

KARGER

Medical and Scientific Publishers

User Guide

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線上使用指南（讀者手冊）

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1. www.karger.com

連結到生物醫學的專業知識內容

- 在提供用戶優質數位化醫學資訊內容上有超過十年的經驗
- 收錄1998年至今所有電子期刊和圖書內容
- 超過一個世紀的生物醫學之回溯期刊文獻

www.karger.com 由Karger出版社設計和管理；不僅是一個提供資訊和服務的網頁，更是一個完整的期刊和圖書資料庫。

1.1. 區域站點（中、日、德文）

日本站點 (www.karger.jp) 和中國站點 (www.karger.cn) 為當地讀者與用戶提供尤感興趣的網頁內容，並且定期更新。透過區域站點，用戶可以連結到Karger國際網站主頁 (www.karger.com) 的所有內容。

www.karger.de 為德語用戶提供的登錄網頁。

1.2 便捷的工具與豐富的資訊

快速連結至：

- **Karger** 所有電子圖書和期刊，包括相關資訊和服務 (1)
- **Karger** 開放取用的個案報告 (Case Reports Journals)
- Karger **Gazette**，一份每年出版的免費報刊及其他相關網站連結。(2)
- **焦點 (Spotlight)**：包括特別推薦的最新出版物、重要醫學會議和書展資訊。(3)
- **新知服務**、價格表、圖書資訊、新書通報、以及聚焦 (In Focus, 針對時下關注的醫學熱門課題，提供Karger醫學文獻方便快捷的瀏覽)。(4)
- **登錄 (Login)**：讓個人或機構的用戶、管理員登錄使用(5)

1.3. 導航

- 從任何網頁的左端，連結到Karger所有主要產品或服務。(6)
- 從網頁頂端或右端的導航工具可連結到該產品或服務的相關資訊。(7)

The screenshot displays the Karger website interface with several numbered callouts (1-7) highlighting key features and navigation elements:

- 1**: Points to the top navigation bar containing 'Subject Guide', 'Journals', 'Books', 'Services', and 'Resources'.
- 2**: Points to the 'Karger Gazette' link in the left sidebar, described as 'Stimulating. Topical. Free.'
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- 4**: Points to the 'News' section on the right, including 'Price Lists 2011', 'in focus Diabetes Free service', and 'PharmaCollection'.
- 5**: Points to the 'Login/Admin Logout' link in the left sidebar.
- 6**: Points to the 'Journals' link in the left sidebar.
- 7**: Points to the 'American Journal of Nephrology' page, showing the editor's name 'Bakris G. (Chicago, Ill.)' and a search bar.

The 'Journals · Current Program' section lists various journals under the letter 'A', including 'Acta Haematologica (Issues)', 'American Journal of Nephrology (Issues)', 'Annales Nestlé (Ed. espagnole) (Issues)', 'Annales Nestlé (Ed. française) (Issues)', and 'Annales Nestlé (English ed.) (Issues)'.

2. 機構用戶： 用戶網頁和線上訪問控管

- 為每個用戶提供定制化的網頁。
- 通過IP地址認證、代理伺服器或用戶名和密碼（應用戶要求）使用。
- 單次登錄即可同時使用期刊、圖書和回溯文獻。
- 無限人次同時登入使用。
- 永久使用所訂閱的內容。
- 服務台 (Help Desk): 友善、便捷和高效。請電郵至 online@karger.ch

KARGER 圖書館名稱 圖書館標誌

▶ Your Subscriptions

Acta Haematologica

Vol. 124, No. 1, 2010

Free Abstract | Article (Fulltext) | Article (PDF 124 KB)

Case Report

Intrauterine Upper Limb Ischemia Associated with Fetal Thrombophilia: A Case Report and Review of the Literature
Wadah M. Khriess^a, Hala S. Al-Rimawi^a, Isam M. Lataifeh^b, Suleimman Al-Sweedan^a, Eyad Baqain^a

Departments of:
^aPediatrics,
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Address of Corresponding Author

Acta Haematol 2010;124:1-4 (DOI: 10.1159/000314680)

Key Words

- Intrauterine thrombosis
- Neonatal thrombosis
- Intrauterine limb ischemia

Journal Home
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Medline Abstract (ID 20501966)
 Download Citation

This journal is part of the fourth subject package of the Karger Journal Archive Collection
 Information on packages (PDF)
 Free sample issues

AJE
 For non-native English speakers and international authors who would like assistance with their writing before submission, we suggest you use our American Journal Expert editing service.

