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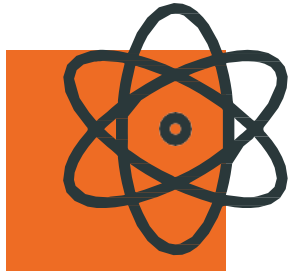


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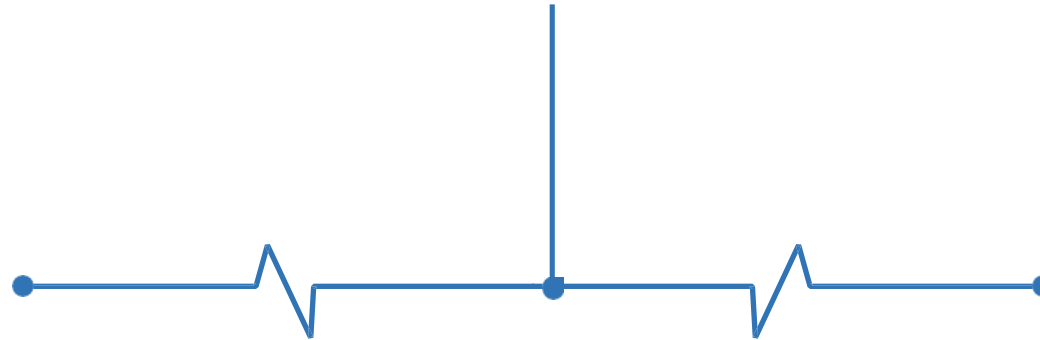
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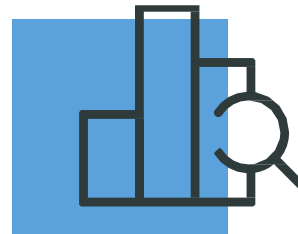
