

الطب المسند (بالدليل)  
الطب المعتمد على البرهان  
Evidence based medicine (EBM)

لطلاب السنة الثالثة  
كلية طب جامعة حماه  
د. أسامة عرابي  
*الدلائل الإرشادية المسندة بالدليل*  
*Evidence based guidelines*

الدليل الإرشادي المسند بالدليل هو مجموعة توصيات تمت صياغتها بشكل ممنهج لتساعد مقدم الرعاية الصحية في تقديم أفضل رعاية لمريضه وذلك لحالة سريرية معينة أو مرض معين، أو تبني علاج أو سحب دواء أو شراء جهاز معين... حيث تزودنا بتعليمات ثابتة وموحدة ومُلزمة، وعدم التزام الطبيب بها يوقعه بأخطاء يتحمل مسؤوليتها.

## What Are Guidelines?

### EB CG Evidence Based Clinical Guideline

**Systematically** developed statements designed to **help** practitioners and patients decide on **appropriate healthcare** for specific clinical conditions and / or circumstances

**may include recommendations about providing information and advice, prevention, diagnosis, treatment**

*Field & Lohr, 1992*

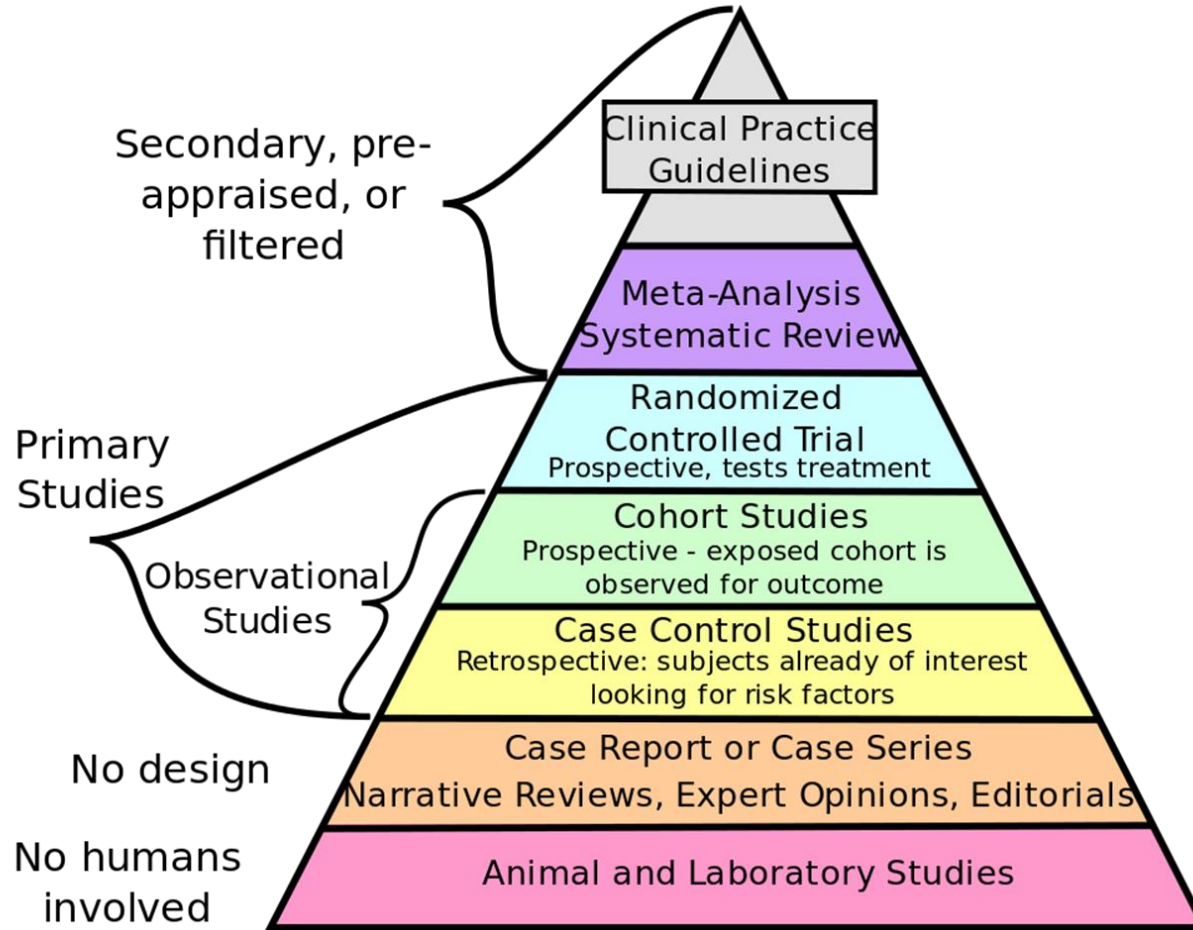
يتكلم عن مرض وليس اختصاص  
مجموعة توصيات

متى ننشئ دليل إرشادي معين؟ في حال لا يوجد دليل إرشادي  
عن هذا الموضوع

من يقوم بإنشاء دلائل إرشادية: مؤسسات حكومية (وزارة الصحة  
مثل)، مؤسسات صحية، جمعيات طبية...

شاع في مصر استخدام الحبة الصفراء لمعالجة التهاب الكبد الفيروسي. وقد زعم بأنها تخفف اليرقان لكنها في الواقع كانت تخفف من  
مستوى زهانر الكبد في الدم وذلك بطرحها عبر البول. لذا عند القيام بتحليل الدم سيظن الطبيب بأن حالة المريض في تحسن. لكن عند  
تحليله للبول سيتوكن من ملاحظة ارتفاعها فيه.

# يعلو جميع الأدلة (إن وجد)



## Shift in Guidelines



**Evidence-  
Based  
Guidelines**

**Opinion-  
Based  
Guidelines**

أنواع الأدلة  
الإرشادية

1. معتمدة أو مسندة

بالدليل EVG

2. معتمدة على رأي

خبير, دليلها أضعف

في الكتب الطبية أغلب الدلائل الإرشادية تكون معتمدة  
على رأي خبير ونادراً ما نجد منها ما هو مسند بالدليل.

## درجات الخطورة حسب نوع العملية

# American College of Cardiology (ACC)/ American Heart Association (AHA) Guidelines (2002)

**TABLE 3-2 Cardiac Risk\* Stratification for Noncardiac Surgical Procedures**

<b>High</b>	(Reported cardiac risk often >5%) <ul style="list-style-type: none"><li>• Emergent major operations, particularly in the elderly</li><li>• Aortic and other major vascular</li><li>• Peripheral vascular</li><li>• Anticipated prolonged surgical procedures associated with large fluid shifts or blood loss</li></ul>
<b>Intermediate</b>	(Reported cardiac risk generally <5%) <ul style="list-style-type: none"><li>• Carotid endarterectomy</li><li>• Head and neck</li><li>• Intraperitoneal and intrathoracic</li><li>• Orthopaedic</li><li>• Prostate</li></ul>
<b>Low†</b>	(Reported cardiac risk generally <1%) <ul style="list-style-type: none"><li>• Endoscopic procedures</li><li>• Superficial procedures</li><li>• Cataract</li><li>• Breast</li></ul>

معتمد على رأي خبير وليس مسند بالدليل

\*Combined incidence of cardiac death and nonfatal myocardial infarction.

†Do not generally require further preoperative cardiac testing.

From Eagle KA, Berger PB, Calkins H, et al. ACC/AHA guideline update for perioperative cardiovascular evaluation for noncardiac surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1996 Guideline on Perioperative Evaluation for Noncardiac Surgery). 2002. American College of Cardiology website. [http://www.acc.org/quality\\_and\\_science/clinical/guidelines/peri/clean/peri\\_index.htm](http://www.acc.org/quality_and_science/clinical/guidelines/peri/clean/peri_index.htm) (Accessed December 15, 2006).

دليل إرشادي لنقل الكريات الحمر في حال ضياع الدم الحاد  
معتمد على رأي خبير وليس مسند بالدليل

### BOX 11-2 Guidelines for Red Blood Cell Transfusion for Acute Blood Loss

- Evaluate the risk for ischemia.
- Estimate or anticipate the degree of blood loss. Less than 30% rapid volume loss probably does not require transfusion in a previously healthy individual.
- Measure the hemoglobin concentration: <6 g/dL, transfusion usually required; 6-10 g/dL, transfusion dictated by clinical circumstance; >10 g/dL, transfusion rarely required.
- Measure vital signs and tissue oxygenation when hemoglobin is 6-10 g/dL and the extent of blood loss is unknown. Tachycardia and hypotension refractory to volume suggest the need for transfusion;  $O_2$  extraction ratio <50% and decreased  $Vo_2$  suggest that transfusion is usually needed.

Adapted from Simon TL, Alverson DC, AuBuchon J, et al: Practice parameters for the use of red blood cell transfusions: Developed by the Red Blood Cell Administration Practice Guideline Development Task Force of the College of American Pathologists. Arch Pathol Lab Med 122:130-138, 1998.

## دليل إرشادي لمعالجة فرط بوتاسيوم الدم عند البالغين معتمد على رأي خبير وليس مسند بالدليل

### BOX 5-6 Guidelines for Treatment of Adult Patients With Hyperkalemia

First: Stop all infusion of potassium.

#### Electrocardiographic Evidence of Pending Arrest

Loss of P wave and broad slurring of QRS; immediate effective therapy indicated

1. IV infusion of calcium salts:  
10 mL of 10% calcium chloride over 10-minute period  
*or*  
10 mL of 10% calcium gluconate over 3- to 5-minute period
2. IV infusion of sodium bicarbonate: 50-100 mEq over 10- to 20-minute period; benefit proportional to extent of pre-therapy acidemia

#### Electrocardiographic Evidence of Potassium Effect

Peaked T waves; prompt therapy needed

1. Glucose and insulin infusion: IV infusion of 50 mL of D<sub>50</sub>W and 10 units of regular insulin; monitor glucose
2. Immediate hemodialysis

#### Biochemical Evidence of Hyperkalemia and No Electrocardiographic Changes

Effective therapy needed within hours

1. Potassium-binding resins into the gastrointestinal tract, with 20% sorbitol
2. Promotion of renal kaliuresis by loop diuretic

*D<sub>50</sub>W*, 50% dextrose in water.



