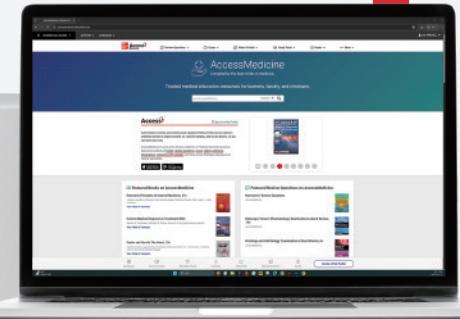




# User Guide

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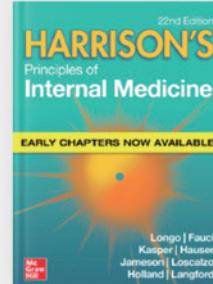
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- ③ 関連マルチメディア資料を提供
- ④ 教科書に基づいたレビュー問題(Review Questions)およびケーススタディを収録



The cover of the book features the title "HARRISON'S Principles of Internal Medicine" in large letters, with "22nd Edition" at the top. Below the title is a sunburst graphic. At the bottom, it lists the authors: Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, Holland, and Langford.

**Harrison's Principles of Internal Medicine, 22nd Edition**

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

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- + Part 6: Disorders of the Cardiovascular System
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2

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02/14/2025 Many Cases of Bacteremia Can Be Treated with 7 Days of Antibiotics Neeraj K. Surana

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VIDEO V03-05: Partial dorsal (Parinaud's) midbrain syndrome 2 mins, 56 secs

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VIDEO 241-06: A patient with severe aortic regurgitation quantified by cardiac magnetic resonance (CMR). 11 secs

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No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance.

—Harrison's Principles of Internal Medicine, 1950

The practice of medicine has changed in significant ways since the first edition of this book was published in 1950. The advent of molecular genetics, sophisticated new imaging techniques, robotics, and advances in bioinformatics and information technology have contributed to an explosion of scientific information that has changed fundamentally the way physicians define, diagnose, treat, and attempt to prevent disease. This growth of scientific knowledge continues to evolve at an accelerated pace.

The widespread use of electronic medical records and the Internet have altered the way physicians and other health care providers access and exchange information as a routine. Today's physicians strive to integrate an ever-expanding body of knowledge into their clinical practice while remaining critically important to remember two key principles:

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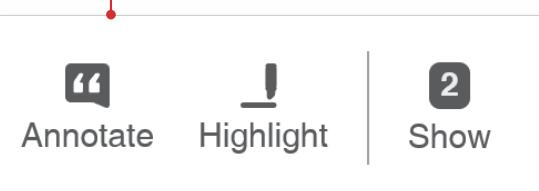
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厳選された最新医学情報を2分で読める要約形式で提供

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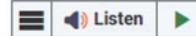


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## Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer ☆

by Shagun Jain, Kiera Liblik



Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer

Editors and Contributors

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1. In this randomized, non-inferiority trial, the omission of surgical axillary staging was noninferior to sentinel lymph node biopsy in patients with clinically node-negative, T1 or T2 invasive breast cancer.
2. Patients with omission of surgical axillary staging had lower incidence of adverse effects.

Evidence Rating Level: 1 (Excellent)

Study Rundown:

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Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer

by Shagun Jain, Kiera Liblik

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2. Patients with omission of surgical axillary staging had lower incidence of adverse effects.

Evidence Rating Level: 1 (Excellent)

**Study Rundown:**

Axillary lymph node status has been deemed one of the most important prognostic factors in invasive breast cancer. With tumor size, nodal status has been used to guide decisions on systemic therapy. Several randomized trials have been conducted to assess the omission of axillary surgery in patients with clinically node-negative breast cancer who undergo up-front breast-conserving surgery. This prospective, randomized, non-inferiority trial assessed whether the complete omission of axillary surgery in early-stage breast cancer treated with breast-conserving surgery was noninferior to sentinel lymph node biopsy concerning invasive free survival. Those with clinically node-negative invasive breast cancer staged as T1 or T2 were randomized in a 1:4 ratio to undergo either treatment without axillary surgery (surgery omission group) or sentinel lymph node biopsy (surgery group). All patients underwent unilateral breast-conserving surgery with postoperative whole breast irradiation. The primary outcome of this study was invasive disease-free survival. Results from this study found that the omission of surgical axillary staging was noninferior to sentinel lymph node biopsy in patients with clinically node-negative T1 or T2 invasive breast cancer. Limitations of this study include the patient population being restricted to low-risk patients and the follow-up potentially missing late recurrences of HR-positive disease.

[Click here to read the study in NEJM](#)

**In-Depth [randomized controlled trial]:**

This randomized, noninferiority trial whether the complete omission of axillary surgery in early-stage breast cancer treated with breast-conserving surgery was noninferior to sentinel-lymph node biopsy concerning disease-free survival. To show the noninferiority of the omission group, the five-year invasive disease-free survival rate had to be at least 85% and the upper limit of the confidence interval for the hazard ratio for invasive disease or death had to be below 1.271. Adult women with a clinical tumor stage of T1 or T2 and node-negative status who planned to undergo upfront breast-conserving surgery were eligible for this trial. A total of 5502 were randomized in a 1:4 ratio to either undergo treatment without axillary surgery (surgery

**ORIGINAL ARTICLE**

**Axillary Surgery in Breast Cancer — Primary Results of the INSEMA Trial**

**Authors:** Toralf Reimer, Ph.D., Angrit Stachs, Ph.D., Kristina Veselinovic, M.D., Thorsten Köhn, Ph.D., Jörg Heil, Ph.D. , Silke Polata, M.D., Frederik Marmé, Ph.D., , and Bernd Gerber, Ph.D. [Author Info & Affiliations](#)

Published December 12, 2024 | N Engl J Med 2025;392:1051-1064 | DOI: 10.1056/NEJMoa2412063

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**Abstract**

**BACKGROUND**

Whether surgical axillary staging as part of breast-conserving therapy can be omitted without compromising survival has remained unclear.

**METHODS**

In this prospective, randomized, noninferiority trial, we investigated the omission of axillary surgery as compared with sentinel-lymph-node biopsy in patients with clinically node-negative invasive breast cancer staged as T1 or T2 (tumor size, ≤5 cm) who were scheduled to undergo breast-conserving surgery. We report here the per-protocol analysis of invasive disease-free survival (the primary efficacy outcome). To show the noninferiority of the omission of axillary surgery, the 5-year invasive disease-free survival rate had to be at least 85%, and the upper limit of the confidence interval for the hazard ratio for invasive disease or death had to be below 1.271.

**RESULTS**

A total of 5502 eligible patients (90% with clinical T1 cancer and 79% with pathological T1 cancer) underwent randomization in a 1:4 ratio. The per-protocol population included 4858 patients; 962 were assigned to undergo treatment without axillary surgery (the surgery-omission group), and 3896 to undergo sentinel-lymph-node biopsy (the surgery



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## Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

by Simon Pan, Alex Chan

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1. Intraoperative [esketamine](#) infusion significantly reduced the incidence of postpartum depression (PPD) at 6 weeks post partum in women undergoing cesarean delivery.