EndNote
 ...Bibliographies Made Easy™

2.1. 用戶網頁

- 可以瀏覽所有訂閱的期刊、叢書、非叢書、專輯和訂閱的年份。
- 直接連接到所訂閱的資料內容。
- 從Karger的首頁以及任何一個頁面皆可連結瀏覽您訂閱的內容 (**your subscriptions**)。

KARGER 圖書館名稱 圖書館標誌

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[Acta Haematologica \(Backfiles\)](#)
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[Annals of Nutrition and Metabolism \(Backfiles\)](#)
[Audiology and Neurotology \(Backfiles\)](#)
[Blood Purification \(Backfiles\)](#)
[Brain, Behavior and Evolution \(Backfiles\)](#)
[Cardiology \(Backfiles\)](#)
[Caries Research \(Backfiles\)](#)
[Cells Tissues Organs \(Backfiles\)](#)
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[Chemotherapy \(Backfiles\)](#)
[Chirurgische Gastroenterologie \(Backfiles\)](#)
[Cytogenetic and Genome Research \(Backfiles\)](#)
[Cytogenetics and Cell Genetics \(Backfiles\)](#)

連結到全文

3. 資源與服務

從資訊與服務網頁可以連結到：

- 您訂閱的內容、圖書訂購資訊以及價格
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*The surcharge for combined print and online for institutional subscribers is for
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– 2011 subscriptions: 10% with a minimum of CHF 64.– / EUR 47.00 / USD 60.00.

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Subscription rate model:

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- Consortia
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- Prices, Currencies
- Invoicing & Dispatch
- Subscription Period
- Authorized Access
- Back Volumes, Single Issues
- Journal Information
- Change of Address
- Claims & Queries

3.1. CrossRef/DOI: 連結內容

DOI (Digital Object Identifier, 數位物件識別號) 是CrossRef於2000年與科學醫學出版界共同協作開發的項目。

DOI是一個電子資源的永久和單一的識別號碼。它讓詮釋資料 (Metadata) 能方便的在網絡環境中 (例如網際網路) 連結起來。

作為Cross/Ref的成員, Karger向此機構註冊和管理每篇期刊文章和圖書章節的DOI。

要瞭解更多關於CrossRef和DOI的資訊, 請見: www.crossref.org

www.karger.com/doi=000306639 (見 OpenURL, 3.3.)

Cerebrovascular Diseases

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Medline Abstract (ID 20375495) | Download Citation

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Case Reports in Neurology
• online only
• peer reviewed
• open access

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongen^a, Jeroen Hendrikse^a, Frans L. Moll^b, Willem P.T.M. Mali^a, H. Bart van der Worp^c

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Address of Corresponding Author

Cerebrovasc Dis 2010;29:538-545 (DOI: 10.1159/000306639)

Article on www.karger.com

Cerebrovascular Diseases

Vol. 29, No. 6, 2010

Free Abstract | Article (Fulltext) | Article (PDF 302 kB)

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongen^a, Jeroen Hendrikse^a, Frans L. Moll^b, Willem P.T.M. Mali^a, H. Bart van der Worp^c

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Cerebrovasc Dis 2010;29:538-545

Key Words
Carotid artery stenting
Computed tomography
Carotid hemodynamics

Abstract
Background: Patients with impaired perfusion in the brain, as assessed by a stenotic internal carotid artery may have a higher risk of cerebral ischemia complications than those with normal perfusion. We therefore tested whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. Methods: In 41 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. DWI was repeated within 2 days thereafter. Cerebral blood flow (CBF) was measured using CT perfusion in the central four centimeters of the middle cerebral artery (MCA) region before and postoperatively. DWI was analyzed on baseline. DWI was considered new cerebral ischemic lesions. The relation between CBF, CT perfusion and new ischemic lesions in relation to cerebral perfusion was assessed. Results: In 11 of the 41 (DWI) patients, new ischemic lesions were found in the ipsilateral hemisphere. The occurrence of these lesions was related to a lower CT perfusion value (mean 40.8 ± 10.8 vs. 50.0 ± 10.8 ml/100 g/min, p = 0.02) and a longer MTT (mean 14.0 ± 3.0 vs. 12.0 ± 2.0 s, p = 0.001) compared with ipsilateral MCA. Ipsilateral new lesions. Cerebral perfusion with impaired cerebral perfusion was more prone to developing ischemic lesions during carotid artery stenting. This suggests that ischemic lesions during or after carotid artery stenting, embolic and hemodynamic mechanisms are in connection with impaired cerebral perfusion.

