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碩睿資訊 教育訓練部門
2024



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背景介紹

內容介紹

資料庫操作

個人化帳號功能

補充資源

背景介紹

McGraw-Hill 公司

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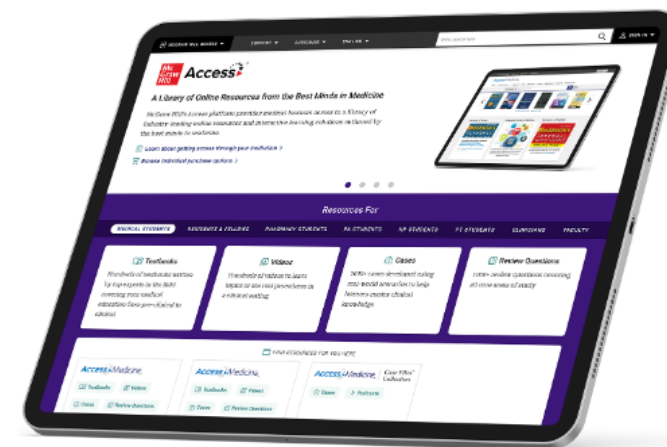


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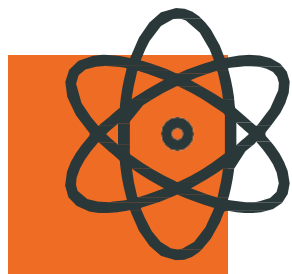
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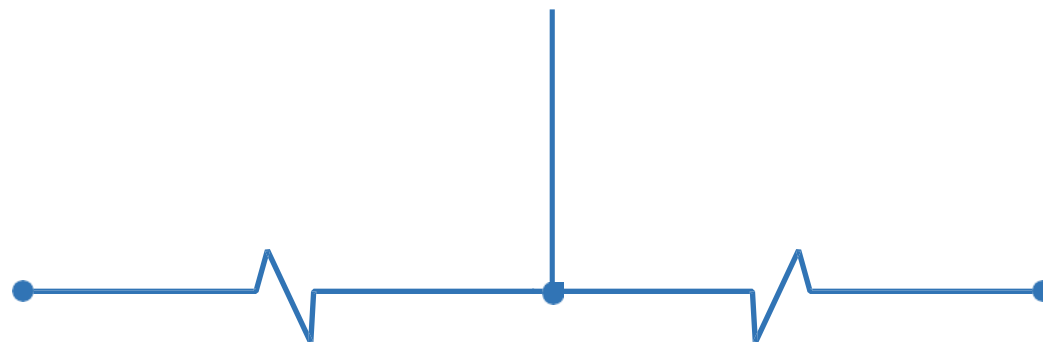
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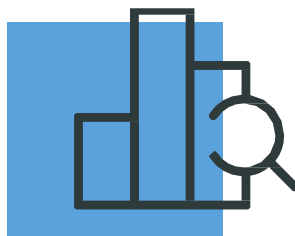
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以響應式網頁技術製作，
於任何載具皆可使用。

