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معرفی

- کلینیکال کی یک پایگاه اطلاعاتی و موتور جستجوی بالینی که امکان دسترسی سریع به منابع پزشکی و پیراپزشکی تمام متن برای پزشکان و کاربران خود فراهم می کند.
 - یکی از محصولات شرکت بین المللی الزویر است.
- یک موتور جستجوی بالینی هوشمند که شامل کتاب، مجلات، مولتی مدیا، اطلاعات و تداخلات دارویی ، روش های درمانی و .. است. بگونه ای طراحی شده است که توان پاسخگویی به ۳ نیاز کلیدی پزشکان، جامعیت، اعتماد و سرعت را به صورت همزمان در خود داشته باشد.

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۱. **سریع:** کلینیکال کی در اسرع وقت به سوالات پزشکی شما پاسخ می دهد. این سرویس در همان حالی که شما مشغول تایپ هستید پیشنهادهای مناسب را به شما ارائه می دهد.

۲. **بروزرسانی مداوم:** کلینیکال کی به طور مداوم در حال به روزرسانی است.

۳. **دسترسی آسان:** در هر مکان و حالت می توانید دسترسی داشته باشید.

۴. **شخصی سازی:** هر کاربر می تواند جستجوها را بر اساس نیاز خود شخصی سازی کرده و نتایج یافته شده را به اشتراک بگذارد.

۵. **جستجوی هوشمند:** فناوری های جدید مبتنی بر هوش مصنوعی یک جستجوی کامل و هدفمند را برای کاربران به منظور یافتن مرتبط ترین پاسخ در کمترین زمان ممکن را فراهم می آورد.



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Uterine Malignancy-Sarcomas

Cancers of the uterus include tumors that originate from epithelial or connective tissue. Tumors that arise from the epithelium are referred to as adenocarcinomas, whereas tumors that arise from mesenchymal tissue (i.e., connective tissue) are referred to as sarcomas.

Nestlerode, Christina, DO; Neff, Robert, MD. Updated January 1, 2025. © 2024

CLINICAL OVERVIEW

Neurologic Complications of Cancer

Neurologic complications of cancer occur as a result of direct and indirect effects of tumors and cancer treatments, leading to focal or widespread symptoms affecting the central, peripheral, and/or autonomic nervous systems.

Stevens, Glen, Dr., DO, PhD, FAAN; Fedorowicz, Zbigniew, Dr., PhD, MSc, DPM. Updated June 4, 2023. © 2024.

CLINICAL OVERVIEW

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Neurologic Complications of Cancer



CLINICAL OVERVIEW

Neurologic Complications of Cancer

Glen Stevens DO, PhD, FAAN, Zbigniew Fedorowicz PhD, MSc, DPH, BDS, LDSRCS and Alexander Rae-Grant MD, FRCPC, FAAN

Released October 22, 2024. ©DynaMedTM, produced and published by DynaMed, LLC. All rights reserved

Background Information

Description

- neurological complications of cancer can be caused by direct or indirect actions of tumors or cancer treatments, and can affect a wide range of areas and functions of the central and peripheral nervous system

Stroke



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Background Information

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Overview and Epidemiology

Etiology and Pathogenesis

Clinical Presentation

Diagnosis and Management

Overview of Diagnosis and Management

Recommendations From Professional Organizations

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Cerebral Edema

Headache

Overview and Epidemiology

- both ischemic and hemorrhagic stroke can arise as a complication of cancer
- clinical stroke has been reported in about 7-10% of patients with cancer (J Neurol Transl Neurosci 2014;2(1):1039full-text)
- intracranial hemorrhage reported in 0.8%-6% of patients with cancer
- mechanisms by which stroke can occur as a complication of cancer include:
 - metastatic disease in the brain such as compression or tumor necrosis
 - complications of cancer treatments
 - infection
 - see Etiology and Pathogenesis for details

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Stroke and Cancer- A Complicated Relationship

