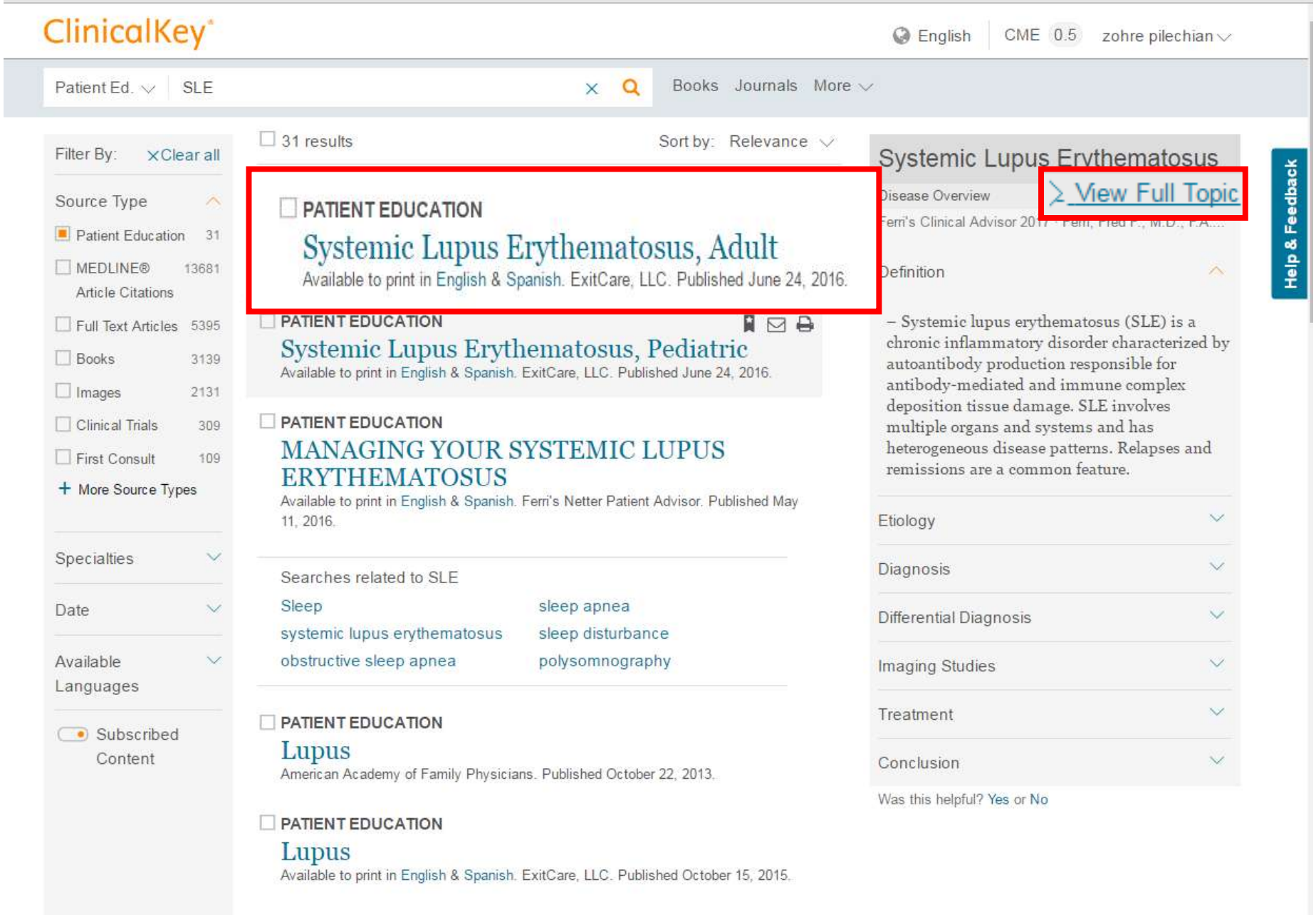
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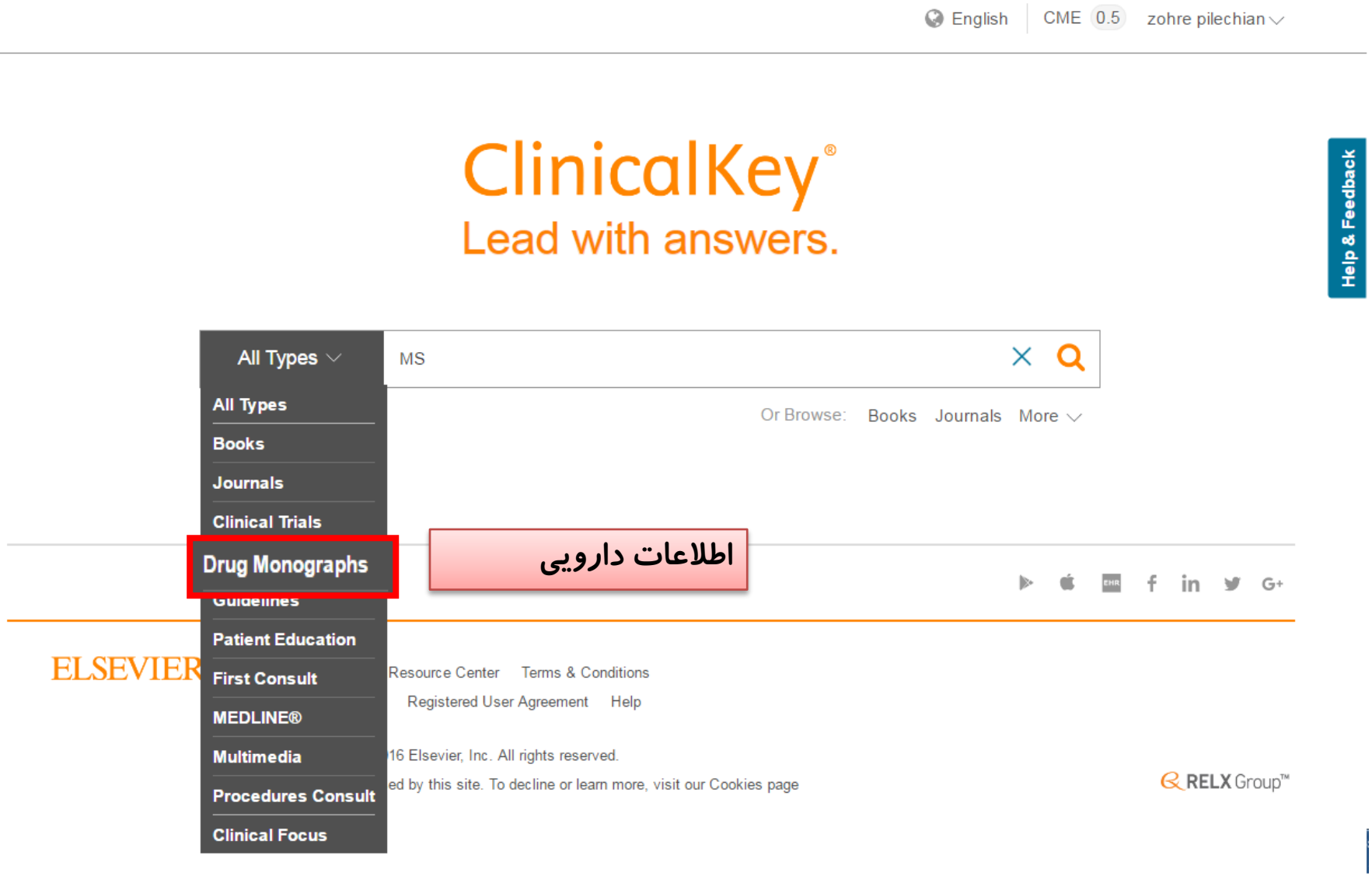
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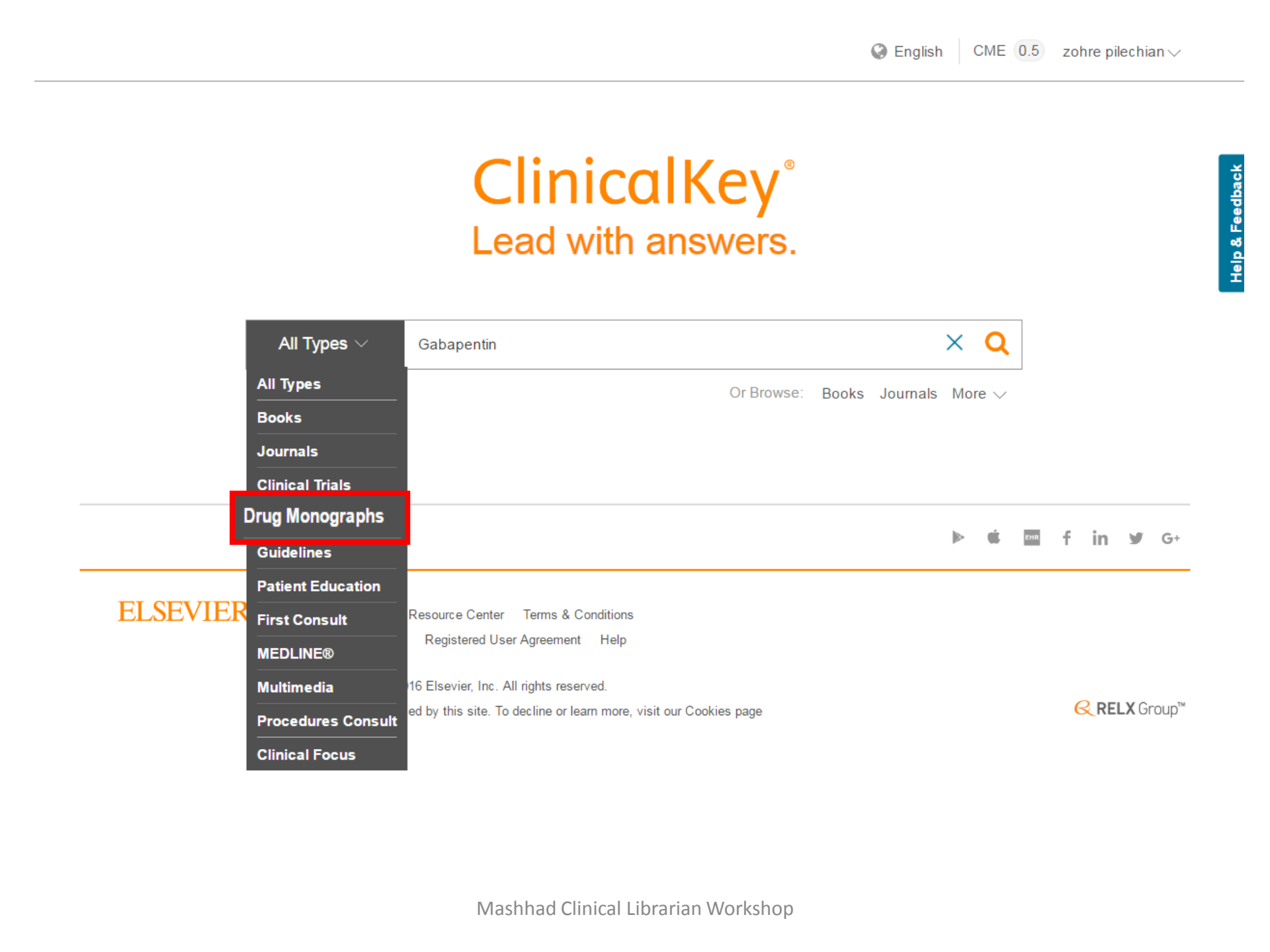
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DRUG MONOGRAPH