# دليل إرشادي مسند بالدليل لمعالجة الإنتان الشديد والصدمة الإنتانية

## BOX 5-2 International Guidelines for Management of Severe Sepsis and Septic Shock: Hemodynamic Support and Adjunctive Therapy

Strength of recommendation and quality of evidence have been assessed using the GRADE criteria, presented in the parentheses after each guideline:

- ✓Indicates a strong recommendation, or "we recommend"
- Indicates a weak recommendation, or "we suggest"

### Fluid Therapy

- ✓Fluid-resuscitate using crystalloids or colloids (1B).
- ✓Target a CVP of  $\geq 8$  mm Hg ( $\geq 12$  mm Hg if mechanically ventilated) (1C).
- ✓Use of fluid challenge technique while associated with a hemodynamic improvement (1D).
- ✓Give fluid challenges of 1000 mL of crystalloids or 300-500 mL of colloids over 30 min. More rapid and larger volumes may be required in sepsis-induced tissue hypoperfusion (1D).
- ✓Rate of fluid administration should be reduced if cardiac filling pressures increase without concurrent hemodynamic improvement (1D).

### Vasopressors

- ✓Maintain MAP  $\geq 65$  mm Hg (1C).
- ✓Norepinephrine and dopamine centrally administered are the initial vasopressors of choice (1C).
- Epinephrine, phenylephrine, or vasopressin should not be administered as the initial vasopressor in septic shock (2C). Vasopressin, 0.03 units/min, may be subsequently added to norepinephrine with anticipation of an effect equivalent to norepinephrine alone.
- Use epinephrine as the first alternative agent in septic shock when blood pressure is poorly responsive to norepinephrine or dopamine. (2B).
- ✓Do not use low-dose dopamine for renal protection (1A).
- ✓In patients requiring vasopressors, insert an arterial catheter as soon as practical (1D).

### Inotropic Therapy

- ✓Use dobutamine in patients with myocardial dysfunction as supported by elevated cardiac filling pressures and low cardiac outputs (1C).
- ✓Do not increase cardiac index to predetermined supranormal levels (1B).

### Steroids

- Consider IV hydrocortisone for adult septic shock when hypotension responds poorly to adequate fluid resuscitation and vasopressors (1C).
- ACTH stimulation test is not recommended to identify the subset of adults with septic shock who should receive hydrocortisone (2B).
- Hydrocortisone is preferred to dexamethasone (2B).
- Fludrocortisone (50  $\mu$ g PO, once daily) may be included if an alternative to hydrocortisone is being used that lacks significant mineralocorticoid activity. Fludrocortisone is optional if hydrocortisone is used (2C).
- Steroid therapy may be weaned once vasopressors are no longer required (2D).
- ✓Hydrocortisone does should be  $\leq 300$ mg/day (1A).
- ✓Do not use corticosteroids to treat sepsis in the absence of shock unless the patient's endocrine or corticosteroid history warrants it (1D).

### Recombinant Human Activated Protein C

- Consider rhAPC in adult patients with sepsis-induced organ dysfunction with clinical assessment of high risk of death (typically APACHE II score  $\geq 25$  or multiorgan failure) if there are no contraindications (2B, 2C postoperative patients).
- ✓Adult patients with severe sepsis and low risk of death (typically, APACHE II score  $< 20$  or one organ failure) should not receive rhAPC (1A).

From Dellinger RP, Levy MM, Carlet JM, et al: Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008. Crit Care Med 36:296-327, 2008.

ACTH, Adrenocorticotropic hormone; APACHE, Acute Physiology and Chronic Health Evaluation; CVP, central venous pressure; GRADE, grades of recommendation, assessment, development and evaluation; MAP, mean arterial pressure; rhAPC, recombinant human activated protein C.

خلاصة دليل إرشادي مسند بالدليل عن العقم:  
لا يتم اعتبار المرأة عقيمة قبل سنة من زواجها، أما بعدها فيتم علاجها  
بإعطائها كلوميفين سيترات 50 ملغ، فإذا لم تستجب تُرفع الجرعة إلى  
150 ملغ، وفي حال عدم حدوث استجابة يُجرى لها إيكوأو إجراءات  
أخرى ليست موضع اهتمامنا الآن...

## فريق تطوير الدلائل الإرشادية:

إن المشاركة متعددة التخصصات أمر لا بد منه، لذا يتكون الفريق من:

١. **خبراء الطب المسند بالدليل** الذين يمثلون الموظفين الدائمين والذين يقومون بقيادة الفريق.

٢. **خبراء سريريون من جميع التخصصات** (أطباء نساء وولادة، أخصائيو الغدد الصماء، أطباء المسالك البولية، أطباء التخدير، أخصائيو التغذية، الممرضات، الصيدلاني، ...)

٣. خبراء آخرون كصانعي القرار، محللين اقتصاديين، أخصائيي الأخلاقيات البيولوجية، وممولين ...

٤. **ممثلين عن مجموعات المستهلكين** (المرضى)، وذلك لرؤية تقبلهم للعلاجات.

# كيفية إعداد دليل إرشادي مسند بالدليل

- الفوائد والأضرار.

2. يتم تحديد وتوضيح أهداف

الدلائل الإرشادية.

3. يجب أن تكون الأسئلة:

- واضحة ودقيقة للمساعدة في البحث.
- تغطي كل الدلائل اللازمة.

4. البحث في المراجعات المنهجية

حول كل ما نشر عن هذا

الموضوع:

وذلك من خلال استراتيجية بحث واضحة تقوم بالبحث في قواعد البيانات المختلفة على نطاق واسع، وبالاتصال بالمؤلفين للحصول على دراسات غير منشورة.

- انتقاء الموضوع (الساد العيني، القدم السكرية).

- تشكيل فريق لتطوير الدليل الإرشادي.
- تحديد مجال الدليل الإرشادي والغرض منه.
- تحديد الأسئلة الرئيسية.

5. يتم تقسيم الشروط إلى أسئلة

مفتاحية حول:

- التشخيص.
- العلاجات: الطبية والجراحية والغذائية، وممارسة الرياضة.

## ٥. تصنيف التوصيات.

### 6. المشاورة وتوزيع العمل بين

#### الخبراء:

فمثلاً يُقسم الخبراء العاملين إلى فرق كل فريق يأخذ 2-3 أسئلة بايكو، ثم يقوم بالبحث والنقد ثم استنتاج خلاصة (مراجعة منهجية وتحليل بعدي، ثم يجتمع الخبراء ويتناقشون حول المواضيع المختلف عليها حتى

يتوصلوا إلى نتيجة بالإجماع ( Consensus )

(Guideline). حيث يخرجون بتوصيات مصنفة

حسب قوتها إلى درجات

#### ٦. النشر.

٨. تطبيق الدليل الإرشادي.

٩. المراجعة والتحديث المستمر

#### والتدقيق:

(يستغرق إنشاء كل غايدلاين من سنة إلى سنتين ويحدث كل سنتين ما لم يحدث طارئ كظهور تأثير خطير لدواء معين).

من مساوئ الدلائل الإرشادية أنها تحتاج إلى اموال طائلة وجهود كبيرة.

## لتقديم توصية، يجب على أعضاء فريق Guideline:

define  
clinical  
questions

تحديد  
الأسئلة  
السريية

select the  
relevant  
outcome  
variables

تحديد متغيرات  
النتائج ذات  
الصلة

retrieve and  
synthesize all  
the relevant  
evidence

استحضار وتركيب  
جميع الأدلة ذات  
الصلة

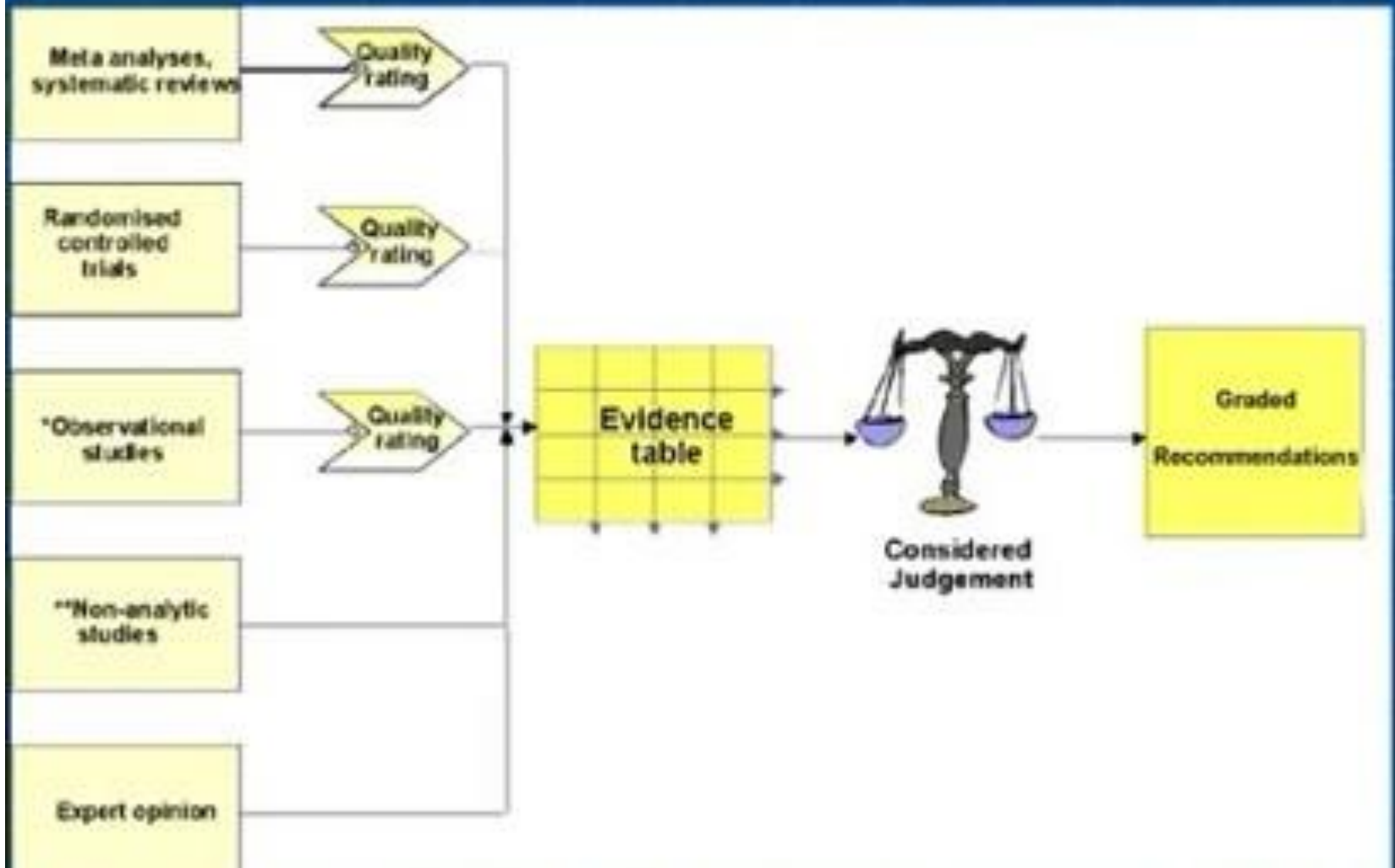
rate the  
confidence  
in the effect  
estimates