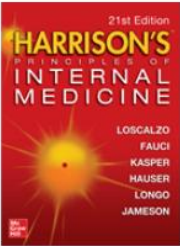
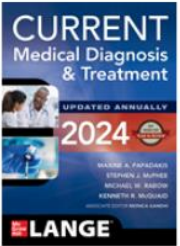
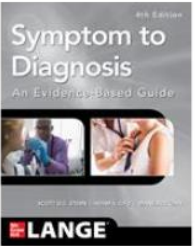
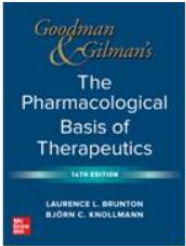
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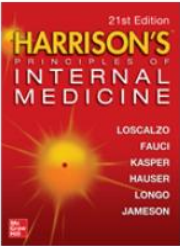
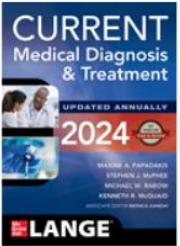
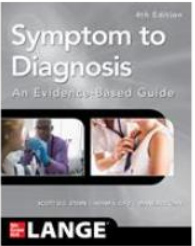
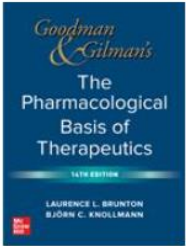
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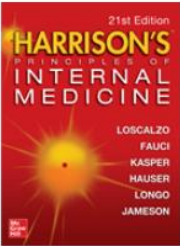
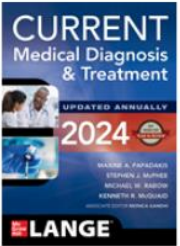
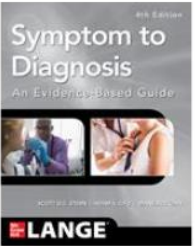
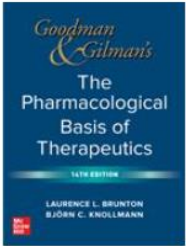
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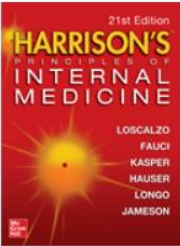
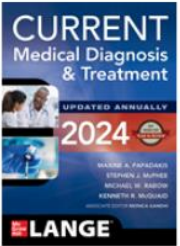
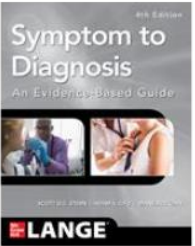
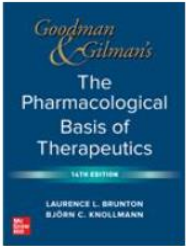
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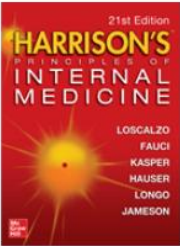
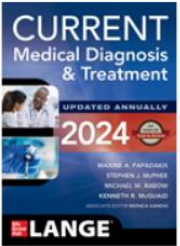
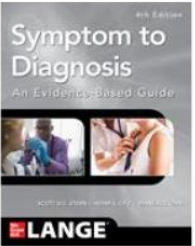
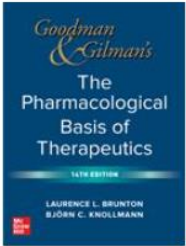
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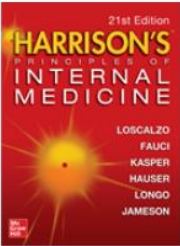
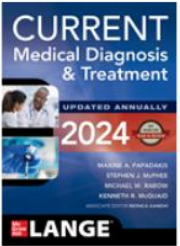
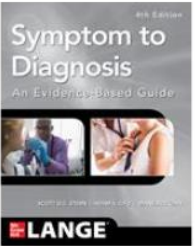
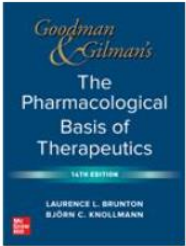
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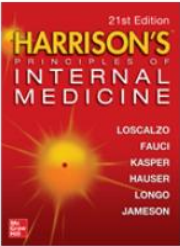
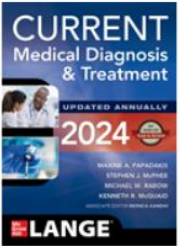
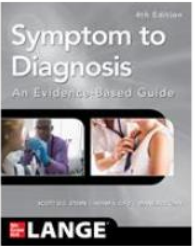
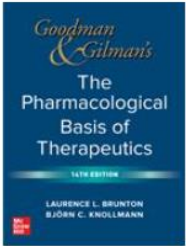
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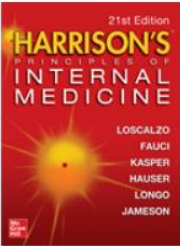
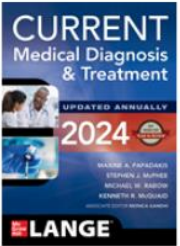
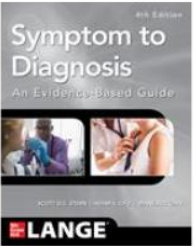
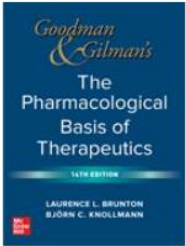
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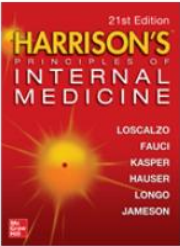
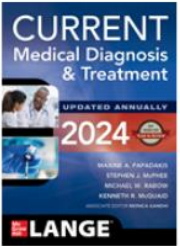
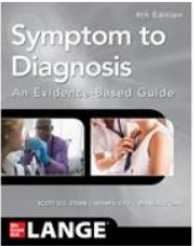
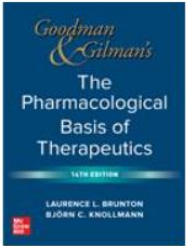
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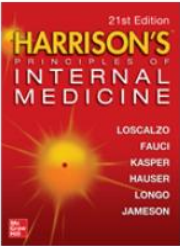
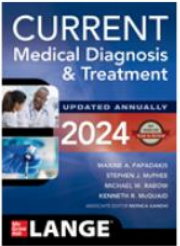
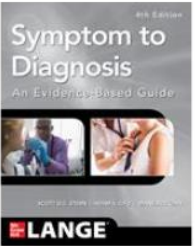
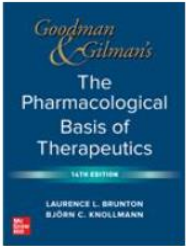
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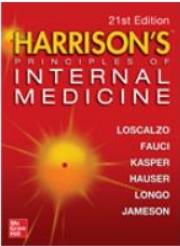
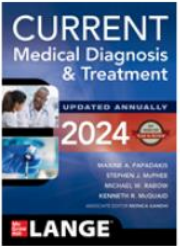
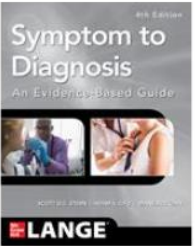
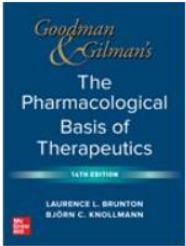
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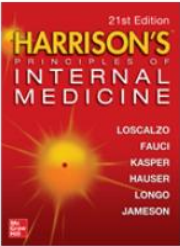
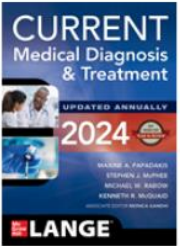
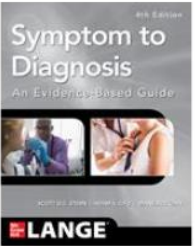
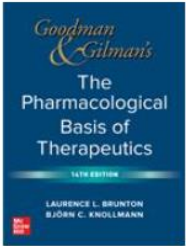
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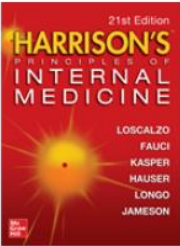
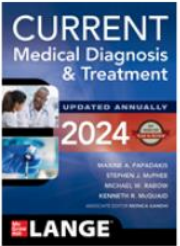
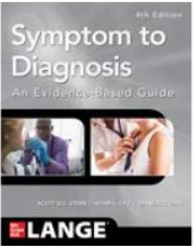
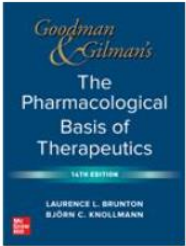
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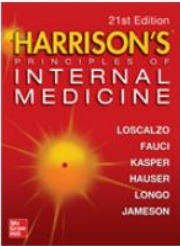
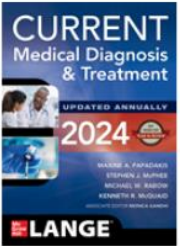
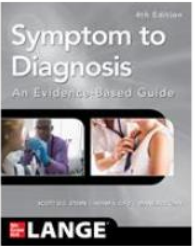
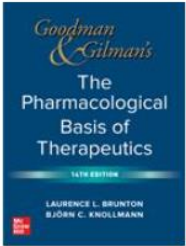
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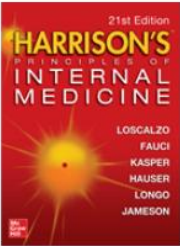
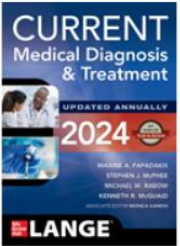
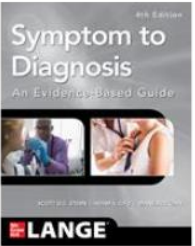
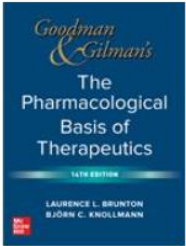
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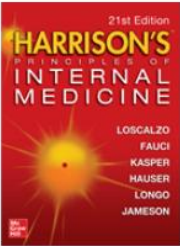
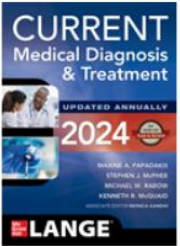
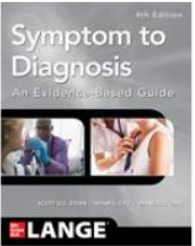
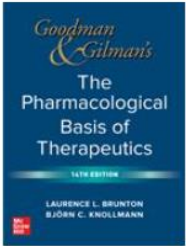
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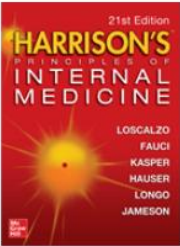
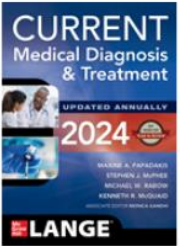
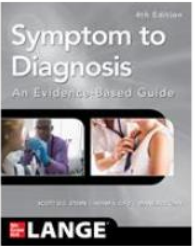
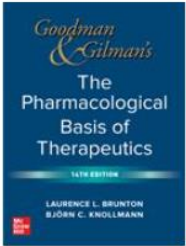
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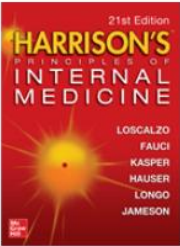
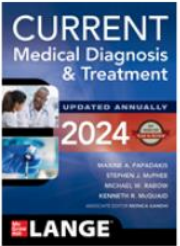
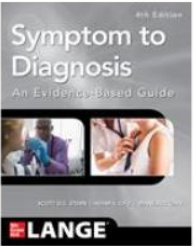
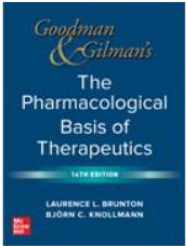
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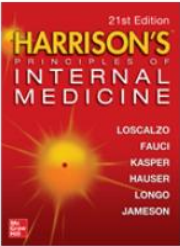
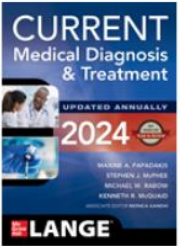
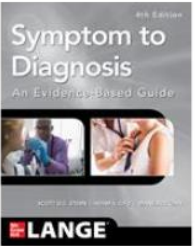
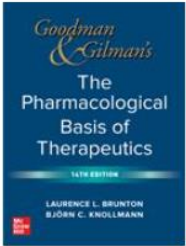
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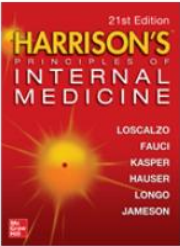
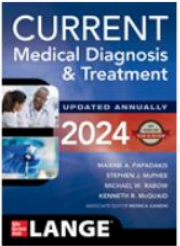
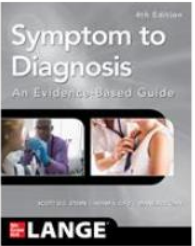
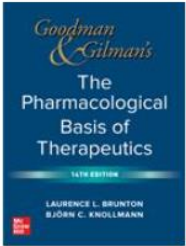
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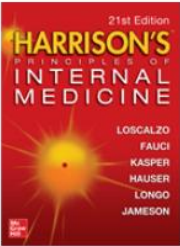
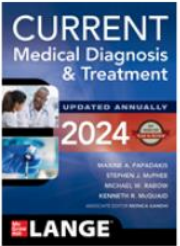
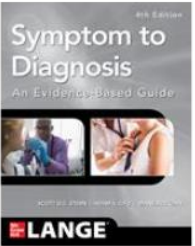
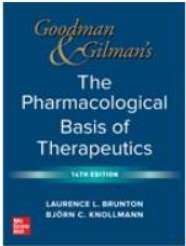
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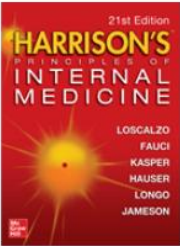
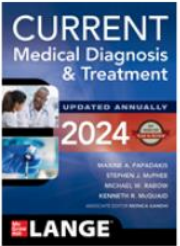
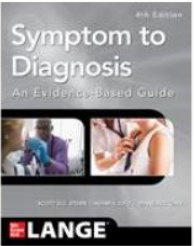
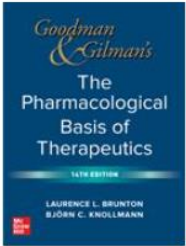
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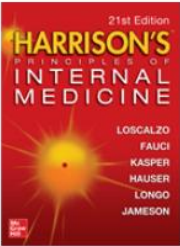
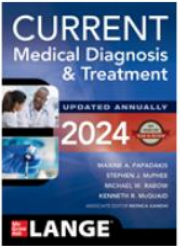
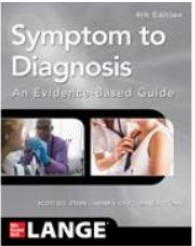
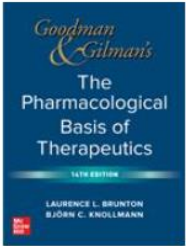
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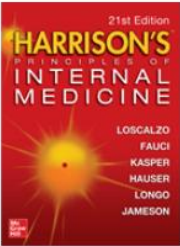
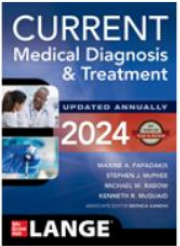
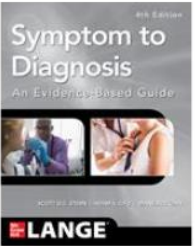
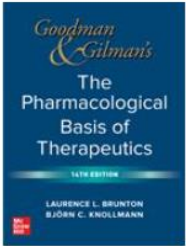
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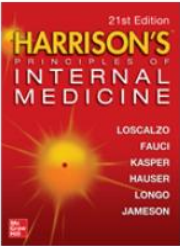
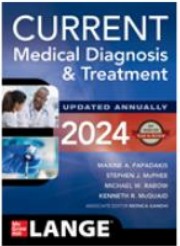
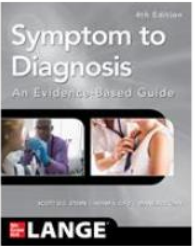
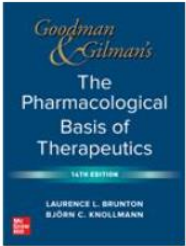
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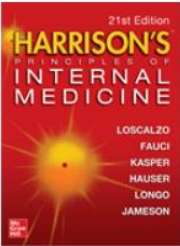
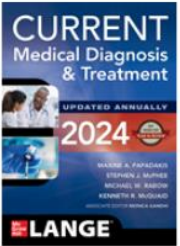
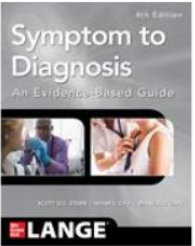
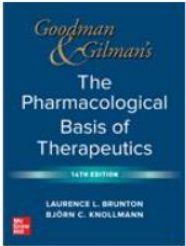
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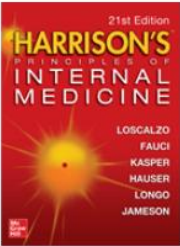
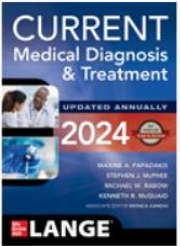
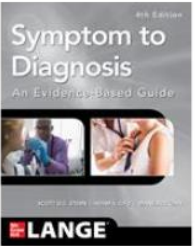
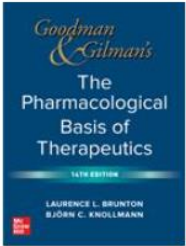
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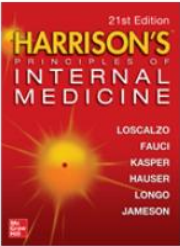
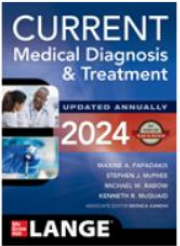
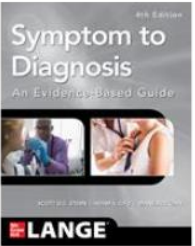
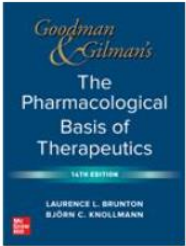
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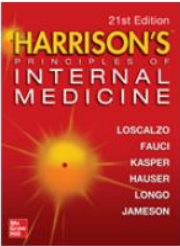
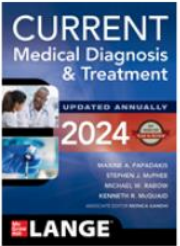
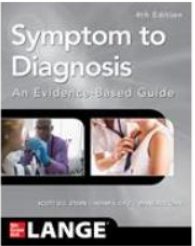
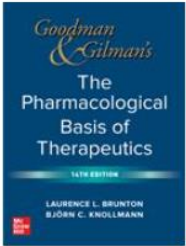
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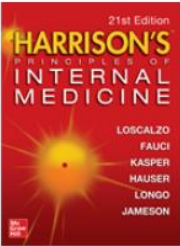
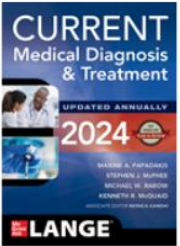
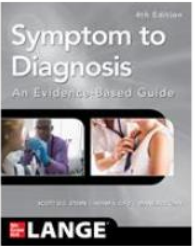
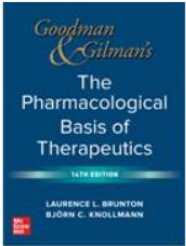
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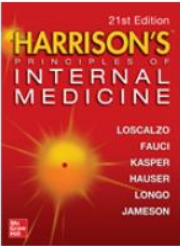
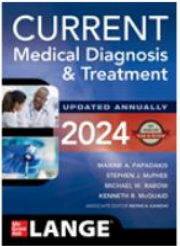
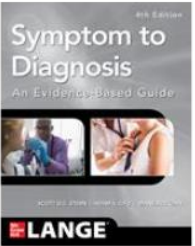
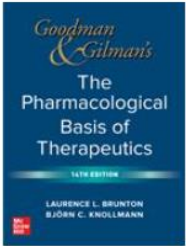
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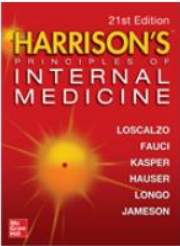
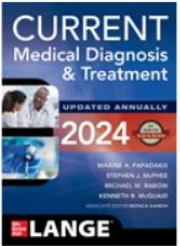
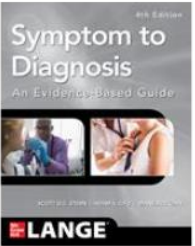
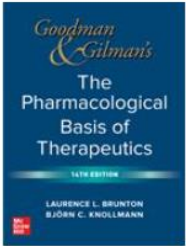
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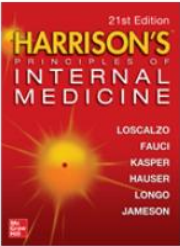
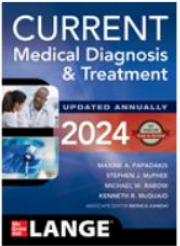
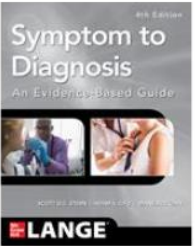
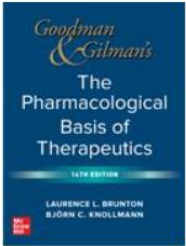
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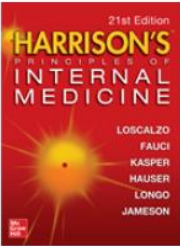
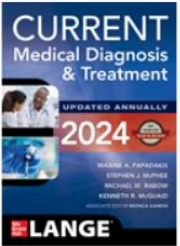
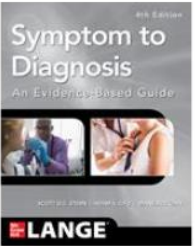
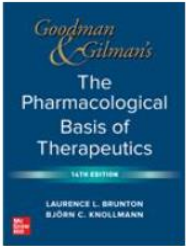
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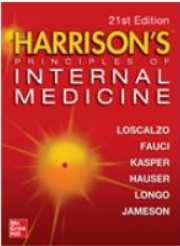
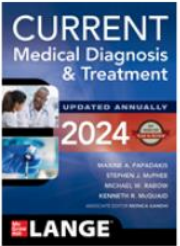
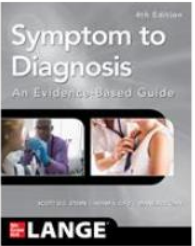
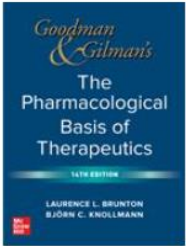
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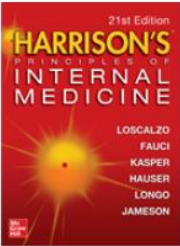
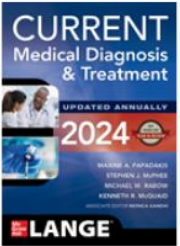
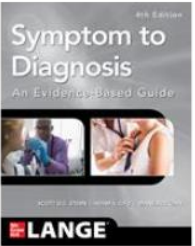
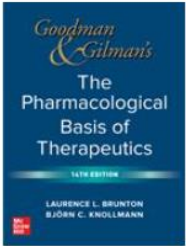
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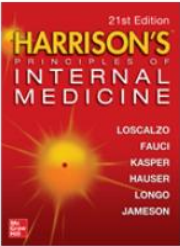
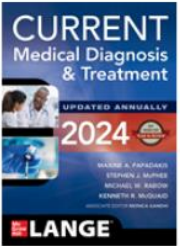
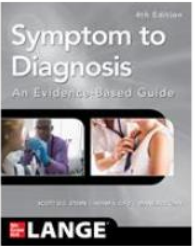
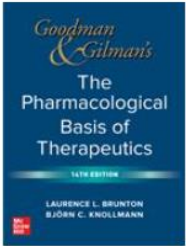
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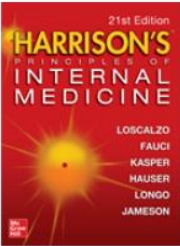
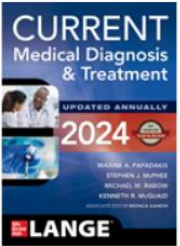
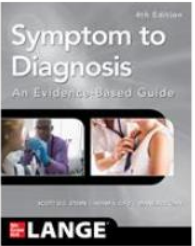
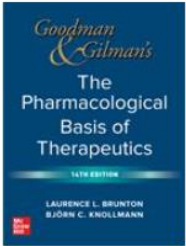
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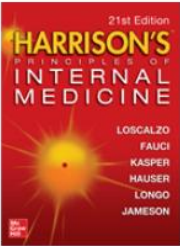
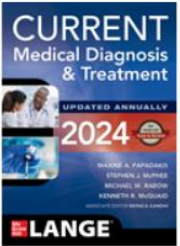
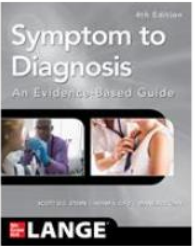
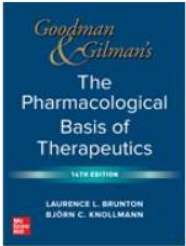
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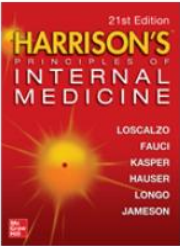
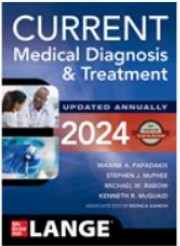
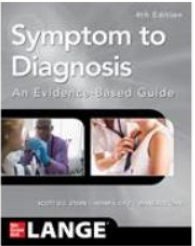
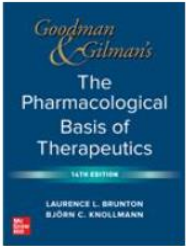
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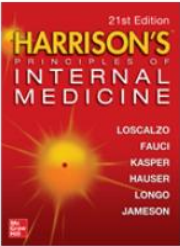
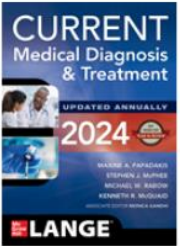
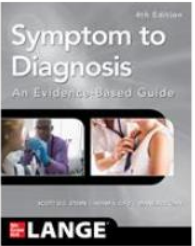
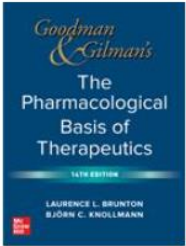
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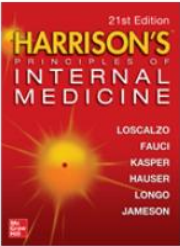
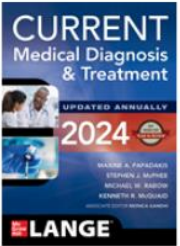
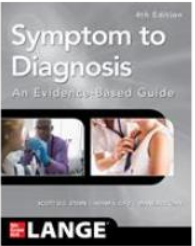
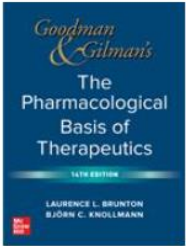
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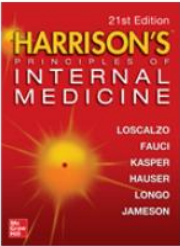
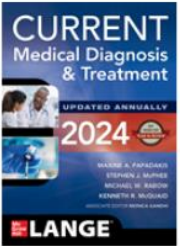
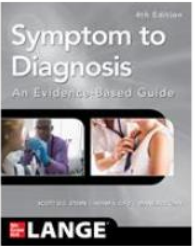
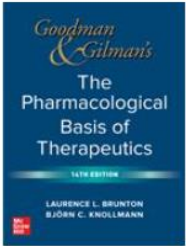
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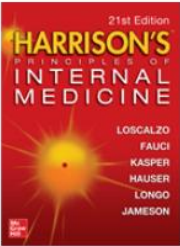
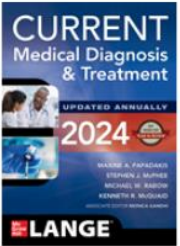
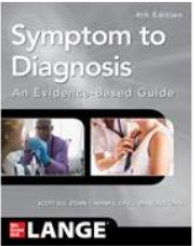
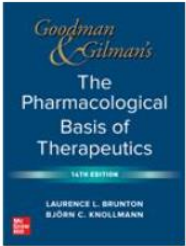
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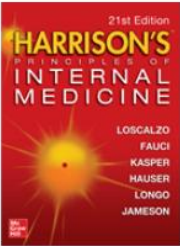
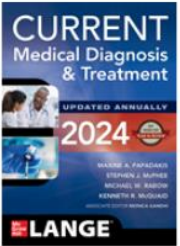
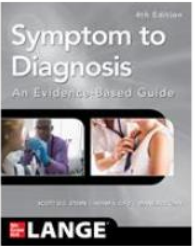
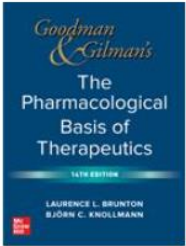
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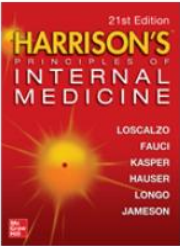
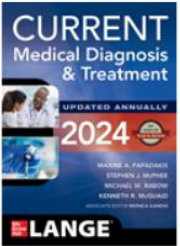
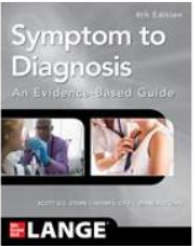
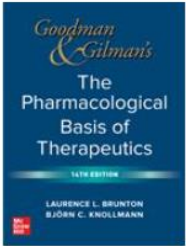
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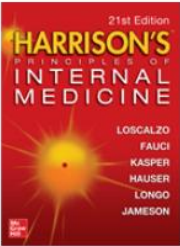
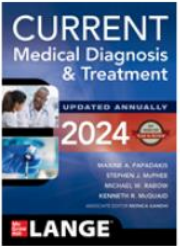
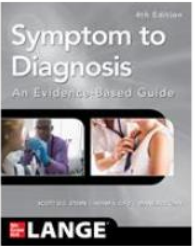
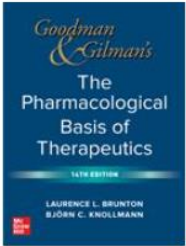
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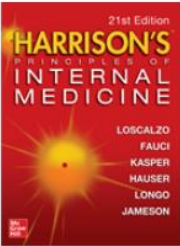
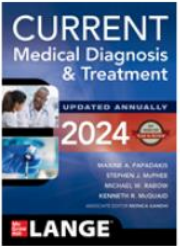
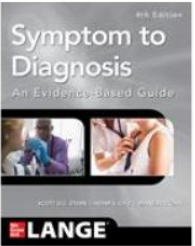
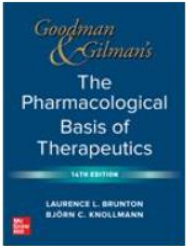
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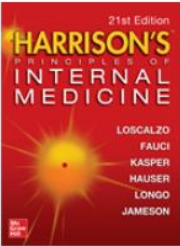
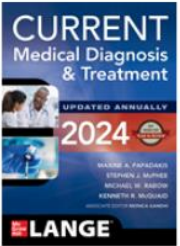
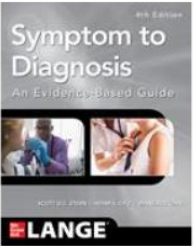
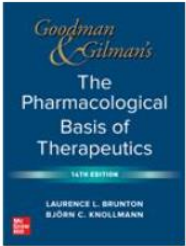
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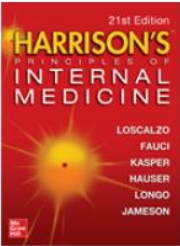
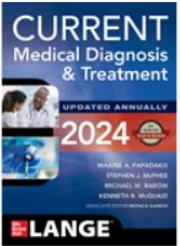
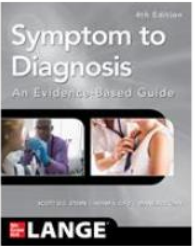
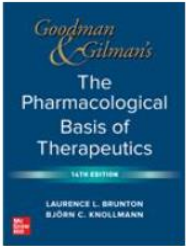
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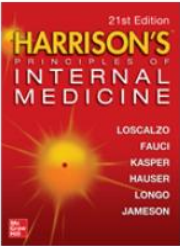
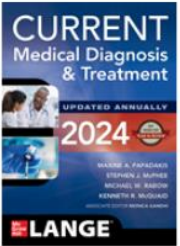
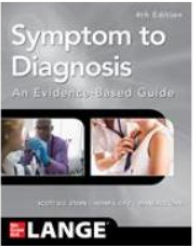
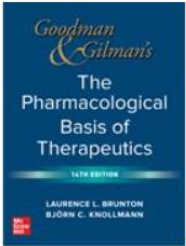
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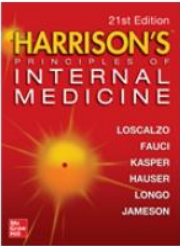
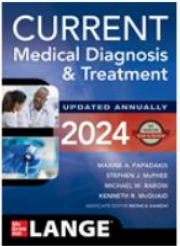
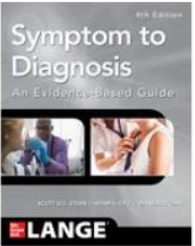
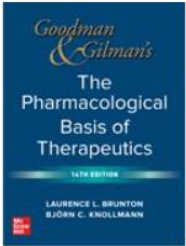
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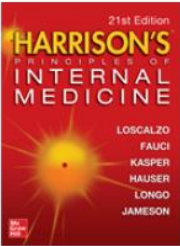
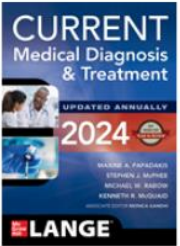
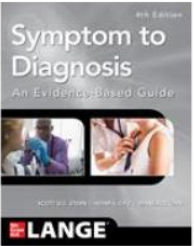
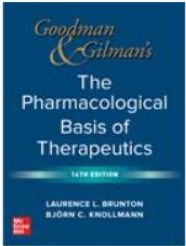
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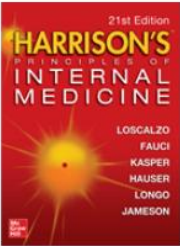
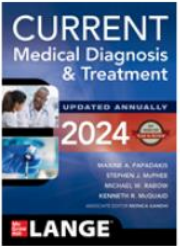
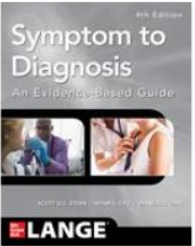
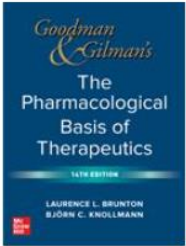
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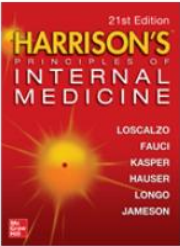
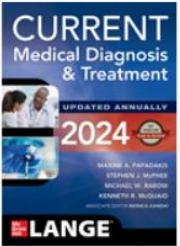
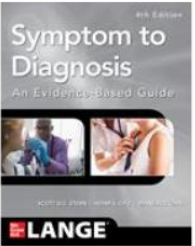
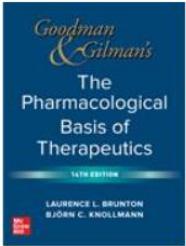
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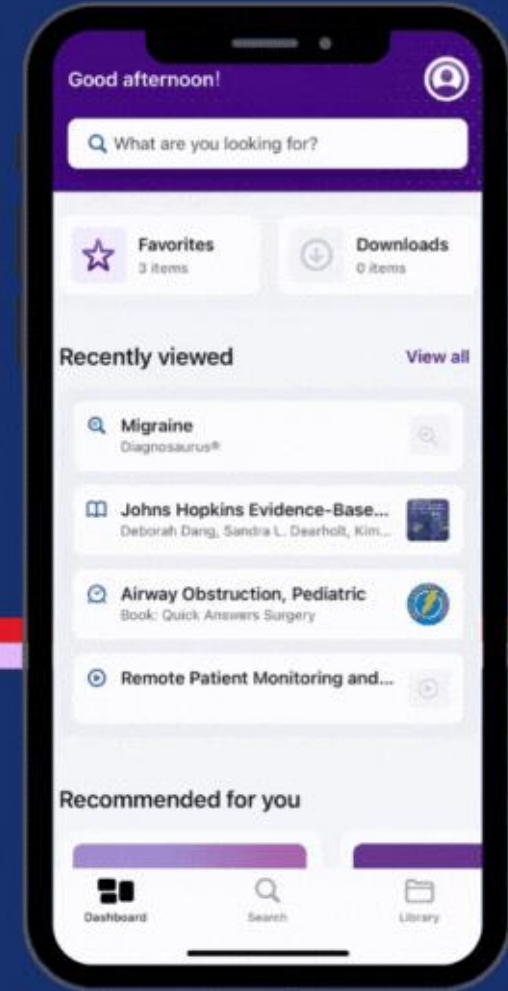