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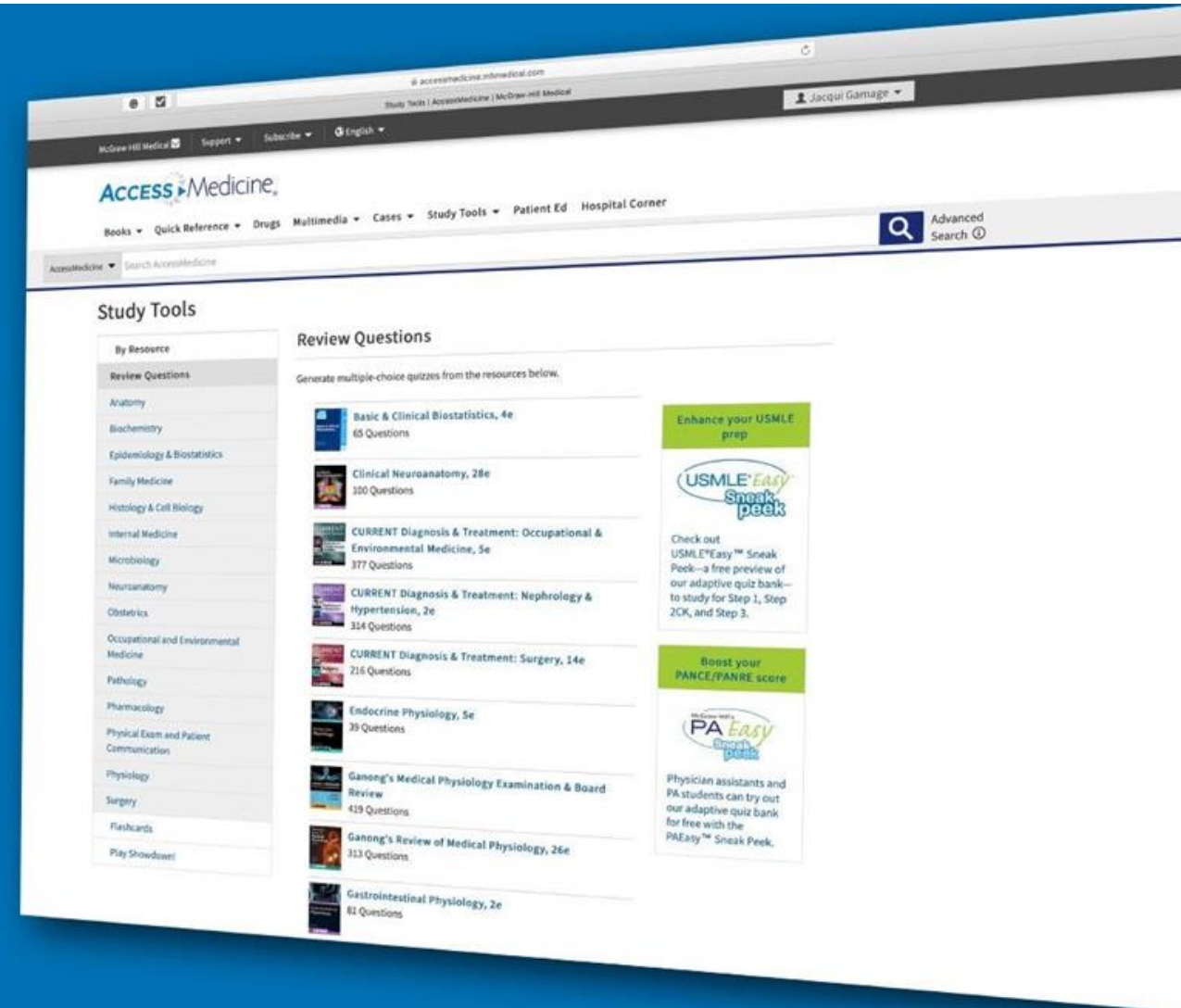
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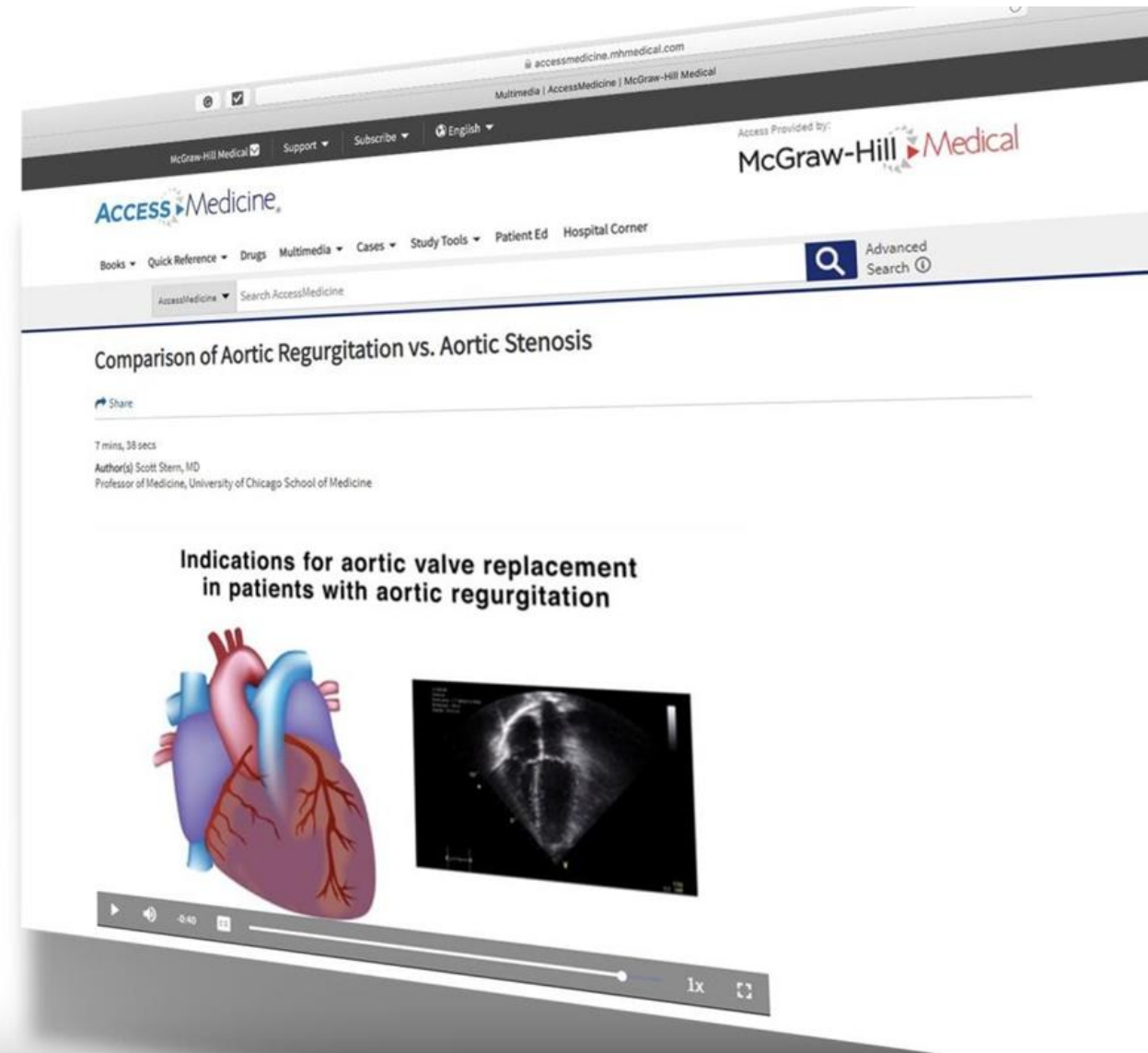
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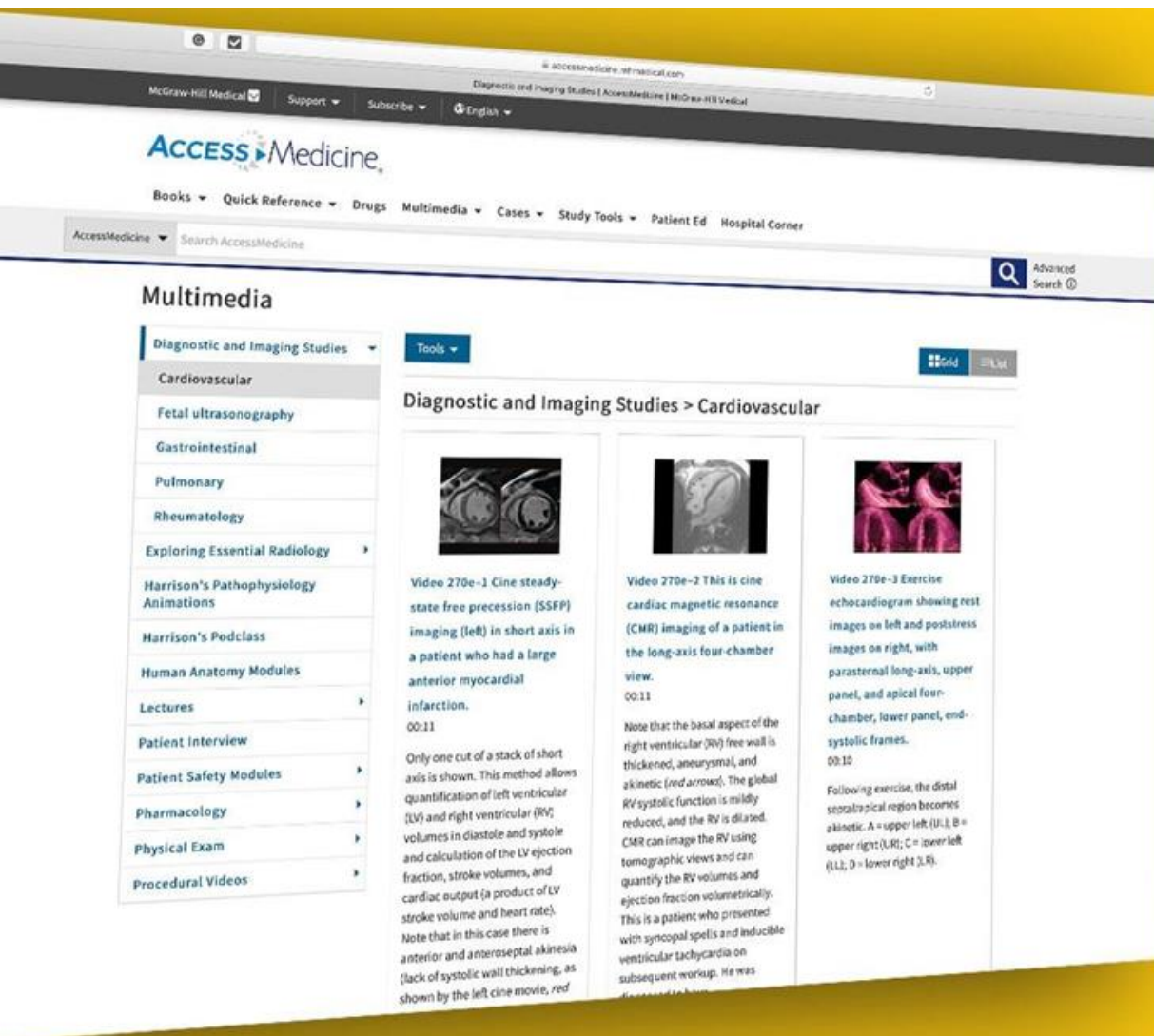