[Jennifer L Dearborn](#)^{1,*}, [Victor C Urrutia](#)¹, [Steven R Zeiler](#)¹

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Abstract

The interrelationship between stroke and cancer is complex. Cancer and stroke may occur independently in a given patient, or cancer may directly or indirectly lead to stroke via: hypercoaguability, non-bacterial thrombotic endocarditis (NBTE), direct tumor compression of blood vessels, or treatment-related effects which potentiate stroke. Patients with cryptogenic stroke are relatively common, and under the right circumstances, may provide an opportunity to screen for occult malignancy. In this review, we discuss relevant data linking stroke and cancer as well as propose a testable algorithm for cancer screening in the patient with cryptogenic stroke. Future directions should focus on validating patient-care algorithms in prospective clinical trials to provide an evidence base for this important issue.

Keywords: Stroke, Cancer, Hypercoagulable States, Venous Thromboemoblism, Non-Bacterial Thrombotic Endocarditis

INTRODUCTION

Cancer and ischemic stroke independently carry a large burden of morbidity and mortality

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factors such as hypertension, hyperlipidemia, diabetes, atrial fibrillation and tobacco use [10–12]. Vascular risk profiles of cancer patients are similar when compared to patients without cancer who were admitted to a stroke unit [13]. Nevertheless, the classification of “cryptogenic” stroke, meaning that no cause was identified despite detailed investigation, is more common in stroke patients with cancer, [10] suggesting an association between malignancy and unknown mechanisms leading to stroke. Of note, 67% of strokes in cancer patients appear as multiple embolic events on imaging in one study [14] suggesting that clot formation and embolization may often be the culprit. Although cancer can co-exist and even accelerate traditional cerebrovascular risk factors, we hypothesize that in a certain subset of patients, cancer causes stroke more directly. Multiple mechanisms, supported by multiple lines of evidence, may link stroke with cancer. We explore each below. Findings are summarized in [Table 1](#).

Table 1
لینک جدول
 Cancer related mechanisms of Stroke.

Mechanism	Causal factor	Associated tumors	Stroke Characteristics
Hypercoagulability	Adenocarcinomas especially; secrete	Adenocarcinoma of breast, lung, prostate,	Embolic appearing

malignancy using diffusion-weighted imaging. *Cerebrovasc Dis.* 2009;28:411–416. doi: 10.1159/000235629. [DOI] [PubMed] [Google Scholar]

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Analysis of 182 patients with chronic disseminated intravascular coagulopathy and malignancy shows



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Stroke and Cancer- A Complicated Relationship

Jennifer L Dearborn, Victor C Urrutia, Steven R Zeiler

PMID: 26322334 PMCID: PMC4550304

Abstract

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CLINICAL OVERVIEW



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Cancers of the uterus include tumors that arise from the epithelium or mesenchymal tissue. Tumors that arise from the epithelium are referred to as adenocarcinomas, whereas tumors that arise from mesenchymal tissue (i.e., connective, muscular, vas...

Nestlerode, Christina, DO; Neff, Robert, MD. Updated January 1, 2025. © 2025.

CLINICAL OVERVIEW

Neurologic Complications of Cancer

Neurologic complications of cancer occur as a result of direct and indirect actions of tumors and cancer treatments, leading to focal or widespread symptoms and deficits affecting the central, peripheral, and/or autonomic nervous systems. Neurologi...

Stevens, Glen, Dr., DO, PhD, FAAN; Fedorowicz, Zbigniew, Dr., PhD, MSc, DPH, BDS, LDSRCS; ...
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Canerous diseases

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CLINICAL OVERVIEW

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این بخش برای فیلتر کردن (محدود کردن) نتایج است. مثلا براساس سال نشر، نوع منبع، تخصص و..می باشد.

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above the normal mean (ie, above the upper reference limit) in a given laboratory;
commonly, hypercalcemia is classified as mild (10.5-11.9 mg/dL), moderate (12-13.9

Andreopoulou, Panagiota, MD. Updated September 23, 2024. © 2021.