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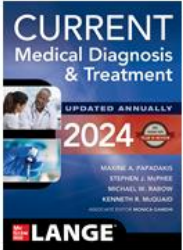
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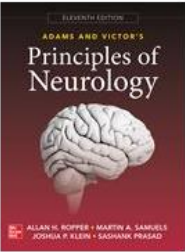
List



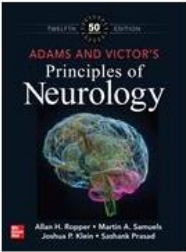
Harrison's Principles of Internal Medicine, 21e
Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson



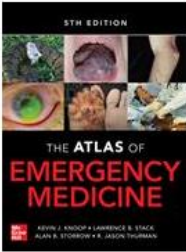
Current Medical Diagnosis & Treatment 2024
Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow, Kenneth R. McQuaid, Monica Gandhi



Adams and Victor's Principles of Neurology, 11e
Allan H. Ropper, Martin A. Samuels, Joshua P. Klein, Sashank Prasad

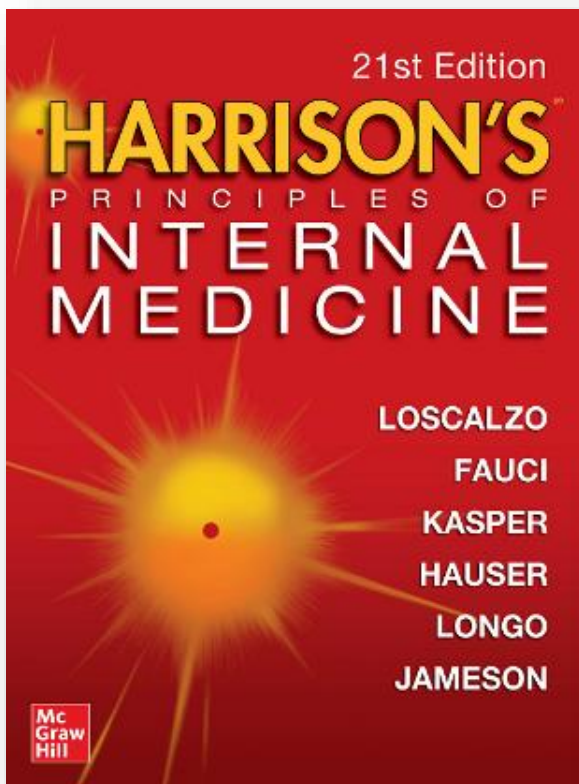


Adams and Victor's Principles of Neurology, 12e
Allan H. Ropper, Martin A. Samuels, Joshua P. Klein, Sashank Prasad