Introduction
Established from the heart or large arteries is the most important source of ischemic stroke [1, 2]. However not all ischemic strokes can be attributed to atherosclerotic lesions. Stroke is a complex disorder, and stroke etiology is often multifactorial. In the middle cerebral artery (MCA) region, cerebral perfusion is often impaired in patients with symptomatic carotid artery stenosis [3]. During carotid endarterectomy or stenting [4, 5] and during carotid artery stenting [6], it has been hypothesized that under the circumstances of normal cerebral perfusion, most of these emboli are caused by the cerebral conditions and that a decreased cerebral perfusion

doi> The DOI® System

Resolve A DOI Name

<http://dx.doi.org/> doi: **10.1159/000306639**

Go

Type or paste a DOI name into the text box. Click Go. Your browser will take you to a Web page (URL) associated with that DOI name.

3.2. OpenURL/SFX

開放式定位址（OpenURL）能夠讓用戶連結到圖書館的連結服務器（例如SFX，即Exlibris著名的連結服務器），經由連結服務器識別用戶的權限後，自動連結到原文，以幫助用戶訪問圖書館提供的資源。

所有的Karger出版品均有OpenURL技術支持。

期刊是OpenURL的資源（Sources）。
圖書是OpenURL的目標資源（Targets）。

直接連結到圖書館的SFX服務器，
並呈現圖書館的標誌。

Karger 文章：全文

References

- 1 Caplan LR: Brain embolism, revisited. *Neurology* 1993;43:1281-1287. [Find@CISTI](#)
- 2 Barnett HJ, Gunton RW, Eliasziw M, et al: Causes and severity of ischemic stroke in patients with internal carotid artery stenosis. *JAMA* 2000;283:1429-1436. [Find@CISTI](#)
- 3 van der Worp HB, van Gijn J: Clinical practice. Acute ischemic stroke. *N Engl J Med* 2007;357:572-579. [Find@CISTI](#)
- 4 Pinero P, Gonzalez A, Mayol A, et al: Silent ischemia after neuroprotected percutaneous carotid stenting: a diffusion-weighted MRI study. *AJNR Am J Neuroradiol* 2006;27:1338-1345. [Find@CISTI](#)
- 5 Georgiadis D, Lindner A, Manz M, et al: Intracranial microembolic signals in 500 patients with potential cardiac or carotid embolic source and in normal controls. *Stroke* 1997;28:1283-1287. [Find@CISTI](#)

基本URL: <http://content.karger.com/ProdukteDB/produkte.asp?>

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Journal Home with ISSN

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Journal: Issue (Table of Contents) with ISSN + Volume + Issue
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Journals/Books: Article/Chapter Abstract with DOI
<http://content.karger.com/ProdukteDB/produkte.asp?doi=10.1159/000090121>
<http://content.karger.com/ProdukteDB/produkte.asp?doi=000090121>

3.3. 檢索

可檢索一本刊物、文章題名或所有線上內容（包括期刊和圖書）。

也可在Karger國際網站www.karger.com進行進階檢索。

Karger使用谷歌搜索（Google Search）的修改版。

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Editor(s):
Hennenci M.G. (Mannheim)

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- Navigating the Grey Zones of Stroke Management for a Greying Population ([Free article](#))

Year	Vol.	Issue	pp.	
2010	30	No. 2		Upcoming Issue
		No. 1	1-56	Published online first (Issue-in-Progress)
	29	No. 6	517-616	May 2010
		No. 5	415-516	April 2010
		No. 4	313-414	March 2010
		No. 3	211-312	February 2010
No. 2	105-210	January 2010		

December 2009
In Preparation
European Society of Neurosonology and Cerebral Hemodynamics