تقييم الثقة  
في تقديرات  
التأثير

relying on a systematic  
approach but ultimately also  
consensus, move from  
evidence to  
recommendations

الاعتماد على إجراء منهجي، وعلى  
التوافق الجماعي في الآراء في  
نهاية المطاف، والانتقال من الدليل  
إلى التوصيات

# Level Of Evidence



# مستوى الأدلة

LEVELS OF EVIDENCE	
1 <sup>++</sup>	High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1 <sup>+</sup>	Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1 <sup>-</sup>	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
	High-quality systematic reviews of case-control or cohort studies
2 <sup>++</sup>	High-quality case-control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2 <sup>+</sup>	Well-conducted case-control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2 <sup>-</sup>	Case-control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, eg case reports, case series
4	Expert opinion

نلاحظ أن التوصيات الأقوى هي من مراجعة منهجية أو RCT عديدة ...

# طريقة أخرى

## Grading Of Recommendations

### Levels of Evidence and Grades of Recommendations

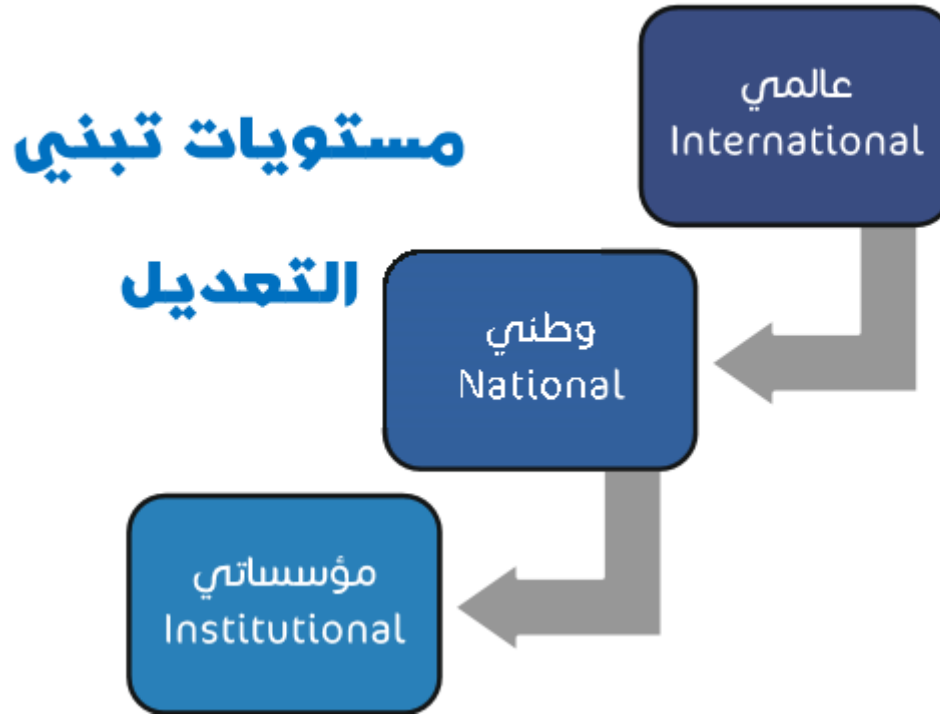
Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research



- عند التطبيق يُسمح بالانحراف عن الدلائل الإرشادية لمرضى معينين وفي ظروف محددة، مثلاً مريض ربو نحتاج لاستبدال دواء بآخر (وهذا ما يسمى بشخصنة الغايدلاين).
- عندما يحدث هذا الانحراف يجب على الطبيب توضيح السبب.
- يجب على الطبيب أن يتبع الدليل القوي (الدرجة 1 و 2).
- اما الأدلة الأضعف (الدرجة 3 و 4) فنتعامل معها بشكل مختلف كما سيمر لاحقاً.

إن الدلائل الإرشادية التي تنشر تسمى [International evidence based guidelines](#) وقد نضطر للتعديل فيها و تحويلها إلى [National guidelines](#) وذلك بسبب وجود اختلافات في (العرق، الجنس، العمر، التوزع الجغرافي للمرض)، لذا نقوم [بالتعديل على Guideline واحد أو أكثر](#) للحصول على دليل إرشادي وطني.

يُجعل التعديل الدلائل الإرشادية مناسبة لظروف بلد معين اومنطقة معينة.



# The ADAPTE Group



## → "Members" (in alphabetical order)

Malika Swamin (Canada - CCG) CRAQ George Swenson (Canada - BC Cancer Agency) CRAQ; Jess Burgers (The Netherlands - CBO); Bernard Burnand (Switzerland - SCHNITZER) Malika Swamin (France - SCHNITZER); Jan D. Grolan (Canada - CCG) CRAQ; Margaret E. Harrison (Canada - Queen's University; School of Nursing) CRAQ; Jean Latella (Canada - University of Saskatchewan) CRAQ; Nadine Miki-Cabanne (France - HEC) Louise Papout (Canada - DUC) CRAQ; Ingrid Remy-Strattinger (France - SCHNITZER); Anthe Stone (Canada - Alberta Cancer Society); Joel Wray (England - Catholic University of Leuven); Louise Zittelberger (Canada - CRAQ)

## → Contact us

To learn more about the ADAPTE Collaboration and its projects, and to obtain information on ADAPTE in a timely manner please contact us:

- Email: [contact@adapte.org](mailto:contact@adapte.org)
- Internet: [www.adapte.org](http://www.adapte.org)

## → Some references

1. Graham ID, Harrison MB, Lortzer K, Mentemanni Z, Florschütz E, Buchanan W, Hants C. Adapting National and International Leg Ulcer Practice Guidelines for Local Use: The Ontario Leg Ulcer Community Care Protocol. *Advances in Skin and Wound Care* 2005;19(4):307-318.
2. Graham ID, Harrison MB, Swenson G. Evaluating and adapting practice guidelines for local use: a conceptual framework. In: Peckering S and Thompson J editors. *Clinical Guidelines in Practice*. London: Harwood, 2000. p. 213-229.
3. Burgers J, Haugh M, Latella J, Miki-Cabanne N, Papout L, Coombs M, Fowler M, Burnand B. Adaptation of clinical guidelines: literature review and proposition for a framework and procedure. *Int J Qual Health Care* 2006; 18(3):167-176.



www.adapte.org

"Guideline adaptation:  
Enhancing efficiency in guideline  
development and utilisation"

## → What?

Guideline adaptation is the systematic approach to considering the use and/or modification of a guideline produced in one cultural and organisational setting for application in a different context. Adaptation might be used as an alternative to de novo guideline development or for customising an existing guideline to suit the local context.

## → Why?

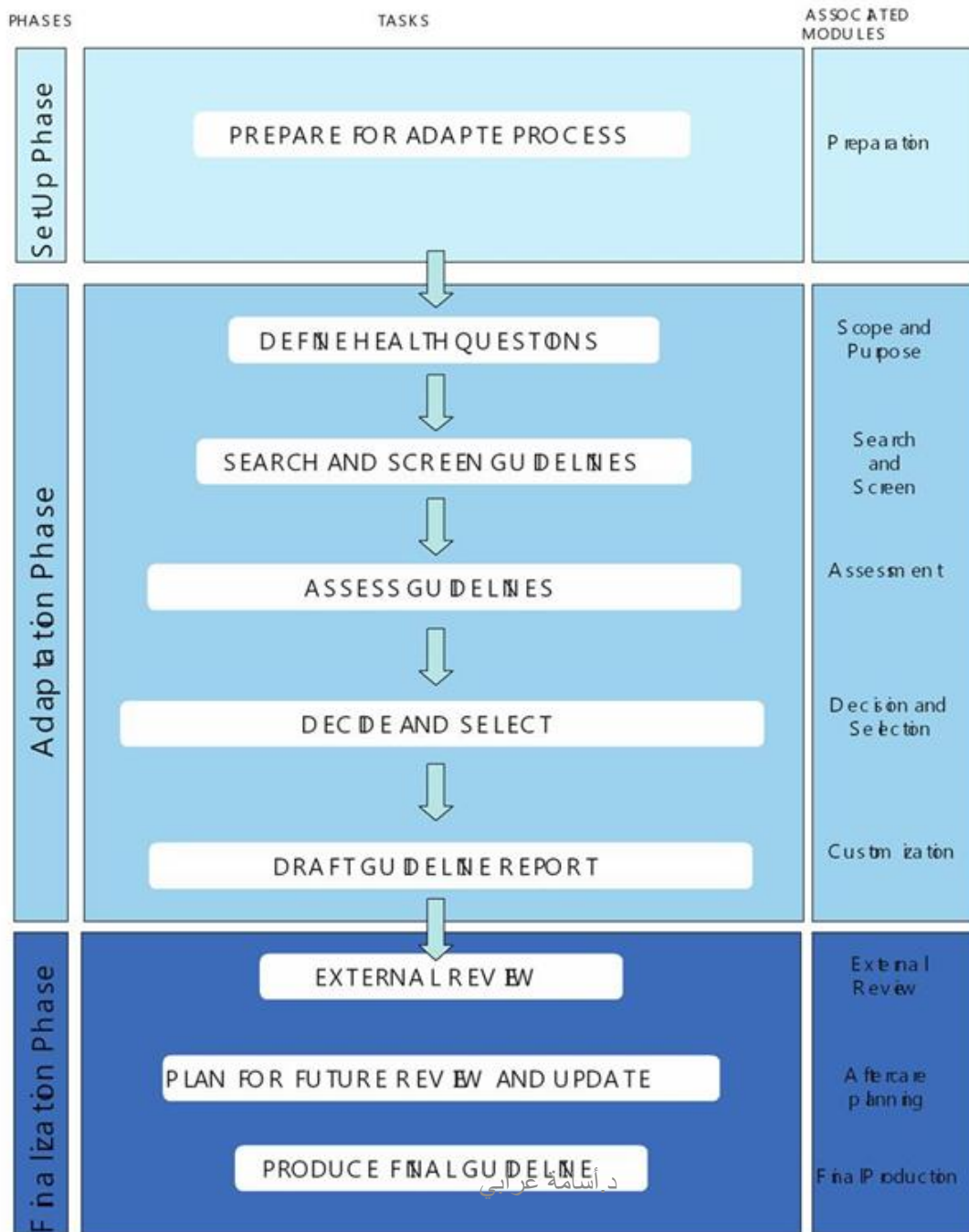
The development and updating of high-quality clinical practice guidelines require substantial resources. Health organisations are increasingly facing a need to standardise health policies and practices to better manage finite resources and to promote clinical, evidence-based as well as equitable patient care. There is pressure for organisations to produce such guidelines rapidly to ensure medical practice is consistent with current, emerging medical knowledge and with increasingly limited resources. Guideline adaptation is proposed to take advantage of existing guidelines and reduce duplication of effort and, thereby, help address the issues currently facing health organisations.