Jump to [Summary](#) [Diagnosis](#) [Workup](#) [Treatment](#)

CLINICAL TRIAL

Little Cigar and Cigarillo Warnings to Reduce Tobacco-Related Cancers and Disease: Randomized Controlled Trial Among US Adults Who Use LCCs

In this study, LCC warnings on packs will be electronically presented to participants over time to determine if newly developed LCC warnings increase quit intentions compared to FDA-proposed text-only warnings and a control condition (in which par...

Published October 27, 2023. Conditions: Tobacco Use. Interventions: Behavioral: Newly develop warnings with images at 30% size; Behavioral: FDA proposed text-only warnings at 30% size.

CLINICAL TRIAL

A Pilot Study: Sleep in Hospitalized Children With Cancer and Related Diseases

The investigators want to better understand how that the investigators can learn how to improve

Published May 27, 2021. Conditions: Pediatric Cancer

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خلاصه

OUTLINE

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Summary

- Key Points
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Basic Information

Diagnosis

تشخیص

- Approach to Diagnosis
- Diagnostic Criteria
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Differential Diagnosis

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Hypercalcemia of Malignancy

Diagnosis

Approach to Diagnosis

- Hypercalcemia of malignancy in a patient with malignant disease: complete metabolic panel
- Measure serum albumin
 - Corrected calcium level
 - measured total serum calcium
- Confirm elevated corrected calcium level
 - Ionized calcium measured by an accurate ionized calcium level. In the presence of a low ionized calcium level
- Once hypercalcemia is confirmed (in malignant and nonmalignant) and mechanism

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3D Printing: Applications in Medicine and Surgery, Volume 2

3D Printing for the Radiologist

Abdominal Imaging

Abdominal Imaging: The Core Requisites

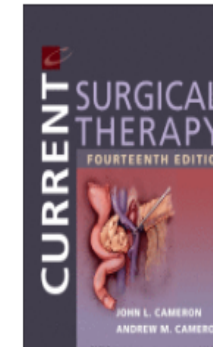
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Weiner, Michael, MD

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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

Updated January 29, 2024

Abdominal Compartment Syndrome

Released January 1, 2024

Abdominoperineal Resection

Released September 28, 2024

Ablation of Atrial Fibrillation

Updated June 22, 2024

Abnormal Balance or Gait

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CLINICAL TRIAL



Prevention of Hypertension Incidence and Diabetes Italian Assessment Study. Therapeutic Strategies of Prevention of Diabetes and Hypertension in Subjects With Metabolic Syndrome and High-Normal Blood Pressure.

1. Background and rationale 1. Evidence available Data obtained from observational studies have shown that subjects with hypertension have an increased prevalence of type II diabetes mellitus compared to normotensives, and that the association bet...

Published February 16, 2024. Conditions: Diabetes Mellitus; Hypertension. Interventions: Behavioral: Diet; Behavioral: Moderate exercise; Drug: enalapril tablets; Drug: placebo tablets; Drug: Losartan Tablets.

CLINICAL TRIAL



Continuous Glucose Monitoring in Kidney Transplant Recipients with Diabetes, Pre-diabetes and Without

Diabetes Mellitus

Disease Overview

View Full Topic

Ferri's Clinical Advisor 2025 · Ferri, Fred F., MD, FACP

DEFINITION

• Diabetes mellitus (DM) refers to a syndrome of hyperglycemia resulting from many different causes (see "Etiology"). It is broadly classified into type 1 (T1DM) and type 2 DM (T2DM). The terms *insulin-dependent* and *non-insulin-dependent* diabetes are obsolete because when a person with type 2 diabetes needs insulin, he or she remains labeled as type 2 and is not reclassified as type 1. Immune-mediated type 1 DM (type 1A) represents 5% to 10% of newly diagnosed diabetics. Tables 1 and 2 provide a general comparison of the two types of DM. One difference is that type 1 has usually complete or near-total knockout of insulin reserves mediated solely by immunogenic responses from carriers of certain genotypes, whereas type 2 is of polygenetic origin and may have patients who may start with hyperinsulinemia but have insulin resistance and through environmental factors such as diet and sedentary lifestyle leads to an imbalance between glucagon and insulin levels,...