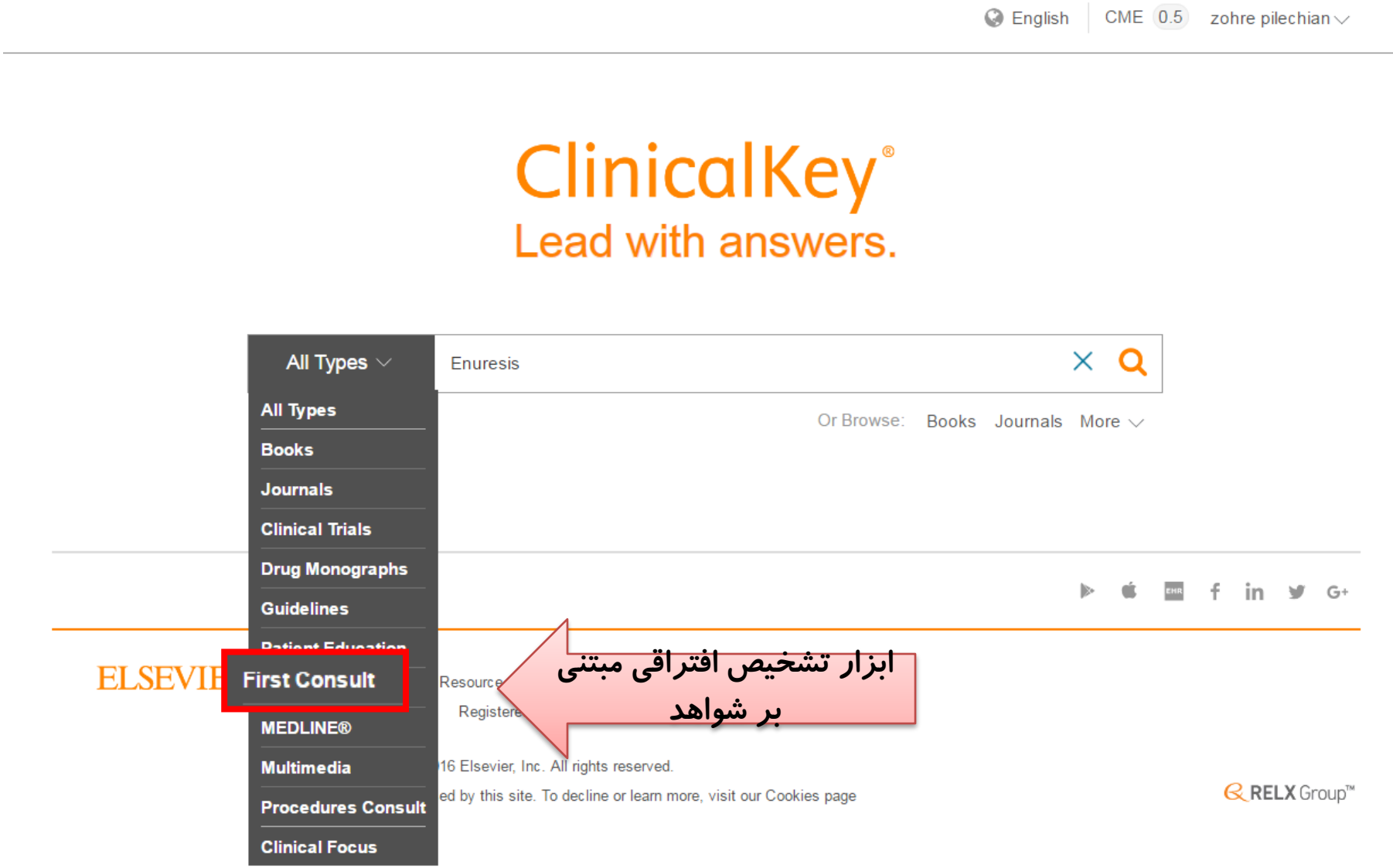
Gabapentin

Active-PAC with Gabapentin | Gabarone | Gralise | Horizant | Neurontin

Drug Information Provided By Gold Standard

Description: Gabapentin is an analog of gamma-aminobutyric acid (GABA) that has GABA agonist activity. Its unique pharmacokinetic properties make it especially useful in certain patients. Gabapentin possesses high lipid solubility, is not metabolized by the liver, has no protein binding, and is devoid of enzyme induction-related drug interactions. Originally developed as an anticonvulsant, gabapentin has been shown to be effective as adjunct therapy in the treatment of partial seizures with or without secondary generalized tonic-clonic seizures. Efficacy in the treatment of painful neuropathies has also been demonstrated. Investigational uses include monotherapy of refractory partial seizure disorders, treatment of spasticity in multiple sclerosis, and tremor. In addition, gabapentin appears to be effective in reducing hot flashes in menopausal women or women with breast cancer. [32181] Data from well-controlled clinical trials have not demonstrated a treatment advantage for gabapentin over placebo in the treatment of bipolar disorder, even when used adjunctively. At this time, the clinical evidence does not support the use of this drug for bipolar I disorder. [30646] This medication has been designed as an orphan drug in the treatment of amyotrophic lateral sclerosis (ALS) and postherpetic neuralgia (PHN). Gabapentin (Neurontin) was approved by the FDA in December 1993 for the treatment of partial seizures and in May 2002 for the treatment of PHN. A once-daily tablet (Gralise) was approved in January 2011 for PHN. Gabapentin enacarbil (Horizant) extended-release tablets were approved by the FDA in April 2011 for the treatment of moderate to severe primary restless legs syndrome (RLS) in adults and in June 2012 for the treatment of PHN in adults. [43905]

Mechanism of Action: The exact mechanism by which gabapentin exerts its anticonvulsant activity is not known, but it does not appear to be related to its development as a GABA analog. Animal studies have shown that gabapentin binds with high affinity in the brain but does not act at GABA receptors, and does not inhibit sustained repetitive firing of sodium action potentials. Gabapentin does appear to interact with cortical neurons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Russell Jones, MD; Dennis F. Saver, MD... Show all. Published April 22, 2011. Last updated April 21, 2011.

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Pyelonephritis

Arthur Kim, MD; Martin Goldberg, MD, FACP... Show all. Published October 13, 2010.

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Generalized anxiety disorder

Donna M. Sudak, MD. Published July 19, 2012. Last updated July 18, 2012.

Searches related to Enuresis

- Diurnal only enuresis
- Enuresis support (regime/therapy)
- Non-organic enuresis
- Nocturnal AND diurnal enuresis
- Non-organic primary enuresis
- Non-organic secondary enuresis

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Diabetes mellitus type 1 in children

Bahareh Schweiger, DO, MPH, Pediatrics, Cleveland Clinic, Cleveland, Ohio; Mary Gillam, MD. Published September 17, 2013. Last updated September 13, 2013.