Evidence Rating Level: 1 (Excellent)

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This single-centre, double-blind pragmatic trial therefore sought to investigate the efficacy of esketamine on preventing PPD in women undergoing cesarean delivery. 308 patients from Chongqing, China were assigned to receive either esketamine infusion intraoperatively ( $n = 154$ ; mean [SD] patient age, 31.57 [4.26] years) or to a control group ( $n = 154$ ; mean [SD] patient age, 32.53 [7.74] years). The primary outcome of interest was the incidence of PPD 6 weeks post partum as assessed by the Edinburgh Postnatal Depression Score (EPDS). At 6 weeks post partum, the incidence of PPD was significantly lower in the esketamine group compared to the control group (10.4% [16] vs 19.5% [30]; RR, 0.53; 95% CI, 0.30-0.93;  $P = .02$ ). Adverse events occurred more frequently in the esketamine group compared to the control group, such as dizziness (28 [18.2%] vs 3 [1.9%];  $\chi^2 = 22.41$ ;  $P < .001$ ). Overall, the study found that intraoperative esketamine infusion significantly reduced the incidence of PPD at 6 weeks in women undergoing cesarean delivery.

Click to read the study in JAMA Network Open

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Contraindications	Warnings/Precautions	References

Images	Description
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Name  
Esketamine

Pronunciation  
(es KET a meen)

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### Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

by Simon Pan, Alex Chan

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# 2 Minute Medicine®

## 印刷機能

The screenshot shows the 2 Minute Medicine website interface. A red box highlights the 'Print' button in the top right corner of the main content area. A larger red box covers the print dialog window, which is displayed over the article content. The print dialog includes fields for printer selection ('PDF形式で保存'), orientation ('縦方向'), page range ('全て'), and examples ('例: 1-5, 8, 11-13'). The main content area displays an article titled 'Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery' by Simon Pan and Alex Chan. The article summary states: 'Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.' The evidence rating is 'Excellent'. The full text discusses the efficacy of intraoperative esketamine in preventing postpartum depression (PPD) in women after cesarean delivery.

Home > 2 Minute Medicine® >

**Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery**

by Simon Pan, Alex Chan

Listen

Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.

**1. Intraoperative esketamine infusion at 6 weeks post partum significantly reduced the incidence of postpartum depression (PPD) in women undergoing cesarean delivery.**

**Evidence Rating Level: 1 (Excellent)**

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This single-centre, double-blind pragmatic trial therefore sought to investigate the efficacy of esketamine on preventing PPD in women undergoing cesarean delivery. 308 patients from Chongqing, China were assigned to receive either esketamine infusion intraoperatively ( $n=154$ ; mean [SD] patient age, 31.57 [4.26] years) or to a control group ( $n=154$ ; mean [SD] patient age, 32.53 [7.74] years). The primary outcome of interest was the incidence of PPD 6 weeks post partum as assessed by the Edinburgh Postnatal Depression Score (EPDS). At 6 weeks post partum, the incidence of PPD was significantly lower in the esketamine group compared to the control group (10.4% [16] vs 19.5% [30]; RR, 0.53; 95% CI, 0.30-0.93;  $P=.02$ ). Overall, this study found that intravenous esketamine significantly reduced the incidence of PPD at 6 weeks in women undergoing cesarean delivery.

AccessMedicine

# 2 Minute Medicine®

## Annotation 機能

必要な箇所にハイライトやメモを追加可能

Home > 2 Minute Medicine® >

The logo consists of a teal circle containing the white text "2m" in a large, bold, sans-serif font. A small trademark symbol (TM) is located at the top right corner of the "m".

[Print](#)

[Annotate](#)

## Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

by Simon Pan, Alex Chan

A horizontal bar with three icons: a menu icon (three horizontal lines), a speaker icon with a play button, and a right-pointing arrow.

Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

Editors and Contributors

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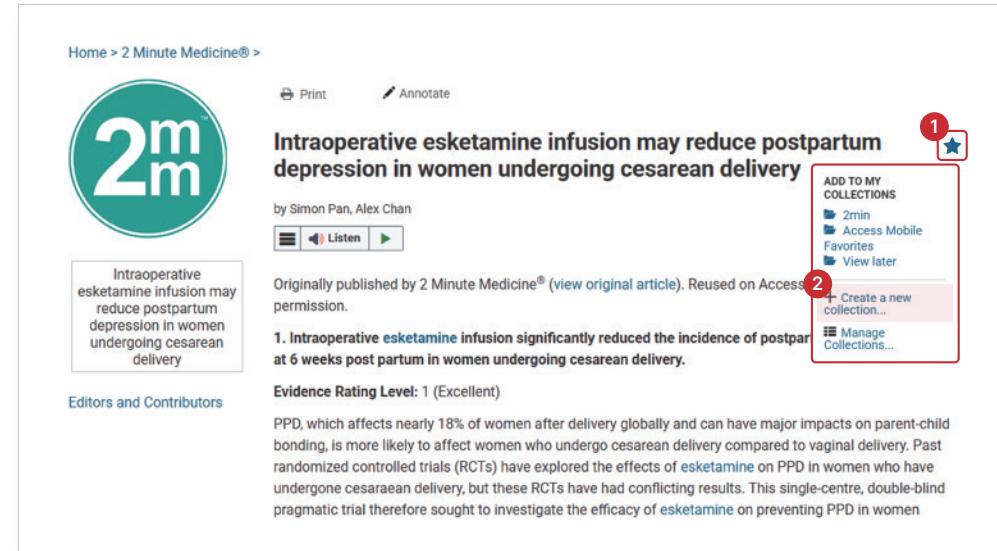
**1. Intraoperative esketamine infusion significantly reduced the risk of postpartum depression at 6 weeks post partum in women undergoing cesarean delivery.**

**Evidence Rating Level:** 1 (Excellent)

PPD, which affects nearly 18% of women after delivery globally, is more likely to affect women who undergo cesarean delivery. Randomized controlled trials (RCTs) have explored the effects of various treatments for PPD, including psychotherapy, pharmacotherapy, and complementary therapies. In this study, researchers investigated the efficacy of intraoperative esketamine infusion in reducing postpartum depression in women undergoing cesarean delivery. The results showed that women who received intraoperative esketamine had a significantly lower risk of postpartum depression at 6 weeks compared to those who did not receive it. This finding suggests that intraoperative esketamine infusion may be a promising treatment option for reducing postpartum depression in women undergoing cesarean delivery.

# 2 Minute Medicine® お気に入り機能

- ① ページ内のスター(★)をクリック
- ② Create a new collection
- ③ コレクション名(Collection Name)を作成
- ④ View Collection
- ⑤ マイコレクション(My Collections)で確認可能



Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

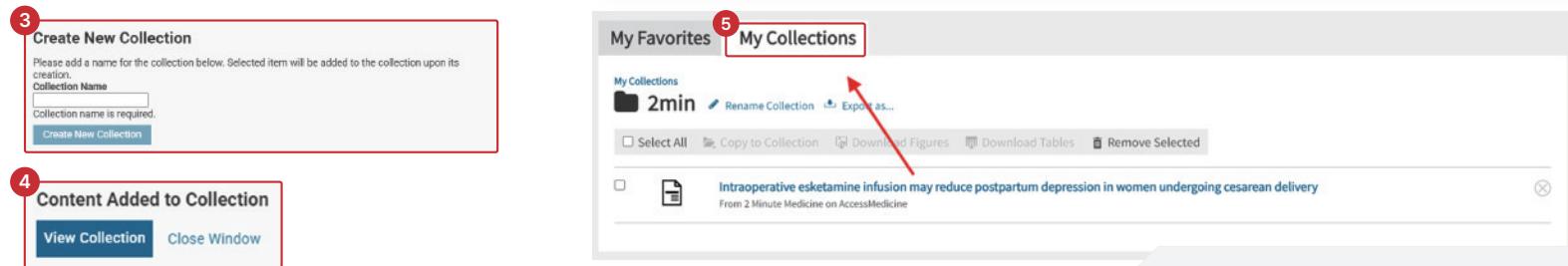
by Simon Pan, Alex Chan

Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.