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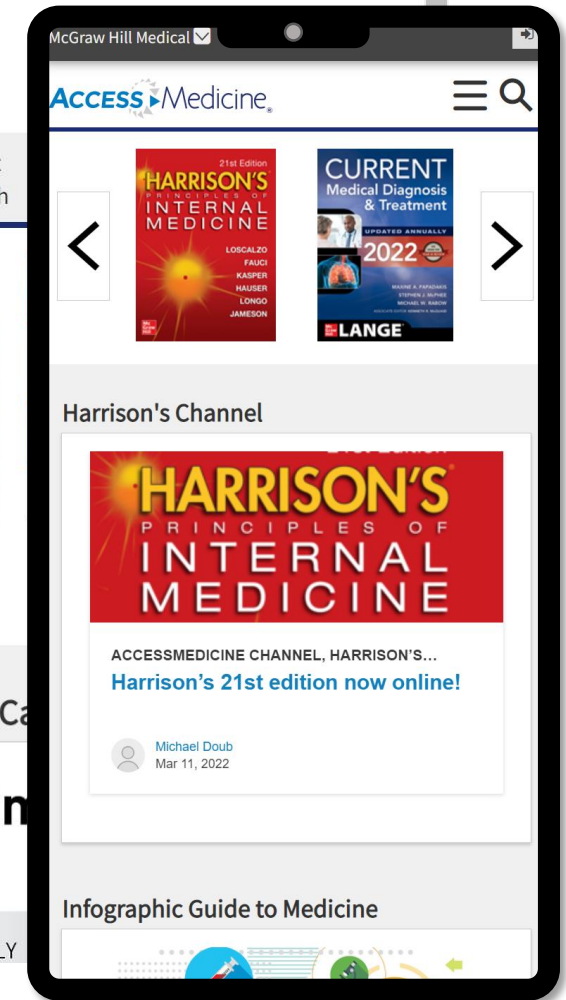
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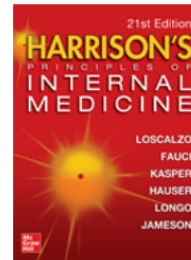
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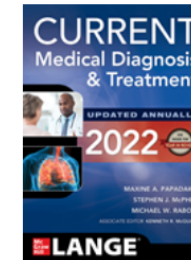
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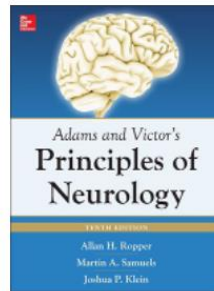
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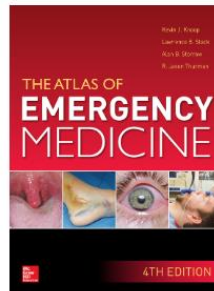
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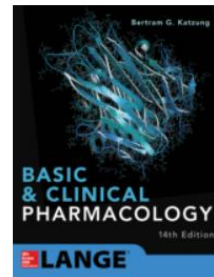
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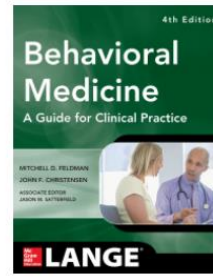
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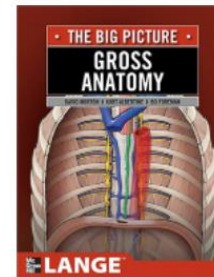
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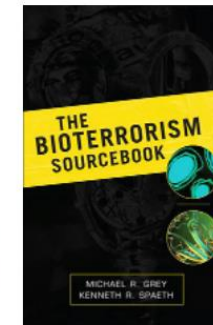
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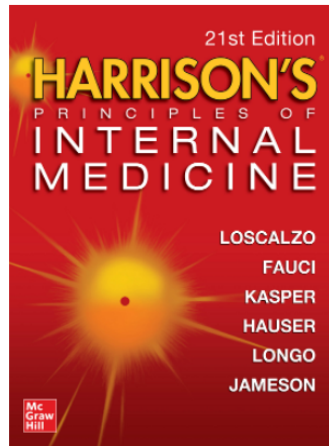
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Donald M. Lloyd-Jones

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Donald M. Lloyd-Jones; Kathleen M. McKibbin

GOALS AND APPROACHES TO PREVENTION

Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of a health care system that is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies as longevity has increased dramatically worldwide over the last century (largely as a result of public health prevention for the purpose of preserving quality of life and extending the health span, not just the life span. The goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, time spent with disease prior to dying. As shown in **Fig. 2-1**, normative aging tends to involve a steady decline in the amount of burden and time spent with disease prior to dying. This process tends to involve a steady decline in the stock of health, with accelerated loss of health during aging. prevention offers the opportunity both to extend life and to compress the period of health loss during aging.

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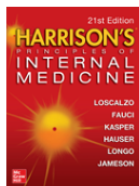
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Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for centuries and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature death. However, as longevity has increased dramatically worldwide over the last century (largely as a result of public health practices), increasing emphasis is placed on prevention for the purpose of preserving quality of life and extending the health span, not just the life span. Given that all patients will eventually die, the goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, reduction of the amount of burden and time spent with disease prior to dying. As shown in [Fig. 2-1](#), normative aging tends to involve a steady decline in the stock of health, with accelerating decline over time. Successful prevention offers the opportunity both to extend life and to extend healthy life, thus “squaring the curve” of health loss during aging.