## → Who?

The ADAPTE Collaboration is an international consortium of researchers, guideline developers, and guideline implementers who aim to promote the development and use of guidelines through the adaptation of existing guidelines. The group's main mission is to develop and sustain a generic adaptation process that will foster valid and high-quality adapted guidelines as well as the users' sense of ownership of the adapted guideline.

Provide assistance, a manual and toolkits

# Summary of the ADAPTE process



# Searching For EB-CP Guidelines



# تبني تعديل راسلهم

## ADAPTATION

Modification of guideline(s) produced in one cultural and organizational setting to be used in a **different cultural organizational** context.

Adaptation makes guidelines **suitable to a particular country's or region's** circumstances

مثال على دليل إرشادي (تعليمات ناظمة) وطني صادر عن الجمعية السورية لأمراض  
الهضم، وقد تم اعتماده من قبل وزارة الصحة، حيث تعطي العلاج مجانا بناء على توصياته



SWGSVH

مجموعة العمل السورية لدراسة  
التهابات الكبد الفيروسيّة



الجمعية السورية  
لأمراض الهضم

التعليمات الناظمة

**Guidelines**

لتدبير التهاب الكبد الفيروسي C

على المستوى الوطني

نيسان 2010

مجموعة العمل السورية  
لدراسة إلتهابات الكبد الفيروسيّة



الجمعية السورية لأمراض الهضم



التعليمات الناظمة

لتدبير التهاب الكبد B /

علا المستوى الوطني

Management of Hepatitis B

**National Guidelines**

نيسان 2009

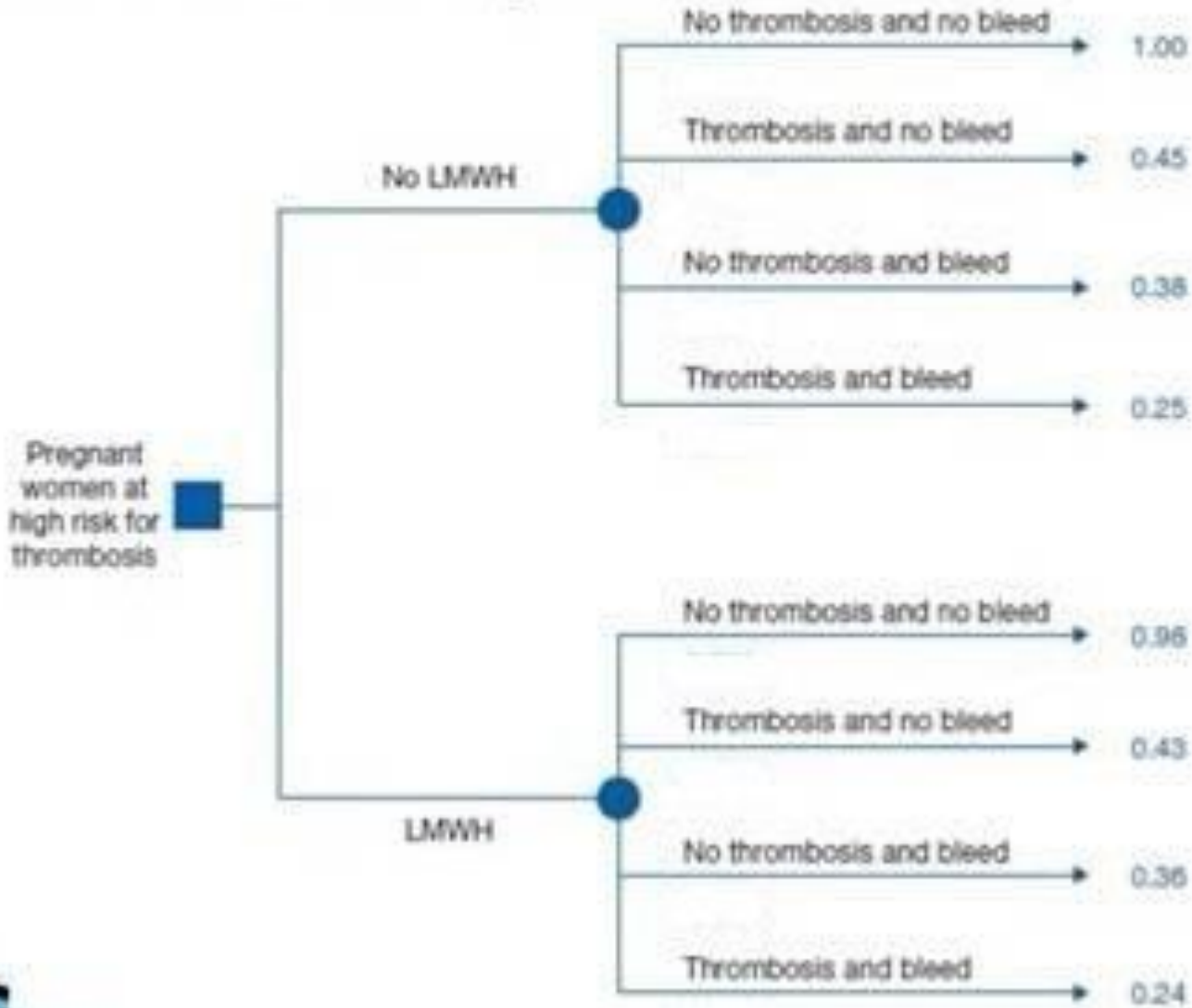
# Grading Of Recommendations

## لإعطاء دواء مثلا

- A: Strong evidence of effectiveness      يجب أن تعطيه
- B: Fair evidence of effectiveness      يفضل أن تعطيه
- C: No recommendation for or against the service  
لك الخيار
- D: Fair evidence of in-effectiveness      يفضل ألا تعطيه
- E: Strong evidence of ineffectiveness      يجب ألا تعطيه



# Decision Analysis



**تحليل القرار:**  
 طريقة رسمية  
 تدمج الأدلة  
 المتعلقة بالتأثيرات  
 المفيدة والضارة  
 لخيارات المعالجة  
 مع القيم  
 والأفضليات  
 المرتبطة  
 بهذه التأثيرات. يتم  
 بناء تحليل القرار  
 السريري كنهج منظم  
 (أشجار القرار)، حيث  
 يضع المؤلفون عادة  
 واحد أو أكثر من  
 الرسوم البيانية  
 التي توضح بنية  
 أشجار القرار  
 المستخدمة للتحليل.

أهم المواقع التي تزودنا بدلائل إرشادية

Resources Of Guidelines

# Guidelines International Network



The screenshot shows the website interface for the Guidelines International Network. At the top left is the logo, which consists of three interlocking circles in blue and red, with the text 'Guidelines International Network' around it. The top right corner has a red bar with 'Members Login' and 'Email Address'. Below the logo is a navigation menu with links: 'HOME PAGE', 'ABOUT G-I-N', 'CONTACT US', 'WHAT'S NEW', 'GUIDELINE RESOURCES', and 'NEWS & ACTIVITIES'. A 'G-I-N MEMBERSHIP' section is highlighted, containing links for 'Search for Member Organisations by Location and Activity', 'List all Members', and 'Join G-I-N'. Below this is a 'PAGE' section with 'RELATED LINKS' and 'SITE SEARCH'. At the bottom left, a blue button says 'SITE LAST UPDATED'. The main content area features a blue header with a world map and navigation icons for 'Bookmark', 'Contact Us', 'Site Map', and 'Print Doc'. The main heading is 'G-I-N Membership' with a sub-heading 'LIST ALL MEMBERS' and a note 'Last Updated: 6-Jun-02'. The text explains that the following is a complete list of members categorized by country, with a 'Find' option. A search box labeled 'QUICK FIND:' contains the word 'AUSTRALIA'. Below this, a blue bar highlights 'AUSTRALIA', and the first member listed is 'JBI (AU) - Joanna Briggs Institute', a Full Member (Founder Member) with links for 'Screening', 'Contact Details', and 'Visit Website'.

Members Login Email Address

Bookmark Contact Us Site Map Print Doc

Refer this Page | Printer Friendly

## G-I-N Membership

### LIST ALL MEMBERS

Last Updated: 6-Jun-02

The following is a complete list of G-I-N members categorised by country. To select a specific country, use the "Find" option.

As a member of G-I-N you can access comprehensive organisation profiles for each member of the full profile.