1. Intraoperative esketamine infusion significantly reduced the incidence of postpartum depression at 6 weeks post partum in women undergoing cesarean delivery.

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Create New Collection

Please add a name for the collection below. Selected item will be added to the collection upon its creation.

Collection Name

Collection name is required.

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Content Added to Collection

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2min Rename Collection Export as...

Select All Copy to Collection Download Figures Download Tables Remove Selected

Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery



実際の症例を通して学び、診断力を高め、臨床知識を確実に習得しましょう。

## ケーススタディ形式の学習ツール

患者記録、シナリオ、臨床の要点情報、  
短答式問題、参考文献付き

[Case Files® Collection →](#)

# Case Files® Collection のご紹介

## 実際の患者症例から学ぶ医学!

Case Files® Collectionは、数百件のリアルケースを活用し、基礎から臨床まで統合的に学べるスマートな学習ツールです。

学生には**臨床感覚を養うための実践的な症例**を、教授には**授業をサポートするデジタル教材**を。ケースベース学習の真価をご体験ください。



厳選された臨床ケースを通じて学習成果の向上をサポート



全23巻のCase Files® シリーズを収録し、基礎医学から専門医レベルまでの幅広いケースを提供



臨場感あふれる患者ケースを使ったインタラクティブ学習で、理解の深化と記憶への定着を促進。



パーソナライズ機能: ケースを完了・未完了に設定することで、学習進捗状況を簡単に管理可能



# 症例ベース スパイラル型学習カリキュラムの提供

- ① Case(シナリオ)
- ② Approach(アプローチ)
- ③ Anatomy Pearls(解剖学の要点情報)
- ④ References(参考文献)
- ⑤ Comprehension Q&A(理解度チェック問題)



Home > Case Files: Anatomy 3e >



CASE FILES  
ANATOMY

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Introduction

Applying Basic Sciences to Clinical Situations

Copyright

## Brachial Plexus Injury

Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

Case Approach Anatomy Pearls References Comprehension Questions

A 32-year-old woman delivered a large (4800-g) baby vaginally after a somewhat difficult labor. Her prenatal course was complicated by diabetes, which developed during pregnancy. At delivery, the infant's head emerged, but the shoulders were stuck behind the maternal symphysis pubis, requiring the obstetrician to execute maneuvers to release the infant's shoulders and complete the delivery. The infant was noted to have a good cry and pink color but was not moving its right arm.

### Questions

What is the most likely diagnosis?

What is the most likely etiology for this condition?

What is the likely anatomical mechanism for this disorder?

Save Answers Show Answers

Next: Approach

# Cases

## シナリオおよび解答の提供

### ① シナリオの提供

### ② 解答の提示

- 要約
- 診断(etiology, anatomical mechanism)
- 臨床的相関性

The screenshot shows the 'Brachial Plexus Injury' case study from the Case Files Anatomy platform. The top navigation bar includes 'Case', 'Approach', 'Anatomy Pearls', 'References', and 'Comprehension Questions'. The 'Case' tab is highlighted with a red box. Below the navigation, there is a summary of the case, followed by sections for 'Questions' and three input fields for 'What is the most likely diagnosis?', 'What is the most likely etiology for this condition?', and 'What is the likely anatomical mechanism for this disorder?'. At the bottom are 'Save Answers' and 'Show Answers' buttons.

Case Approach Anatomy Pearls References Comprehension Questions

### Answers to Case 1: Brachial Plexus Injury

**Summary:** A large (4800-g) infant of a diabetic mother is delivered after some difficulty and cannot move its right arm. There is shoulder dystocia (the infant's shoulders are stuck after delivery of the head).

- **Most likely diagnosis:** Brachial plexus injury, probably Erb palsy (Duchenne-Erb paralysis)
- **Most likely etiology for this condition:** Stretching of the upper brachial plexus during delivery
- **Likely anatomical mechanism for this disorder:** Stretching of nerve roots C5 and C6 by an abnormal increase in the angle between the neck and the shoulder

### Cal Correlation

In delivery, particularly of a large infant, shoulder dystocia may occur. In this situation, the fetal head emerges, but the shoulders become wedged behind the maternal symphysis pubis. An obstetrician will use maneuvers such as flexion of the maternal hips against the maternal abdomen (McRoberts maneuver) or fetal maneuvers such as pushing the fetal shoulders into an oblique position. These actions are designed to allow delivery of the fetal shoulders without excessive traction on the fetal neck. Despite such carefully executed maneuvers, infants may be born with stretch injuries to the brachial plexus, resulting in nerve palsies. The most common of these is an upper brachial plexus stretch injury, in which the roots C5 and C6 are affected, resulting in weakness of the infant's arm. Such injuries usually resolve spontaneously.

### Give Answers

# Cases

## Approach

- Objectives: 目標 (医学研究や教育で達成しようとする目的)
- Definitions: 定義 (医学用語や概念に関する明確な説明)
- Discussion: 論議 (医学的なテーマや研究成果に対する解釈および分析)

### Brachial Plexus Injury

Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

Case Approach Anatomy Pearls References Comprehension Questions

#### Objectives

1. Be able to describe the spinal cord segments, named terminal branches, and motor and sensory deficits of an **upper brachial plexus injury**
2. Be able to describe the mechanism, spinal cord segments, named terminal branches, and motor and sensory deficits of a **lower brachial plexus injury**
3. Be able to describe the mechanism, spinal cord segments, named terminal branches, and motor and sensory deficits with **cord injury** of the brachial plexus

#### Definitions

**BRACHIAL PLEXUS:** A major peripheral nerve network formed by the anterior primary rami of the fifth cervical to the first thoracic spinal nerves

**UPPER BRACHIAL PLEXUS INJURY:** Typically involves nerve roots C5 and C6, resulting in the upper limb hanging at the side, with medial rotation and the palm facing posteriorly

**LOWER BRACHIAL PLEXUS INJURY:** Less common injury involving C8 through T1 and the ulnar nerve, leading to interosseous muscle atrophy and claw hand

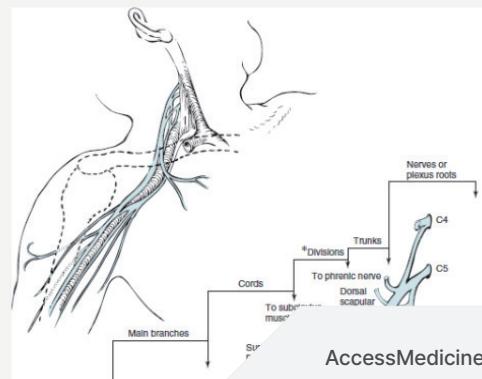
**SHOULDER DYSTOCIA:** Condition whereby the fetal head delivers vaginally but the shoulders are impacted behind the maternal bony pelvis