Search in this journal

Search

目錄表
日本語目錄

Advanced Search

Occurrences: anywhere in the page

Sort: Sort by relevance

Search in: Complete Website

Book series: Complete Website

Time span: Journal Information, Book Information, Authors & Editors

Journal: [dropdown]

Time span: [dropdown]

3.4. 按次付費閱讀期刊和電子書（僅供個人用戶）

在機構訂戶之外，個人用戶若要閱讀電子期刊和電子書單篇文章或整本電子書，可以通過幾個簡單的步驟以按次付費方式購買。

244 Cognitive Performance in Elderly Patients Undergoing Carotid Endarterectomy or Carotid Artery Stenting: A Twelve-Month Follow-Up Study
Feliziani F.T.; Polidori M.C.; De Rango P.; Mangialasche F.; Monastero R.; Ercolani S.; Raichi T.; Cornacchiola V.; Nelles G.; Cao P.; Mecocci P.
Cerebrovasc. Dis 2010;30:244-251 (DOI:10.1159/000319066)
[Free Abstract](#) [Article \(Fulltext\)](#) [Article \(PDF 181 KB\)](#)

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Cerebrovascular Diseases

Feliziani FT, Polidori MC, De Rango P, Mangialasche F, Monastero R, Ercolani S, Raichi T, Cornacchiola V, Nelles G, Cao P, Mecocci P:
Cognitive Performance in Elderly Patients Undergoing Carotid Endarterectomy or Carotid Artery Stenting: A Twelve-Month Follow-Up Study.
Cerebrovasc Dis 2010;30:244-251 (DOI: 10.1159/000319066)
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4. 期刊

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4.1. 期刊主頁 (Journal Home)

特點：

- 連結到所有主要網頁，例如期刊內容概要和編輯委員會。
- 為作者而設的投稿指南（可連結至網上提交的網站）和文章存檔資訊(self-archiving)、稿費和其他。
- 連結到所屬團體（若適用）以及重要會議公告。
- 輕鬆連結到圖書館推薦表格、發行通報（Karger alerts）、免費線上樣刊和其他增值服務。

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Vol. 30, No. 3, 2010 August 2010

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221 **Hyperintense Carotid Plaque on T₁-Weighted Turbo-Field Echo MRI in Symptomatic Patients with Low-Grade Carotid Stenosis and Carotid Occlusion**
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Cerebrovasc Dis 2010;30:221-229 (DOI:10.1159/000317182)
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230 **Presence of Deep White Matter Lesions on Diffusion-Weighted Imaging Is a Negative Predictor of Early Dramatic Improvement after Intravenous Tissue Plasminogen Activator Thrombolysis**
Kawano, H.; Hirano, T.; Inatomi, Y.; Terasaki, T.; Yonehara, T.; Uchino, M.
Cerebrovasc Dis 2010;30:230-236 (DOI:10.1159/000317183)
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Original Paper

Presence of Deep White Matter Lesions on Diffusion-Weighted Imaging Is a Negative Predictor of Early Dramatic Improvement after Intravenous Tissue Plasminogen Activator Thrombolysis

Hiroyuki Kawano^{a,b}, Teruyuki Hirano^a, Yuichiro Inatomi^b, Tadashi Terasaki^c, Toshiro Yonehara^b, Makoto Uchino^a

^aDepartment of Neurology, Graduate School of Medical Sciences, Kumamoto University,
^bDepartment of Neurology, Stroke Center, Saiseikai Kumamoto Hospital, and
^cDepartment of Neurology, Japanese Red Cross Kumamoto Hospital, Kumamoto, Japan

Address of Corresponding Author
Cerebrovasc Dis 2010;30:230-236 (DOI: 10.1159/000317183)

Key Words

- Thrombolysis
- Diffusion-weighted imaging
- Deep white matter lesion
- Tissue plasminogen activator
- Alberta Stroke Program Early CT Score

Abstract

Background: The impact of deep white matter lesions observed at the corona radiata on diffusion-weighted MRI (DWI-W lesions) on the clinical recovery of patients after tissue plasminogen activator (tPA) therapy is unclear. Our goal was to elucidate

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Cerebrovascular Diseases

Vol. 29, No. 6, 2010

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Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Key Words