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FIGURE 2-1

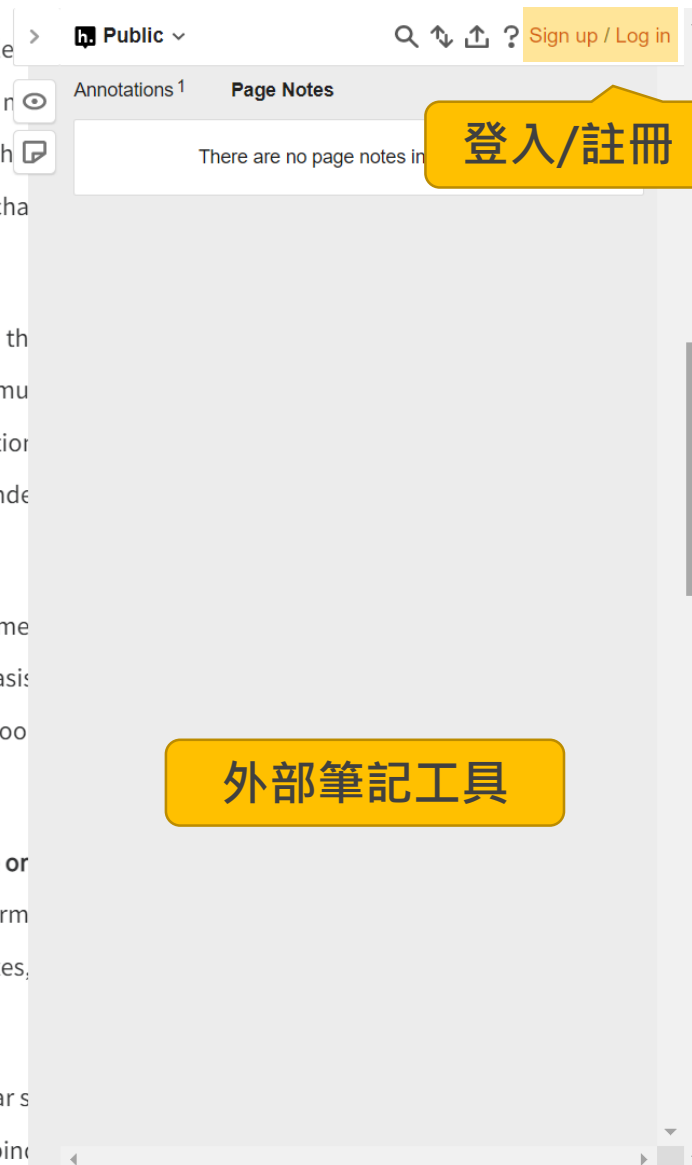
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Receptors have become the central focus of investigation of drug effects and the pharmacodynamics. The receptor concept, extended to endocrinology, immunology, has proved essential for explaining many aspects of biologic regulation. Receptors have been isolated and characterized in detail, thus opening the way to precise understanding of the basis of drug action.

The receptor concept has important practical consequences for the development of therapeutic decisions in clinical practice. These consequences form the basis for the actions and clinical uses of drugs described in almost every chapter of this book, which are summarized as follows:

1. **Receptors largely determine the quantitative relations between dose or concentration and pharmacologic effects.** The receptor's affinity for binding a drug determines the concentration of drug required to form a significant number of drug-receptor complexes. The number of receptors may limit the maximal effect a drug may produce.
2. **Receptors are responsible for selectivity of drug action.** The molecular structure and electrical charge of a drug determine whether—and with what affinity—it will bind to a specific receptor.



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Therapeutic and toxic effects of drugs result from their interactions with molecules. Most drugs act by associating with specific macromolecules in ways that alter the molecular or biophysical activities. This idea, more than a century old, is embodied in the receptor concept, a component of a cell or organism that interacts with a drug and initiates the chain of events that leads to the drug's observed effects.

Receptors have become the central focus of investigation of drug effects and their mechanisms of action (pharmacodynamics). The receptor concept, extended to endocrinology, immunology, and molecular biology, has proved essential for explaining many aspects of biologic regulation. Receptors have been isolated and characterized in detail, thus opening the way to precise understanding of the basis of drug action.

The receptor concept has important practical consequences for the development of new drugs and at therapeutic decisions in clinical practice. These consequences form the basis for the actions and clinical uses of drugs. In most every chapter of this book, the concepts are summarized as follows:

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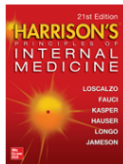
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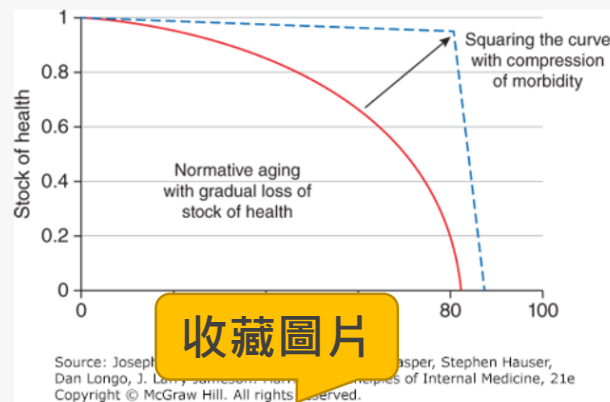
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FIGURE 2-1

Loss of health with aging. Representation of normative aging with loss of the full stock of health with which individuals are born (indicating gain of morbidity), contrasted with a squared curve with greater longevity and fuller stock of health (less morbidity) until shortly before death. The “squared curve” represents the likely ideal situation for most patients.



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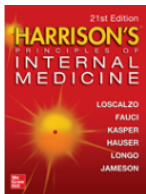
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Recommendations from Physical Activity Guidelines for Americans

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TABLE 2-1

Guidelines and Key Recommendations from the Dietary Guidelines for Americans, 2020–2025

GUIDELINES	KEY RECOMMENDATIONS
1. Follow a healthy dietary pattern at every life stage. For the first 6 months of life, infants should exclusively be fed human milk, or iron-fortified formula if human milk is unavailable. From 6 to 12 months, infants should be introduced to a variety of complementary nutrient-dense foods. From 12 months to older adulthood, the dietary pattern should meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease. 2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations. The Dietary Guidelines provide a framework of several dietary patterns intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States. 3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits. Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. 4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages. At every life stage, meeting food group recommendations, even with nutrient-dense choices, fulfills most of a person's daily calorie needs and sodium limits, with little room for extra added sugars, saturated fat, or sodium, or for alcoholic beverages.	The Dietary Guidelines' Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others. They are also intended as a framework to accommodate personal preferences, cultural traditions, and budgetary considerations. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits to achieve a healthy weight and reduce the risk of chronic disease. The core elements that make up a healthy dietary pattern include: - Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables - Fruits, especially whole fruit - Grains, at least half of which are whole grain - Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives - Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products - Oils, including vegetable oils and oils in food, such as seafood and nuts A healthy eating pattern limits: - Added sugars—Less than 10% of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.

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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

Back To Top

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^ Back To Top

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Abdominal pain, generalized

Abdominal pain, left lower quadrant

Abdominal pain, left upper quadrant

^ Back To Top

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By Symptom

By Disease

By Organ System ▶

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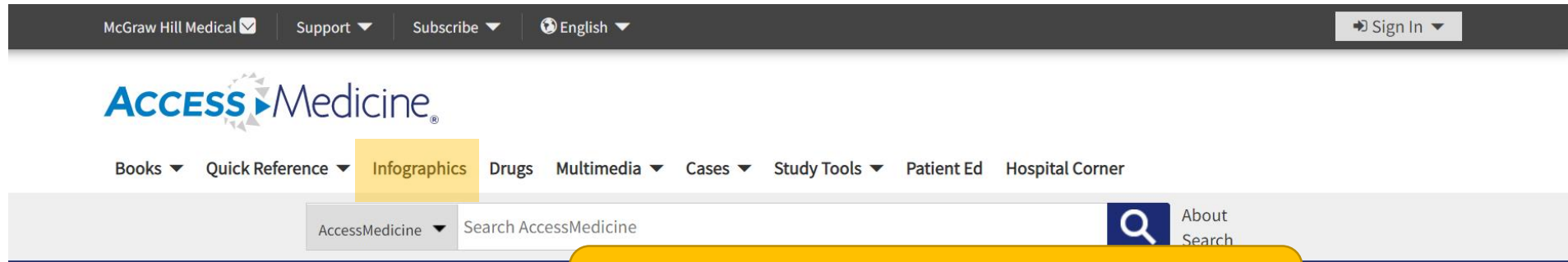
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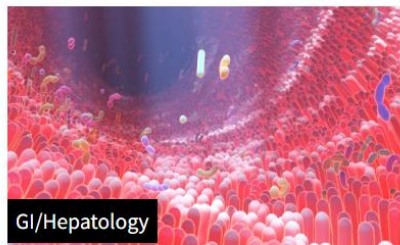
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Aortic Dissection