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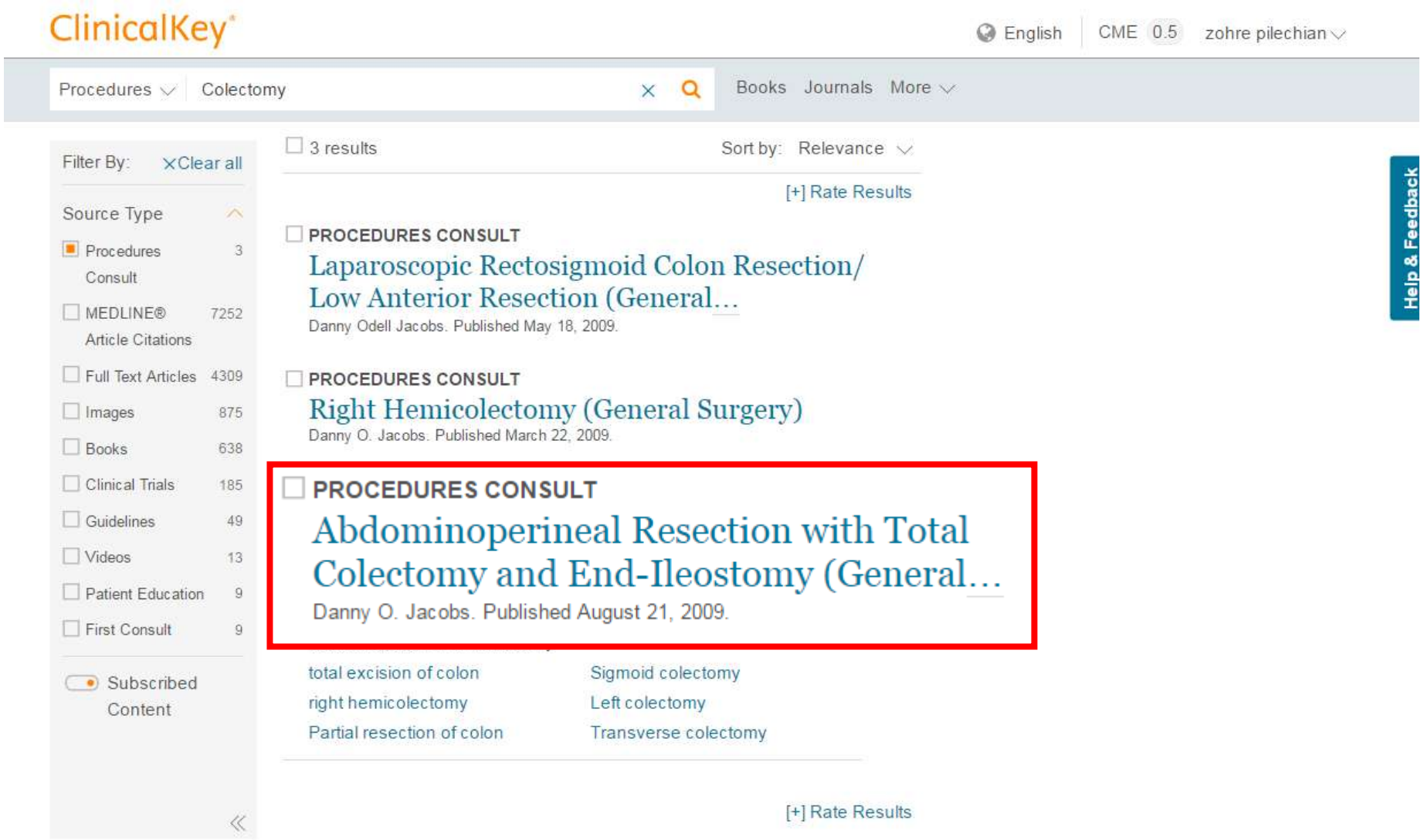
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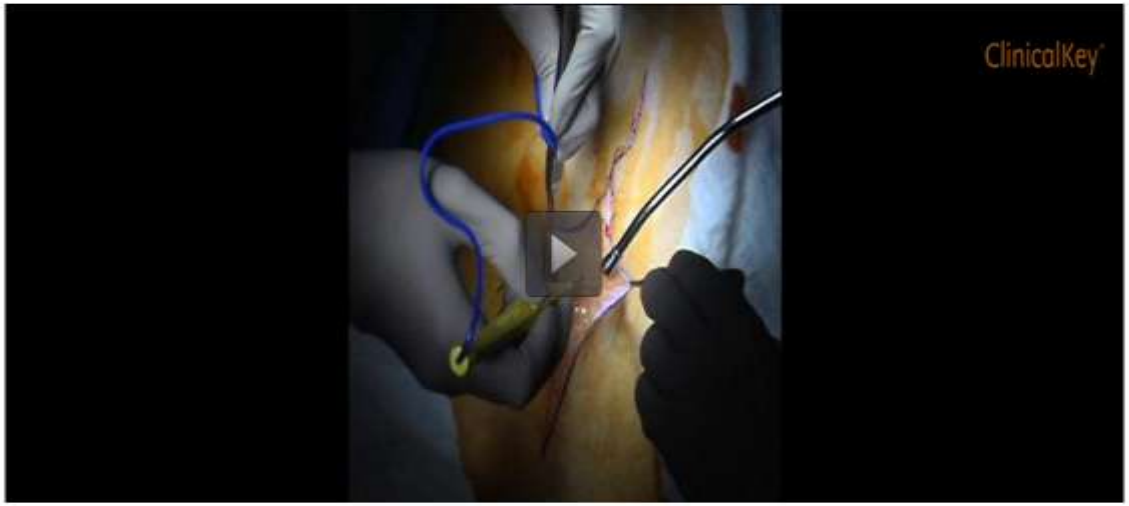

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CPT codes

45110 Proctectomy; complete, combined abdominoperineal, with colostomy

44155 Colectomy, total, abdominal, with proctectomy; with ileostomy

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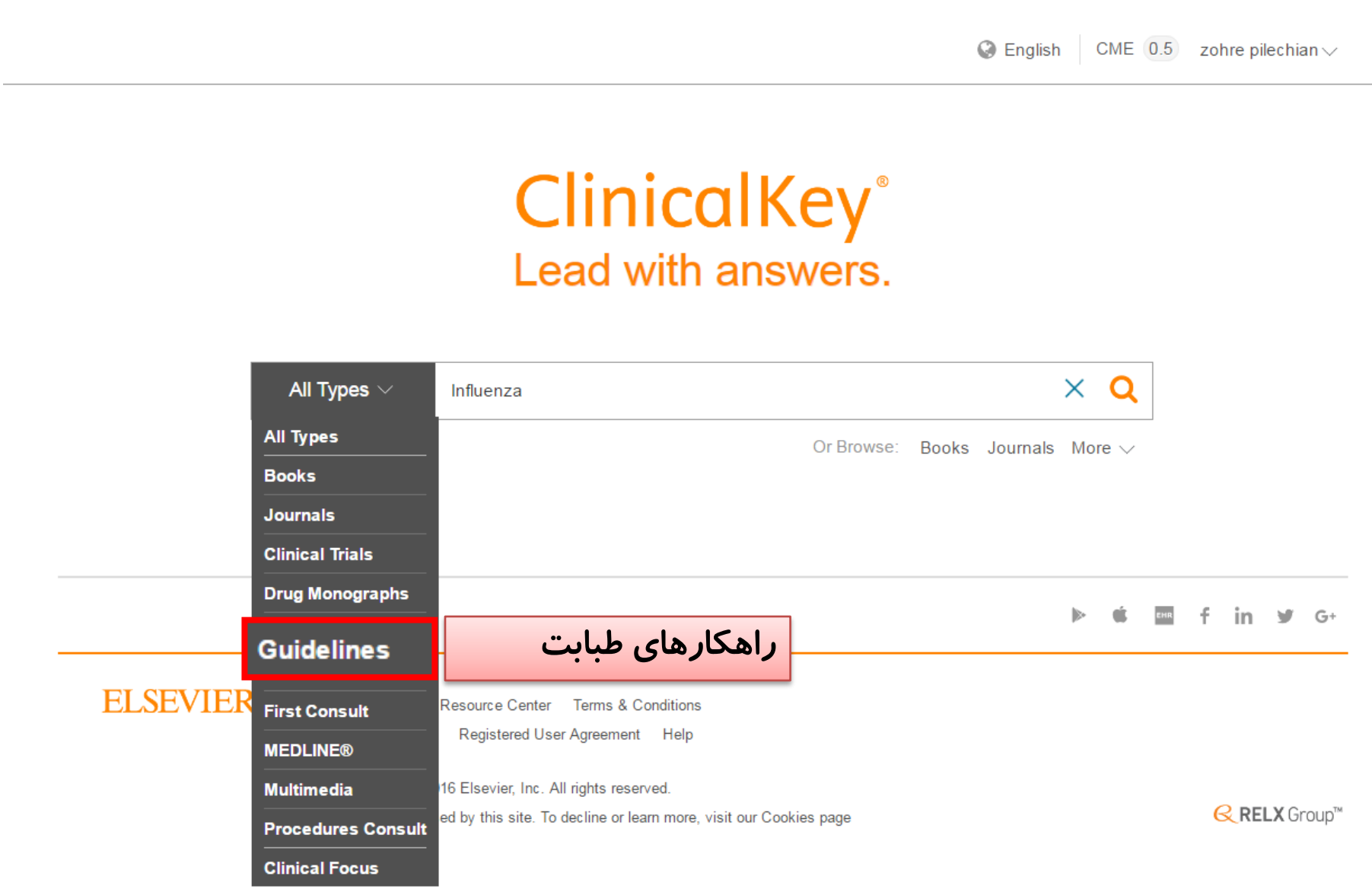
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Oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza

National Institute for Health and Care Excellence (NICE). Published September 24, 2008.

GUIDELINE

Antiviral agents for the treatment and chemoprophylaxis of influenza....

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]. Published April 1, 1984.

GUIDELINE

Amantadine, oseltamivir and zanamivir for the treatment of influenza

National Institute for Health and Care Excellence (NICE). Published February 25, 2009.

Searches related to Influenza

- influenza virus vaccine
- H1N1 influenza
- influenza vaccination
- Flu-like illness
- avian influenza
- Influenza Type B

GUIDELINE

ACR Appropriateness Criteria® fever without source or unknown origin — child.

American College of Radiology - Medical Specialty Society. Published January 1, 2015.

Influenza

Disease Overview | View Full Topic

Ferri's Clinical Advisor 2017 · Ferri, Fred F., M.D., F.A....

Definition

Influenza is an acute febrile illness caused by infection with influenza type A or B virus. Seasonal influenza can include the H1N1 virus. A similar respiratory illness is severe acute respiratory syndrome (SARS) caused by a coronavirus called SARS-associated coronavirus (SARS-CoV). A new novel coronavirus was recognized in two patients in September 2012. This is a very different virus from the SARS agent; the two patients exhibited acute respiratory distress syndrome, renal failure, consumptive coagulopathy, and/or pericarditis. Now called the Middle East respiratory syndrome (MERS-CoV) virus, it has affected patients with connections to several Middle Eastern countries. Patients have fever and pneumonia requiring hospitalization. Transmission spread in 2015 to Korea and China, resulting in more than 185 cases. Dromedary camels and their milk are documented to harbor MERS-CoV.