- Carotid stenosis
- Carotid artery stenting
- Computed tomography
- Cerebral hemodynamics

Abstract

Background: Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. *Methods:* In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery. Hypertensive lesions on postprocedural DWI not visible on baseline DWI were considered new cerebral ischemic lesions. The relation between CBF, CBV, and MTT and new ipsilateral ischemic lesions was tested with logistic regression. *Results:* In 11 of the 45 (24%) patients, new ischemic lesions were found in the ipsilateral hemisphere. The occurrence of these lesions was related to a lower CBF [adjusted odds ratio (aOR), 0.96; 95% confidence interval (CI), 0.92–1.00] and a longer MTT (aOR, 1.65; 95% CI, 1.02–2.66) compared with ipsilateral hemispheres without new lesions. *Conclusions:* Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert.

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Introduction

Embolism from the heart or large arteries is the most important cause of ischemic stroke [1–3], however not all emboli to the brain lead to cerebral ischemia [4]. Asymptomatic microembolic signals are often found with transcranial Doppler ultrasound in the middle cerebral artery (MCA) of patients with a potential cardiac

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Original Paper

Cerebrovascular Diseases

Published Online: April 8, 2010
Accepted January 17, 2010
Published online April 8, 2010

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongen^a · Jeroen Hendrikse^a · Frans L. Mol^b · Willem P.T.M. Mali^a
H. Bart van der Worp^c

Departments of ^aRadiology, ^bSurgery and ^cNeurology, Radboud Magnus Institute of Neurosciences, University Medical Center Utrecht, Utrecht, The Netherlands

Key Words
Carotid stenosis · Carotid artery stenting · Computed tomography · Cerebral hemodynamics

Abstract
Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. *Methods:* In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. DWI was repeated within 2 days thereafter. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery. Hypertensive lesions on postprocedural DWI not visible on baseline DWI were considered new cerebral ischemic lesions. The relation between CBF, CBV, and MTT and new ipsilateral ischemic lesions was tested with logistic regression. *Results:* In 11 of the 45 (24%) patients, new ischemic lesions were found in the ipsilateral hemisphere. The occurrence of these lesions was related to a lower CBF [adjusted odds ratio (aOR), 0.96; 95% confidence interval (CI), 0.92–1.00] and a longer MTT (aOR, 1.65; 95% CI, 1.02–2.66) compared with ipsilateral hemispheres without new lesions. *Conclusions:* Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert.

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Introduction
Embolism from the heart or large arteries is the most important cause of ischemic stroke [1–3], however not all emboli to the brain lead to cerebral ischemia [4]. Asymptomatic microembolic signals are often found with transcranial Doppler ultrasound in the middle cerebral artery (MCA) of patients with a potential cardiac source of emboli and in patients with symptomatic carotid artery stenosis [5], during carotid endarterectomy or stenting [6–8], and during cardiac surgery [9]. It has been hypothesized that under the circumstances of normal cerebral perfusion, most of these emboli are cleared by the cerebral circulation and that a decreased cerebral perfusion

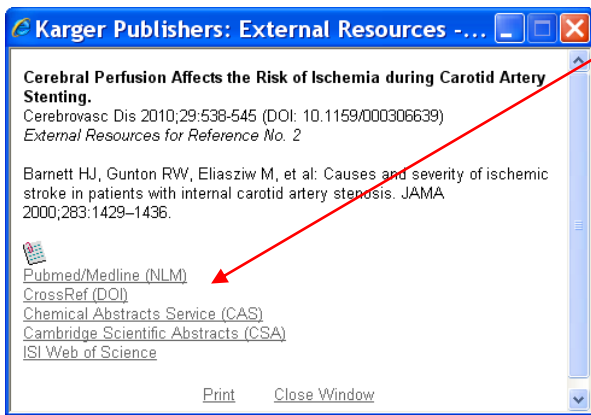
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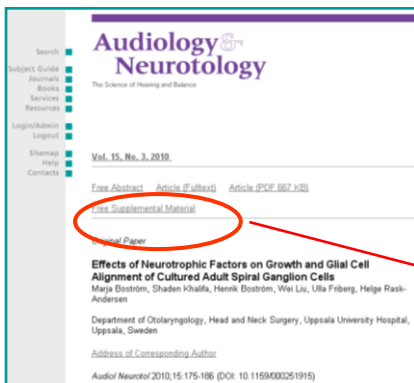
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- 4 Pinero P, Gonzalez A, Mayol A, et al: Silent ischemia after neuroprotected percutaneous carotid stenting: a diffusion-weighted MRI study. *AJNR Am J Neuroradiol* 2006;27:1338-1345.
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Audiol Neurotol 2010;15:175-186 (DOI: 10.1159/000251915)