QUICK FIND: AUSTRALIA

#### AUSTRALIA

- **JBI (AU) - Joanna Briggs Institute**  
Full Member (Founder Member)  
[Screening](#) [Contact Details](#) [Visit Website](#)

# Guidelines International Network

## UNITED KINGDOM

- **CRD (GB) - Centre for Reviews & Dissemination, University of York**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)
- **NICE (GB) - National Institute for Clinical Excellence**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)
- **RCN (GB) - Royal College of Nursing Institute**  
Full Member  
[Synopsis](#) [Contact Details](#) [Visit Website](#)
- **SCHIN (GB) - Sowerby Centre for Health Informatics at Newcastle**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)
- **SIGN (GB) - Scottish Intercollegiate Guidelines Network**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)

## UNITED STATES OF AMERICA

- **AHRQ (US) - Agency for Healthcare Research and Quality**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)
- **NKF (US) - National Kidney Foundation**  
Full Member (Founder Member)  
[Synopsis](#) [Contact Details](#) [Visit Website](#)

# Guidelines International Network

## KAZAKHSTAN

- **ZPLUS (KZ) ZdravPlus Project - Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, Turkmenistan**  
Full Member  
[Synopsis](#) [Contact Details](#) [Visit Website](#)

## MALAYSIA

- **HTA-DoH (MY) - HTA Unit, Ministry of Health, Malaysia**  
Full Member  
[Synopsis](#) [Contact Details](#) [Visit Website](#)

## MOLDOVA

- **MAPH (MD) Moldovian Association of Perinatal Medicine**  
Full Member  
[Synopsis](#) [Contact Details](#)

# http://www.nice.org.uk National Institute for Clinical Excellence (NICE)

Welcome to the National Institute for Health and Clinical Excellence - Microsoft Internet Explorer

http://www.nice.org.uk

Welcome to the National Institute for Health and Clinical Excellence

Home | Our guidance | Using guidance | Get involved | News & Events | About NICE

Search advanced search

Providing national guidance on promoting good health and preventing and treating ill health

### Welcome to the National Institute for Health and Clinical Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Read more about NICE

### Using guidance

NICE helps health professionals implement our guidance by providing tools such as cost templates, audit criteria and slide sets

- Implementation tools
- Commissioning guides - supporting clinical service redesign
- Ineffective practice review: recommendation reminders

### Get involved!

- Internal and child nutrition (consultation on synopsis of the evidence)
- Ventilation tubes (grommets) for OME (draft scope consultation)
- Search for patients in hospital (draft evidence)

### Latest guidance

- Substance misuse
- Arthroscopic versus arthroplasty surgery for hip and knee osteoarthritis
- Microwave ablation of hepatocellular carcinoma
- Laparoscopic nephrolithotomy and pyelolithotomy

See all latest guidance

### In focus

HTA 2007 - HTA for evidence-based public health

Read complete article



### Latest news

- Applications warned from patients and carers for the GOG looking at the use of antibiotics to prevent infective endocarditis (antibiotic prophylaxis) 10 Nov 2007
- Invitation to service users/carers to apply for membership of the schizophrenia guideline development group

### Search NICE guidance

Want to know what NICE recommends?

Search

Advanced guidance search

### Subscribe

Subscribe to our alerts & e-newsletters

Change your preferences

### RSS

Subscribe to our RSS feed

What is RSS?

### NHS Direct

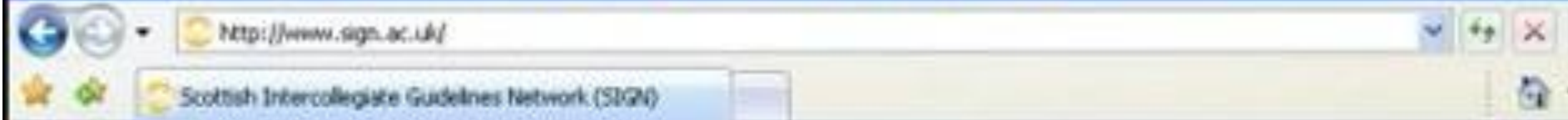
Find out more

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<http://www.sign.ac.uk>

# The Scottish Intercollegiate Guidelines Network (SIGN)

Scottish Intercollegiate Guidelines Network (SIGN) - Windows Internet Explorer



- HOME
- NEW FROM SIGN
- SIGN UPDATE
- GUIDELINES
- PUBLISHED GUIDELINES
- PROPOSE A GUIDELINE
- GUIDELINES BY TOPIC
- PROGRAMME
- DRAFT GUIDELINES
- e-BOOKS
- METHODOLOGY
- DEVELOPMENT PROCESS
- CHECKLISTS
- SIGN 50
- ONLINE TUTORIALS

## National Meetings 2007

**NATIONAL MEETING REGISTRATIONS FREE FROM APRIL 1st**

### SIGN National Meeting

## CONTROL OF PAIN IN PATIENTS WITH CANCER

Monday 23rd April 2007  
Crown Plaza Hotel  
Congress Road, Glasgow

[Click here for details.](#)

### SIGN National Meeting

## MANAGEMENT OF ACUTE UPPER AND

For every guideline it develops, SIGN holds a national open meeting to give

د.أسامة عربي

# http://www.guideline.gov

## National Guidelines Clearinghouse

NGC - National Guidelines Clearinghouse - Windows Internet Explorer

http://www.guideline.gov

NGC - National Guidelines Clearinghouse

National Guidelines Clearinghouse  
www.guideline.gov

AHRQ

What's New | Contact Us | About | Site Map | Help

Search

28 Results [X] Search

Search Help  
Detailed Search  
Advanced Search

**RESOURCES**

- Approved Recommendations
- Collection
- Development List
- NGC Alerts
- FAQ
- Guidance
- Guideline Feedback
- Guidance Resources
- New Features
- Part Lists
- Search Resources
- FAQs
- Search Tips
- Web Content Tools

**Browse**

- Disease / Condition
- Treatment / Intervention
- Resource / Tools
- Organization
- Guidance Index
- Guidelines in Progress
- Guideline Archive

**Compare**

- View My Collection
- Guideline Systems

**Welcome!**

You are connected to the National Guidelines Clearinghouse™ (NGC), a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the [Agency for Healthcare Research and Quality \(AHRQ\)](#), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the [American Medical Association](#) and the [American Association of Health Plans](#) (now America's Health Insurance Plans [AHIP]). Click on [About NGC](#) to learn more about us.

Start your search by typing keywords into the search box on this page, or use the [NGC Basics](#) or [Detailed Search](#) features.

**NGC News**

The 4th annual [Guidelines International Network \(G-I-N\)](#) conference August 22-25, 2007. [Register online](#) until May 22, 2007 (May 18, 2007 for presenters).

**What's New this Week**

- New [Congress of Neurological Surgeons](#) guidelines
- **New Submission:** [Latis](#) has submitted updated guidelines on estrogen and progestogen use in pre- and postmenopausal women.

Pandemic/Avian Flu Resources: Visit [www.pandemicflu.gov](#) for valuable community and healthcare resources.

**Healthy People 2010**

Find guidelines related to [Healthy People 2010](#) focus areas on NGC's Frequently Requested Searches page.

**Recent U.S. Food and Drug Administration (FDA) Advisories**

- March 30, 2007: [Zelnorm \(tegaserod tablets\)](#) (Withdrawn from market)
- March 29, 2007: [Farnax \(paroxetine\) and generic equivalents](#) (Withdrawn from market)
- March 28, 2007: [Latis \(bimatoprost\) updates](#)
- March 14, 2007: [Sedative, hypnotic, and anxiolytic products](#)

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Health Care Clinical Practice Guidelines Online - Windows Internet Explorer

http://www.ahrq.gov/clinic/cpgonline.htm

Health Care Clinical Practice Guidelines Online

United States Department of Health & Human Services

**AHRQ** Agency for Healthcare Research and Quality

Advancing Excellence in Health Care www.ahrq.gov

Search AHRQ

What's New Browse Information on a topic

**A-Z Quick Menu**

Select Topic

Related Topics

- Evidence-based Practice
- Outcomes & Effectiveness
- Technology Assessments
- Preventive Services
- Clinical Practice Guidelines

Main Menu

- News & Information
- Clinical Information
- Consumers & Patients
- Funding Opportunities
- Data & Surveys
- Research Findings
- Specific Populations
- Quality & Patient Safety
- Health IT
- Public Health Preparedness
- About AHRQ

You Are Here: [Home](#) > [Clinical Practice Guidelines Online](#) > [Clinical Practice Guidelines Online](#)

### Clinical Practice Guidelines Online

- Clinical Practice Guideline Products
- Clinical Practice Guidelines Address

Between 1992 and 1996, the Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality) sponsored development of a series of 19 clinical practice guidelines. Electronic users can access clinical practice guidelines sponsored by the Agency for Health Care Policy and Research through an electronic full-text retrieval system called HSTAT ([http://www.nlm.nih.gov/ahrq/ahrq.html](#)) at the National Library of Medicine.

Each guideline has several versions as listed: Clinical Practice Guidelines, Guideline Reference Guides for Clinicians, and Consumer versions (English and Spanish). You need to decide on and select the guideline version for the health condition you are interested in.

You may download each guideline in sections as electronic files or print each section using your Web browser features. To download, switch to the download mode (bold, underlined hypertext link) and continue by selecting sections needed.

You may download clinical practice guideline files for your personal use only. If you want to reproduce guidelines in any form or incorporate them into other computer access systems, copyright issues must be addressed.

[Electronic User Guide](#) and [Consumer Information](#)