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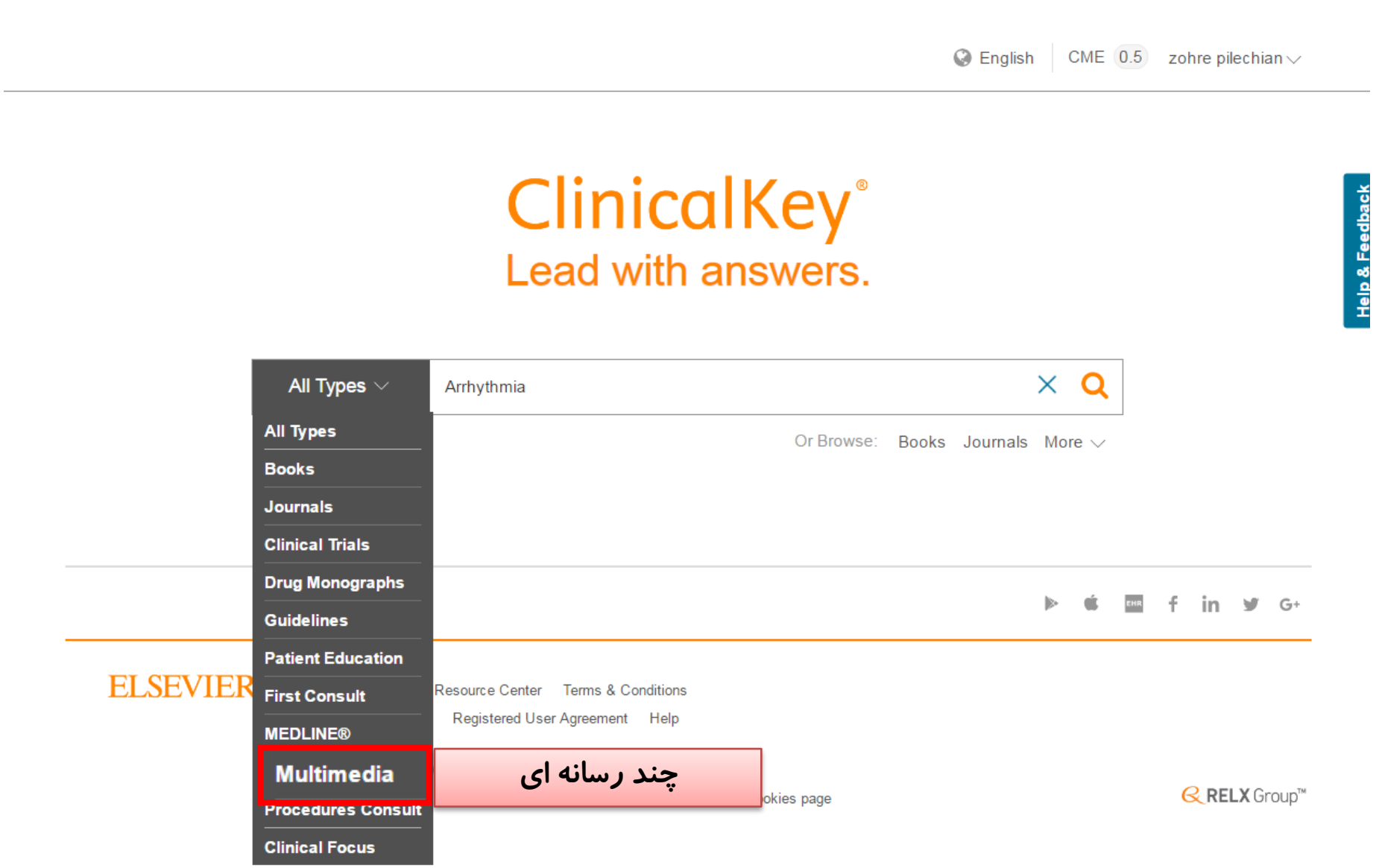
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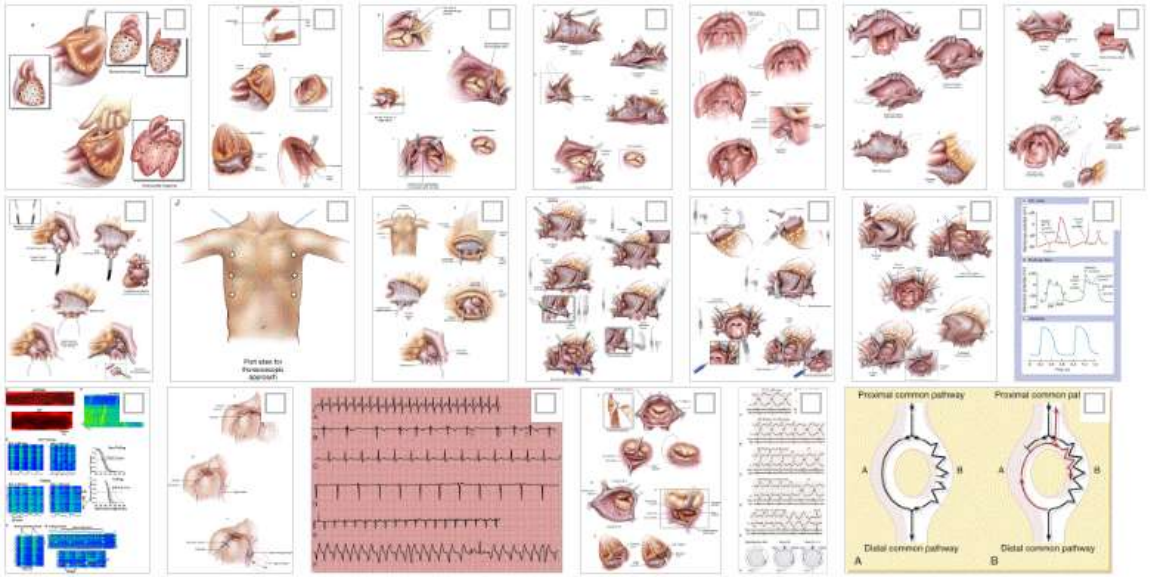

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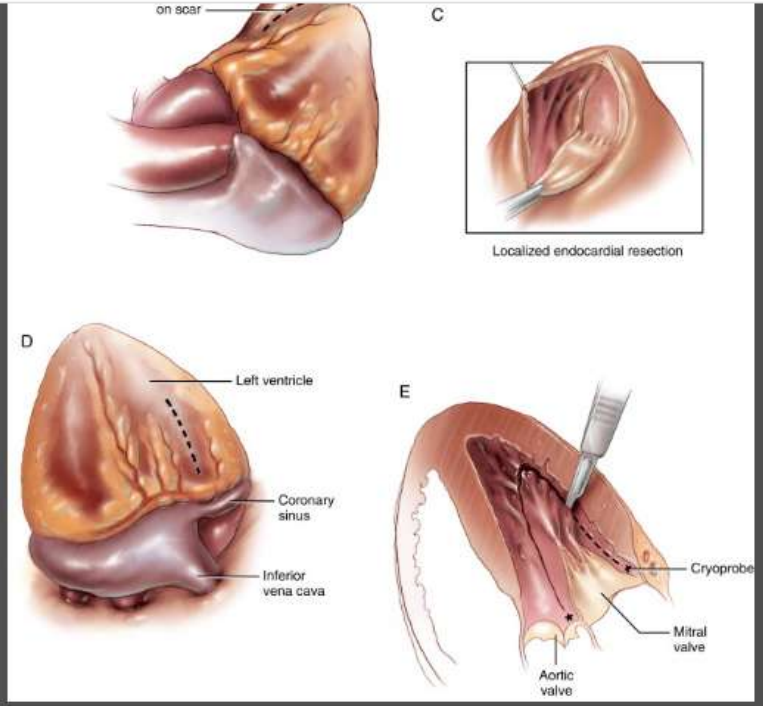

while recording electrocardiograms. A grid is developed from the various electrograms. This technique is essential during operation for Wolff-Parkinson-White syndrome. Only electrograms obtained from the ventricular surface near the atrioventricular groove (shown in larger typeface in the illustration)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

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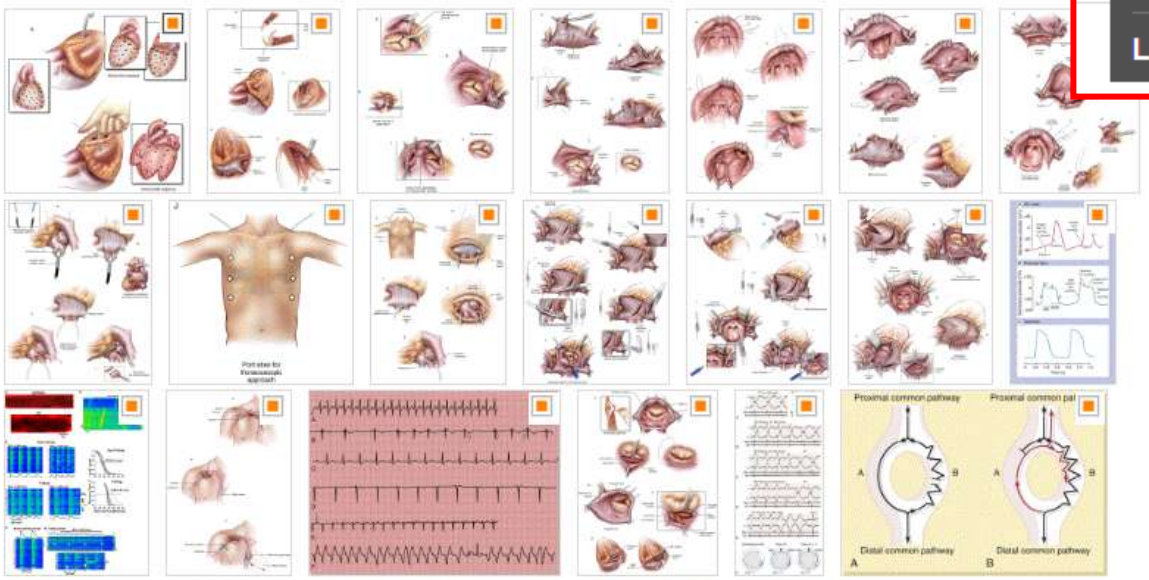