### Discussion

The **brachial plexus** arises from the inferior portion of the cervical spinal cord enlargement. It is formed by the ventral **primary rami** of spinal nerves **C5** through **C8** and most of **T1**. The network of nerves that form the brachial plexus is divided anatomically from proximal (medial) to distal (lateral) into **roots**, **trunks**, **divisions**, **cords**, and **terminal branches** (mnemonic: "Randy Travis drinks cold Texas beer"). The roots of the plexus emerge from between the anterior and middle scalene muscles together with the subclavian artery. Arising from the roots are branches to the **longus colli** and **scalene muscles** and the **dorsal scapular** and **long thoracic nerves**. The roots unite to form **superior**, **middle**, and **inferior trunks**. The **suprascapular nerve** and the nerve to the **subclavius muscle** arise from the **superior trunk**. Each trunk is divided into **anterior** and **posterior divisions**, which will innervate musculature of the anterior and posterior compartments, respectively (Figure 1-1).

FIGURE 1-1

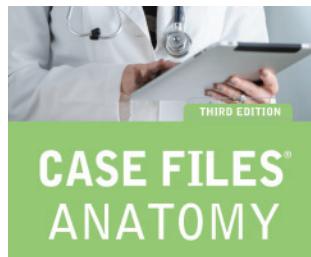
The brachial plexus. (Reproduced, with permission, from Waxman SG. Clinical Neuroanatomy, 25th ed. New York: McGraw-Hill, 2003:348.)



## Cases

### Anatomy Pearls (解剖学の要点情報)

 解剖学の要点情報を  
Bulletポイント形式で提供



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### Brachial Plexus Injury



Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

Case

Approach

Anatomy Pearls

References

Comprehension Questions



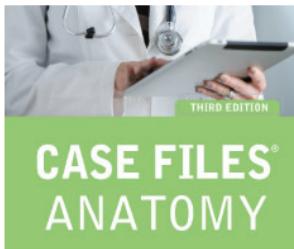
- Widening of the angle between the neck and shoulder may stretch the C5 and C6 roots and/or superior trunk, thereby damaging the axillary, musculocutaneous, and suprascapular nerves.
- An upper plexus injury results in Erb palsy (or Duchenne-Erb paralysis), which is characterized by an adducted and medially rotated arm, extended elbow, and pronated hand (waiter's tip sign).
- The axillary nerve is at risk for fracture of the surgical neck of the humerus.
- The musculocutaneous nerve supplies all the muscles of the anterior compartment of the arm.
- An abnormal increase in the angle between the upper limb and the thorax and/or severe abduction traction may stretch the C8 and T1 roots and/or the inferior trunk and, hence, affect the ulnar and median nerves.
- A lower plexus injury may result in Klumpke palsy, which is characterized primarily by signs of ulnar nerve damage (claw hand).
- The ulnar nerve innervates all except five muscles of the hand: the three thenar muscles and the lumbricalis muscles to the index and middle fingers. In ulnar nerve palsies, the patient is unable to abduct and adduct the fingers.
- A posterior cord injury results in signs of radial nerve damage (wrist drop).

## Cases

## References(参考文献)

 References 提供により、便利に引用可能

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### Brachial Plexus Injury

Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

Case Approach Anatomy Pearls **References** Comprehension Questions

≡ Listen ▶

Gilroy WM, MacPherson BR, Ross LM. *Atlas of Anatomy*, 2nd ed. New York, NY: Thieme Medical Publishers; 2012:348–349, 352–357.

Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:704–706, 721–726, 729–730.

Netter FH. *Atlas of Human Anatomy*, 6th ed. Philadelphia, PA: Saunders, 2014: plates 416, 460, 461.

Next: Comprehension Questions

AccessMedicine

# Cases

## 理解度チェック問題の提供

### ① 選択肢から解答を選び、提出

#### Question 1 of 3

1.1 A 12-year-old boy is diagnosed with an upper brachial plexus injury after falling from a tree. He presents with his right upper arm lying limp at his side because of loss of abduction. Which of the following muscles are primarily responsible for abduction of the arm at the shoulder?

- A Deltoid and biceps brachii
- B Deltoid and supraspinatus
- C Deltoid and infraspinatus
- D Supraspinatus and infraspinatus
- E Coracobrachialis and supraspinatus

[Submit & View Answer](#)[Submit & View Next Question](#)

### ② 正解および解説の表示

### ③ Email Results: 解答結果をメールで送信

### ④ Return Top of Results: 結果画面の最上部へ移動

### ⑤ Retake: 問題を再挑戦

### ⑥ Print Results: 結果を印刷またはPDFとして保存

[Case](#) [Approach](#) [Anatomy Pearls](#) [References](#) [Comprehension Questions](#)

#### Question 1 of 3

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- E Coracobrachialis and supraspinatus

[Next Question](#)

You will be able to view all answers at the end of your quiz.

2

The correct answer is B. You answered B.

**Explanation:**

B. The deltoid and supraspinatus muscles, which are innervated by the axillary and suprascapular nerves, respectively, are the primary abductors of the arm at the shoulder.

 79% of users answered correctly.

Source: Case Files: Anatomy 3e

3 [Email Results](#)

4 [Return to Top of Results](#)

5 [Retake](#)

6 [Print Results](#)

楽しく学べる問題演習および学習ツール

## Review Questions

基礎科学および臨床実習をカテゴリー別に分類し、  
ランダムまたはカスタマイズ可能な復習問題を提供!

[Review Questions →](#)

# レビュー問題Review Questions 機能

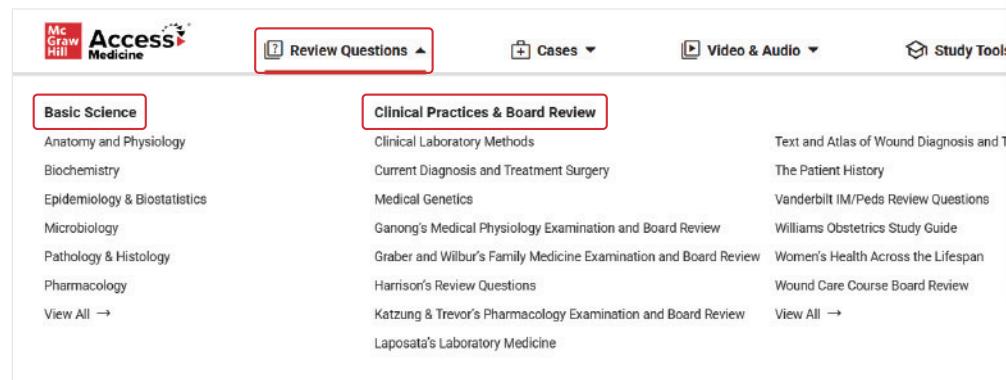
## 教科書に基づいた、楽しく興味深い問題演習&学習ツール

💡 数千問のレビューとQ&Aを提供

📘 教科書に基づき、基礎科学・臨床実習をカテゴリ別に分類し、ランダムまたは、カスタマイズ可能な復習問題を作成できる機能を提供

💻 問題の解答および解説を提供

🌐 問題演習の共有機能および再受験(Retake)機能



The screenshot shows the AccessMedicine interface. At the top, there are navigation tabs: 'Access' (with a red star icon), 'Review Questions' (which is highlighted with a red border), 'Cases', 'Video & Audio', and 'Study Tools'. Below these, there are two columns of links:

Basic Science	Clinical Practices & Board Review
Anatomy and Physiology	Clinical Laboratory Methods
Biochemistry	Current Diagnosis and Treatment Surgery
Epidemiology & Biostatistics	Medical Genetics
Microbiology	Ganong's Medical Physiology Examination and Board Review
Pathology & Histology	Graber and Wilbur's Family Medicine Examination and Board Review
Pharmacology	Harrison's Review Questions
<a href="#">View All →</a>	Katzung & Trevor's Pharmacology Examination and Board Review
	Laposata's Laboratory Medicine

Generate multiple-choice quizzes from the resources below.