### Clinical Practice Guideline Products

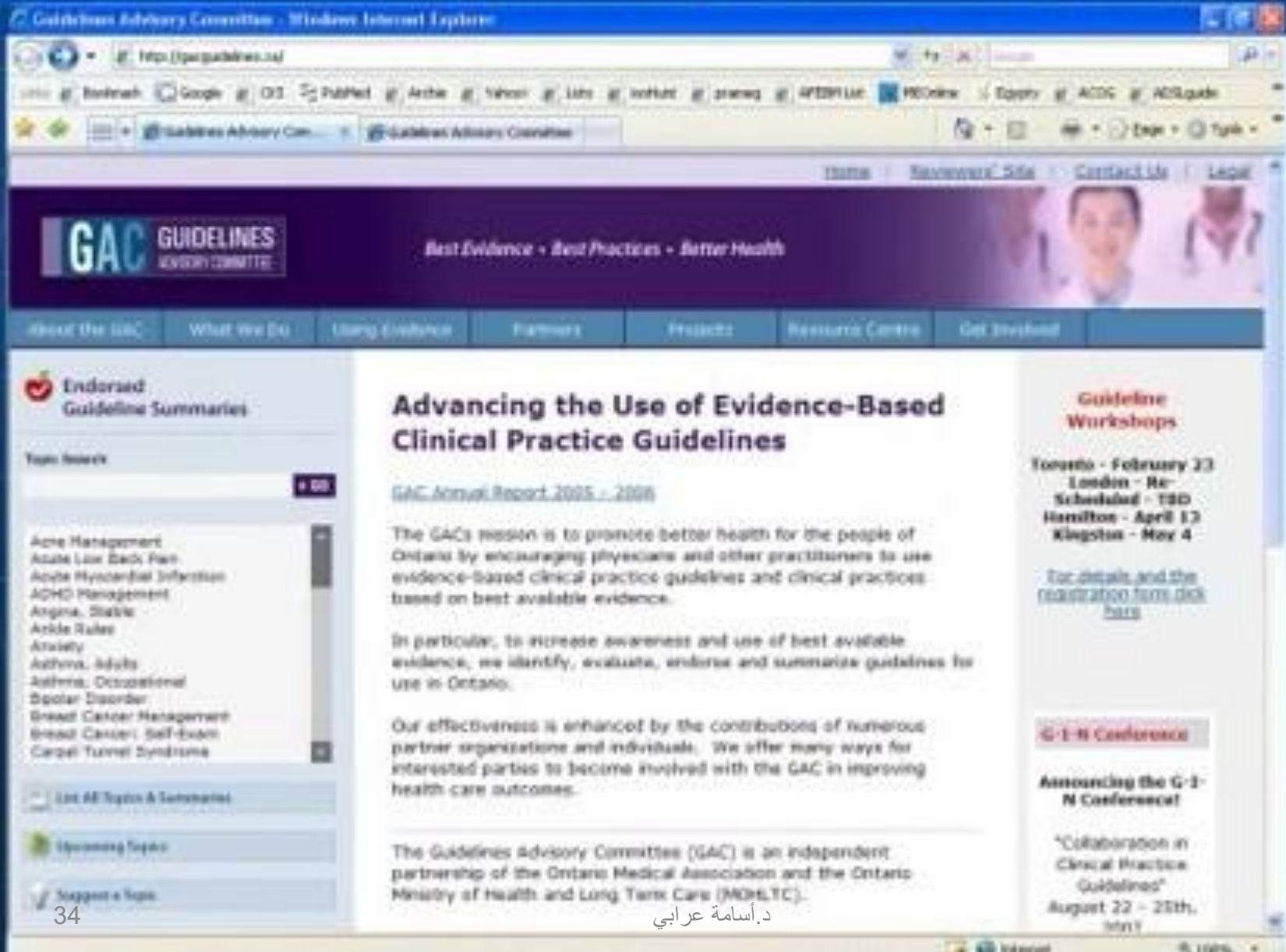
Each Guideline reflects the state of the knowledge, current at the time of its release, on effective and appropriate care.

**3. Pressure Ulcer Prevention**  
[Clinical Guide](#) / [Guideline Reference Guide](#)  
Consumer version: [English](#) / [Spanish](#)

**15. Pressure Ulcer Treatment**  
[Clinical Guide](#) / [Guideline Reference Guide](#)  
Consumer version: [English](#) / [Spanish](#)

# http://gacguidelines.ca

## The Guidelines Advisory Committee (GAC)



The screenshot shows a Windows Internet Explorer browser window displaying the GAC website. The address bar shows the URL <http://gacguidelines.ca>. The browser's search bar contains the text "Guidelines Advisory Committee". The website header features the GAC logo and the tagline "Best Evidence • Best Practices • Better Health". A navigation menu includes links for "Home", "Newest Site", "Contact Us", and "Legal". Below the navigation menu, there are tabs for "About the GAC", "What We Do", "Using Evidence", "Partners", "Projects", "Research Centre", and "Get Involved".

The main content area is titled "Advancing the Use of Evidence-Based Clinical Practice Guidelines". It includes a sub-header "GAC Annual Report 2005 - 2006" and a paragraph stating: "The GAC's mission is to promote better health for the people of Ontario by encouraging physicians and other practitioners to use evidence-based clinical practice guidelines and clinical practices based on best available evidence." Below this, it says: "In particular, to increase awareness and use of best available evidence, we identify, evaluate, endorse and summarize guidelines for use in Ontario." Another paragraph reads: "Our effectiveness is enhanced by the contributions of numerous partner organizations and individuals. We offer many ways for interested parties to become involved with the GAC in improving health care outcomes."

The footer of the main content area states: "The Guidelines Advisory Committee (GAC) is an independent partnership of the Ontario Medical Association and the Ontario Ministry of Health and Long Term Care (MHLTC)." At the bottom right, there is a section for "Guideline Workshops" with dates: Toronto - February 23, London - Re-Scheduled - TBD, Hamilton - April 13, Kingston - May 4. Below this, it says "For details and the registration form click here". There is also a section for "G-I-N Conference" with the text "Announcing the G-I-N Conference!" and "Collaboration in Clinical Practice Guidelines" dated August 22 - 25th, 2007.

<http://www.nhmrc.gov.au/publications/subjects/clinical.htm>

Australian National Health & Medical Research Council

The screenshot shows a web browser window displaying the Australian National Health & Medical Research Council (NHMRC) website. The page is titled "Clinical Practice Guidelines publications" and features a navigation menu with links for Home, About the NHMRC, Research, Funding, Publications, and Information. The main content area is titled "Clinical Practice Guidelines" and includes a search bar, a list of publications, and a sidebar with navigation options.

**Clinical Practice Guidelines**

This section of the web site contains a comprehensive range of information on Clinical Practice Guidelines for everyday Australians, including families, carers, parents, singles, teenagers and carers, and specialist information for researchers, clinicians and other health professionals.

**RELEVANT PUBLICATIONS**

Title	Date	Status
<a href="#">Clinical Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer</a>	2005	Current
<a href="#">Clinical Practice Guidelines for the Diagnosis and Management of Lymphoma</a>	2005	Current
<a href="#">Clinical Guidelines for Stroke Rehabilitation and Secondary</a>	2005	Current
<a href="#">Acute Pain Management: Superior Evidence</a>	2005	Current
<a href="#">Clinical Practice Guidelines for the Management of Women with Cervical Cancer</a>	2004	Current
<a href="#">General Guidelines for Medical Practitioners on Providing Information to Patients</a>	2004	Current
<a href="#">Communicating with Patients: Advice for Medical Practitioners</a>	2004	Current

**Navigation Sidebar:**

- Publications
  - Publications by Category
  - Publications by Subject
  - Search for publications
- Quick Links: Publications
  - Strategic plan
  - Knowledge
  - Privacy Regulation
  - Annual report
  - Fact sheets
  - Publications

**Right Sidebar:**

- SEARCH
- ABOUT THE NHMRC
  - About the NHMRC
  - Contact the NHMRC
  - NHMRC Committees
  - News & Events
  - Public Consultation
  - Publications

# http://www.nzgg.org.nz New Zealand Guidelines Group

The screenshot shows the homepage of the New Zealand Guidelines Group (NZGG) in a Windows Internet Explorer browser window. The browser's address bar displays the URL <http://www.nzgg.org.nz/>. The page features the NZGG logo, which includes a stylized map of New Zealand and the text "New Zealand GUIDELINES GROUP" and "Te Repu Māngai Taketake". Below the logo, a paragraph states: "The New Zealand Guidelines Group leads a movement towards the delivery of high quality health and disability services throughout New Zealand through a change of culture based on evidence and effectiveness." A search bar is located below this text. A navigation menu on the right side of the page lists various sections: "ABOUT NZGG", "PUBLICATIONS", "EVIDENCE FOR SPECIFIC POPULATIONS", "EVIDENCE RESOURCES", "EVIDENCE FOR PRACTICE", "CONSUMER RESOURCES", "NEWS AND EVENTS", "LINKS", and "WHAT'S NEW". A large green circular graphic is visible on the right side of the page. At the bottom of the page, there are logos for "New Zealand Guidelines Group", "New Zealand Guidelines Group", "New Zealand Guidelines Group", and "New Zealand Guidelines Group". The footer contains copyright information: "Copyright © 2008 2007 New Zealand Guidelines Group. All rights reserved. NZGG developed by Equinox Technology Limited. Content by NZGG & NZGG member organisations."

# http://www.library.nhs.uk/guidelinesfinder

## UK NHS National Library of Guidelines

The screenshot shows the NHS National Library of Guidelines website in a Windows Internet Explorer browser window. The address bar shows the URL <http://www.library.nhs.uk/guidelinesfinder>. The page title is "Guidelines Finder Specialist Library". The NHS logo is in the top right corner, with the text "National Library for Health" below it. A search bar is located at the top left, with "Guidelines Finder" selected in a dropdown menu and a "GO" button to its right. Navigation links for "Home", "About us", "Contact us", and "Site map" are on the right. A green navigation bar contains links for "HOME", "FORWARD RECORDS", "GUIDELINE PROFILES", "NEW GUIDELINES", and "SEARCH GUIDELINE".

**Specialty**

- Cardiovascular System
- Deficiency and Metabolic Diseases
- Dentistry and Oral Health
- Dermatology
- Endocrine System
- Gastrointestinal System
- Genetics
- Haemic and Lymphatic Systems
- Infectious Diseases
- Medical Profession
- Musculoskeletal System
- Nervous System
- Nursing and Midwifery
- Ophthalmic and Otorhinolaryngology
- Ophthalmology
- Orthopaedics

**Welcome to the National Library of Guidelines**

The National Library of Guidelines is a collection of guidelines for the UK. It is based on the guidelines produced by NICE and other national agencies. The main focus of the Library is on guidelines produced in the UK, but where no UK guideline is available, guidelines from other countries are included in the collection.

NICE issues guidelines of very high quality. They are based on a systematic review of the evidence and have extensive consultation not only with clinicians but also with patients and, where relevant, industry. Professional associations do not have the resources to carry out this type of consultation but they can follow the principles set out in the AGREE protocol which helps guideline writers minimise bias, meet the needs of all stakeholders and maximise clarity.

Selection criteria for the National Library of Guidelines can be found in [AGREE](#). Organisations interested in submitting guidelines should [contact us](#) with details of the electronic version of the guideline and a contact email address.

The interface includes an improved keyword search engine and you can also browse by Specialty to discover guidelines using the left-hand navigation bar.

The database has been developed and is maintained in collaboration with the University of Sheffield Health Sciences Library.

Comments are welcome to [guidelines@nhs.uk](mailto:guidelines@nhs.uk).

**Latest guidelines**

- Toxic carbon in the United Kingdom... a report on its diagnosis, management and prevention**  
Published by the Health Protection Agency on 1 March 2007
- Standards for HIV clinical care**  
Published by the British HIV Association on 20 March 2007
- Guidelines on androgen deprivation**  
Published by the European Association of Urology on 1 March 2007
- Handbook - guidance for health professionals on a new prescription only stop smoking medication**

**First visit?**

A short online tour of the Guidelines Finder has been developed to introduce you to its main features.