Aortic Regurgitation

Aortic Stenosis

Atrial Fibrillation & Atrial Flutter

AV Nodal Reentry Tachycardia & WPW

Cardiac Tamponade

Carotid Artery Stenosis

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Angina Pectoris

Etiology: Myocardial O₂ Demand > Supply

- Atherosclerosis
- Coronary vasospasm (rare)
- Severe anemia

Clinical Presentations

- Exertional, substernal chest pressure
- May radiate to neck or arm
- Associated with shortness of breath (SOB)
- Improves with rest, nitroglycerin
- Symptoms last <10 min

Diagnosis

- History consistent with angina
- ECG (usually normal)
- Stress testing
- Troponin if concerned for MI

Treatment—Medical Therapy

- Beta-blockers 1st-line
- Calcium channel blockers 2nd-line
- Nitroglycerin for acute symptoms
- ASA, statin to prevent MI
- Quit smoking

Treatment—Nonmedical Therapy

- Cath + PCI/CABG if persistent symptoms

Aortic Dissection

ETIOLOGY

- Dissection in aorta
- Dissection of aorta
- Dissection of aorta

CLINICAL PRESENTATION

- Sudden, tearing chest pain radiating to the back
- Pain in aortic valve, but not due to regurgitation
- Pain in blood pressure
- Pain in blood pressure

DIAGNOSIS

- CTA or MRA Best test
- TTE, TTE, TTE
- TTE, TTE, TTE

TREATMENT

- Immediate management
- Controlled BP & heart rate
- Controlled BP & heart rate

COMPLICATIONS

- Stroke
- Stroke
- Stroke

Aortic Regurgitation

1 Etiology

- Dissection in aorta
- Dissection of aorta
- Dissection of aorta

2 Pathophysiology

- Chronic aortic regurgitation leads to increased end diastolic volume and compensatory hypertrophy
- Compensatory hypertrophy leads to aortic regurgitation
- Aortic regurgitation leads to aortic regurgitation

3 Clinical Presentation

- Often asymptomatic for years
- Symptoms present "SAD"
- Symptoms present "SAD"

4 Diagnosis

- Echocardiography: Modality of choice
- Echocardiography: Modality of choice
- Echocardiography: Modality of choice

5 Management

- If symptomatic, follow up with regular echocardiography
- If symptomatic, follow up with regular echocardiography
- If symptomatic, follow up with regular echocardiography

Aortic Stenosis

1 Etiology

- High blood cholesterol or weight (obesity)
- High blood cholesterol or weight (obesity)
- High blood cholesterol or weight (obesity)

2 Pathophysiology

- Calcified aortic valve leads to aortic stenosis
- Calcified aortic valve leads to aortic stenosis
- Calcified aortic valve leads to aortic stenosis

3 Clinical Presentation

- Often asymptomatic for years
- Symptoms present "SAD"
- Symptoms present "SAD"

4 Diagnosis

- Echocardiography: Modality of choice
- Echocardiography: Modality of choice
- Echocardiography: Modality of choice

5 Treatment

- For symptomatic patients with severe aortic stenosis, aortic valve replacement is the only treatment
- For symptomatic patients with severe aortic stenosis, aortic valve replacement is the only treatment
- For symptomatic patients with severe aortic stenosis, aortic valve replacement is the only treatment

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A-200 Lice Treatment Kit [OTC]

A-25 [OTC]

A-AVD (Hodgkin)

Abacavir and Lamivudine

Abacavir, Lamivudine, and Zidovudine

Abatacept

A.E.R. Traveler [OTC]

A+D Original [OTC]

A-200 Maximum Strength [OTC]

A3 (Neuroblastoma)

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Abacavir, Dolutegravir, and Lamivudine

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A-200 Lice Treatment Kit [OTC]	A-200 Maximum Strength [OTC]
A-25 [OTC]	A3 (Neuroblastoma)
A-AVD (Hodgkin)	Abacavir
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Abatacept	Abbreviations, Acronyms, and Symbols

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Drug Classes
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Indications & Usage	Interactions	Patient Education	
Contraindications	Dosing	Additional Information	
Warnings/Precautions	Administration	Pricing	

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Name

Aspirin

Pronunciation

(AS pir in)

Brand Names: US

- Ascriptin Maximum Strength [OTC]
- Ascriptin Regular Strength [OTC]

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Name

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Pronunciation

(AS pir in)

Brand Names: U.S.

- Ascriptin Maximum Strength [OTC]
- Ascriptin Regular Strength [OTC]
- Aspercin [OTC]
- Aspergum [OTC]
- Aspir-low [OTC]
- Aspirtab [OTC]
- Bayer Aspirin Extra Strength [OTC]
- Bayer Aspirin Regimen Adult Low Strength [OTC]
- Bayer Aspirin Regimen Children's [OTC]
- Bayer Aspirin Regimen Regular Strength [OTC]
- Bayer Genuine Aspirin [OTC]
- Bayer Plus Extra Strength [OTC]
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Harrison's Pathophysiology Animations

Aortic Regurgitation

Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine
3 mins, 43 secs

Comparison of Aortic Regurgitation vs. Aortic Stenosis

Author(s): Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine
7 mins, 38 secs