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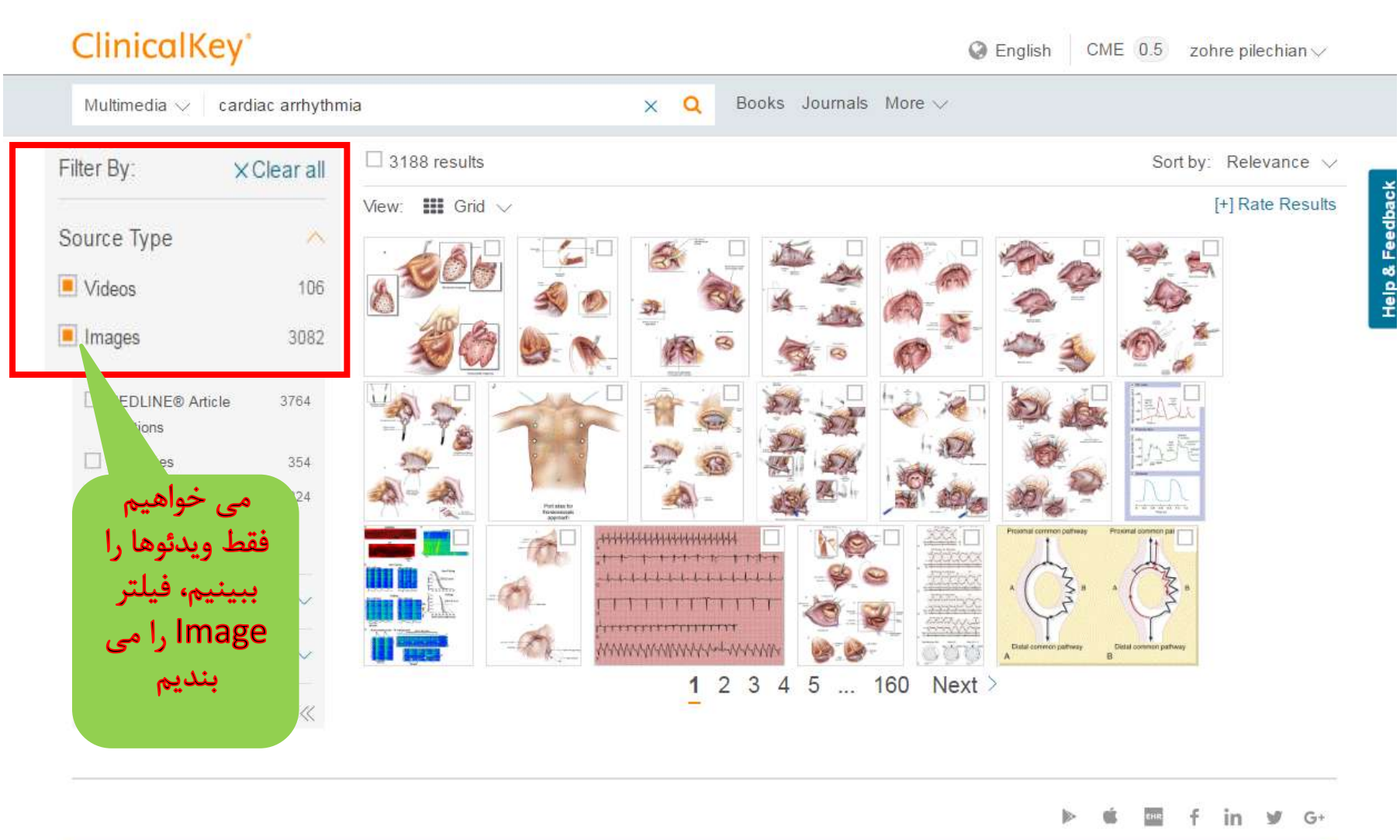
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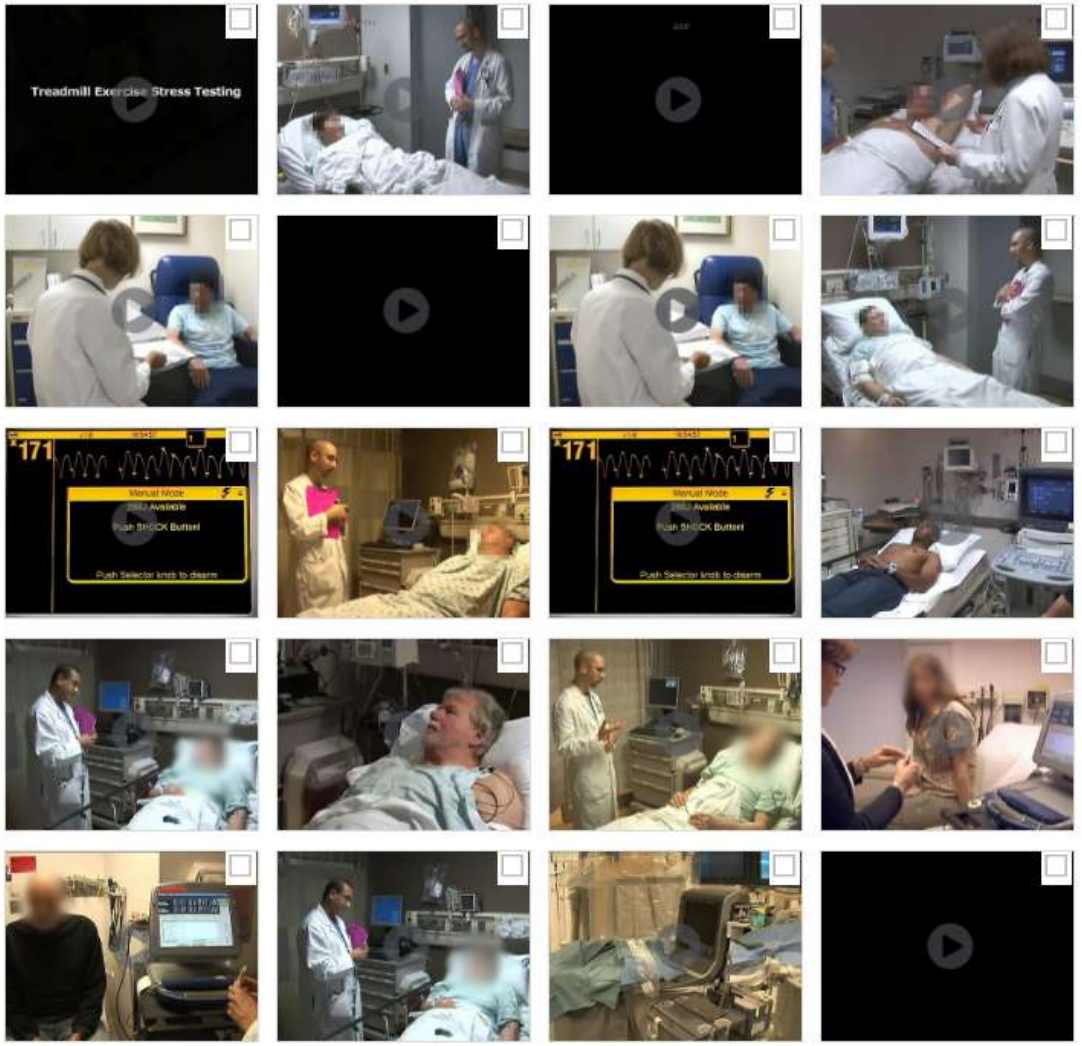

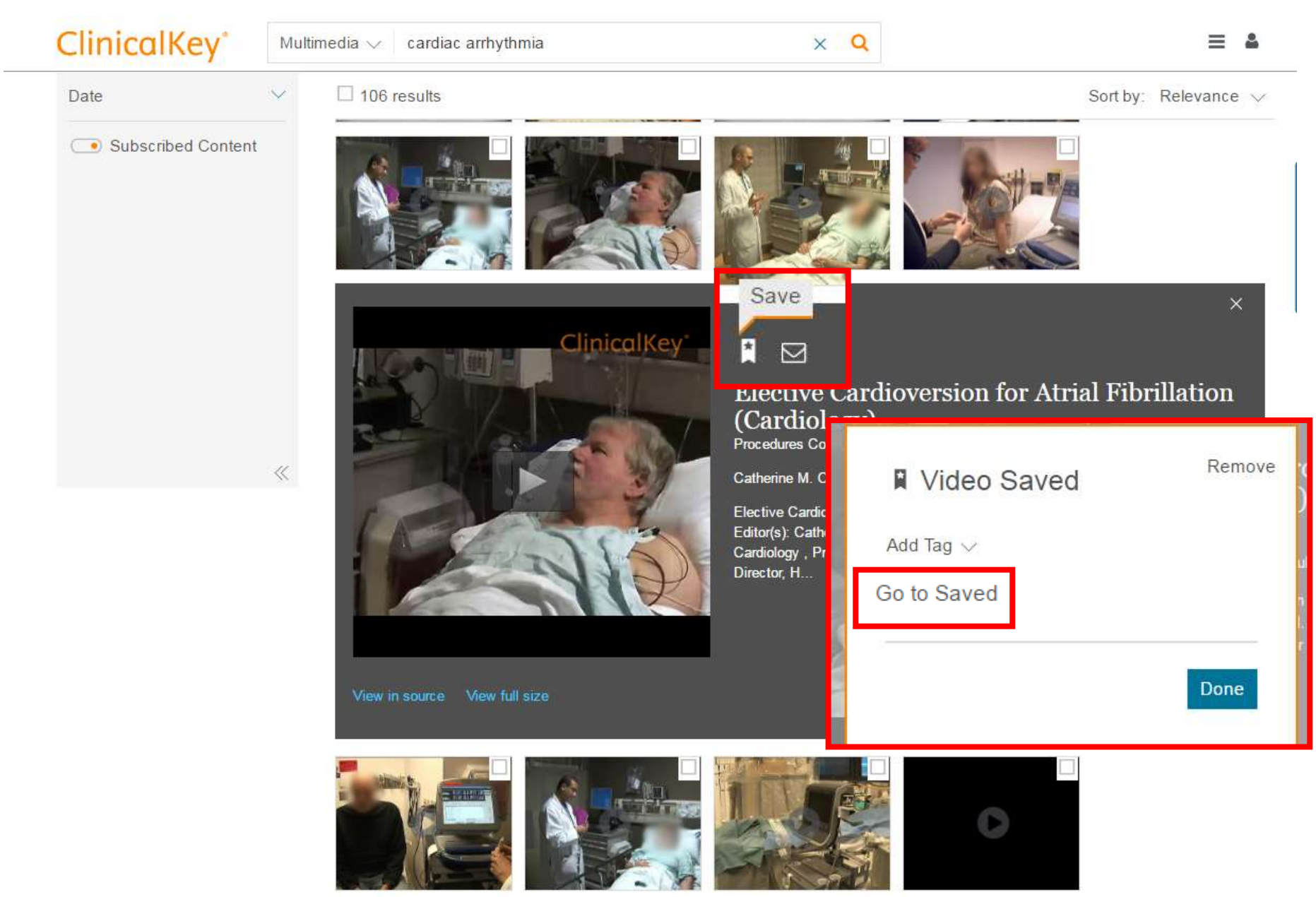
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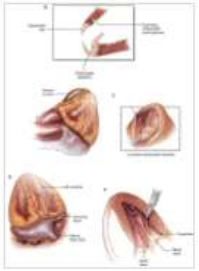

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Cardiac Surgery: Operative Technique.

Doty, Donald B., M.D.; Doty, John R., M.D.. Published January 2, 2012.