 Clinical Neuroanatomy, 30th Edition 100 Questions
 Endocrine Physiology, 6e 46 Questions
 Essentials of Modern Neuroscience 182 Questions
 Ganong's Medical Physiology Examination & Board Review, 2nd Edition 426 Questions
 Ganong's Review of Medical Physiology, 26e 313 Questions

# レビュー問題(Review Questions)機能

## Random Quiz & Custom Quiz

① ランダムな問題作成が可能

② 教科書のセクション別にカスタマイズした問題の作成が可能

### Question 1 of 20

Which of the following are routine components of an ERAS protocol in patients who have undergone colon resection?

- A Vital signs including heart rate, blood pressure, oxygen saturation.
- B Wound evaluation including assessment of drain output and content.
- C Assessment of the adequacy of pain management.
- D Plan for removal of the nasogastric tube, Foley catheter, and advancement of diet.
- E All of the above.

[Submit & View Answer](#)

[Submit & View Next Question](#)

### Study Tools

- Flashcards
- Review Questions
- Basic Sciences
- Clinical Practice & Board Review
- CME Eligible

**Current Diagnosis & Treatment: Surgery, 15e**  
Gerard M. Doherty

Eligible for CME  
[Learn More](#)  
[My CME](#)

NOTE: A quiz may not include more than 250 questions. Quizzes cannot be saved mid-progress.

**>Create CME Quiz**  
[Start Quiz](#)

**1 Create Random Quiz**  
10 of 230 available  
[Start Random Quiz](#)

**2 Create Custom Quiz**  
Generate a custom quiz by selecting a number of questions from the available topics below, and clicking "Start Custom Quiz" when ready.  
[Start Custom Quiz](#)

Training, Communication, Professionalism, & Systems-Based Practice  
0 of 5 available Chapter 2. Training, Communication, Professionalism, & Systems-Based Practice

Preoperative Preparation  
0 of 5 available Chapter 3. Preoperative Preparation

Postoperative Care  
0 of 5 available Chapter 4. Postoperative Care

Postoperative Complications  
0 of 5 available Chapter 5. Postoperative Complications

Wound Healing  
0 of 5 available Chapter 6. Wound Healing

Power Sources in  
0 of 5 avail

# レビュー問題(Review Questions)機能 クイズ(Quiz)に解答

## ① 選択肢を選んで提出

### Question 1 of 20

Which phase of acute wound healing is prolonged during progression to a chronic wound?

- A Coagulation.
- B Inflammation.
- C Fibroplasia.
- D Angiogenesis.
- E Remodeling.

[Submit & View Answer](#)

[Submit & View Next Question](#)

## ② 正解および解説を提供

\* 問題の出典は解説欄の[リンク\(Source\)](#)から確認可能

## ③ 電子メール>Emailで結果を共有する機能

## ④ 再挑戦(Retake)機能

## ⑤ 結果を印刷する機能

### Question 1: Incorrect

Which phase of acute wound healing is prolonged during progression to a chronic wound?

- A Coagulation.
- B Inflammation.
- X C Fibroplasia.
- D Angiogenesis.
- E Remodeling.

2

The correct answer is B. You answered C.

Explanation:

The correct answer is B. Inflammation. An acute wound is defined by its ability to normally progress, in a predictable and timely manner, through all of the phases of wound healing; coagulation, inflammation, fibroplasia, angiogenesis, and remodeling. A protracted inflammatory phase is the usual mechanism for the formation of a chronic wound. All clinical efforts should be made to reduce chronic wound inflammation in an effort to support healing.

 55% of users answered correctly.

Source: Current Diagnosis & Treatment: Surgery, 15e

3 [Email Results](#)

[Return to Top of Results](#)

4 [Retake](#)

5 [Print Results](#)



薬剤情報データベース

# Drug Monographs

数千種類の薬剤を体系的に整理した  
統合薬剤データベース

[Drug Monographs →](#)

# 数千種類の薬剤を体系的に整理した \*\*統合薬剤データベース

\*\*分類

① 成分(Generics)

② 商品名(Trade Names)

③ 薬剤分類(Drug Classes)

④ 患者向け資料の提供



Drug Monographs

All Drugs

Generics

Trade Names

Drug Classes

Patient Handouts

All Drugs

Search Drugs

0 - 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A&D Jr. [OTC]  
A.E.R. Witch Hazel [OTC]  
A+D Original [OTC]  
A-200 Lice Treatment Kit [OTC]  
A-25 [OTC]  
AA-Adefovir  
AA-Atenadine  
AA-Diltiaz  
AA-Feno-Super  
AA-Levocarb CR  
AA-RISEDRONATE DR  
AA-AVD (Hodgkin)  
Abacavir and Lamivudine  
Abacavir, Lamivudine, and Zidovudine  
Abatacept  
ABDEK [OTC]  
Abecma  
Abemaciclib  
Abewmy  
Abilify Asimtufi  
Abilify MyCite [DSC]  
Abilify MyCite Starter Kit  
Abiraterone-Methylprednisolone (F)  
Abirtega  
AbobotulinumtoxinA

A.E.R. Traveler [OTC]  
A+D First Aid  
A+D Prevent [OTC] [DSC]  
A-200 Maximum Strength [OTC]  
A3 (Neuroblastoma)  
AA-Amilizide  
AA-Clozapine  
AA-Feno-Micro  
AA-Ipravent  
AA-Metoprolol SR  
AA-Theo LA  
Abacavir  
Abacavir, Dolutegravir, and Lamivudine  
Abaloparotide  
Abbreviations, Acronyms, and Symbols  
ABDEK [OTC]  
Abelcet  
Abemaciclib-Fulvestrant (Breast)  
Ability  
Ability Maintena  
Ability MyCite Maintenance Kit  
Abiraterone Acetate

# Drug Monographs

## 薬剤情報の例および概要

### ① 薬剤情報の提供

- 関連する臨床薬理学(Clinical Pharmacology)
- 適応症および用法・用量(Indications and Usage)
- 禁忌(Contraindications)
- 副作用(Adverse Reactions)
- 薬物相互作用(Drug Interactions)
- 用量(Dosing)等

#### Abatacept

Basics  
[Clinical Pharmacology](#)  
Indications & Usage  
Contraindications  
Warnings/Precautions

Pregnancy & Lactation  
Adverse Reactions  
Interactions  
Dosing  
Administration

Storage & Compatibility  
Monitoring  
Patient Education  
Additional Information  
Pricing

References

#### Mechanism of Action

Abatacept is a selective costimulation modulator; it inhibits T-cell ("T-lymphocyte) activation by binding to CD80 and CD86 on antigen presenting cells (APC), thus blocking the required CD28 interaction between APCs and T cells. Activated T lymphocytes are found in the synovium of patients with rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis. Costimulation blockade has a role in preventing graft-versus-host disease (Watkins 2021).