[ACCESS THE TOUR](#)

# http://www.library.nhs.uk/guidelinesfinder UK NHS National Library of Guidelines

The screenshot shows the NHS Guidelines Finder Specialist Library interface. The browser title is "NHS - Guidelines Finder - Search Results - Obstetrics and Gynaecology - Windows Internet Explorer". The address bar shows the URL: "http://www.library.nhs.uk/guidelinesfinder/default.asp?tabID=6770". The page header includes the NHS logo and "National Library for Health". A search bar contains "Guidelines Finder" and a "GO" button. A navigation menu highlights "NEW OR UPDATE". The main content area shows search results for "Specialty > Obstetrics and Gynaecology" with a total of 198 records. The first result is "Alcohol consumption and the outcomes of pregnancy" published by the Royal College of Obstetricians and Gynaecologists on 01 Mar 2006. The second result is "Amenorrhoea" published by PROLOGY on 01 Jan 2007. The third result is "Amniocentesis and chorionic villus sampling (3rd edition)" published by the Royal College of Obstetricians and Gynaecologists on 01 Jan 2006. The fourth result is "Amniotisation for oligohydramnios during pregnancy" published by the Royal College of Obstetricians and Gynaecologists on 01 Jan 2006. A sidebar on the left lists medical specialties, with "Obstetrics and Gynaecology" selected. A right sidebar contains "Search results options" and "Editor's picks".

Guidelines Finder Specialist Library

NHS  
National Library for Health

Search: Guidelines Finder GO

NEW OR UPDATE

Specialty > Obstetrics and Gynaecology Total records: 198

Guidance & Pathways (198)

page 1 of 23

Alcohol consumption and the outcomes of pregnancy  
Publisher: Royal College of Obstetricians and Gynaecologists Publication Type: Consensus statement  
Publication Date: 01 Mar 2006

Amenorrhoea  
Publisher: PROLOGY Publication Type: Core Guideline  
Publication Date: 01 Jan 2007

Amniocentesis and chorionic villus sampling (3rd edition)  
Publisher: Royal College of Obstetricians and Gynaecologists Publication Type: Core Guideline  
Publication Date: 01 Jan 2006

Amniotisation for oligohydramnios during pregnancy  
Publisher: Royal College of Obstetricians and Gynaecologists Publication Type: Core Guideline  
Publication Date: 01 Jan 2006

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# http://www.library.nhs.uk/guidelinesfinder

## UK NHS National Library of Guidelines

NHS Guidelines Finder - International Guideline Sources on the Internet - Windows Internet Explorer

http://www.library.nhs.uk/guidelinesfinder/Full.asp?page=PL101

NHS Guidelines Finder - International Guideline Sources on the Internet

### Guidelines Finder Specialist Library

NHS National Library for Health

Home > Specialist Libraries > Guidelines Finder > International Guideline Sources on the Internet

Search  Guidelines Finder  Help About us Contact us Site map

**GUIDELINE PUBLISHERS**

#### International Guideline Sources on the Internet

**US National Guideline Clearinghouse**  
National Guideline Clearinghouse is a comprehensive database of evidence-based clinical practice guidelines and related documents produced by the Agency for Healthcare Research and Quality (AHRQ), in partnership with the American Medical Association (AMA) and the American Association of Health Plans (AAHP).

**New Zealand Guidelines Group - Guidelines Library**  
The New Zealand Guidelines Group leads a movement towards the delivery of high quality health and disability services throughout New Zealand through a change in culture based on evidence and effectiveness. The guidelines in this library represent a statement of best practice based on the latest available evidence (at the time of publishing).

**Australian National Health and Medical Research Council - Clinical Practice Guidelines**  
The National Health and Medical Research Council (NHMRC) is Australia's leading expert body promoting the development and maintenance of public and individual health standards. This section of the website allows access to a comprehensive range of information on Clinical Practice Guidelines, including specialist information for researchers, doctors and other health professionals.

**Canadian Medical Association - Website - Clinical Practice Guidelines**  
The CMA advocates on behalf of Canadian physicians, and the public, for access to high quality health care, and provides leadership and guidance to physicians. These guidelines are produced or endorsed in Canada by a national, provincial/territorial or regional medical or health organization, professional society, government agency or expert panel.

**Government of Victoria, Australia, Department of Human Services Public Health Division - The Blue Book - Guidelines for the control of infectious diseases**  
These guidelines are intended to assist public health practitioners in the prevention and control of infectious diseases and have been prepared following consultation with experts in the field of infectious diseases and are based on

**First visit?**  
A short online tour of the Guidelines Finder has been developed to introduce you to its main features.  
[Follow the tour](#)

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**P**

[Paediatric Accident and Emergencies Research Group \(guidelines\)](#)  
[Parkinson's Disease Society \(guidelines\)](#)  
[Philippine Academy of Ophthalmology \(guidelines\)](#)  
[Poman Care Dermatology Society \(guidelines\)](#)  
[Poman Care Society for Gastroenterology \(guidelines\)](#)  
[PRODIGY \(guidelines\)](#)

**R**

[Renal Association \(guidelines\)](#)  
[Resuscitation Council \(UK\) \(guidelines\)](#)  
[Royal College of Anaesthetists \(guidelines\)](#)  
[Royal College of General Practitioners \(guidelines\)](#)  
[Royal College of Midwives \(guidelines\)](#)  
[Royal College of Nursing \(guidelines\)](#)  
[Royal College of Obstetricians and Gynaecologists \(guidelines\)](#)  
[Royal College of Ophthalmologists \(guidelines\)](#)  
[Royal College of Paediatrics and Child Health \(guidelines\)](#)  
[Royal College of Pathologists \(guidelines\)](#)  
[Royal College of Physicians \(guidelines\)](#)  
[Royal College of Psychiatrists \(guidelines\)](#)  
[Royal College of Radiologists \(guidelines\)](#)  
[Royal College of Speech & Language Therapists \(guidelines\)](#)  
[Royal College of Surgeons of England \(guidelines\)](#)  
[Royal Pharmaceutical Society \(guidelines\)](#)

**S**

[SABT \(guidelines\)](#)  
[SAGs \(guidelines\)](#)  
[Society for Cardiovascular Science and Technology \(guidelines\)](#)  
[Society for Endocrinology \(guidelines\)](#)  
[Society of British Neurological Surgeons \(guidelines\)](#)  
[Society of Cardiothoracic Surgeons of GB and Ireland \(guidelines\)](#)



- كما يمكننا بالبحث عبر إيجاد الوصول لدليل إرشادي بالموضوع الذي نريد:
- نجري بحثا متقدما(عن الموضوع الذي نريد) ثم من filter نضغط: customize: فيظهر مستطيل فيه عبارات مرتبة حسب الأبجدية ننتقي منها Guidelines ونضغط عليه فيظهر ضمن حقل الفلتر: فنفعله بالضغط عليه فتتعدل نتيجة البحث ويقل عدد نتائجه بحيث يظهر لنا فقط Guidelines ننتقي منها العنوان الذي يناسبنا.

# كما يمكن البحث في PubMed عن دلائل إرشادية عن طريق الفيلتر

The image shows a screenshot of the PubMed website. The search bar at the top contains the text "deep vein thrombosis". Below the search bar, there is a notification banner for COVID-19. The main content area displays search results for "deep vein thrombosis", including a list of articles and a "Filters" section. A filter menu is open on the left side, showing various article types with checkboxes. The "Guideline" option is selected. The filter menu also includes options for "Text availability", "Publication date", "Species", and "Clear all".

US National Library of Medicine  
National Institutes of Health

PubMed deep vein thrombosis

Create RSS Create alert Advanced

Search

Help

COVID-19 is an emerging, rapidly evolving situation.  
Get the latest public health information from CDC: <https://www.coronavirus.gov>  
Get the latest research from NIH: <https://www.nih.gov/coronavirus>

New PubMed site will become the default in mid-May.  
[Click here to try it now!](#)

Frequently asked questions

Recent Per page 20 Send to Filters: [Manage Filters](#)

Sort by:  
Best match Most recent

Results by year

Download CSV

Page 1 of 4390 Next > Last >>

Related searches  
deep vein thrombosis prevention

Titles with your search terms

Article types

- Duplicate Publication
- Editorial
- Electronic Supplementary Materials
- English Abstract
- Evaluation Study
- Festschrift
- Government Document
- Guideline
- Historical Article
- Interactive Tutorial
- Interview
- Introductory Journal Article
- Journal Article
- Lecture
- Legal Case
- Legislation
- Letter
- Meta-Analysis
- Multicenter Study

Article types

- Clinical Trial
- Review
- Customize ...

Text availability

- Abstract
- Free full text
- Full text

Publication date

- 5 years
- 10 years
- Custom range

Species

- Humans
- Other Animals

[Clear all](#)

[Show additional filters](#)

Show

NCBI Resources How To osamao My NCBI Sign Out

PubMed.gov PubMed deep vein thrombosis Search

US National Library of Medicine National Institutes of Health Create RSS Create alert Advanced Help

COVID-19 is an emerging, rapidly evolving situation. Get the latest public health information from CDC: <https://www.coronavirus.gov>. Get the latest research from NIH: <https://www.nih.gov/coronavirus>.

The new PubMed site will become the default in mid-May. [Click here to try it now!](#) [Frequently asked questions](#)

Article types: Case Reports, Clinical Trial, **Guideline**, Review, Customize... Text availability: Abstract, Free full text, Full text. Publication dates: 5 years, 10 years, Custom range... Species: Humans, Other Animals.

clear Format: Summary Sort by: Most Recent Per page: 20 Send to Filters: [Manage Filters](#)

Sort by: Best match **Most recent**

**Best matches for deep vein thrombosis:**  
Deep vein thrombosis and pulmonary embolism.  
 Di Nisio M et al. Lancet. (2016)  
Deep vein thrombosis  
 Thachil J et al. Hematology. (2014)  
Deep vein thrombosis in pediatric patients.  
 Jaffray J et al. Pediatr Blood Cancer. (2018)

[Switch to our new best match sort order](#)

Results by year

Download CS

Related searches: deep vein thrombosis prevention

Search results: Items: 1 to 20 of 317 Page 1 of 16 Next Last

Filters activated: Guideline. Clear all to show 87798 items.

## تطبيق سريري

← أنت كطبيب نسائية فحصت امرأة حامل في الواحد والثلاثين من عمرها، كانت قد أصيبت بخثار وريد عميق غير متفاقم منذ خمس سنوات وعولجت بالوارفارين لمدة ستة أشهر دون أي اختلاطات (قصور وريدي مزمن، دوالي).