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Alpha Blockers

Alpha-Glucosidase Inhibitors

Amphetamine Stimulants for Attention Deficit Hyperactivity Disorder (ADHD)

Angiotensin-Converting Enzyme (ACE) Inhibitors

Angiotensin Receptor Blockers (ARBs)

Aromatase Inhibitors



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 DRUG MONOGRAPH

☆ ✉ 🖨

metFORMIN

Metformin is an oral biguanide used to improve glycemic control in adult and pediatric patients 10 years and older with type 2 diabetes mellitus (T2DM).[28550][60711][60714][60715][64593] The actions of metformin differ from, yet complement, those...

Elsevier Drug Information. Published October 18, 2024.

 DRUG MONOGRAPH

☆ ✉ 🖨

Pioglitazone; metFORMIN

Pioglitazone; metformin is a combination product containing 2 oral antidiabetic agents. Metformin is a biguanide agent that improves insulin sensitivity. Pioglitazone is a member of the thiazolidinedione (TZD) class. The combination is used as an ...

Elsevier Drug Information. Published October 18, 2024.

 DRUG MONOGRAPH

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glyBURIDE

Diabetes Mellitus

Disease Overview

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DEFINITION

• Diabetes mellitus (DM) refers to a syndrome of hyperglycemia resulting from many different causes (see “Etiology”). It is broadly classified into type 1 (T1DM) and type 2 DM (T2DM). The terms *insulin-dependent* and *non-insulin-dependent* diabetes are obsolete because when a person with type 2 diabetes needs insulin, he or she remains labeled as type 2 and is not reclassified as type 1. Immune-mediated type 1 DM (type 1A) represents 5% to 10% of newly diagnosed diabetics. [Tables 1](#) and [2](#) provide a general comparison of the two types of DM. One difference is that type 1 has usually complete or near-total knockout of insulin reserves mediated solely by immunogenic responses from carriers of certain genotypes, whereas type 2 is of polygenetic origin and may have patients who may start with hyperinsulinemia but have insulin resistance and through environmental factors such as diet and sedentary lifestyle leads to an imbalance between glucagon and insulin levels,... [More](#)



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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

18F-FDG PET/CT and radiolabeled leukocyte SPECT/CT imaging for the evaluation of cardiovascular infection in the multimodality context

2024 The American Society of Nuclear Cardiology, the American College of Cardiology, Heart Rhythm Society, and the Infectious Diseases Society of America. Published by Elsevier on behalf of the American Society of Nuclear Cardiology, the American College of Cardiology, Heart Rhythm Society, and by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. [2024 05 01]

The 1st EoETALY Consensus on the Diagnosis and Management of Eosinophilic Esophagitis–Current Treatment and Monitoring

The Authors. [2024 07 01]

The 1st EoETALY Consensus on the Diagnosis and Management of Eosinophilic Esophagitis – Definition, Clinical



سازمان بهداشت و آموزش پزشکی
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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

14 Tips for Parents Using OTC Medicines for Your Child

American Academy of Family Physicians. August 22, 2017.

17-Hydroxycorticosteroids Test

Available to print in English, Simplified Chinese... Show all. Interactive Patient Education. October 4, 2024.