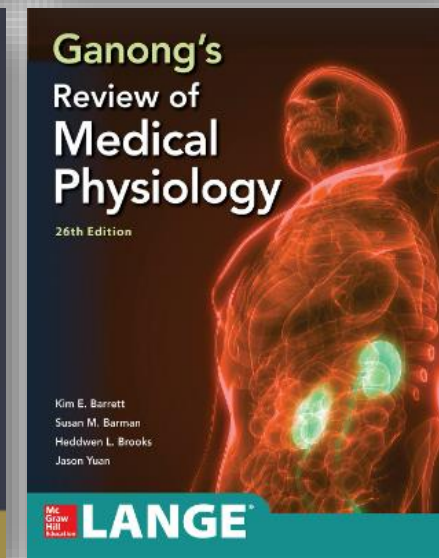
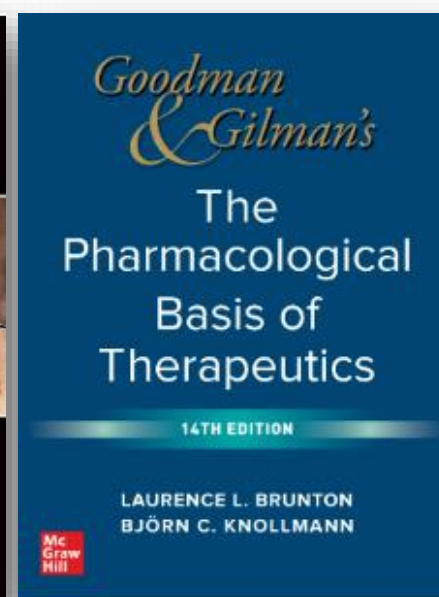
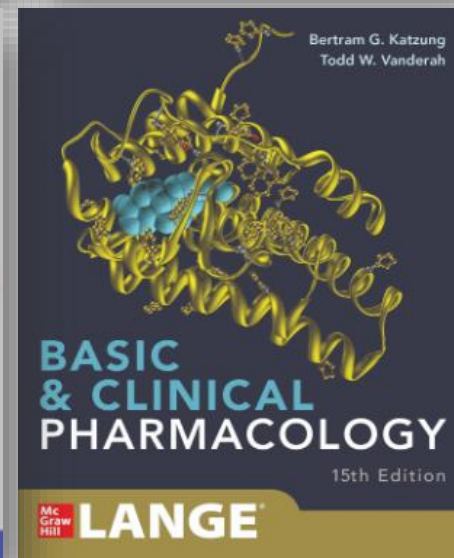
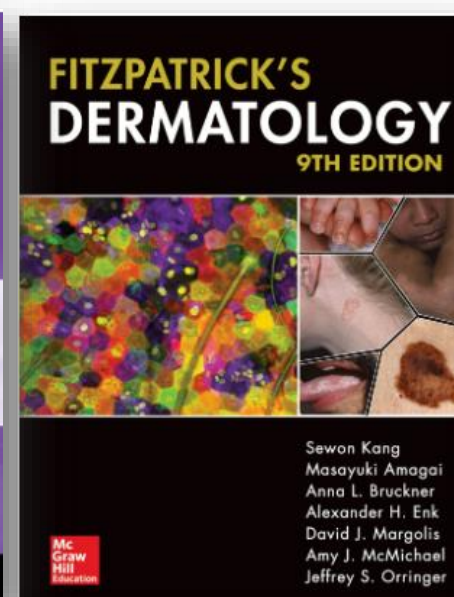
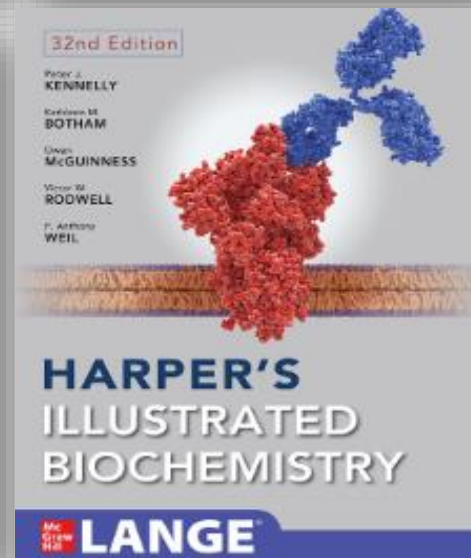
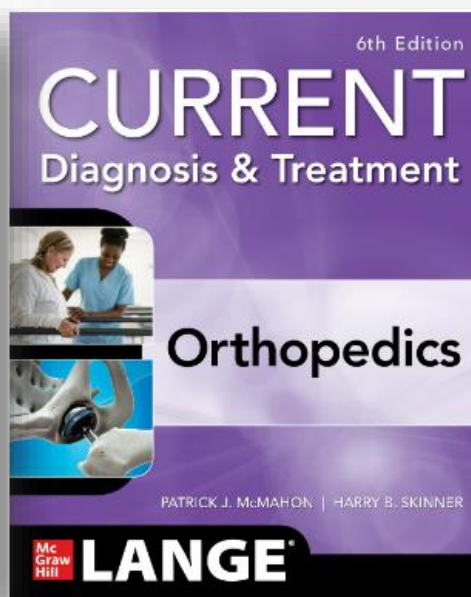
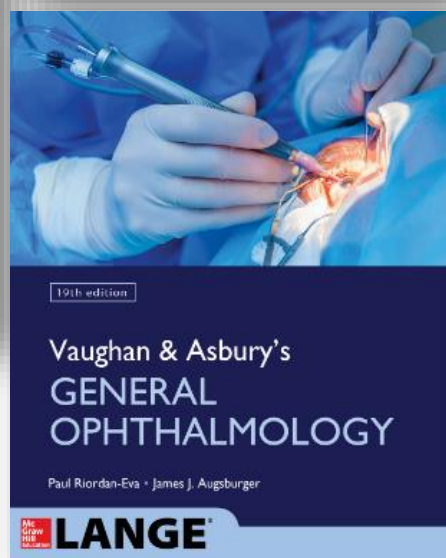
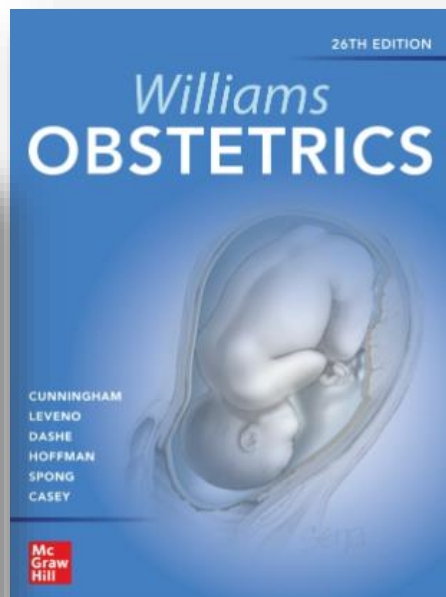


The Atlas of Emergency Medicine, 5e
Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman

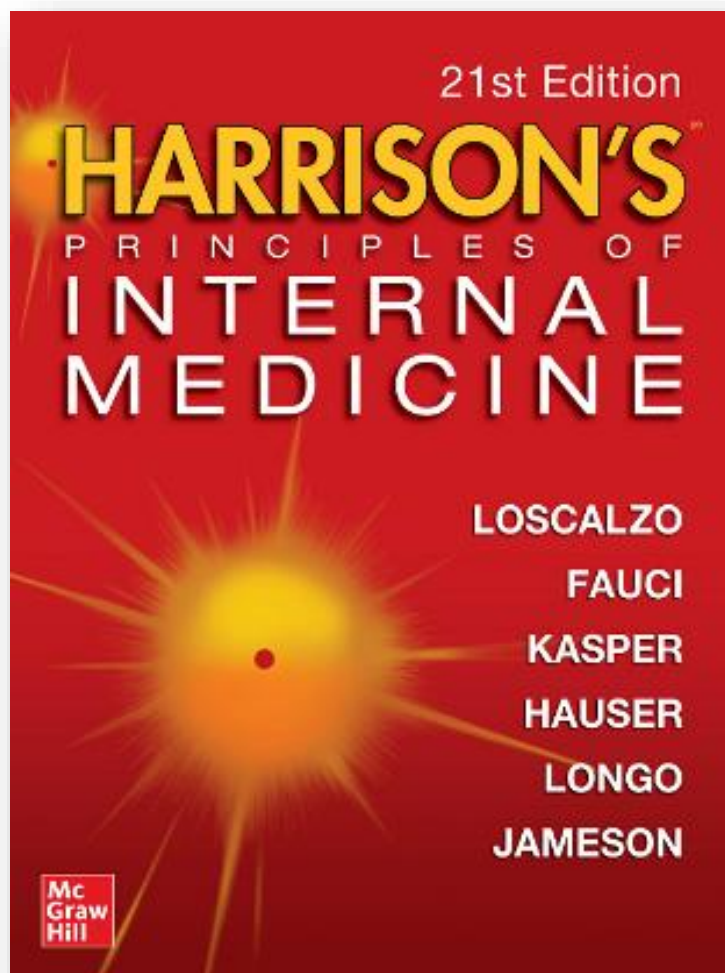
Books



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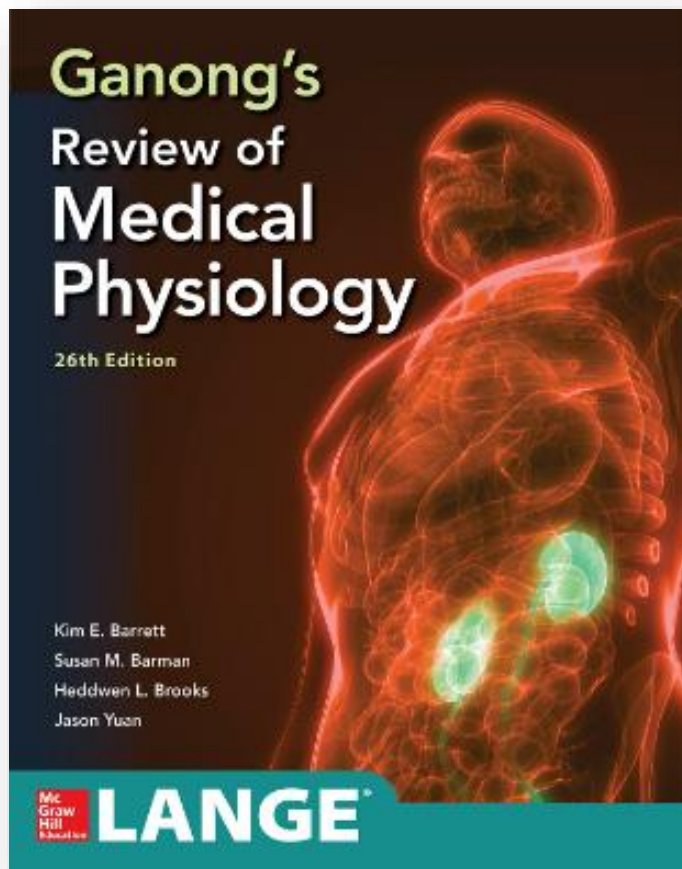


經典書籍

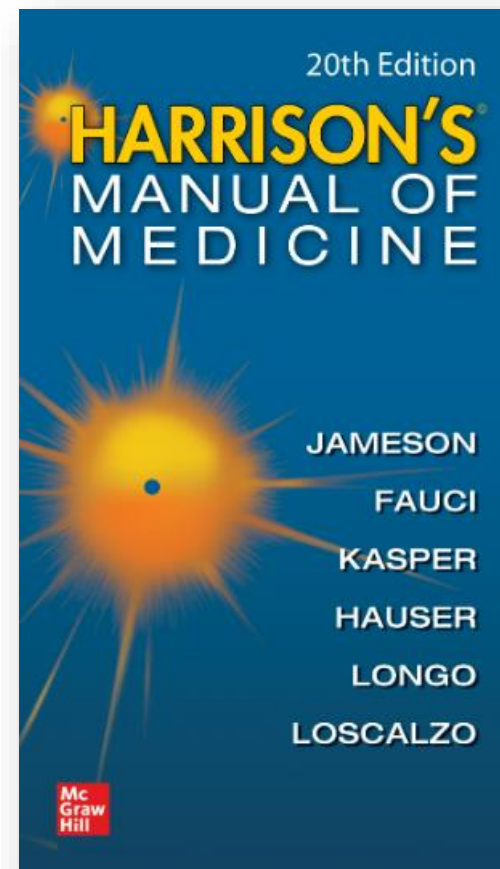


- **內科學經典教科書**。自20世紀50年代問世以來，每4年再版一次，目前最新版為2022年出版的第二十一版。由於該書的權威性以及對培養醫師的重大作用，先後被譯成法文、德文、西班牙文、日文、中文等多種文字。
- 該書全面闡述了人體各系統相關疾病的定義、病因、流行病學、發病機制、病理特點、臨床表現、診斷與鑒別診斷、治療、預防和預後等問題，是醫師**全面深入掌握內科醫學知識最權威的參考書籍**。
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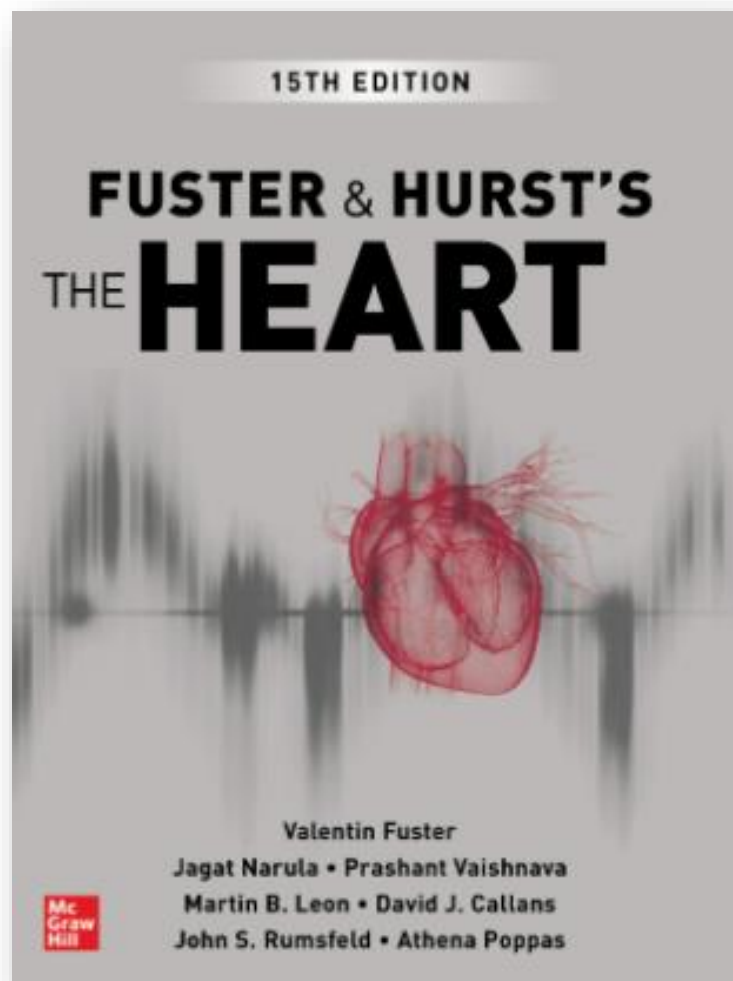