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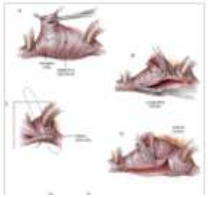

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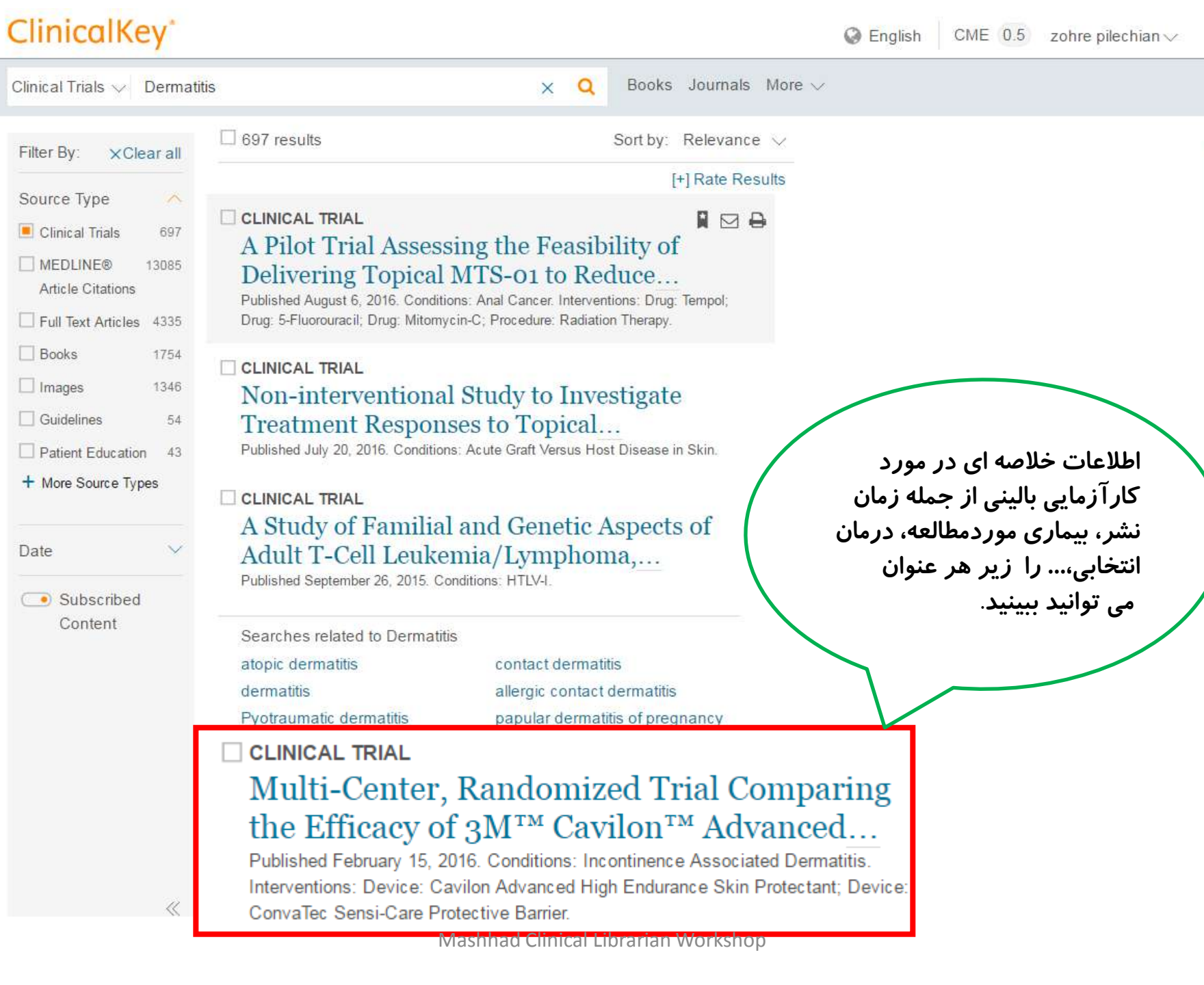

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CLINICAL TRIAL

Topical MTS-01 for Dermatitis During Radiation and Chemotherapy for Anal Cancer

First received on March 25, 2011. Last updated on August 6, 2016.

Purpose

Background: - Radiation and chemotherapy treatments for anal cancer can cause irritation of the skin that can lead to redness and tenderness, and in some cases can be so severe that it results in blistering or peeling of the skin during treatment. These conditions cause discomfort and may require breaks from radiation treatment. Researchers are interested in determining whether MTS-01, a drug that protects cells and tissues from the effects of radiation, can be given before radiation treatment to prevent these side effects and reduce the irritation of the skin during chemotherapy and radiation for anal cancer. Objectives: - To determine the safety and effectiveness of topical MTS-01 given before radiation in the groin and gluteal cleft of patients receiving combined radiation and chemotherapy for anal cancer. Eligibility: - Individuals at least 18 years of age who have been diagnosed with cancer of the anal canal and are eligible to receive radiation and chemotherapy treatments. Design: - Participants will be screened with a physical examination, medical history, blood tests, imaging studies and physical examination of the anal canal, and biopsies as needed to evaluate eligibility for treatment. - Participants will be scheduled for radiation and chemotherapy treatments on the following schedule: - Radiation given 5 days per week for 6 weeks, with topical MTS-01 treatment on the skin in the groin areas and between the buttocks before each treatment - Mitomycin C given intravenously on days 1 and 29 of treatment - 5-Fluorouracil given intravenously over 4 days (first week and fifth week) during radiation treatment - Participants will be monitored throughout the treatment for side effects, with photographs of the treatment area and frequent blood tests. - Following the end of radiation, participants will have followup visits for 1 year with blood tests and imaging studies to evaluate the response to treatment.

More Information

Sponsors and Collaborators

National Cancer Institute (NCI)

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Other Publications

First Received:	March 25, 2011
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ClinicalTrials.gov Identifier:	NCT01324141
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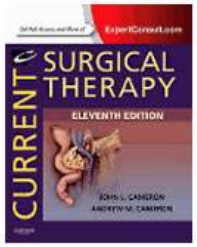

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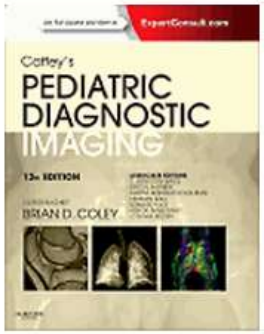

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BOOK CHAPTER

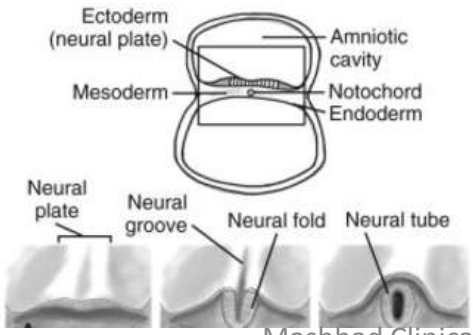
Embryology, Anatomy, and Normal Findings

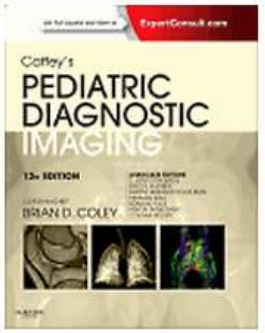
Lisa H. Lowe, Peter Winningham and Sami Abedin

Caffey's Pediatric Diagnostic Imaging, Chapter 40, 432-436.e1

Embryology

The spinal cord forms in three stages beginning in the third gestational week when the notochord induces surrounding ectoderm to differentiate into neuroectoderm. [1] The first stage, neurulation, involves progression from neural plate to neural groove to neural tube. [1] The notochord transforms into the nucleus pulposus of the intervertebral disks. [2] The second stage, canalization, involves formation of cysts within the caudal cell mass that gradually coalesce and fuse to the distal neural tube to form the primitive spinal cord. The third stage, retrogressive differentiation, involves programmed cell death leading to regression of the primitive distal spinal cord to form the fetal conus, filum terminale, and ventriculus terminalis [1 2] (Fig. 40-1).





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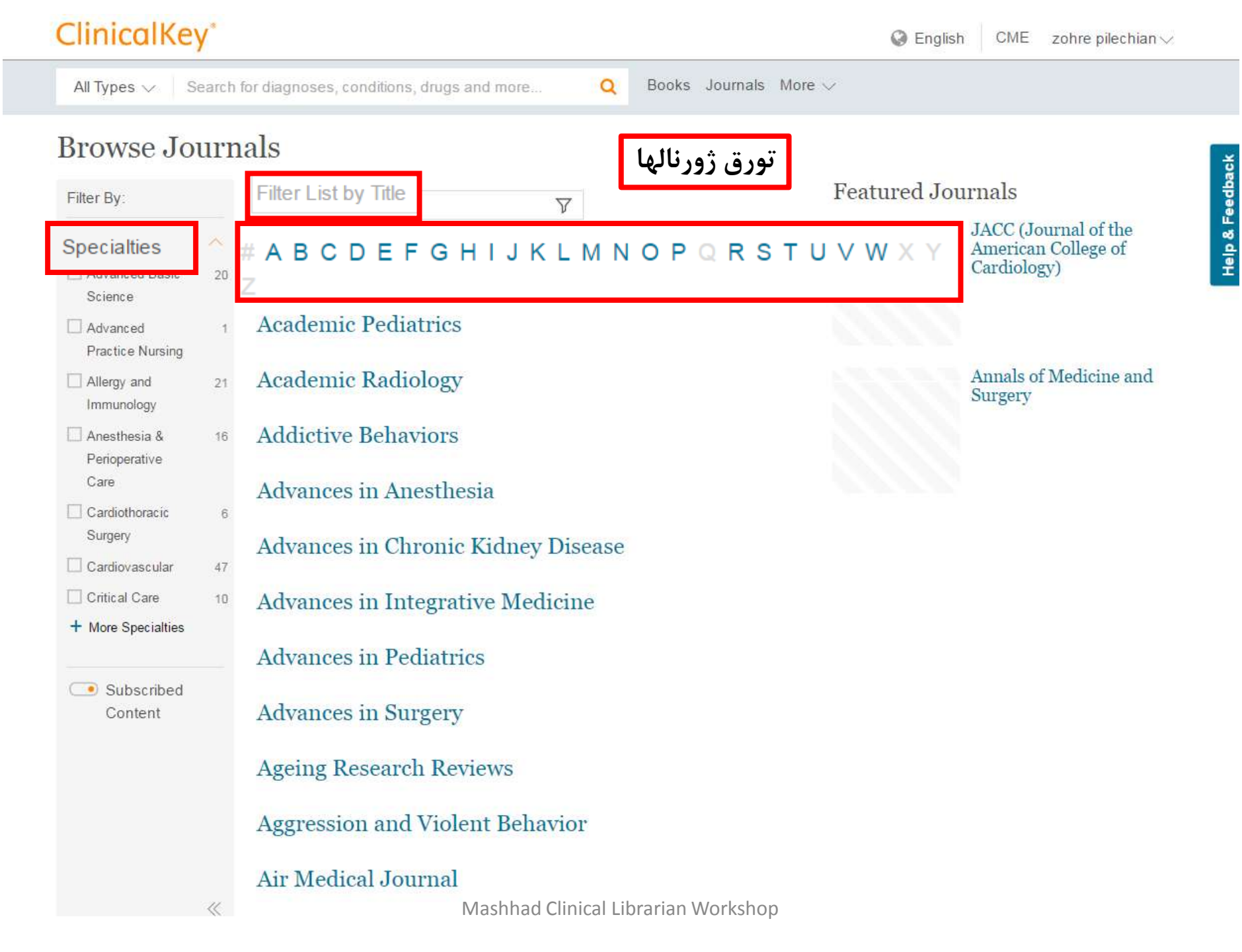
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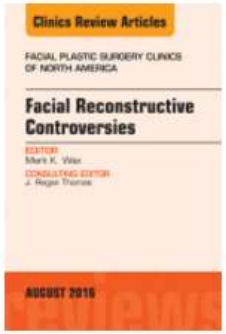