#### Pharmacokinetics (Adult Data Unless Noted)

Distribution:  $V_{ss}$ : Rheumatoid arthritis (RA): IV: 0.07 L/kg (range: 0.02 to 0.13 L/kg); acute graft-versus-host disease (aGVHD) prophylaxis: 0.13 to 0.17 L/kg

### Abatacept

#### Basics

[Clinical Pharmacology](#)  
[Indications & Usage](#)  
[Contraindications](#)  
[Warnings/Precautions](#)

Pregnancy & Lactation  
Adverse Reactions  
Interactions  
Dosing  
Administration

Storage & Compatibility  
Monitoring  
Patient Education  
Additional Information  
Pricing

References

#### Images



[Formulation Details](#)

#### Description

Ocrencia [B-M SQUIBB U.S. (PRIMARY CARE)] 250 mg

[View all](#)

#### Name

Abatacept

#### Pronunciation

(ab a TA sept)

#### Brand Names: US

- Ocrencia
- Ocrencia ClickJect

#### Pharmacologic Category

- Antirheumatic, Disease Modifying
- Selective T-Cell Costimulation Blocker

#### Medication Safety Issues

Sound-alike/look-alike issues:

Ocrencia may be confused with Oracea

# Drug Monographs

## 患者向け資料の提供

- ① 国別の薬剤名
  - ② 注意事項
  - ③ 薬剤の主な使用目的
  - ④ 服用前の注意事項
  - ⑤ 服用方法
  - ⑥ 副作用の案内等

## Drug Monographs

All Drugs	Patient Handouts		
Generics	Search Drugs		
Trade Names	A	B	C
Drug Classes	D	E	F
<b>Patient Handouts</b>	G	H	I
	J	K	L
	M	N	O
	P	Q	R
	S	T	U
	V	W	X
	Y	Z	
	Language: English   Spanish		
	Abacavir	Abacavir and I	
	Abacavir, Lamivudine, and Zidovudine	Abatacept	

### **Abacavir**

 Print Section

## Pronunciation

(a BAK a veer)

### **Brand Names: U.S.**

- Ziagen

## **Brand Names: Canada**

- Ziagen®

## Warning

- Unsafe and sometimes deadly allergic effects may happen with this drug. Tell your doctor about any fever, rash, feeling tired, upset stomach, throwing up, loose stools, belly pain, flu-like signs, sore throat, cough, or trouble breathing. Do not restart this drug if you have had an allergic reaction.
  - The chance of allergic effects is raised in people who have a certain gene called HLA-B\*5701. Your doctor may check your blood work before you start this drug. Talk with your doctor.
  - This drug may rarely cause swollen liver and an acid health problem in the blood. This may be deadly in some cases. The chance may be higher in women, in overweight people, and in people who have taken drugs like this one for a long time. Talk with your doctor.

#### **What is this drug used for?**

- It is used to treat HIV infection

**What do I need to tell my doctor BEFORE I take this drug?**

- If you have an allergy to abacavir or any other part of this drug.
  - If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
  - If you have liver disease.
  - If you are taking another drug that has the same drug in it.
  - This is not a list of all drugs or health problems that interact with this drug.
  - Tell your doctor and pharmacist about all of your drug problems. You must check to make sure that it is safe to take this drug with your other medical problems. Do not start, stop, or change the dose of any medicine without your doctor's approval.



鑑別診断ツール

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**All Differential Diagnoses**

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**Abdominal pain and fever**

**DDx**

- Gastroenteritis
- Pancreatitis
- Peritonitis
- Urinary tract infection
- Appendicitis
- Diverticulitis
- Viral hepatitis
- Liver or abdominal abscess
- Pelvic inflammatory disease
- Ruptured ectopic pregnancy
- Tubo-ovarian abscess

**Diagnosaurus®**

**All Differential Diagnoses**

Get Alerts

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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Abdominal aortic aneurysm  
Abdominal pain  
**Abdominal pain and fever**   
Abdominal pain and hematuria  
Abdominal pain and rash  
Abdominal pain and weight loss  
Abdominal pain in women  
Abdominal pain, generalized  
Abdominal pain, left lower quadrant  
Abdominal pain, left upper quadrant  
Abdominal pain, right lower quadrant  
Abdominal pain, right upper quadrant  
Abdominal pain, upper or epigastric  
Abnormal premenopausal bleeding (increased or irregular)  
Absent or decreased pulse  
Acanthosis nigricans  
Acetaminophen poisoning  
Achalasia  
Acne vulgaris  
Acromegaly and gigantism  
Actinic keratoses  
Actinomycosis



テーマ別にスッと身につく!

## Flash Cards

スピーディに学べるインタラクティブなフラッシュカード(Flash Cards)!

[Flash Cards →](#)

# テーマごとに素早く身につく インタラクティブな フラッシュカード(Flash Cards)

資料(Resource)およびテーマ(Topic)別に細分化された  
インタラクティブなフラッシュカード(Flash Cards)集

スピーディーな復習をサポートする機能

Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Flashcards**

**Biochemistry and Genetics Flashcards, 3e**

DeGowin's Diagnostic Examination Flashcards

Histology Image Review

Microbiology & Infectious Disease Flashcards, 3e

Pathology Flashcards, 4th Edition

Pharmacology Flashcards, 5th Edition

Physiology Flashcards for USMLE Step 1 and Course Review

Vanderbilt Rapid Recall Flashcards

**Biochemistry and Genetics Flashcards, 3e**

Author(s): Suzanne Baron, Christoph Lee

When we began to review the biochemistry and genetics material covered in the USMLE Step 1 at the end of our second year at Yale Medical School, we realized that most of the practice questions were approaching the material from a clinical perspective and not from the basic science perspective in which we had learned these topics. Although we had taken introductory biochemistry and genetics courses back in college and covered the material again during the first few months of medical school, we found ourselves studying the clinical aspects of biochemical and genetic diseases for the first time. Flipping through ...