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Hemodiafiltration - A new Era
Highlighting recent advances and clinical experiences
Current Impact Factor: 1.782

Vol. 167, 2010
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Disease, Diagnosis and Therapy
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Introducing a new concept to treat acute organ damage

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Contributions to Nephrology, Vol. 167
ISSN: 0302-5144
e-ISSN: 1662-2782

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4 **Current Status of Blood Purification in Critical Care in Japan**
Kaizu, K.; Inada, Y.; Kawamura, A.; Oda, S.; Hirasawa, H.
Suzuki H, Hirasawa H (eds): *Acute Blood Purification. Contrib Nephrol. Basel, Karger, 2010, vol 166, pp 4-10*
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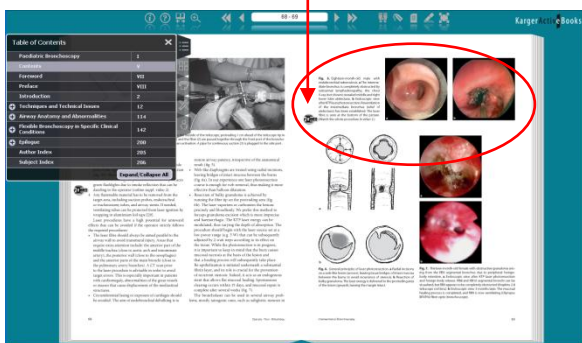
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Endotoxemia and Endotoxin Shock

Endotoxin in the Pathogenesis of Sepsis

Marshall JC

Ronco C, Piccinni P, Rosner MH (eds): *Endotoxemia and Endotoxin Shock: Disease, Diagnosis and Therapy. Contrib Nephrol. Basel, Karger, 2010, vol 167, pp 1-13 (DOI: 10.1159/000319814)*

Article (PDF 436 kB) **Free Preview** **Medline Abstract (ID 20519694)**

Abstract:
The word 'sepsis' is a descriptive term that denotes the clinical syndrome resulting from the activation of an innate host response to infection. Sepsis is a useful concept that underlines the fact that the morbidity of serious infection arises through the response of the host, rather than through intrinsic cytopathic effects of the microorganism. However, it has proven inadequate as a means to delineate a population of patients who might benefit from therapies that modulate this response. The syndrome is variable in its clinical expression, and not specific for infection as a cause. Emerging insights into the biology of the innate host immune response reveal that the cellular response can be evoked by a variety of stimuli – including both microbial products and host-derived molecules that are normally intracellular – that signal danger to the host. The disconnect between concept and disease that has hampered the conduct of clinical trials is nicely exemplified in the host response to endotoxin. Endotoxemia occurs in many patients with sepsis, but also in many clinical settings that are noninfectious in nature. Moreover, the biologic behavior of endotoxin resembles that of a hormone more than that of a toxin, suggesting that low level endotoxemia may, under some circumstances, be beneficial. Future studies of antiendotoxin strategies in acute illness are more likely to succeed if they recruit patients with endotoxemia, and titrate therapy to an optimal level.

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Endotoxin in the Pathogenesis of Sepsis

John C. Marshall

Department of Surgery, University of Toronto, and the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ont., Canada

Abstract
The word 'sepsis' is a descriptive term that denotes the clinical syndrome resulting from the activation of an innate host response to infection. Sepsis is a useful concept that underlines the fact that the morbidity of serious infection arises through the response of the host, rather than through intrinsic cytopathic effects of the microorganism. However, it has proven inadequate as a means to delineate a population of patients who might benefit from therapies that modulate this response. The syndrome is variable in its clinical expression, and not specific for infection as a cause. Emerging insights into the biology of the innate host immune response reveal that the cellular response can be evoked by a variety of stimuli – including both microbial products and host-derived molecules that are normally intracellular – that signal danger to the host. The disconnect between concept and disease that has hampered the conduct of clinical trials is nicely exemplified in the host response to endotoxin. Endotoxemia occurs in many patients with sepsis, but also in many clinical settings that are noninfectious in nature. Moreover, the biologic behavior of endotoxin resembles that of a hormone more than that of a toxin, suggesting that low level endotoxemia may, under some circumstances, be beneficial. Future studies of antiendotoxin strategies in acute illness are more likely to succeed if they recruit patients with endotoxemia, and titrate therapy to an optimal level.