17-Ketosteroid Test

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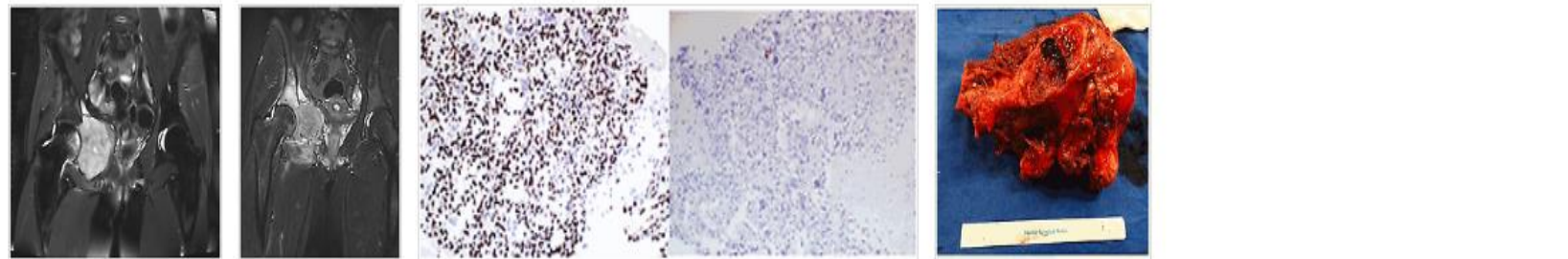
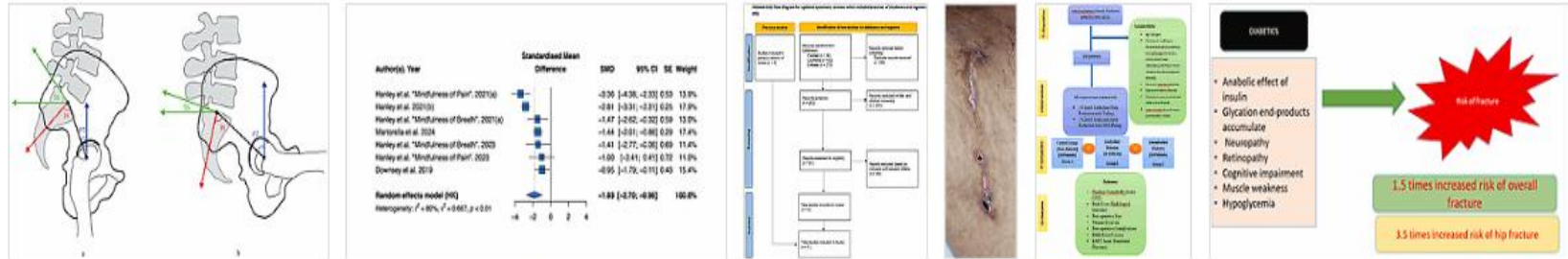
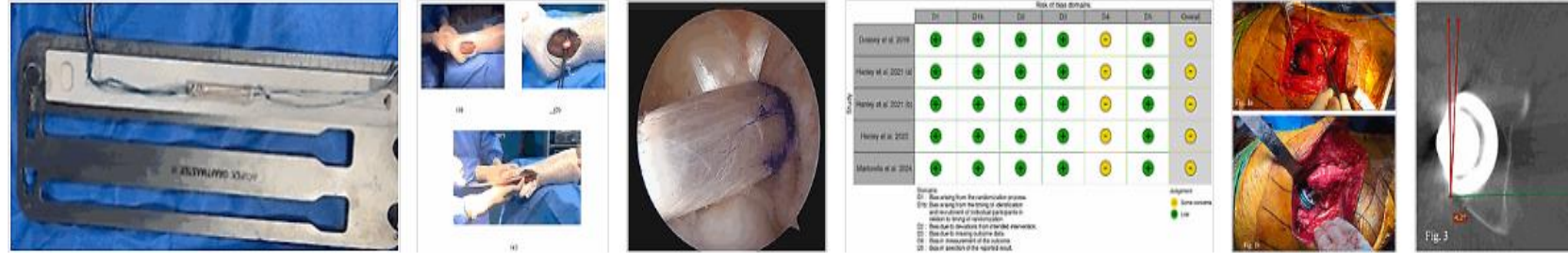
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Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	Events	Total	Events	Total	Weight	M-H, Random, 95% CI
Shojaei et al. 2018	2	175	3	154	0.9%	1.81 [0.26, 2.97]	0	53	0	62	0.9%	0.90 [0.26, 1.61]
Karavafina et al. 2018	0	54	0	54	Not estimable		0	54	0	54	Not estimable	
Kim et al. 2014	1	80	2	80	0.8%	1.00 [0.06, 18.27]	0	80	0	80	0.8%	0.33 [0.01, 8.20]
Kim et al. 2021	2	261	2	261	0.4%	3.00 [0.14, 7.13]	0	261	0	261	1.3%	0.49 [0.12, 2.00]
Mirafayz-Mofrad et al. 2022	3	33	0	42	0.5%	4.18 [0.14, 106.12]	0	48	0	45	Not estimable	
Mohammadi et al. 2021	168	22477	137	22477	96.5%	3.44 [3.14, 3.82]	1	35	1	42	0.4%	1.37 [0.34, 22.73]
Total (95% CI)					100.0%	0.42 [-0.94, 1.79]					100.0%	0.42 [-0.94, 1.79]



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Abdominal Paracentesis

Valerie Vigil, MD.