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[Cellular Energy](#)

[Carbohydrate Metabolism](#)

[Lipid Metabolism](#)



**Biochemistry and Genetics  
Flash Cards**  
SECOND EDITION

184 high-yield cards deliver a fast and effective review for the USMLE Step 1

Suzanne J. Baron • Christoph I. Lee

**LANGE**

Card 1/3

Abbreviations

About the Authors

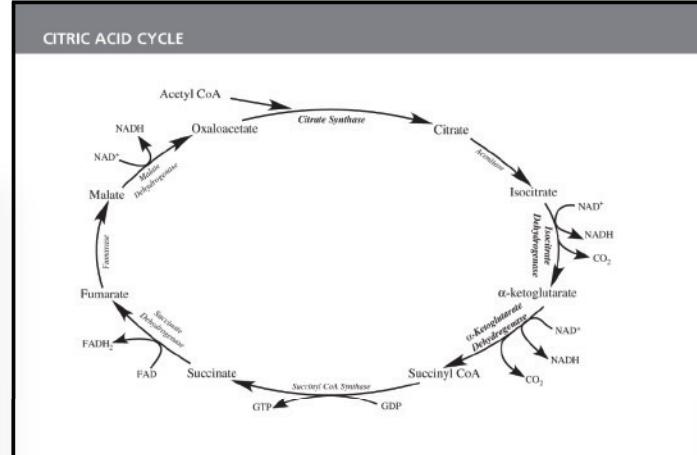
## Cellular Energy - Card 01



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# 効果的に学習・暗記できる フラッシュカード(Flash Cards)の両面活用機能

## ① フラッシュカード(Flash Cards)表面

Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Biochemistry and Genetics Flash Cards**

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Source: J. Barone • Christopher L. Lee

**LANGE**

Card 1/3 >

**Cellular Energy - Card 01**

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Listen

CITRIC ACID CYCLE

The diagram illustrates the Citric Acid Cycle (CAC) with Acetyl CoA entering at the top. It shows the conversion of Acetyl CoA to Citrate via Citrate Synthase, which releases CO<sub>2</sub>. The cycle then proceeds through Isocitrate, α-Ketoglutarate, and α-Ketobutyrate. Side reactions include the conversion of Citrate to Malate (catalyzed by Citrate Lyase), Malate to Fumarate (catalyzed by Malate Dehydrogenase), and Fumarate to Succinate (catalyzed by Fumarate Reductase). These side reactions are linked to NADH oxidation to NAD<sup>+</sup>. Additionally, Succinate is converted to Succinyl CoA, which is used for GTP synthesis. The cycle is completed with the reduction of α-Ketobutyrate to α-Ketoglutarate, catalyzed by α-Ketoglutarate Reductase, which also uses NADH as a reducing agent.

## ② フラッシュカード(Flash Cards)裏面

Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Biochemistry and Genetics Flash Cards**

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**LANGE**

Card 1/3 >

**Cellular Energy - Card 01**

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CITRIC ACID CYCLE

The citric acid cycle occurs in the mitochondrial matrix. Functions include the oxidation of acetyl CoA to CO<sub>2</sub>, the formation of NADH and FADH<sub>2</sub> for entrance into the electron transport chain and subsequent ATP generation, and the synthesis of several important molecules, including succinyl CoA (precursor molecule of heme), oxaloacetate (early intermediate molecule in gluconeogenesis and substrate for amino acid synthesis), α-ketoglutarate (substrate for amino acid synthesis), and citrate (substrate for fatty acid synthesis).

**YIELD OF THE CITRIC ACID CYCLE**

Each molecule of acetyl CoA entering the citric acid cycle yields the following:

- Two CO<sub>2</sub>
- Three NADH
- One FADH<sub>2</sub>
- One GTP

Because each NADH will eventually produce 2.5 ATP and each FADH<sub>2</sub> will produce 1.5 ATP through the electron transport chain, the overall ATP yield from 1 acetyl CoA is 10 ATP (7.5 from NADH, 1.5 from FADH<sub>2</sub>, and 1 from GTP).

**REGULATION OF THE CITRIC ACID CYCLE**

Enzyme	Inhibitors	Activators
Citrate synthase	ATP NADH Succinyl CoA Oxaloacetate	ADP
Isocitrate dehydrogenase	ATP NADH	ADP
α-Ketoglutarate dehydrogenase	ATP or GTP NADH Succinyl CoA CoA, and lipoic acid	—

要点だけをしっかりキャッチ!

## Harrison's High Yield Key Points

Harrison内科学の必須チャプターを要約、  
重要ポイントを素早く確認しましょう！

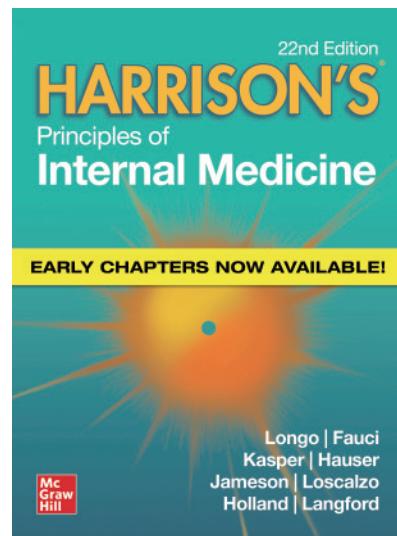
[Harrison's High Yield Key Points →](#)

# Harrison's High Yield Key Points

## Harrison内科学の必須チャプターを要約

💡 代表的な医学書\*\*\*"Harrison's Principles of Internal Medicine"\*\*\*の人気チャプターをまとめた要点集

Home > Books >



## Harrison's Principles of Internal Medicine, 22nd Edition

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

[Go to Review Questions](#)

[Go to Cases](#)

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Early access chapters of the upcoming 22nd edition are now available. Go to the new edition.



■ チャプターごとの膨大な情報を簡潔にまとめた内容

Harrison's High Yield Key Points - 22nd Edition



Key Points for Chapter 6: Screening and Prevention of Disease

**Point 1:** Screening and prevention are primary goals in health care to prevent disease or detect it early enough for effective intervention.

**Point 2:** Screening is most effective when applied to common disorders that carry a large disease burden. The leading causes of mortality in the United States include heart diseases, malignant neoplasms, chronic obstructive pulmonary disease, accidents, and cerebrovascular diseases.

**Point 3:** Age and other risk factors are used to determine screening recommendations, and shared decision-making may be important when the benefit-to-harm ratio is uncertain.

**Point 4:** Screening tests and preventive interventions can have benefits and harms. Adverse outcomes can include side effects, false-positive results, overdiagnosis, anxiety, and radiation exposure. The cost-effectiveness of strategies is evaluated based on the cost per year of life saved.

**Point 5:** The decision to implement a population-based screening and prevention strategy requires weighing the benefits and harms, including the economic impact of the strategy. The costs include not only the expense of the intervention but also time away from work, downstream costs from false-positive results, "incidentalomas" or adverse events, and other potential harms.

**Point 6:** In addition, for patients with advanced diseases and limited life expectancy, there is considerable benefit from shifting the focus from screening procedures to the conditions and interventions more likely to affect quality and length of life.

さまざまな疾患を一目で把握!

# Infographic

医療専門家のための、  
疾患別の要点まとめ&グラフィックガイド!

Infographic →

# Infographic

さまざまな疾患、一目で把握!  
医療専門家のための、  
疾患別の要点まとめ&グラフィックガイド!