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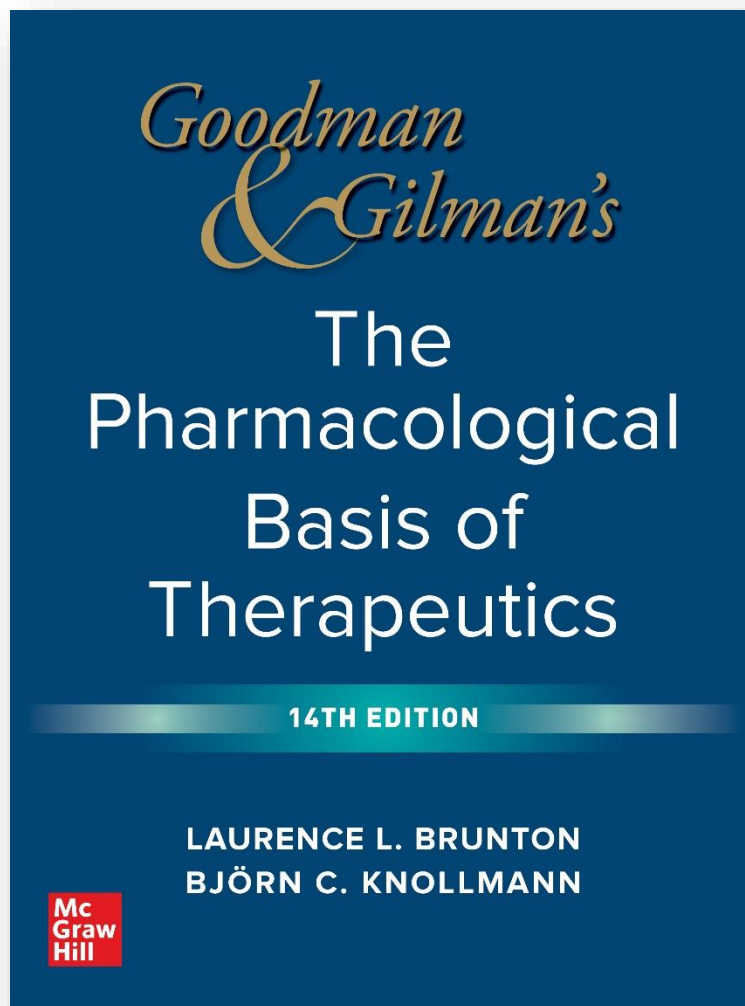
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內外科概論

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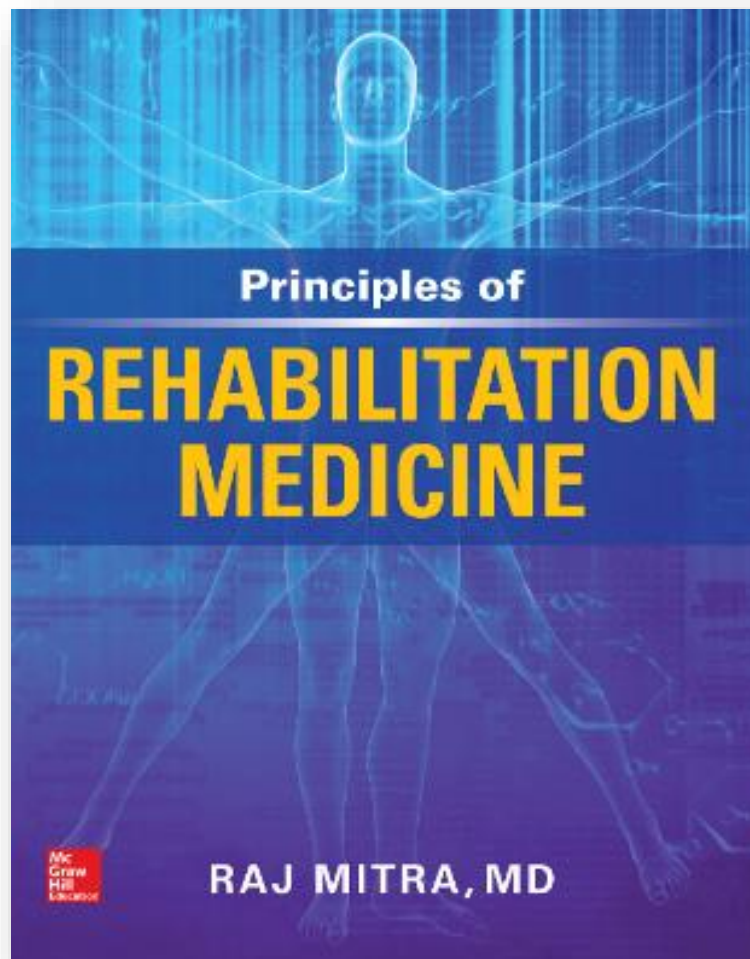
- 該書為**經典的心血管疾病診治手冊**，由幾代權威心血管病專家鼎力合作編寫和修訂，深受歐美國家心血管病醫師的歡迎。自20世紀60年代首次出版以來，已經更新至第15版。
- 該書系統性的介紹了50餘種心血管疾病的發病機制、病理生理學、臨床診斷、鑑別診斷、治療方法、預防和預後等問題。內容豐富詳實，極具權威性和科學實用性，是心臟科醫師和醫學院學生非常珍貴的經典參考讀物。

經典書籍



- 該書享有“藍色聖經”（ Blue Bible ）的盛譽，之所以經典，是由於其創始人A. Goodman和L. Gilman在首版就制訂的及多次再版奠定的編寫原則——基礎與臨床、特別是將藥理學（藥效學和藥動學）與藥物治療學緊密結合，並將現代醫學的進展與闡明藥物的作用與應用相聯繫所致。
- 分別對藥理研究和治療原理，擬神經遞質和作用於受體的藥物、毒副作用等進行了全面系統的總結，詳細地介紹了藥理學研究的現狀和最新理論，並利用圖表或示意圖讓您一目了然。各章還對藥理學研究的未來進行了展望，並有專門的章節介紹基因研究和毒理學研究的現狀。
- 臺灣俗稱**藥理學聖經**，多列為醫藥相關學系指定參考教科書，亦為國考指定用書。

特色書籍



- Principles of Rehabilitation Medicine 旨在成為復健醫學專業方面全面且權威的回顧。
- 本書各章節對傳統的康復主題進行了完整的回顧，例如腦損傷、脊髓損傷、中風、疼痛管理和電診斷醫學。另一部分專門用於肌肉骨骼醫學、兒科復健和運動。擴展的第一部分回顧了基本康復評估所必需的基礎知識。章節反映了該領域的前沿主題，例如再生醫學、退伍軍人復健、多發性創傷患者的復健等。
- 各章節由復健領域公認的領導者撰寫，重點關注在病理生理學、診斷和復健管理。



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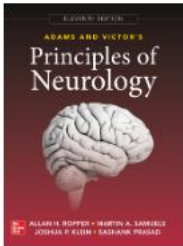
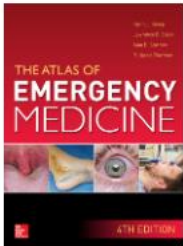
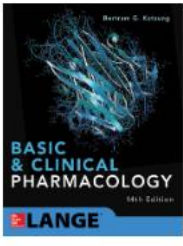
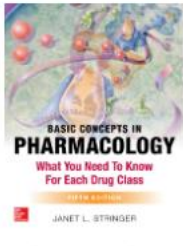
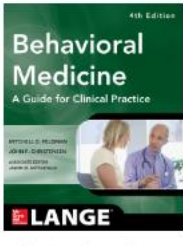
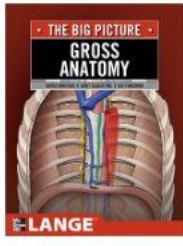
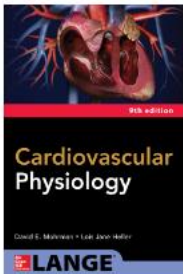
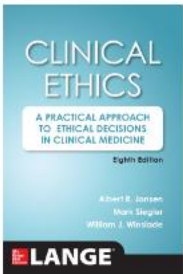
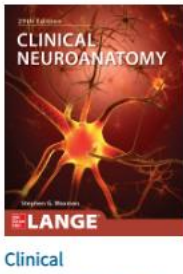
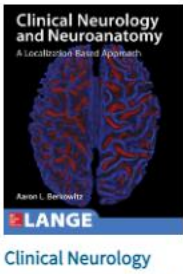
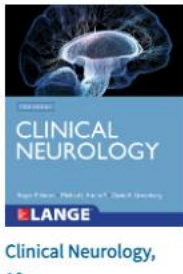
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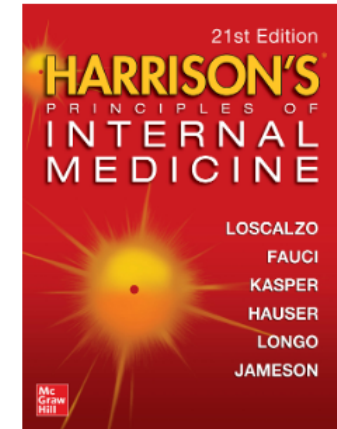
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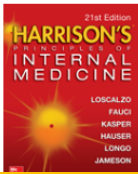
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Chapter 2: Promoting Good Health

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 excellent medical practice for decades and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature death, 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

FIGURE 2-1

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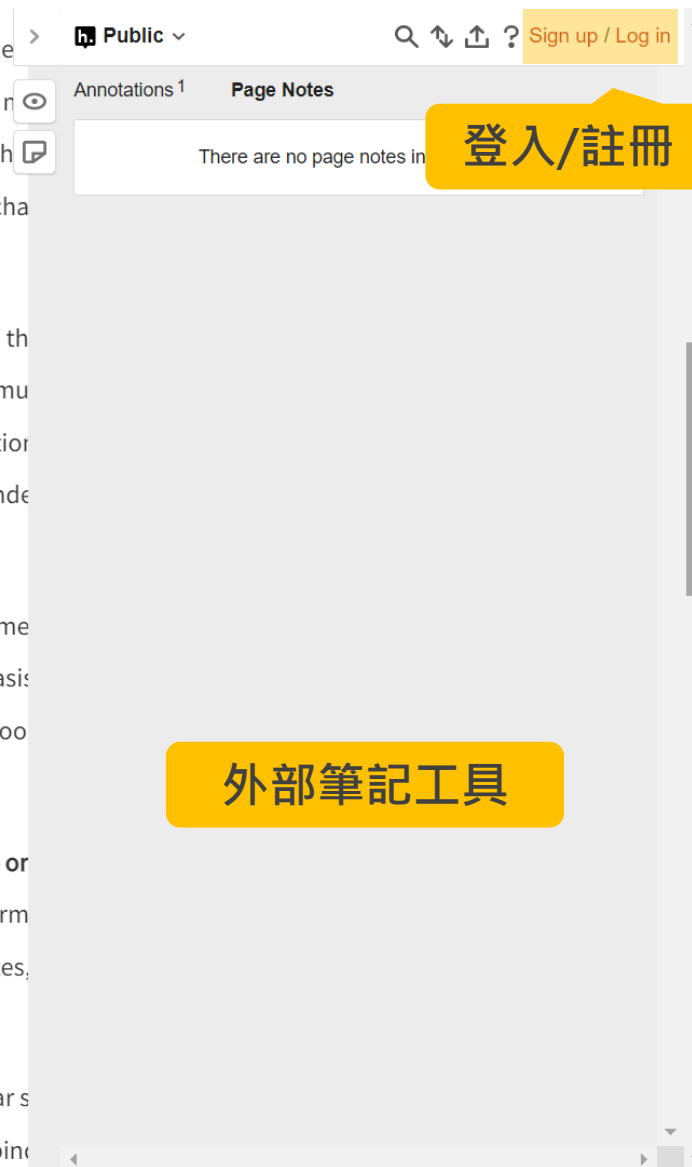
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Therapeutic and toxic effects of drugs result from their interactions with molecules. Drugs act by associating with specific macromolecules in ways that alter the rate of or biophysical activities. This idea, more than a century old, is embodied in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

Receptors have become the central focus of investigation of drug effects and the study of 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 drugs and at 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. The consequences 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 dose 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.



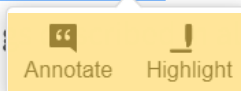
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better choice for managing hypertension in this patient? What alternative treatment options should the physician consider?

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 leading to the drug's observed effects.