Abdominoperineal Resection with Total Colectomy and End-Ileostomy

Danny O. Jacobs, MD.

Amniotomy

Michael L. Tuggy, MD.

Anal Fistulotomy

Sean Lee, MD.

Ankle Block

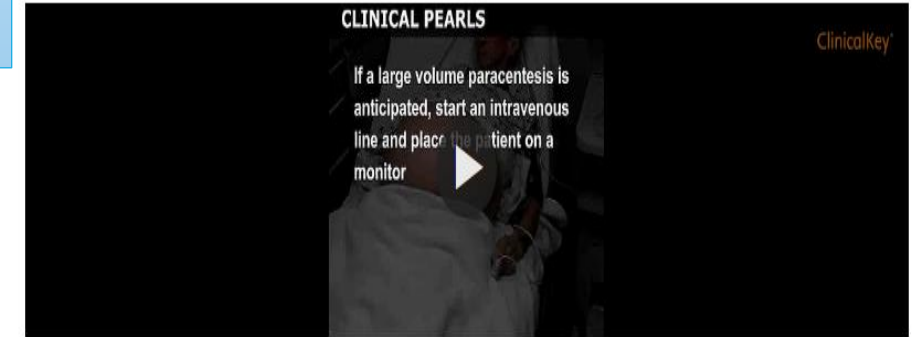
Lee A. Fleisher, MD, FACC, FAHA

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Find 'Cancerous diseases' in this Page

PROCEDURE VIDEOS

Abdominal Paracentesis



All participants in this Procedure gave their written informed consent.

Last Reviewed: September 30, 2023

Valerie Vigil, MD

Emergency Medicine Specialist, Santa Cruz, CA

Todd W. Thomsen, MD

Department of Emergency Medicine, Mount Auburn Hospital, Cambridge, MA

Gary S. Setnik, MD, FACEP

Chair, Department of Emergency Medicine, Mount Auburn Hospital, Cambridge, MA;

Medical Director, Health Front Educational Services

PRE-PROCEDURE

INTRODUCTION

[See Figure 1 .](#)





Clin. Calculators ▾ diabetes

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36 results

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CLINICAL CALCULATOR ☆

Diabetes Risk Score (Type 2)

Diabetes Risk Score (Type 2) Input Sex Female (-0.879) Male (0) Rx HTN On HTN meds (1.222) No HTN meds (0) Rx Steroids On steroids (2.191) Not on steroids (0) Age mo yr BM Body Mass Index

EBMCalc in cooperation with Elsevier Drug Information. Published January 1, 2024.

CLINICAL CALCULATOR ☆

Risk of Acquiring Diabetes Mellitus (7.5-year)

Risk of Acquiring Diabetes Mellitus (7.5-year) Input Age mo yr Height cm inch in mm m Weight gm kg lb Sex Female (1) Male (0) MA Mexican American (1) Non-Hispanic white (0) FMH DM No family history of DM (0) Positive family history of DM (1) FBS m...

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CLINICAL CALCULATOR ☆

Diabetes Risk Self Assessment

ClinicalKey®

All Types ▾ diabetes

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Diabetes Risk Score (Type 2)

Diabetes Risk Score (Type 2)

2024 - EBMCalc in cooperation with Elsevier Drug Information

Diabetes Risk Score (Type 2)

Input

Sex Female (-0.879)

Male (0)

Rx HTN On HTN meds (1.222)

No HTN meds (0)

Rx Steroids On steroids (2.191)

Not on steroids (0)

Age yr ▾

BMI Body Mass Index <25 (0)

از توجه شما متشکرم

پایان.