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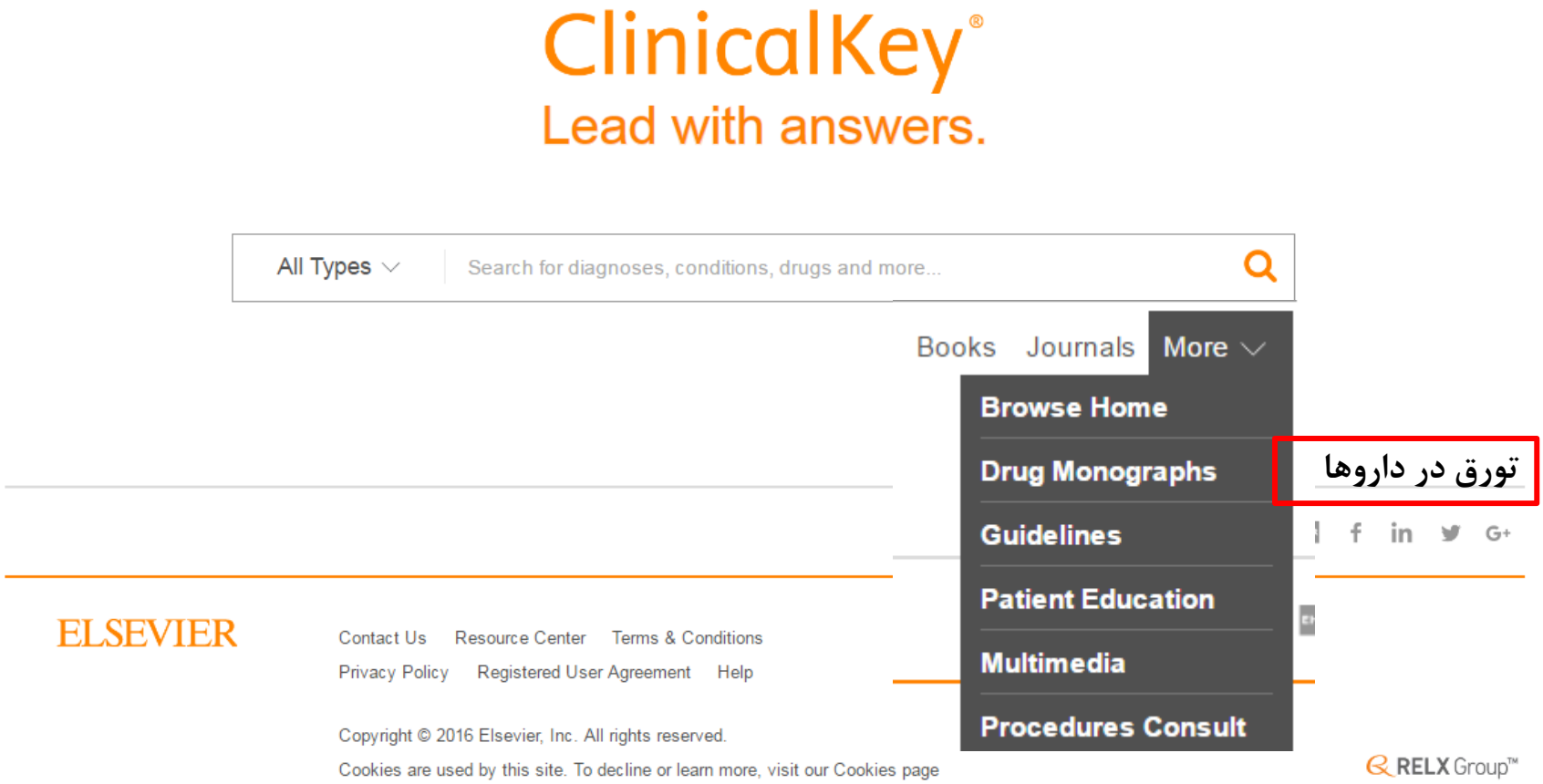
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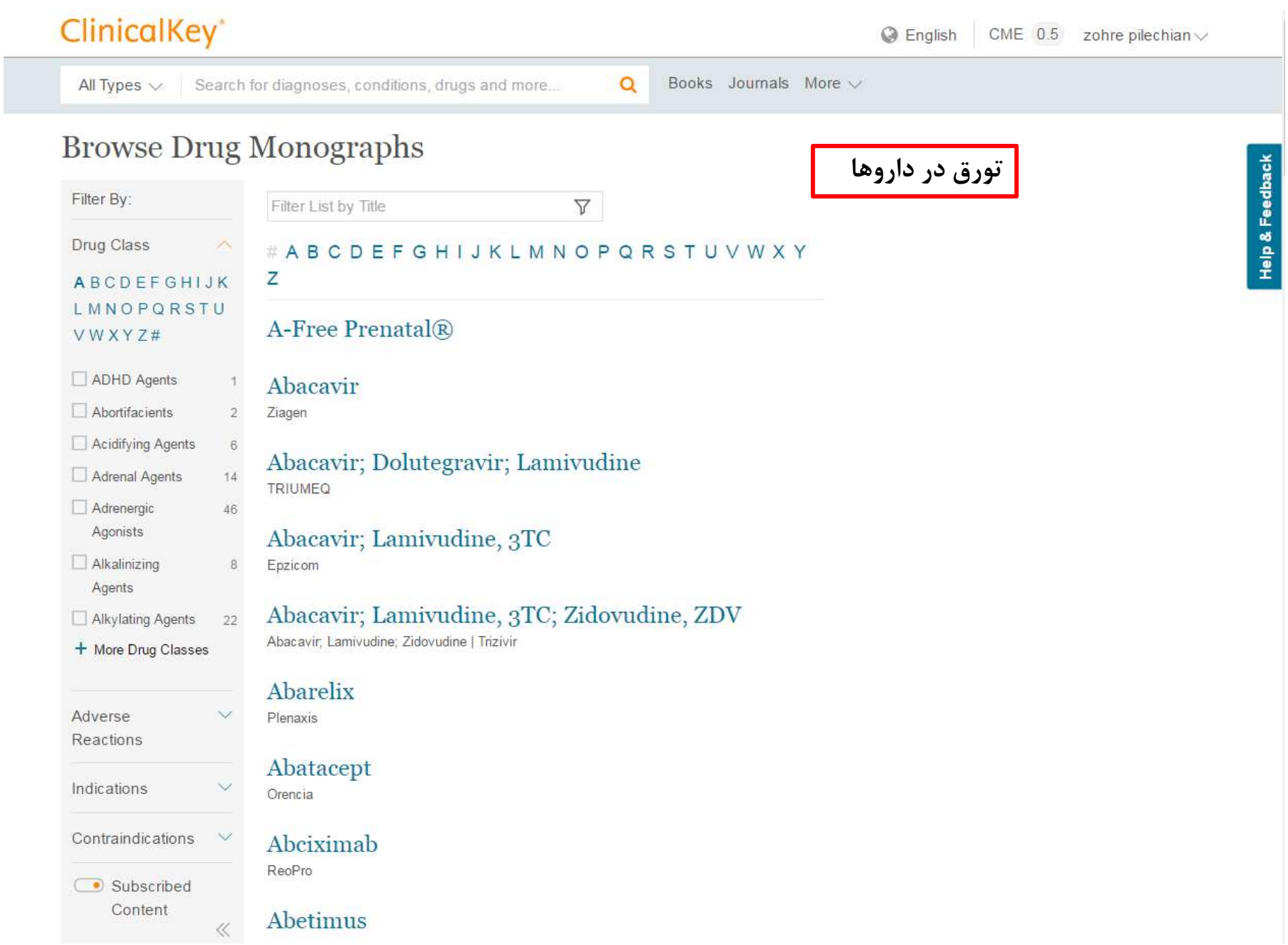
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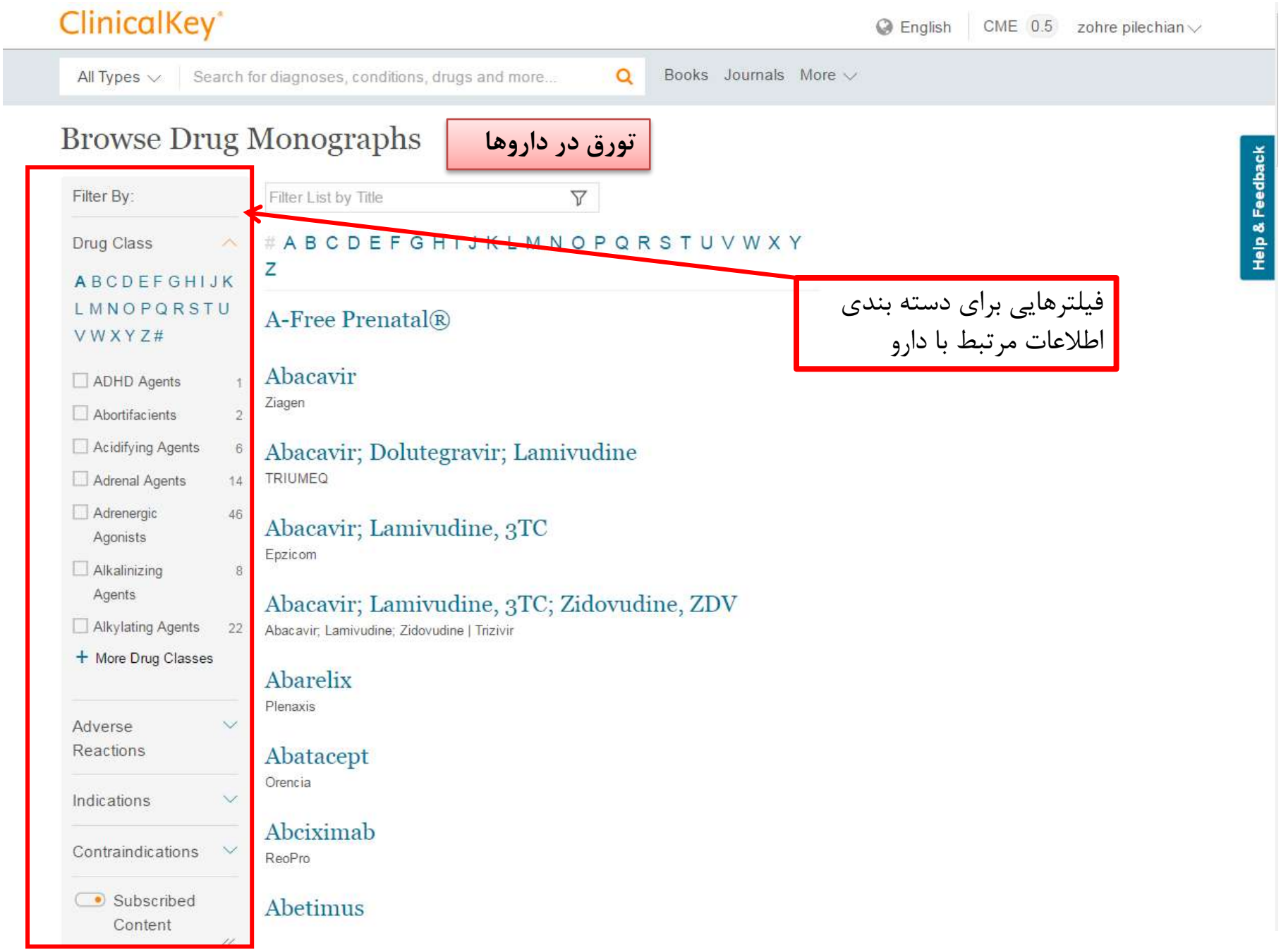
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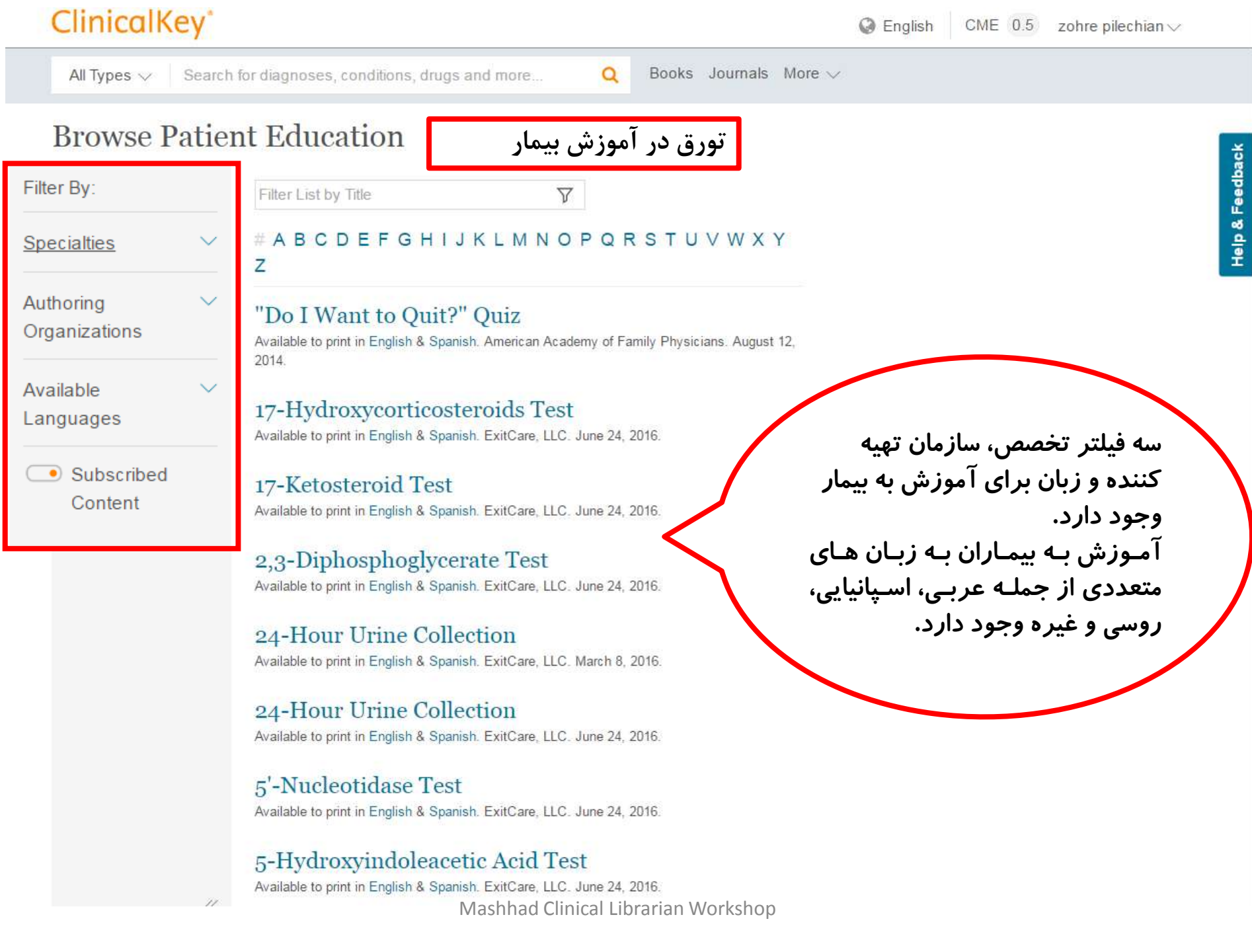
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Last revised: June 24, 2016.