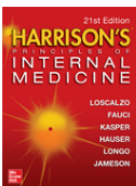
Receptors have become the central focus of investigation of drug effects and their mechanisms of action (pharmacodynamics). The receptor concept, extended to endocrinology, immunology, and molecular biology, has proved essential for explaining many aspects of biologic regulation. Many receptors have 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 for therapeutic decisions in clinical practice. These consequences form the basis for the actions and clinical uses of drugs, which are summarized as follows:



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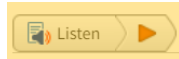
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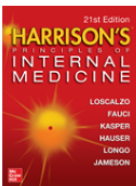


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Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for centuries and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive 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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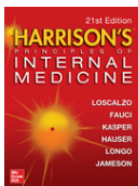
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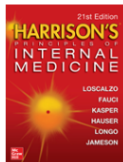
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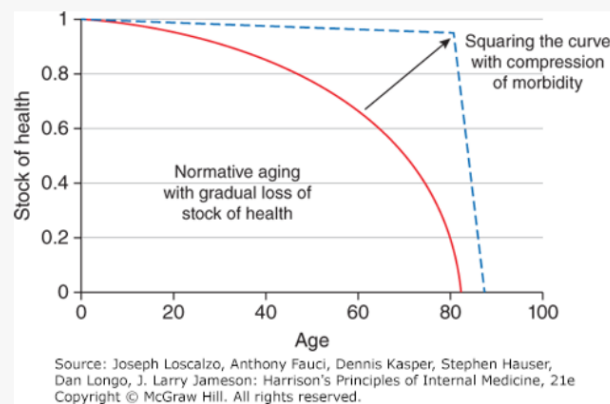
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FIGURE 2-1

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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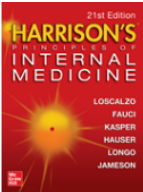
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1. Follow a healthy dietary pattern at every life stage. For the first 6 months of life, infants should exclusively be fed human milk, or iron-fortified formula if human milk is unavailable. From 6 to 12 months, infants should be introduced to a variety 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 aortic aneurysm

Abdominal pain ←

Abdominal pain and fever

Abdominal pain and hematuria

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Abdominal pain

See related DDX

- Epigastric pain (dyspepsia, upper abdominal pain)
- Right upper quadrant
- Left upper quadrant
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Book: Quick Medical Diagnosis & Treatment 2022



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First-In-Class Agents

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Erdaftinib	Dengue tetravalent vaccine, live
Inotersen	Fostamatinib disodium hexahydrate
Larotrectinib	Ivosidenib
Onasemnogene abeparvovec	Migalastat
Polatuzumab vedotin	Patisiran
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Caplacizumab

Erdafitinib

Inotersen

Larotrectinib

Onasemnogene abeparvovec

Polatuzumab vedotin

Selinexor

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Dengue tetravalent vaccine, live

Fostamatinib disodium hexahydrate

Ivosidenib

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Coagulation factor Xa (recombinant), inactivated-zhzo

Erenumab-aooe

Galcanzumab-gnlm

Lanadelumab-flyo

Pegvaliase-pqpz

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Emapalumab-lzsg

Fremanezumab-vfrm

Ibalizumab-uiyk

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Epoetin alfa-epbx

Immune globulin intravenous (human)-ifas

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Ravulizumab-cwvz

Tildrakizumab-asmn

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Elapegademase-lvlr

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Avatrombopag

Benzhydrocodone

Bictegravir

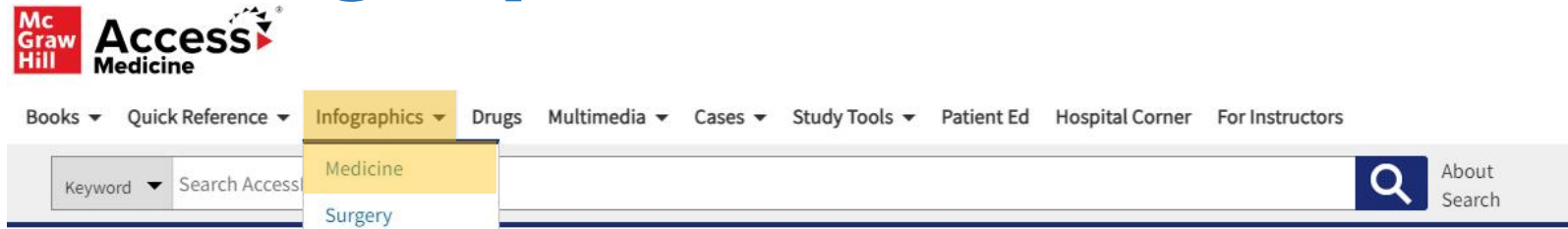
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Dacomitinib

Duvelisib

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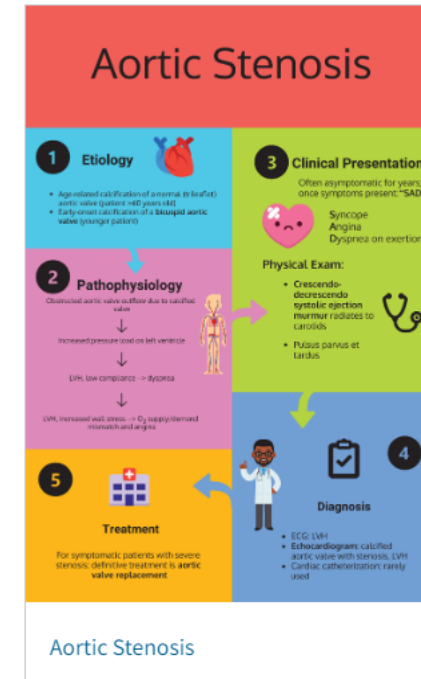
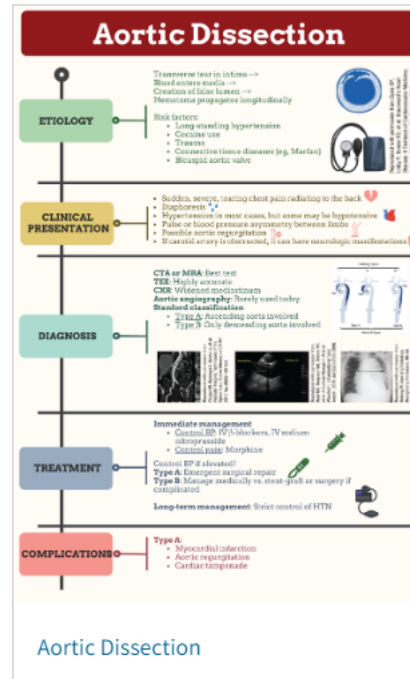
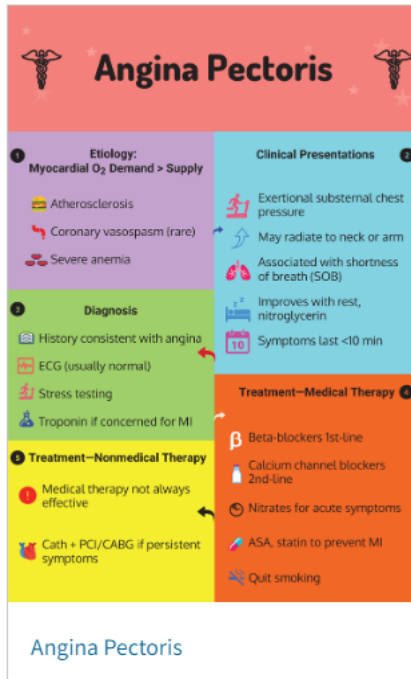
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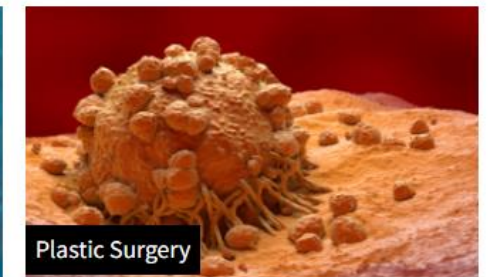
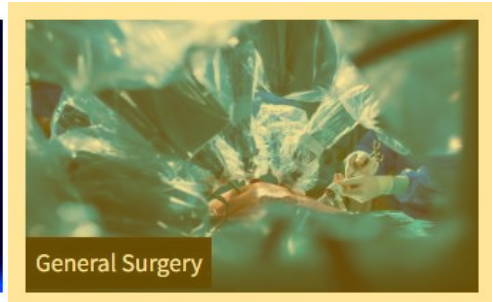
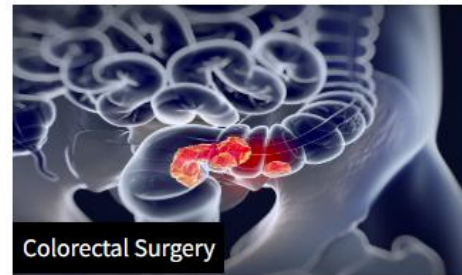
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Adrenalectomy

Indications

- Aldosteronoma
- Pheochromocytoma
- Cushing adenoma
- Metastatic lesion
- Symptomatic myeloid lipoma
- Feminizing virilizing tumor
- Adrenocortical carcinoma
- Bilateral tumors
- Incidentaloma

Diagnosis

- Labs:
 - Dexamethasone suppression test
 - AM cortisol, plasma or urinary metanephrines
 - Adrenal androgens
 - Aldosterone/renin ratio
- Imaging:
 - CT/MRI

Low levels of trophic hormone with high levels of hormone
e.g., ↓ renin, ↑ aldosterone

Treatment Options

- Laparoscopic surgery is preferred
- Open adrenalectomy is used for:
 - Large tumors (i.e., >8–10 cm)
 - Locally invasive adrenocortical cancer

All functional tumors should be resected. Nonfunctional tumors are dependent on size.

Preparation

- Position: modified lateral decubitus
- Port placement is similar to nephrectomy, but subcostal

Complications

- Metabolic crisis during or after operation
- Injury to surrounding organs
- Bleeding

Surgical Pearls

Exposure of the right adrenal is facilitated by division of the triangular ligament (A), and dissection and reflection of the spleen and tail of the pancreas aids in identifying the left adrenal (B).

Appendectomy

Acute Appendicitis

Clinical Presentation

- Healthy children and young adults
- RLQ pain that started in periumbilical region
- Nausea and vomiting
- Anorexia
- Fever

Diagnosis & Workup

- History
- Physical exam
- Ultrasound or CT
- CBC with elevated WBC
- Febrile

The Signs

- Rebound tenderness at McBurney point
- Rovsing sign
- Ilicostosis sign
- Obturator sign

Procedure Details

Preoperative

- Restore fluid balance and provide broad-spectrum antibiotics

Supine operative position

1. **Locate appendix**
Within the peritoneum, locate appendix at base of cecum
2. **Ligate mesentery of appendix**
Once appendix is delivered, seize its mesentery in a clamp and carefully ligate vessels
3. **Ligate base of appendix**
Crush proximal appendix with a right angle clamp and ligate proximally to separate from cecum
4. **Remove appendix**
Divide appendix between ligature and clamp and check for bleeding

Cholecystectomy

a laparoscopic approach

The Surgery

1. Establish pneumoperitoneum
2. Create 4 trocar ports:
 - Epigastrium below xiphoid
 - Medial right subcostal
 - Umbilicus level near lateral/anterior axillary line
 - Supra or infraumbilical
3. Grasp gallbladder fundus and lift superiorly
4. Grasp gallbladder infundibulum and pull laterally, exposing cystic duct and artery
5. Dissect out cystic duct and artery and confirm critical view of safety*
6. Clip and divide cystic duct and cystic artery
7. Lift gallbladder using forceps
8. Remove gallbladder through endocatch bag

Indications

- Symptomatic cholelithiasis
- Acute cholecystitis
- Gallstone pancreatitis
- Biliary dyskinesia
- Potentially malignant gallbladder masses and polyps

Anesthesia & Pre-Op

- General anesthesia with endotracheal intubation
- Prophylactic antibiotics

Complications

- Bleeding
- Infection
- Trocar injuries to viscera or vessels
- Bile duct injury
- Hematoma
- Biloma
- Abscess

*Resulting only 2 structures entering the gallbladder and cystic pipe

Direct and Indirect Hernia Repair

Direct Inguinal Hernias

What?
Herniation due to weakness of transversalis fascia and conjoint tendon forming posterior wall of inguinal canal

Who's at Risk?
Males >50 years and smokers

Predisposing Factors
Increased intra-abdominal pressure: lifting, coughing, straining, obesity

Symptoms
Bulge in groin and dull pain in inguinal region referred to testis

Hernia Type by Age

Age Group	Indirect Inguinal Hernia	Direct Inguinal Hernia
0-2 years	Indirect inguinal hernia	
2-50 years	Hernia uncommon	Indirect inguinal hernia
>50 years		Direct inguinal hernia

Indirect Inguinal Hernias

What?
Herniations through internal ring, inguinal ring that may enter scrotum

Who's at Risk?
Males > females
Most common hernia
Occurs at all ages

Congenital Cases
Associated with patent processus vaginalis

Correction of an inguinal hernia is the most common pediatric surgical intervention

Surgical Repair Options for Direct and Indirect Hernias

Open repair with mesh (Lichtenstein repair)

Total Extraperitoneal (TEP) repair with mesh

Most commonly offered to patients who hope for a quick return to full activity, have bilateral inguinal hernias, or have recurrent hernia where open anterior repair has failed

Transabdominal Preperitoneal (TAPP) repair with mesh

Most common when preperitoneal space cannot be opened due to previous surgery, when a large tear in peritoneum is made during TEP, or if hernia cannot be located preperitoneally

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Pronunciation

(AS pir in)

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- Aspiatab [OTC]
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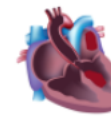
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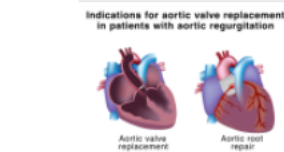
Aortic Regurgitation

Aortic Stenosis

and Compensation

Author(s): Scott Stern, MD
Professor of Medicine, University
of Chicago School of Medicine

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Comparison of Aortic

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Author(s): Scott Stern, MD
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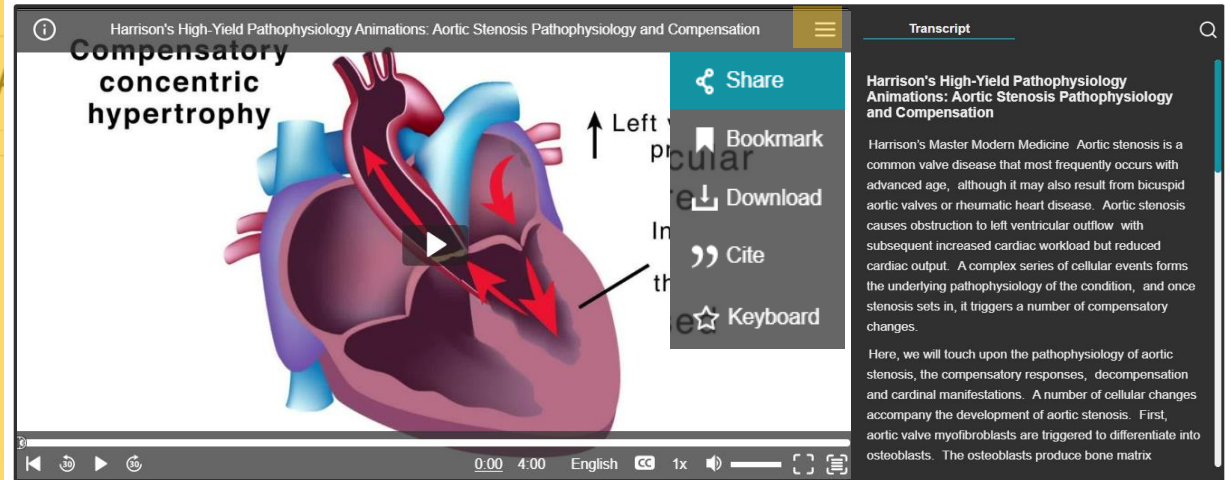
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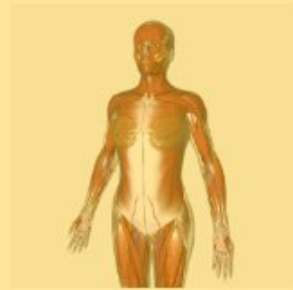
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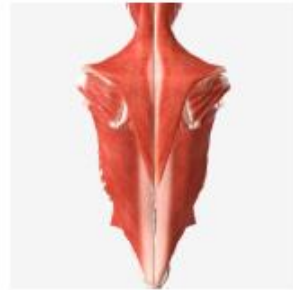
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> Complete Human Anatomy Modules

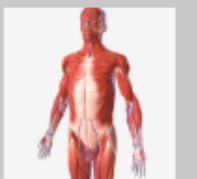
These interactive modules allow for visualization of the human body in an interactive, 3D format where both male and female anatomy modules can be viewed. Choose a module and then utilize the options on the lower right-side of the screen to learn more about human anatomy.