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Sepsis is defined as the systemic host response to invasive infection [1]. This seemingly simple definition belies a much more complex biologic reality, for host-microbial interactions are evolutionarily ancient, intimate and fundamentally symbiotic, rather than pathologic. To the clinician, however, sepsis lacks this nuance: it is a potentially devastating clinical disorder that poses enormous therapeutic challenges. Within the developed world, sepsis is the leading cause of death for patients admitted to an intensive care unit (ICU), affecting close to one million North Americans annually, and is responsible for the deaths of

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Single-step EUS-guided endoscopic treatment for sterile pancreatic collections: A single-center experience

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Abstract

Background and Aims: Endoscopic ultrasound (EUS) is useful for the treatment of sterile pancreatic fluid collections (PFC), either by means of transmural drainage or by complete aspiration. The aim of this study was to evaluate the efficacy and safety of single-step EUS-guided endoscopic approaches for treatment of sterile PFC. Patients and Methods: During a 3-year period, 77 consecutive patients with symptomatic, persistent sterile PFC were evaluated and treated with the linear EUS. We excluded patients with grossly purulent chronic pseudocyst and those whose cytology diagnostic was neoplastic cyst of pancreas. 44 patients received a single 10-Fr plastic straight stent under EUS or fluoroscopic control (group I) and 33 of these underwent a single-step complete aspiration with a 19-gauge needle (group II). Results: The mean size of the sterile PFC was 48 mm in group I and 28 mm in group II (p < 0.001). Overall, endoscopic treatment was successful in 70 (90.9%) patients. The mean volume aspirated was 25 (18-65) ml. The total number of procedures was 50 in group I and 41 punctures in group II. After a mean follow-up of 64 ± 15.6 weeks there were 6 complications (13.6%): 2 recurrences (referred to surgery), 2 developing abscesses (submitted a new EUS-guided endoscopic drainage with success), 1 perforation that died (2.2%), and 1 case of bleeding (sent to surgery) in group I. In group II there were only 6 (18.1%) recurrences (submitted a new EUS-guided aspiration). None of the patients undergoing single-step aspiration developed infections, perforation or hemorrhage. Conclusion: The recurrence of pancreatic pseudocysts after endoscopic treatment was similar, either by means of plastic stents or by complete aspiration. Copyright © 2009 S. Karger AG.

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Author Keywords: Aspiration; Cystogastrostomy; Endoscopic drainage; Endoscopic ultrasonography; Pancreatic pseudocyst