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This is a urine test that determines the level of steroids in the urine. Testing your urine is an indirect way for your health care provider to assess how your adrenal glands are working.

WHAT KIND OF SAMPLE IS TAKEN?

A urine sample is collected in a sterile container that is given to you by the lab to use at home before the test.

WILL I NEED TO COLLECT SAMPLES AT HOME?

You will be asked to collect urine samples at home over a 24-hour time period. Follow your health care provider's instructions about how to collect the samples.

HOW DO I PREPARE FOR THE TEST?

Your health care provider may ask you to avoid the following things before and during the sample collection period:

- Situations that cause you stress.
- Eating licorice.
- Taking certain medicines.

When collecting urine samples over a 24-hour period, make sure you:

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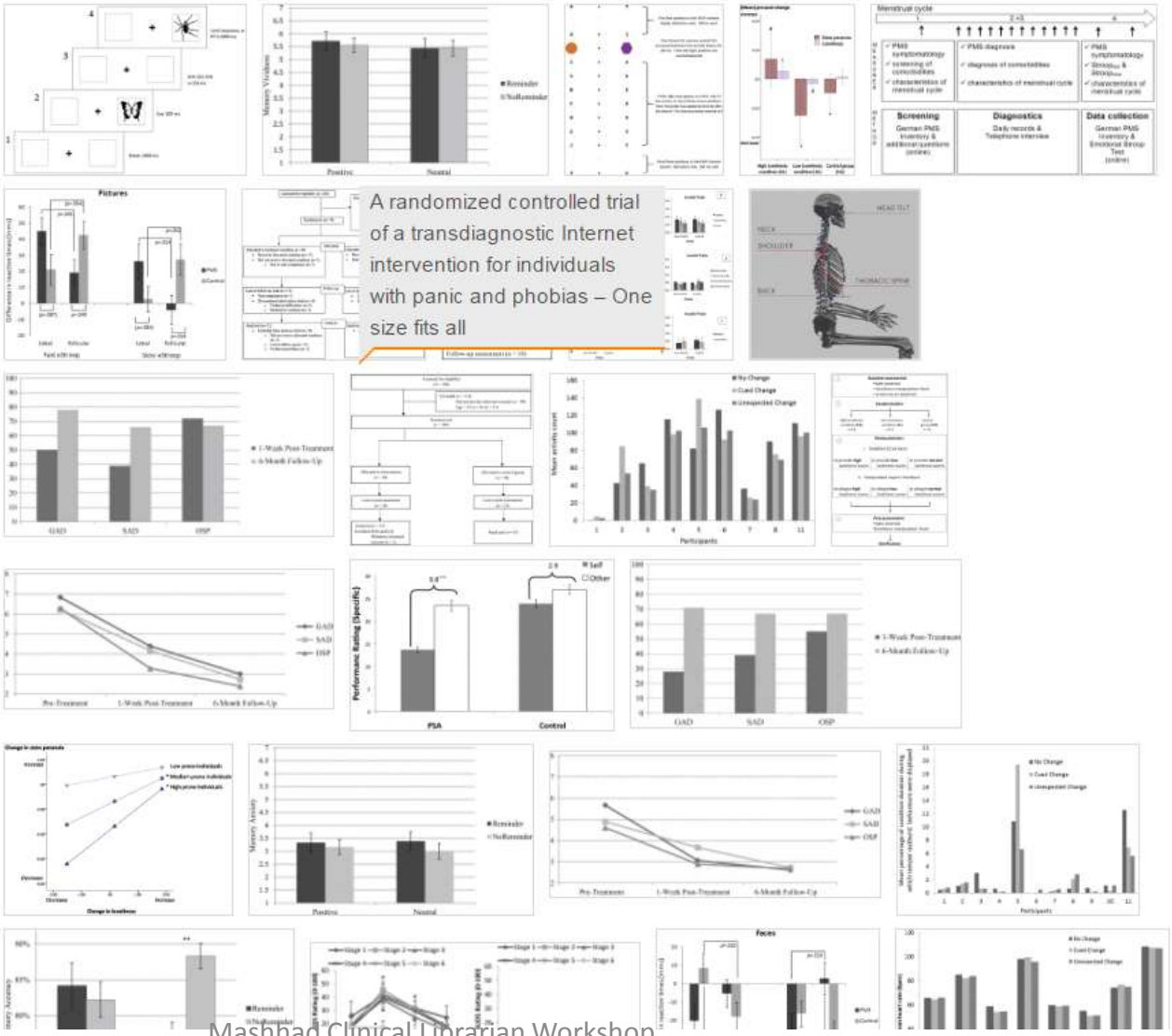

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