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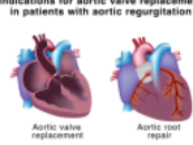
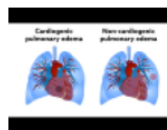
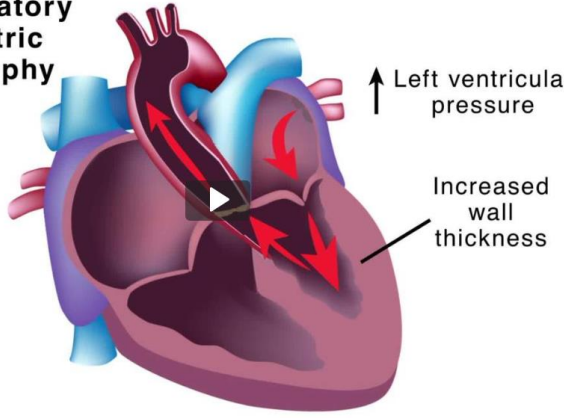
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 Aortic Stenosis Pathophysiology and Compensation Author(s): Scott Stern, MD Professor of Medicine, University of Chicago School of Medicine 4 mins	 Aortic regurgitation	 Indications for aortic valve replacement in patients with aortic regurgitation Aortic valve replacement Aortic root repair
 Comparison of Cardiogenic and Non-Cardiogenic Pulmonary Edema Author(s): Scott Stern, MD Professor of Medicine, University of Chicago School of Medicine 4 mins	 Compensatory concentric hypertrophy Left ventricular pressure Increased wall thickness	Transcript Harrison's High-Yield Pathophysiology Animations: Aortic Stenosis Pathophysiology and Compensation Harrison's Master Modern Medicine Aortic stenosis is a common valve disease that most frequently occurs with advanced age, although it may also result from bicuspid aortic valves or rheumatic heart disease. Aortic stenosis causes obstruction to left ventricular outflow with subsequent increased cardiac workload but reduced cardiac output. A complex series of cellular events forms the underlying pathophysiology of the condition, and once stenosis sets in, it triggers a number of compensatory changes. Here, we will touch upon the pathophysiology of aortic stenosis, the compensatory responses, decompensation and cardinal manifestations. A number of cellular changes accompany the development of aortic stenosis. First, aortic valve myofibroblasts are triggered to differentiate into osteoblasts. The osteoblasts produce bone matrix
Author(s): Scott Stern, MD Professor of Medicine, University of Chicago School of Medicine 4 mins	Author(s): Scott Stern, MD Professor of Medicine, University of Chicago School of Medicine 4 mins	Author(s): Scott Stern, MD Professor of Medicine, University of Chicago School of Medicine 5 mins, 6 secs

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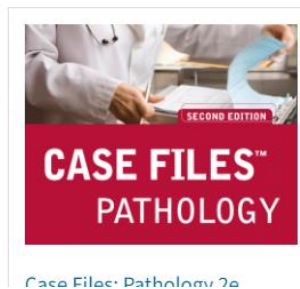
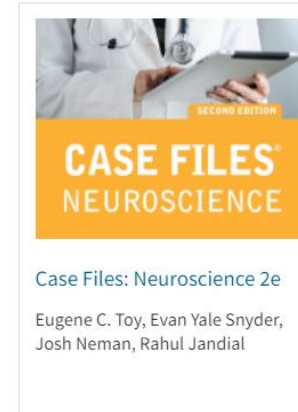
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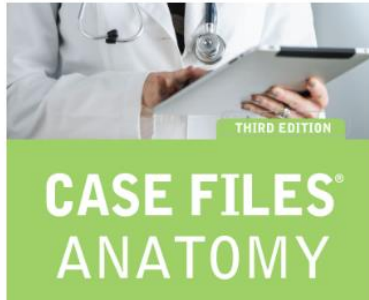
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^ Back To Top

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Home > Case Files: Anatomy 3e >



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< Case 16 >

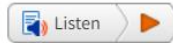
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Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

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臨床案例描述

A 59-year-old man complains of tight chest pressure and shortness of breath after lifting several boxes in his garage approximately 2 h ago. He perceives that his heart is skipping beats. His medical history is significant for hypertension and cigarette smoking. On examination, his heart rate is 55 beats/min and regular, and his lungs are clear to auscultation. An electrocardiogram shows bradycardia with an increased PR interval and ST-segment elevation in multiple leads including the anterior leads, V1 and V2.

Questions

What is the most likely diagnosis?

What anatomical structures are most likely affected?

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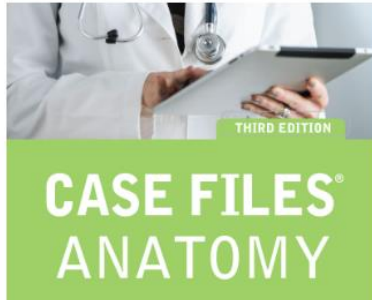
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Back To Top

Cases — Case

Home > Case Files: Anatomy 3e >



View Contents

< Case 16 >

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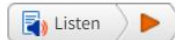
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Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

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Back To Top

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Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

Answer to Case 16: Coronary Artery Disease

Summary: A 59-year-old hypertensive male smoker has a 2-h history of tight chest pressure, shortness of breath, and palpitations after exertion. His heart rate is 55 beats/min and regular. The electrocardiogram (ECG) shows bradycardia, first-degree heart block, and ST-segment elevation in leads V1 and V2.

- **Most likely diagnosis:** Myocardial infarction
- **Anatomical structures likely affected:** Right coronary artery and left anterior descending artery

Clinical Correlation

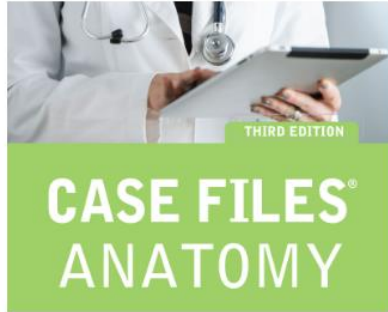
This patient's 2-h history of worsening chest pain, dyspnea, and palpitations after physical exertion is classic for a myocardial infarction. The pain of angina due to the myocardial ischemia is typically deep, visceral, and squeezing in nature, like an "elephant stepping on the chest." It frequently radiates to the neck or left arm. This patient's risk factors include hypertension and tobacco use. The ECG (ST-segment elevation) is highly suspicious for myocardial infarction. Leads V1 and V2 are used to evaluate the anterior portion of the heart, which is supplied by the left anterior descending artery. Bradycardia and first-degree heart block (increased PR interval) indicate right coronary artery disease.

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Cases — Approach

Home > Case Files: Anatomy 3e >



View Contents

< Case 16 >

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Preface

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Introduction

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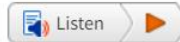
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Approach

Anatomy Pearls

References

Comprehension Questions



Objectives

1. Be able to describe the course and areas of the heart supplied by the right and left coronary arteries, respectively
2. Be able to describe the venous drainage of the heart
3. Be able to describe the arterial supply and venous drainage of the pericardial sac

Definitions

ANGINA: Chest pain classically described as pressure or squeezing indicative of coronary artery insufficiency and cardiac ischemia

ISCHEMIA: Inadequate blood supply and oxygen delivery to tissue

PALPITATIONS: Pulsations of the heart perceptible by a patient that are usually irregular and increased in force

BRADYCARDIA: Heart rate no higher than 60 beats/min

Discussion

The **heart** receives its **arterial blood supply** from the **first branches of the ascending aorta**, the **right and left coronary arteries**. The right and left arteries arise from the aorta at the aortic sinuses, the pockets formed by the right and left cusps of the aortic valve respectively. Each artery will supply portions of the atria and ventricles.