Female Complete Anatomy

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特有女性模組



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Human Anatomy Modules (3/3)

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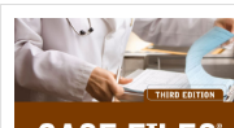
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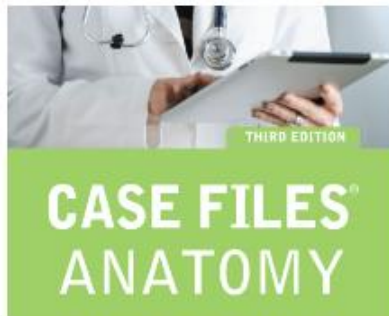
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Author(s): Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

-  Brachial Plexus Injury
-  Cirrhosis
-  Coronary Artery Disease
-  Deep Venous Thrombosis
-  Inguinal Hernia
-  Sinusitis

Key

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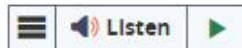
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Coronary Artery Disease

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

[Case](#)[Approach](#)[Anatomy Pearls](#)[References](#)[Comprehension Questions](#)**臨床案例描述**

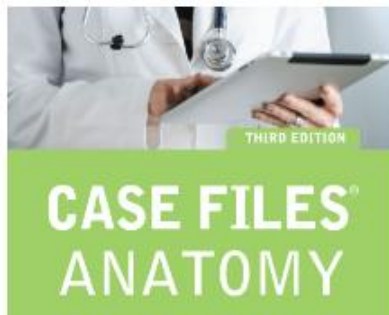
A 59-year-old man complains of tight chest pressure and shortness of breath after lifting several boxes in his garage approximately 2 h ago. He perceives that his heart is skipping beats. His medical history is significant for hypertension and cigarette smoking. On examination, his heart rate is 55 beats/min 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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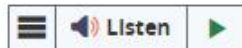
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A 59-year-old man complains of tight chest pressure and shortness of breath after lifting several boxes in his garage approximately 2 h ago. He perceives that his heart is skipping beats. His medical history is significant for hypertension and cigarette 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?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

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儲存作答結果

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情境總結及問題解答

Questions (5/9)

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

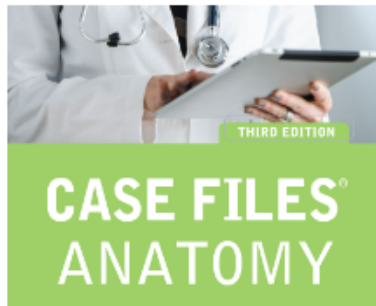
Clinical Correlation

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.

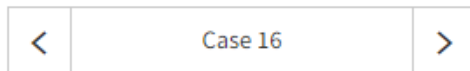
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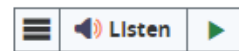
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Approach

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學習途徑



學習目標

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

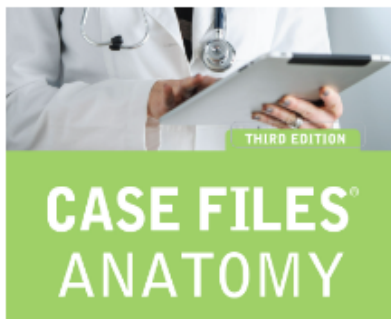
PALPITATIONS: Pulsations of the heart perceptible by a patient that are usually irregular and increased in force

BRADYCARDIA: Heart rate no higher than 60 beats/min

名詞定義

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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Coronary Artery Disease



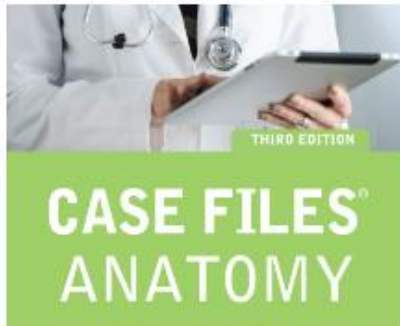
Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

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- 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.

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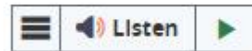
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Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:144–148, 154–157.

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

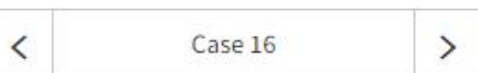
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理解測驗題

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?

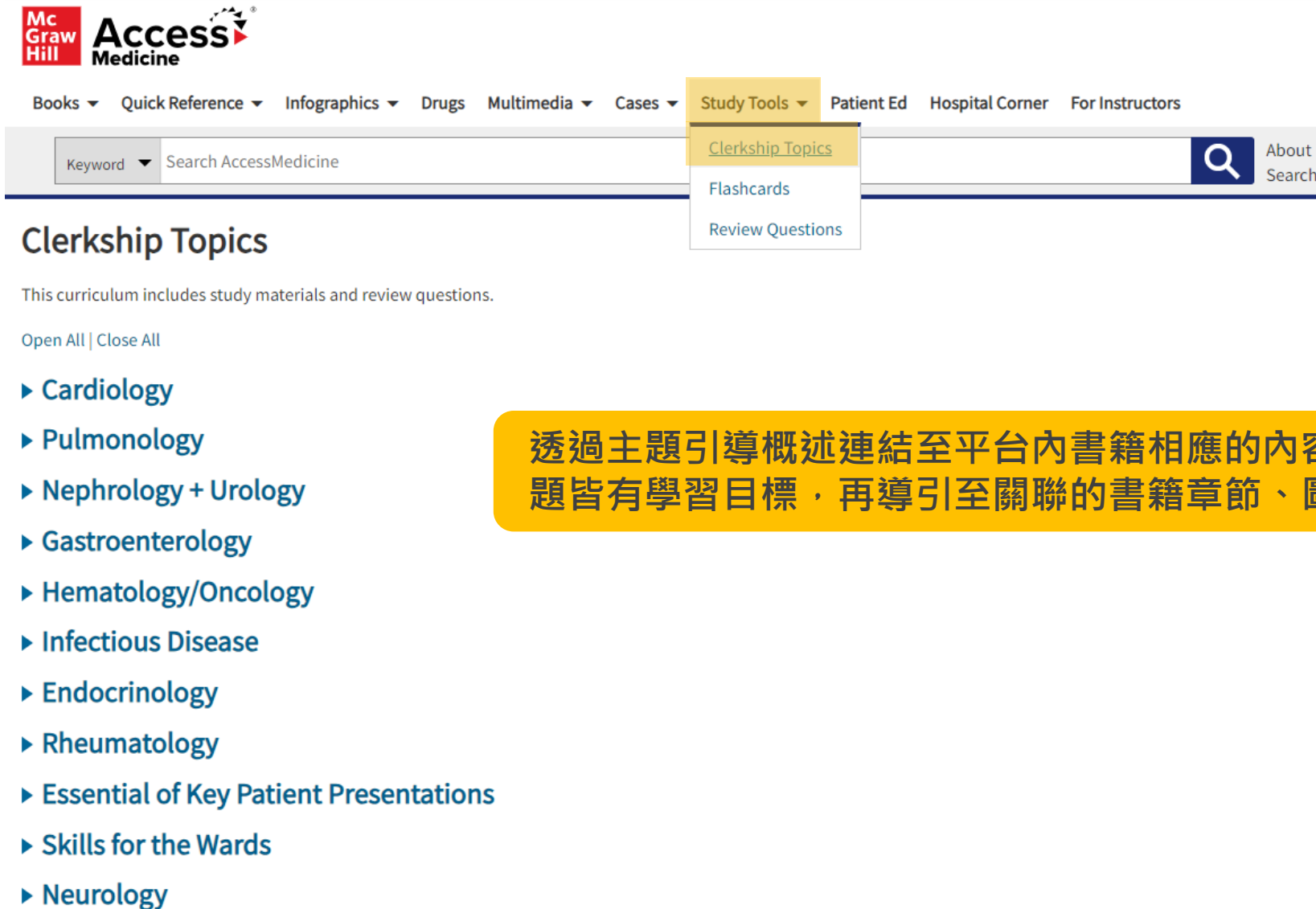
- ☐ A RCA
- ☐ B Right marginal artery
- ☐ C Posterior interventricular artery
- ☐ D Anterior interventricular artery
- ☐ E Circumflex artery

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Study Tools

Clerkship Topics (1/2)



The screenshot shows the Access Medicine website interface. At the top, the 'Study Tools' menu is expanded, showing 'Clerkship Topics', 'Flashcards', and 'Review Questions'. Below the navigation bar, the 'Clerkship Topics' section is displayed, featuring a list of medical specialties with expandable arrows. A yellow callout box highlights the functionality of these links.

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- ▶ Nephrology + Urology
- ▶ Gastroenterology
- ▶ Hematology/Oncology
- ▶ Infectious Disease
- ▶ Endocrinology
- ▶ Rheumatology
- ▶ Essential of Key Patient Presentations
- ▶ Skills for the Wards
- ▶ Neurology

透過主題引導概述連結至平台內書籍相應的內容，每個主題皆有學習目標，再導引至關聯的書籍章節、圖表及個案

Clerkship Topics

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▼ Pulmonology

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- Chronic Obstructive Pulmonary Disease and Asthma
- Cystic Fibrosis (CF) and Bronchiectasis
- Pneumonia
- Interstitial Lung Disease
- Pleural Disease
- Pneumothorax
- Pulmonary Thromboembolism
- Ward Skills in Pulmonology

► Nephrology + Urology

► Gastroenterology

► Hematology/Oncology

► Infectious Disease

► Endocrinology

Clerkship Topics > Pulmonology

Interstitial Lung Disease

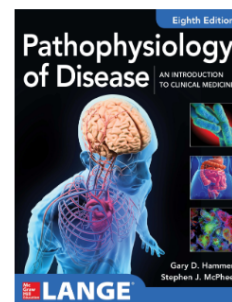
AUTHOR: Joseph Mort

- LEARNING OBJECTIVES:
1. Recognize common presentations of interstitial lung disease (ILD).
 2. List the various types of ILD.
 3. Identify environmental and occupational risk factors associated with specific subtypes of ILD.
 4. Describe the characteristic PFT pattern associated with ILD.
 5. Describe the classic radiographic and histologic findings in ILD.

SECTION	AccessMedicine > Huppert's Notes: Pathophysiology and Clinical Pearls for Internal Medicine > RESTRICTIVE LUNG DISEASES > Overview of Interstitial Lung Disease (ILD) (+DLCO)
CHAPTER	AccessMedicine > Current Medical Diagnosis & Treatment 2024 > Interstitial Lung Disease (Diffuse Parenchymal Lung Disease)
CASE FILE	AccessMedicine > Pathophysiology of Disease Cases > Case 50 > Interstitial Pulmonary Fibrosis

針對各科及病房技能等主題分類，
可系統性的掌握見習醫師在各個主
題的學習目標，並搭配各教科書內
主題章節、案例與進行自我評量

搭配案例與進行自我評量



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Notice

Pulmonary Disease > Interstitial Pulmonary Fibrosis

Authors: Gary Hammer, MD, PhD; Stephen J. McPhee, MD; Yeong Kwok, MD

Case Questions

Listen

A 68-year-old man presents to the clinic with a complaint of shortness of breath. He states that he has become progressively more short of breath over the last 2 months, such that he is now short of breath with walking one block. In addition, he has noted a nonproductive cough. He denies fever, chills, night sweats, chest pain, orthopnea, and paroxysmal nocturnal dyspnea. He has noted no lower extremity edema. The medical history is unremarkable. Physical examination reveals a respiratory rate of 19/min and fine, dry inspiratory crackles heard throughout both lung fields. Digital clubbing is present. A diagnosis of idiopathic pulmonary fibrosis is made.

Next: Questions



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Questions)，可做為
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DeGowin's Diagnostic Examination Flashcards

Author(s): Manish Suneja, Richard F. LeBlond, Joseph F. Szot

Medical teaching and texts are generally disease-oriented, but medical practice is focused on individual patients who often do not present with a clear diagnosis. The clinician's goal in performing a history and physical examination is to generate diagnostic hypotheses. This was true for Hippocrates and Osler and remains true today. The goal of *DeGowin's Diagnostic Examination Flashcards* is to encourage a thoughtful, systematic approach to diagnosis based on the history and physical examination. Each flashcard highlights a fundamental diagnostic principle elaborated in the 10th edition of *DeGowin's Diagnostic Examination*. Taken together, the flashcards demonstrate how to apply many of these ...