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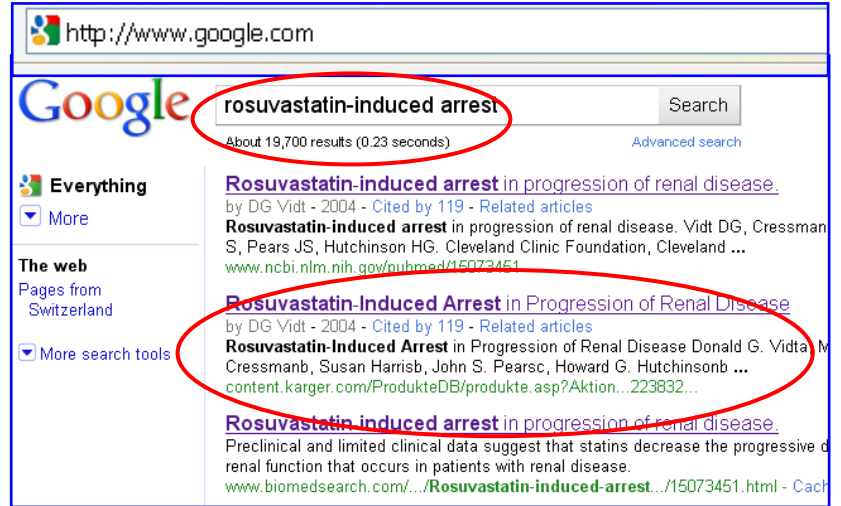
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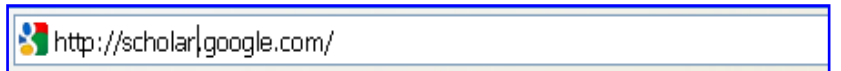
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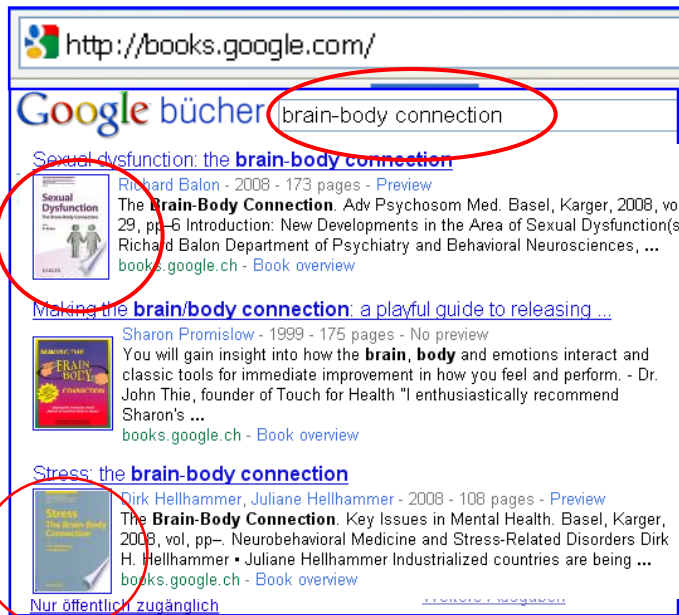
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Cerebrovasc Dis., 2010, Apr 8;29(6):538-545. [Epub ahead of print]

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting.

Jongen LM, Hendrikse J, Moll FL, Mali WP, van der Worp HB.
Department of Radiology, University Medical Center Utrecht, Utrecht, The Netherlands.

Abstract
Background: Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. Methods: In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting; DWI was repeated within 2 days thereafter. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery, compared with ipsilateral hemispheres without new lesions. Conclusions: Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert. Copyright © 2010 S. Karger AG, Basel.

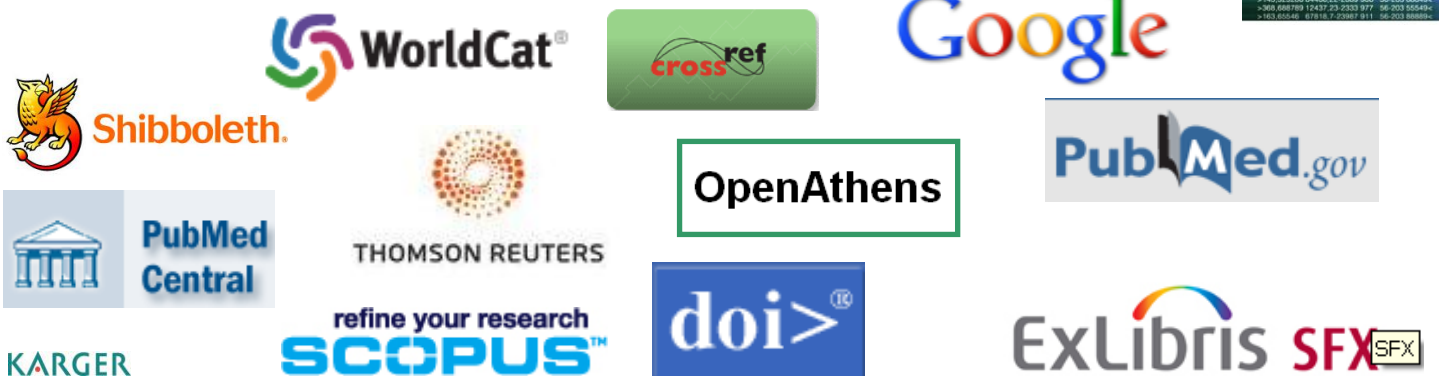
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