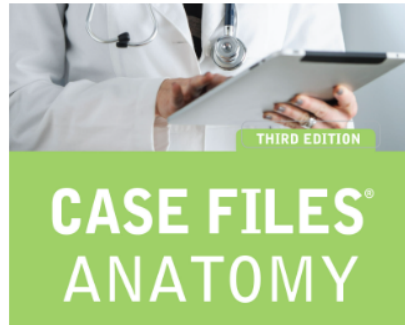
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Back To Top

Cases — Anatomy Pearls

Home > Case Files: Anatomy 3e >



[View Contents](#)



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[Contributors](#)

[Preface](#)

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[Introduction](#)

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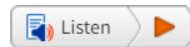
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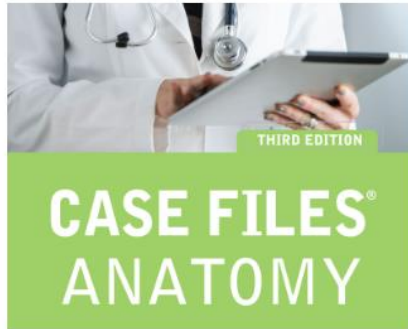
案例重點

- In a balanced coronary circulation as described above, the conduction system nodes of the heart (SA and AV nodes) are typically supplied by the RCA.
- In a balanced coronary circulation, the anastomoses between branches of the RCA and LCA occur at the posterior coronary and posterior interventricular grooves.
- Most cardiac veins drain into the coronary sinus, which opens into the right atrium adjacent to the opening of the IVC.

[Next: References](#)

Cases — References

Home > Case Files: Anatomy 3e >



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Notice

Dedication

Contributors

Preface

Acknowledgments

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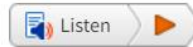
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Coronary Artery Disease



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

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Gilroy AM, MacPherson BR, Ross LM. *Atlas of Anatomy*, 2nd ed. New York, NY: Thieme Medical Publishers; 2012:96–97.

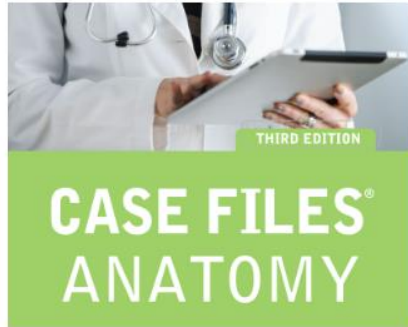
Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:144–148, 154–157.

Netter FH. *Atlas of Human Anatomy*, 6th ed. Philadelphia, PA: Saunders; 2014: plates 215–216.

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測驗題

Questions

Question 1 of 4

16.1 As a cardiologist, you are concerned about blockage of the artery to the SA node in a patient. This artery typically arises from which of the following?

- ☐ A RCA
- ☐ B Right marginal artery
- ☐ C Posterior interventricular artery
- ☐ D Anterior interventricular artery
- ☐ E Circumflex artery

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The Urinary System

Vital Signs, Anthropometric Data,
and Pain

THE HEAD AND NECK



CARD 1

Lesion A



Protruding
but not red

Lesion B



Swollen
and red

QUESTIONS:

1. What is lesion A?
2. What is lesion B?
3. What is dacryocystitis and how do you differentiate it from a hordeolum?

翻面



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and Pain

ANSWERS:



1. Internal hordeolum is the acute inflammation of the meibomian (tarsal) gland. A granuloma of the gland is called a chalazion or meibomian cyst.
2. External hordeolum or sty. This is caused when a sebaceous gland of an eyelash hair follicle becomes inflamed forming a pustule at the lid margin.
3. Dacryocystitis is nasolacrimal duct obstruction leading to inflammation and infection. Patients present with pain and *epiphora* (an overflow of tears on to the cheeks). There will be tenderness, swelling, and erythema beside the nose near the medial canthus. The swelling is anterior to the eyelid distinguishing it from a hordeolum.

CLINICAL PEARL Dacryoadenitis is the obstruction of the lacrimal duct and produces acute inflammation of the lacrimal gland. It is important that this is distinguished from orbital cellulitis or a hordeolum of the upper lid.

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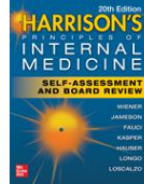
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Harrison's® Principles of Internal Medicine Self-Assessment and Board Review, 20e

Charles M. Wiener, Laura C. Cappelli, Brian T. Garibaldi, Catherine H. Marshall, Brian Houston, Sara C. Keller

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Question 1 of 10

Which of the following statements about non-alcoholic steatohepatitis (NASH) is true?

- ☒ A Insulin resistance is an important driver of lipid uptake, fat synthesis, and fat storage that leads to triglyceride accumulation in hepatocytes.
- ☐ B Greater than 50% of patients with nonalcoholic fatty liver disease (NAFLD) also have some component of NASH.
- ☐ C Serum biomarkers are useful in distinguishing NAFLD from NASH.
- ☐ D The contribution of NASH to the development of cirrhosis is on the decline in the United States.
- ☐ E Triglyceride accumulation within hepatocytes is directly cytotoxic.

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Question 1 of 10

Which of the following statements about non-alcoholic steatohepatitis (NASH) is true?

- ✓ A Insulin resistance is an important driver of lipid uptake, fat synthesis, and fat storage that leads to triglyceride accumulation in hepatocytes.
- B Greater than 50% of patients with nonalcoholic fatty liver disease (NAFLD) also have some component of NASH.
- C Serum biomarkers are useful in distinguishing NAFLD from NASH.
- D The contribution of NASH to the development of cirrhosis is on the decline in the United States.
- E Triglyceride accumulation within hepatocytes is directly cytotoxic.

Next Question

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

The correct answer is A. You answered A.

Explanation:

The answer is A. (*Chap. 336*) In some studies up to 25% of Americans have hepatic steatosis on imaging. About 25% of patients with nonalcoholic fatty liver disease (NAFLD) will go on to develop nonalcoholic steatohepatitis (NASH), which can lead to cirrhosis. By some estimates, NAFLD will be the most common indication for liver transplant in the next decade. Insulin resistance, in large part secondary to obesity, is a big driver of NAFLD and NASH, as insulin stimulates lipid uptake, fat synthesis, and fat storage leading to triglyceride accumulation in hepatocytes. The triglycerides themselves are not hepatotoxic. However, their precursors (e.g., fatty acids and diacylglycerols) and metabolic by-products (e.g., reactive oxygen species) may damage hepatocytes, leading to hepatocyte lipotoxicity. Lipotoxicity also triggers the generation of other factors (e.g., inflammatory cytokines, hormonal mediators) that deregulate systems that normally maintain hepatocyte viability. The net result is increased hepatocyte death. There are no serum biomarkers that can reliably make the diagnosis of NASH. In NAFLD the levels of serum aminotransferases (aspartate aminotransferase and alanine aminotransferase) do not reliably reflect the severity of liver cell injury, extent of liver cell death, or related liver inflammation and fibrosis. Thus, they are imperfect for determining which individuals with NAFLD have NASH.