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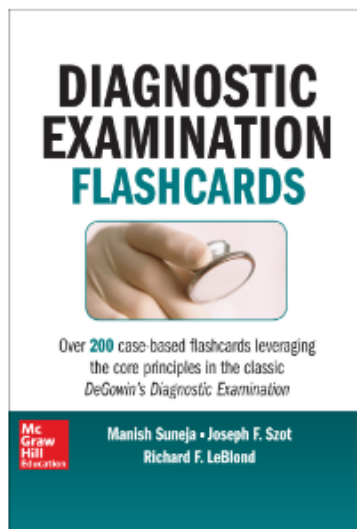
[The Head and Neck](#)

[The Chest: Chest Wall, Pulmonary, and Cardiovascular Systems; The Breasts](#)

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The Head and Neck - Card 01



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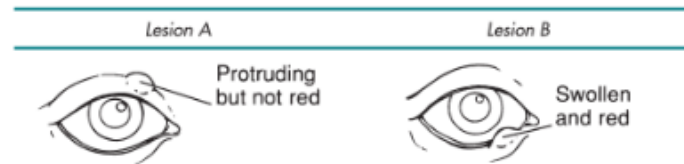
Card Back



翻面

THE HEAD AND NECK

CARD 1

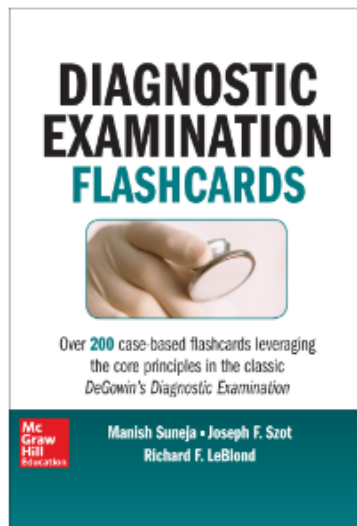


QUESTIONS:

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



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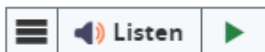
下一張

The Head and Neck - Card 01



Card Front

Card Back



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.

Review Questions (1/7)



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Harrison's® Review Questions

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NOTE: Please note that we have updated the title from "Harrison's Principles of Internal Medicine Self-Assessment and Board Review, 20e" to "Harrison's Review Questions". The title has been updated to reflect that questions will be added and updated on a regular basis.

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Question 1 of 10

Which of the following clinical manifestations can be seen in the syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis?

- ☐ A Acromegaly
- ☐ B Hidradenitis suppurativa
- ☐ C Plaque psoriasis
- ☐ D Sternoclavicular osteomyelitis
- ☒ E B and D

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Question 1 of 10

Which of the following clinical manifestations can be seen in the syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis?

- A Acromegaly
- B Hidradenitis suppurativa
- C Plaque psoriasis
- D Sternoclavicular osteomyelitis

✓ E B and D

[Next Question](#)

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

The correct answer is E. You answered E.

Explanation:

The answer is E. (*Chap. 355*) The syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis (SAPHO) is characterized by a variety of skin and musculoskeletal manifestations. Dermatologic manifestations include palmoplantar pustulosis, acne conglobata, acne fulminans, and hidradenitis suppurativa. Plaque psoriasis is not commonly associated with SAPHO syndrome, but it can occur commonly in psoriatic arthritis. The main musculoskeletal findings are sternoclavicular and spinal hyperostosis, chronic recurrent foci of sterile osteomyelitis, and axial or peripheral arthritis. Cases with one or a few manifestations are probably the rule. The erythrocyte sedimentation rate and/or C-reactive protein are usually mildly to moderately elevated, occasionally dramatically. In some cases, bacteria, most often *Propionibacterium acnes*, have been cultured from bone biopsy specimens and occasionally other sites. Inflammatory bowel disease was coexistent in 8% of patients in one large series. HLA-B27 is not associated. Either bone scan or CT scan is helpful diagnostically. An MRI report described characteristic vertebral body corner cortical erosions in 12 of 12 patients.

答對率

62% of users answered correctly.

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Review Questions (7/7)

individual, there is a higher prevalence of cardiovascular disease than with T2DM or glucose tolerance alone.

56% of users answered correctly.

Source: Harrison's® Review Questions

Question 10: Correct

Which of the following accurately matches the direction of change experienced in respective pituitary hormone from opioid use?

- A Prolactin: decrease
- B Luteinizing hormone: increase
- C Thyrotropin: increase
- ✓ D Growth hormone: increase
- E Corticotropin-releasing factor: increase

The correct answer is D. You answered D.

Explanation:

The answer is D. (Chap. 446) Besides the brain effects of opioids on sedation and euphoria and the combined brain and peripheral nervous system effects on analgesia, a wide range of other organs can be affected. The release of several pituitary hormones is inhibited, including corticotropin-releasing factor (CRF) and luteinizing hormone, which reduces levels of cortisol and sex hormones and can lead to impaired stress responses and reduced libido. An increase in prolactin also contributes to the reduced sex drive in males. Two other hormones affected are thyrotropin, which is reduced, and growth hormone, which is increased.

26% of users answered correctly.

Source: Harrison's® Review Questions

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Quiz Results
Your Score: 20 %
You answered 2 of 10 questions correctly.

Question 1: Incorrect
All of the following are reasonable treatments for neck pain without radiculopathy (NCPP):
A Acupuncture
B Exercise
X C Massage
D Spinal manipulation
The correct answer is B. You answered C.

Explanation:
The answer is B. (Chap. 44) The evidence regarding treatment for neck pain is less comprehensive than that for low back pain, but the approach is remarkably similar in many respects. As with low back pain, spontaneous improvement is the norm for acute neck pain. The usual goals of therapy are to promote a rapid return to normal function and provide pain relief while healing proceeds. In addition to medications for the relief of chronic neck and back pain, other types of therapies have been used to successfully treat pain. For patients with chronic neck pain, supervised exercise programs can provide significant relief and improve function. Massage can produce temporary pain relief. Acupuncture provided short-term benefits for some patients compared with a sham procedure and is an option. Spinal manipulation alone has not been shown to be effective and carries a risk for injury. Surgical treatment for chronic neck pain without radiculopathy or spine instability is not recommended.

72% of users answered correctly.
Source: Harrison's® Review Questions

Question 2: Incorrect

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Alzheimer's Disease (Chinese (Traditional))

1 / 3

100%



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。
- 阿茲海默症無法治癒。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癒。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。



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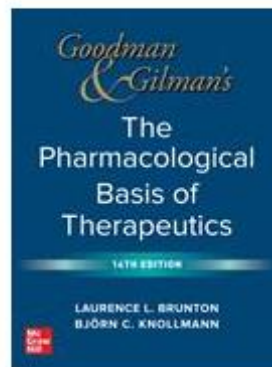
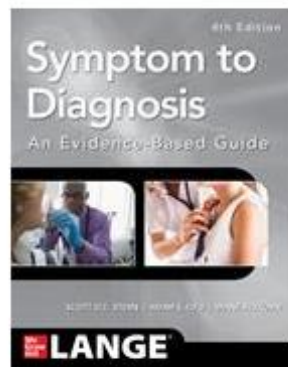
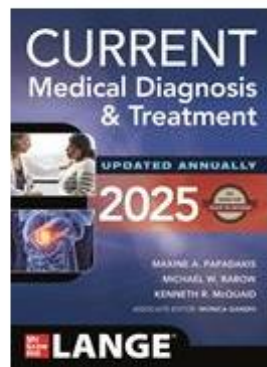
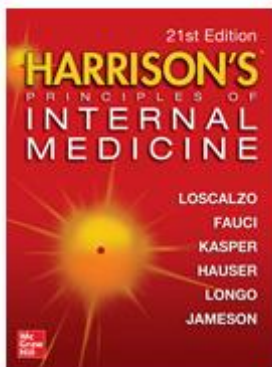
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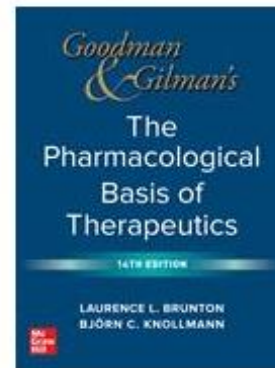
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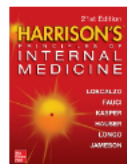
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PATIENT EDUCATION

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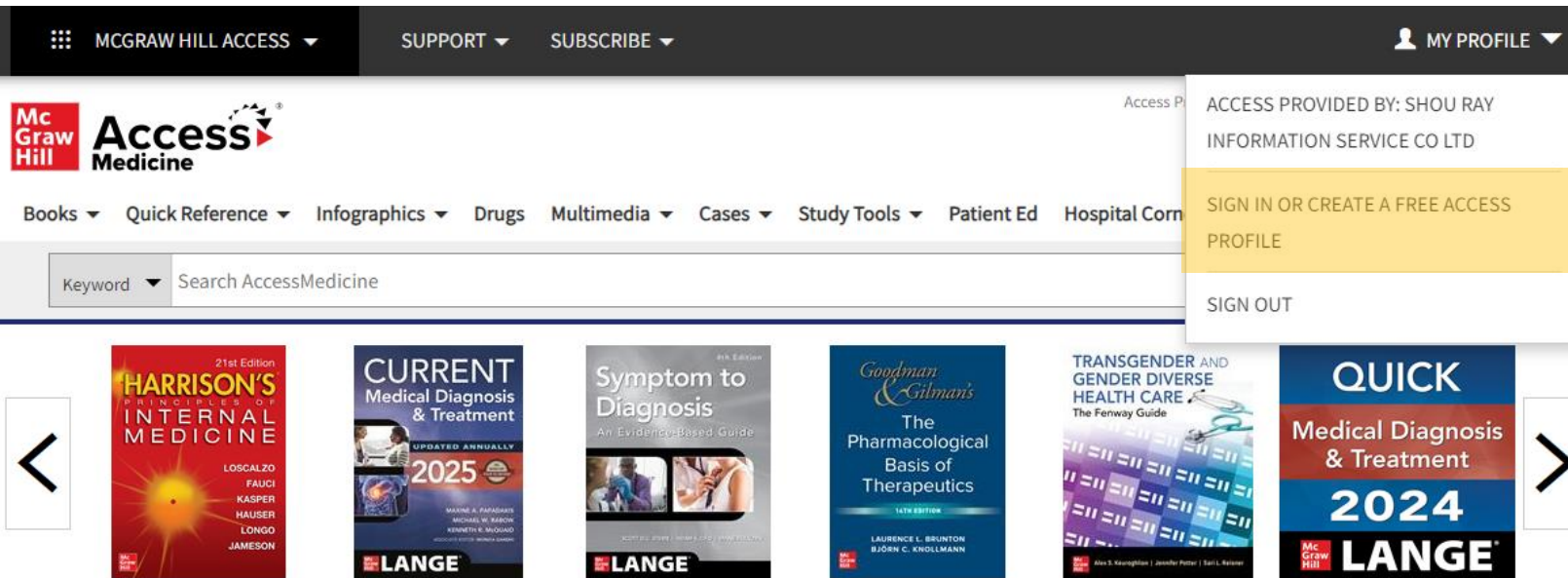
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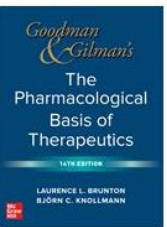
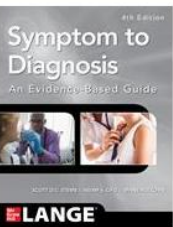
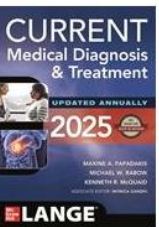
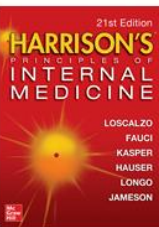
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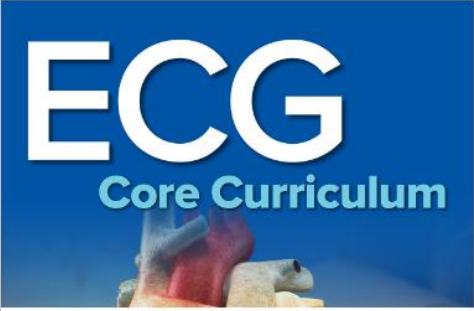
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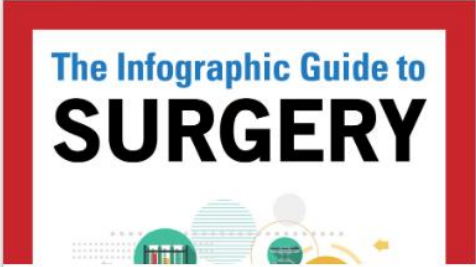
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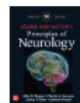
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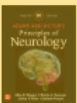
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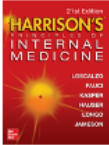
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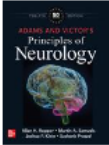
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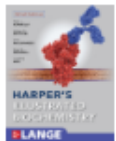
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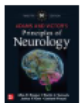
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Viewed	Case 4		Harrison's Fluid/Electrolyte & Acid-Base Cases	AccessMedicine	Nov 19, 2021	
Viewed	Case 3		Harrison's Fluid/Electrolyte & Acid-Base Cases	AccessMedicine	Nov 19, 2021	
Viewed	Case 2		Harrison's Fluid/Electrolyte & Acid-Base Cases	AccessMedicine	Nov 19, 2021	
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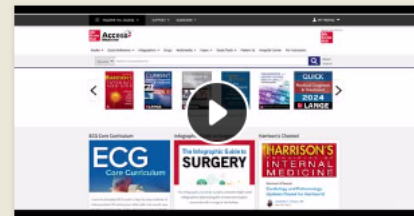
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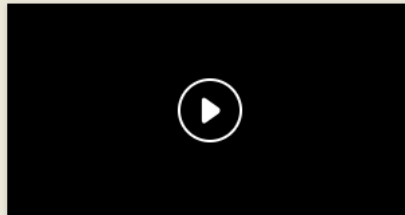
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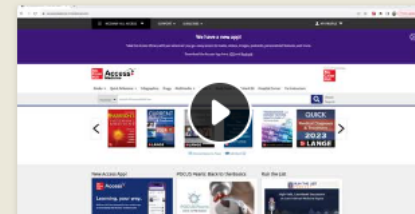
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深耕醫藥資源 50 年 以 AI 引領藥學發展

活動日期：2024/08/24 (六) +
活動時間：08:30-16:30
活動地點：政大企企中心

深耕醫藥資源50年 以AI引領藥學發展 - 2024 Micromedex使用者大會

活動時間：2024年08月24日(六) 08:30-16:30

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意見回饋

提供實質建議，使課程更完善。



Thank you!



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