医療専門分野ごとに、さまざまな疾患や状態に関する情報を素早く復習できるように構成された要約資料とグラフィックを提供

1ページに要約された医療インフォグラフィックを  
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## Infographics



The Infographic Guide to Medicine  
Neeral Shah, MD



The Infographic Guide to Surgery  
Neeral Shah, MD

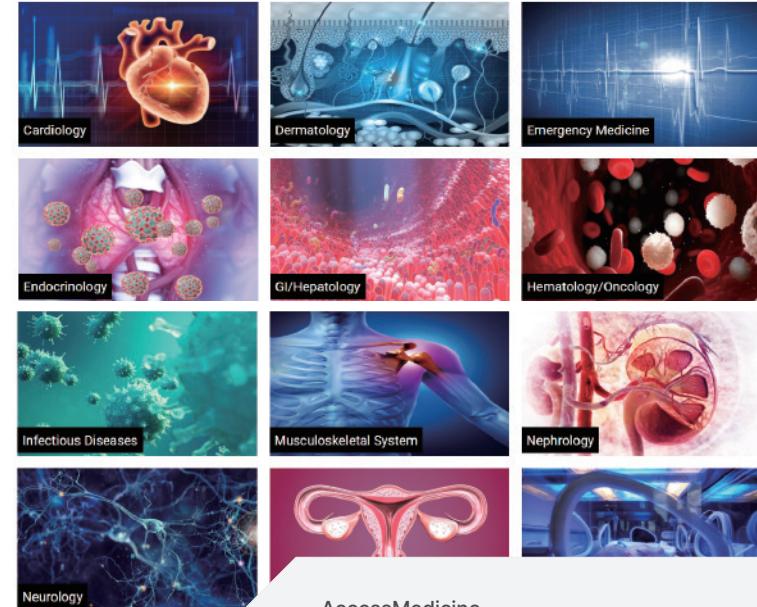
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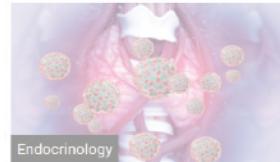
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**Angina Pectoris**

**Etiology:** Myocardial O<sub>2</sub> Demand > Supply  
■ Atherosclerosis  
■ Coronary spasm/Spasm  
■ Severe anemia

**Clinical Presentation:**  
■ Exertional substernal chest pressure  
■ May radiate to neck or arm  
■ Associated with shortness of breath  
■ Impaired with hot, inactivity

**Symptoms last <10 min**

**Diagnosis:**  
■ History consistent with angina  
■ ECG (usually normal)  
■ Stress testing  
■ Troponin if concerned for MI

**Treatment—Nonmedical Therapy:**  
■ Medical therapy not always effective  
■ Caut + PCI/CABG if persistent symptoms  
■ ASA, statins to prevent MI  
■ Quit smoking

**Treatment—Medical Therapy:**  
■ Beta-blockers first line  
■ Calcium channel blockers 2nd line  
■ Nitroglycerine for acute symptoms  
■ ASA, statins to prevent MI  
■ Quit smoking

**Complications:**  
■ Non-ST elevation MI  
■ ST elevation MI  
■ Sudden death

**Aortic Dissection**

**Etiology:** Endothelial damage or tear in aorta  
■ Atherosclerosis  
■ Hypertension  
■ Trauma (e.g., car accident, surgery)

**Clinical Presentation:**  
■ Sudden severe, continuous pain in back or chest  
■ Hypotension  
■ Headache  
■ Syncope  
■ Paradoxical pulse  
■ Hemodynamic instability

**Diagnosis:**  
■ CT scan/MRI best test  
■ Echocardiogram  
■ Angiogram

**Pathophysiology:**  
■ Rupture of inner lining of aorta  
■ Blood enters the space between the layers of the aortic wall  
■ Aneurysm formation  
■ If untreated, leads to hemorrhage and death

**Treatment:**  
■ Surgery  
■ Medical management  
■ Pain management

**Complications:**  
■ Hypotension  
■ Shock  
■ Paradoxical pulse

**Aortic Regurgitation**

**Etiology:**  
■ Mitral valve disease (e.g., mitral stenosis)  
■ Aortic valve disease (e.g., aortic stenosis)  
■ Endocarditis

**Clinical Presentation:**  
■ Orthopnea  
■ Paroxysmal nocturnal dyspnea  
■ Syncope

**Diagnosis:**  
■ History  
■ Physical exam  
■ Echocardiogram

**Management:**  
■ If asymptomatic, follow up annually  
■ If symptomatic, refer to cardiology  
■ Valve replacement

**Aortic Stenosis**

**Etiology:**  
■ Calcification of aortic valve leaflets  
■ Endocarditis  
■ Trauma

**Clinical Presentation:**  
■ Syncope  
■ Dizziness  
■ Syncope

**Diagnosis:**  
■ History  
■ Physical exam  
■ Echocardiogram

**Treatment:**  
■ Medical management  
■ Valve replacement

**Atrial Fibrillation & Atrial Flutter**

**Atrial Fibrillation:**  
■ Clinical presentation  
■ Stroke & embolism  
■ Treatment

**Atrial Flutter:**  
■ Clinical presentation  
■ Stroke & embolism  
■ Treatment

**AV Nodal Reentry Tachycardia & WPW**

**Etiology:** Wolff-Parkinson-White syndrome (WPW)  
■ Genetics  
■ Acute pericarditis  
■ Previous surgery

**Pathophysiology:**  
■ AV node connects the atria to the ventricles  
■ If fast conduction through AV node, heart rate is rapid (AVNRT)  
■ If fast conduction through bypass tract, heart rate is rapid (WPW)

**Diagnosis:**  
■ ECG  
■ Holter monitor  
■ Electrophysiology study

**Management:**  
■ Antiarrhythmic drugs  
■ Cardioversion  
■ Catheter ablation

**Cardiac Tamponade**

**Etiology:** Pericardial effusion (e.g., bacterial septicemia, trauma, tumor)  
■ Causes:  
■ Acute pericarditis  
■ Previous surgery

**Clinical Presentation:**  
■ Decreased venous return  
■ Distant heart sounds, muffled heart sounds  
■ Shallow, rapid respirations  
■ Distant heart sounds  
■ Hypotension  
■ Muffled heart sounds

**Diagnosis:**  
■ Auscultation if clinical suspicion and unstable  
■ ECG: ST depression, low voltage  
■ Ultrasound: Cardiac tamponade sign  
■ CXR: Widened mediastinum  
■ Echocardiogram

**Treatment:**  
■ Aggressive resuscitation with IV fluids  
■ Pericardiocentesis  
■ Emergency surgery to repair the injury

**Carotid Artery Stenosis**

**Etiology:**  
■ Atherosclerosis  
■ Smoking  
■ Diabetes

**Clinical Presentation:**  
■ Transient ischemic attack (TIA)  
■ Stroke  
■ CVAs

**Diagnosis:**  
■ Carotid duplex ultrasound  
■ Carotid angiography  
■ Carotid stenting

**Treatment:**  
■ Aspirin  
■ Antiplatelet agents  
■ Carotid endarterectomy  
■ Carotid angioplasty and stenting  
■ Carotid stenting  
■ Emergency surgery to repair the injury

# Infographic

## 詳細ページ

① 印刷(資料の印刷機能)

② 共有(SNS・メール等での共有機能)

③ 引用(参考文献機能)

④ 注釈(コメント機能)

⑤ 参照表示

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- ① Print
- ② Share
- ③ Get Citation
- ④ Annotate

### Angina Pectoris

by Victor Soukoulis

- ≡ Listen ▶

**Angina Pectoris**

**Etiology:** Myocardial O<sub>2</sub> Demand > Supply

- ① Atherosclerosis
- ② Coronary vasospasm (rare)
- ③ Severe anemia

**Clinical Presentations**

- ① Exertional substernal chest pressure
- ② May radiate to neck or arm
- ③ Associated with shortness of breath (SOB)
- ④ Improves with rest,

**Diagnosis**

- ① History consistent with a