64% of users answered correctly.

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Ankle Sprain

Anterior Cruciate Ligament (ACL) Injury

Alzheimer's Disease (Chinese (Traditional))

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1

2

3

阿茲海默症

(Alzheimer's Disease)

重點

- 阿茲海默症通常會導致思考、記憶、推論和計畫的能力逐漸喪失。
- 阿茲海默症無法治療。治療的目標為控制症狀並儘可能改善生活品質。
- 療法可能包含治療其他疾病、攝取健康飲食、定期進行體能活動以及藥物治療。

什麼是阿茲海默症？

阿茲海默症 (AD) 是一種隨著時間惡化的失智症。阿茲海默症通常會導致思考、記憶、推論和計畫的能力逐漸喪失。此疾病會影響腦細胞並逐漸造成記憶和思考能力的喪失。隨著時間過去，也可能會導致語言表達、步行、記憶、情緒控制和決策能力喪失。

阿茲海默症目前無法治療。腦部功能將持續衰退直到病患死亡。從產生記憶問題開始，阿茲海默症可能會在 5 年至 15 年後導致病患死亡。

致病因素是什麼？

目前尚未完全清楚阿茲海默症的確切致病因素。可能與許多因素有關，例如基因、環境或是生活方式等。當您罹患阿茲海默症，您的大腦將會發生一些變化。異常蛋白質碎片和群聚開始在腦中形成。腦中的某些神經細胞將停止作用並死亡。這會導致部分大腦開始萎縮。尚未確定這些變化是阿茲海默症的成因或結果。

年齡是阿茲海默症最重要的已知風險因素。阿茲海默症導致大腦開始產生變化的最早年齡可能介於 30 至 65 歲之間。不過，多數人年齡在 65 歲之前不會發生疾病的徵兆。

科學家已在某些家庭中發現幼年時期提升阿茲海默症風險的基因。這些家庭的成員可能早在 20 歲左右即出現此疾病的徵兆。這是一種十分小且罕見的阿茲海默症。其他基因可能在老年時才提



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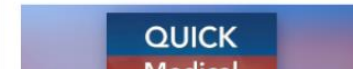
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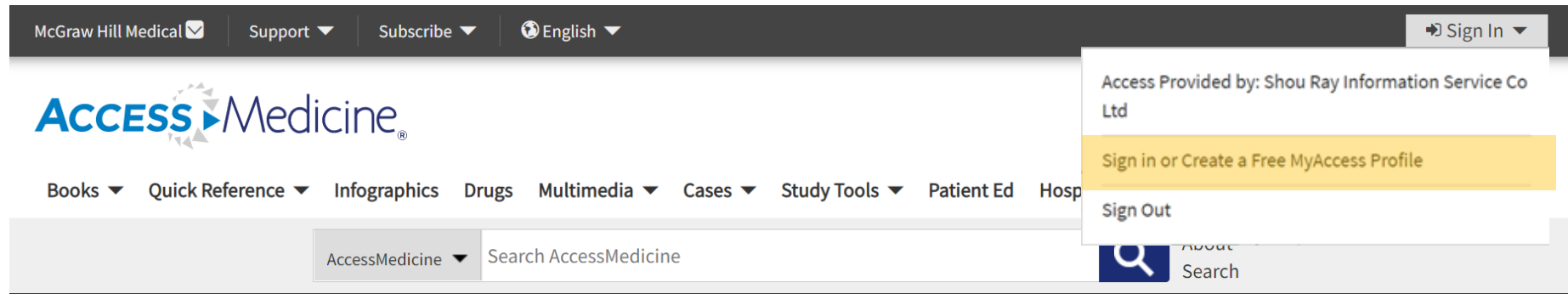
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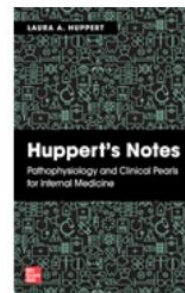
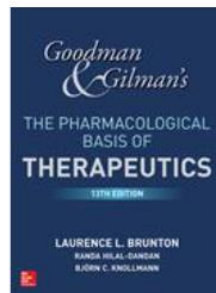
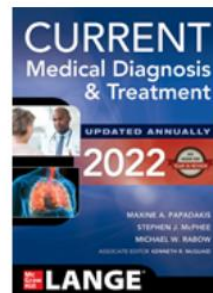
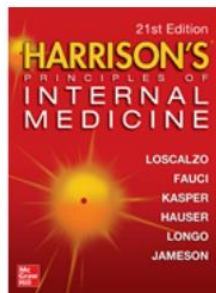
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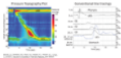
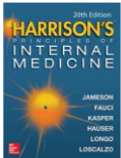


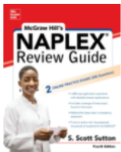
FIGURE 316-1

From Harrison's Principles of Internal Medicine, 20e > Diseases of the Esophagus on AccessPharmacy



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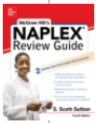
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FIGURE 316-1

From Harrison's Principles of Internal Medicine, 20e > Diseases of the Esophagus on AccessPharmacy



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2022 OECD iLibrary 全球知識庫有獎徵答暨FB貼文活動-從日常開始的減塑行動幸虎方案！！

活動時間：2022年6月15日～2022年7月29日

活動內容：每年6月16日是許多海洋系旅人以及保育團體非常注重的「世界海龜日」(World Sea Turtle Day)。多年來OECDiLibrary持續關注SDG相關議題，為我們帶來即時且有數據支持的可靠研究資料。讓我們一起和OECDiLibrary實踐減塑低碳日常生活，為保育海龜和海洋生態略盡微薄之力！

詳情請見：[活動網站](#)



虎哩抽好禮！CNKI中國知網下載文獻

活動時間：即日起至2022年09月30日

活動內容：老虎是家喻戶曉的動物，不論是威武的猛獸，或是淘氣的大貓，老虎的各種形象自古至今已深植人心。但是你知道嗎？我們熟悉的老虎現正面臨生存危機，現代虎的九個亞種中，三個已經絕種，其餘六種被列為瀕危，部分處於極危狀態。2022年適逢虎年，就讓我們趁此機會一起瞭解老虎、愛護老虎吧！

詳情請見：[活動網站](#)





Thank you!



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