← المريضة الآن سليمة على الرغم من أنها لم تعد تستعمل أي من مضادات التخثر، لكن نظرًا لزيادة احتمال الإصابة بالخثار أثناء الحمل (عامل مؤهب)، **ففكرت** في مناقشة دور الهيبارين منخفض الوزن الجزيئي (LMWH) في الوقاية من الإصابة خلال فترة الحمل.

← للحصول على جواب قمت بالبحث عن توصية مسندة بالدليل من دليل ممارسة إرشادي:



Chest. 2012 Feb; 141(2 Suppl): e691S–e736S.

PMCID: PMC3278054

Published online 2012 Jan 23. doi: [10.1378/chest.11-2300](https://doi.org/10.1378/chest.11-2300)

PMID: [22315276](https://pubmed.ncbi.nlm.nih.gov/22315276/)

## VTE, Thrombophilia, Antithrombotic Therapy, and Pregnancy

### Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines

[Shannon M. Bates](#), MDCM,<sup>✉</sup> [Ian A. Greer](#), MD, FCCP, [Saskia Middeldorp](#), MD, PhD, [David L. Veenstra](#), PharmD, PhD, [Anne-Marie Prabalos](#), MD, and [Per Olav Vandvik](#), MD, PhD

From the Department of Medicine (Dr Bates), McMaster University and Thrombosis and Atherosclerosis Research Institute, Hamilton, ON, Canada; Faculty of Health and Life Sciences (Dr Greer), University of Liverpool, Liverpool, England; Department of Vascular Medicine (Dr Middeldorp), Academic Medical Center, Amsterdam, The Netherlands; Department of Pharmacy (Dr Veenstra), University of Washington, Seattle, WA; Department of Obstetrics and Gynecology (Dr Prabalos), University of Connecticut School of Medicine, Farmington, CT; and Medical Department (Dr Vandvik), Innlandet Hospital Trust and Norwegian Knowledge Centre for the Health Services, Gjøvik, Norway.

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Accepted 2011 Aug 31.

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## Abstract

Go to:

### Background:

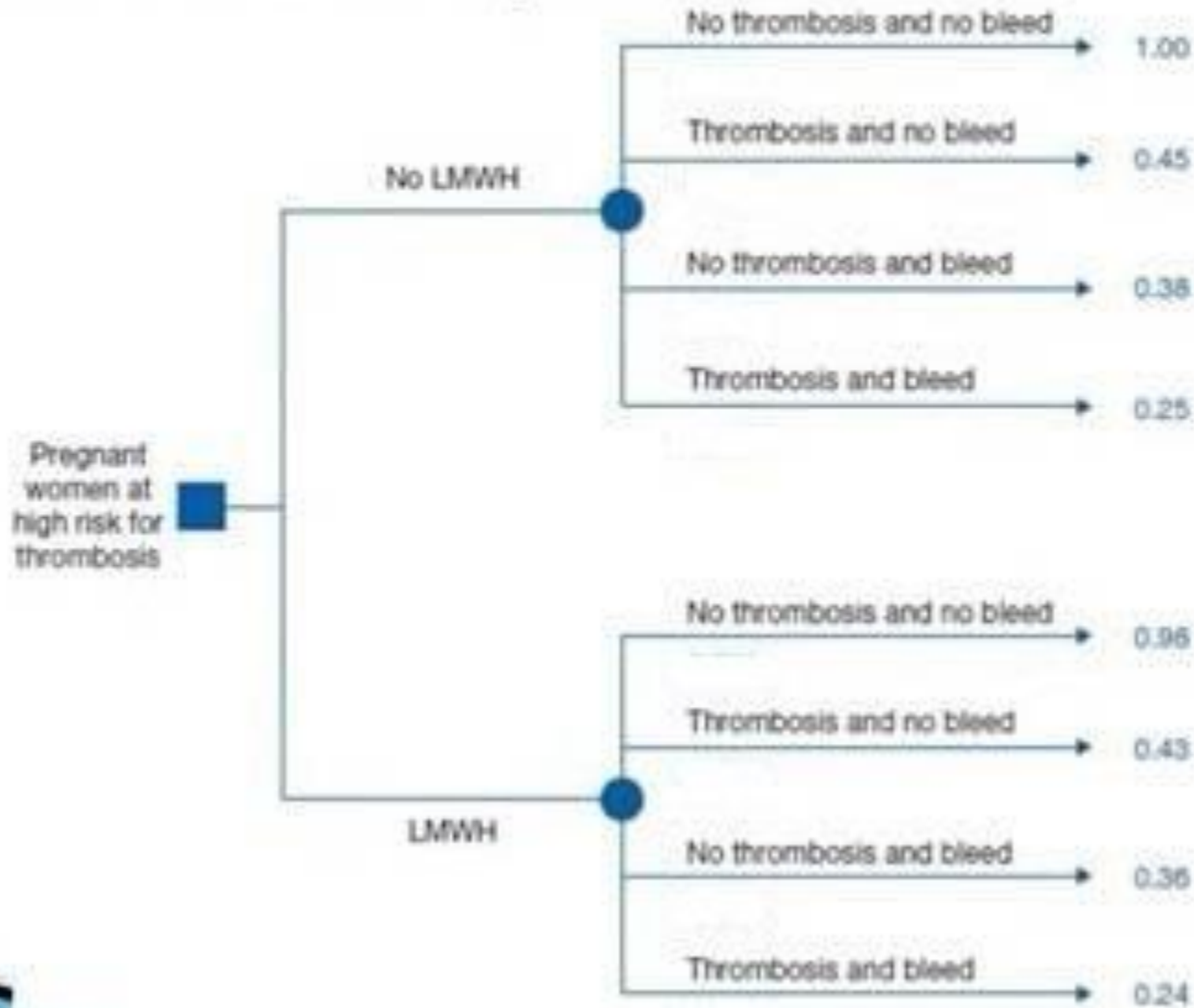
The use of anticoagulant therapy during pregnancy is challenging because of the potential for both fetal and maternal complications. This guideline focuses on the management of VTE and thrombophilia as well as the use of antithrombotic agents during pregnancy.

### Methods:

The methods of this guideline follow the Methodology for the Development of Antithrombotic Therapy

# Decision Analysis

Decision tree



# يجب تقييم الدليل الإرشادي قبل تطبيق توصياته

- ✓ هل السؤال السريري واضح وشامل؟
- ✓ هل كانت التوصية مبنية على أفضل دليل حالي؟
- ✓ هل تم تحديد قيم المرضى وتفضيلاتهم المتعلقة بالنتائج بشكل مناسب؟
- ✓ هل يشير المؤلفون إلى قوة توصياتهم؟
- ✓ هل يسهل فهم الأدلة الداعمة للتوصية؟
- ✓ هل تم تقليل تأثير تضارب المصالح؟

يوجد في هذا الدليل ما يقارب من 600 توصية تتعلق بالخثار الوريدي عند الحوامل, كل مجموعة منها تجيب على سؤال سريري معين.

وجدت توصية ضعيفة تقترح إعطاء جرعة وقائية 5000 وحدة دولية او متوسطة من LMWH للمرأة الحامل التي لديها احتمال متوسط إلى شديد لنكس خثار وريدي (أي المريضات اللاتي عولجن باستروجين أو أصبن بعدة التهابات وريدي خثري سابقاً) وهذا الإجراء أفضل من المراقبة والإجراءات السريرية الروتينية لكن علينا ألا ننسى بأنها توصية ضعيفة أي يجب أن نخير المريضة ونعطيهما احتمالات كلاً من الفائدة والضرر.

8.2.3. For pregnant women at moderate to high risk of recurrent VTE (single unprovoked VTE, pregnancy- or estrogen-related VTE, or multiple prior unprovoked VTE not receiving long-term anticoagulation), we suggest antepartum prophylaxis with prophylactic- or intermediate-dose LMWH rather than clinical vigilance or routine care **(Grade 2C)**.

وهذا مايجيب على سؤالنا وينطبق على مريضتنا بالذات.

هذه التوصية تنصح باستعمال الهيبارين المنخفض الوزن الجزيئي لمريضتنا ولكن باعتبار الدليل متوسط القوة يجب الموازنة بين فوائده (إنقاص الخثار بنسبة 41% بالألف) ومضاره (نزف بنسبة 7%, الكلفة, عبء الحقن وألمها) وإشراك المريضة بالقرار.



الطب المسند (بالدليل)  
الطب المعتمد على البرهان  
Evidence based medicine (EBM)

لطلاب السنة الثالثة  
كلية طب جامعة حماه  
د. أسامة عرابي

تقرير حالة case report

## الكتابة الأكاديمية

يكتبها عالم ليقراها عالم آخر مهتم بنفس الموضوع. طبيب لطبيب أو طبيب لطالب طب...  
وبعبارة أخرى: كتابة موجهة لقارئ مهتم بأن تكون المعلومة مبنية على **حقائق**.  
تقارب وبطريقة **منهجية** أسئلة بحثية لها علاقة **بموضوع معين**.  
هدفها: تقديم معلومة جديدة أو مراجعة لشيء معروف نبني عليه ونكتب آراء جديدة.

# أنواع الكتابات الأكاديمية

## Forms of Scientific Writing

❖ Theses. رسالة أو أطروحة جامعية

❖ Abstracts.

❖ Books.

❖ Journal articles.

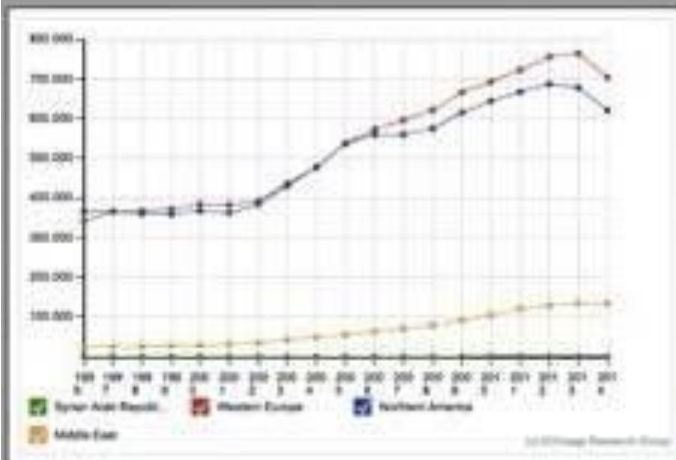
❖ Grant applications.

❖ Conference paper.

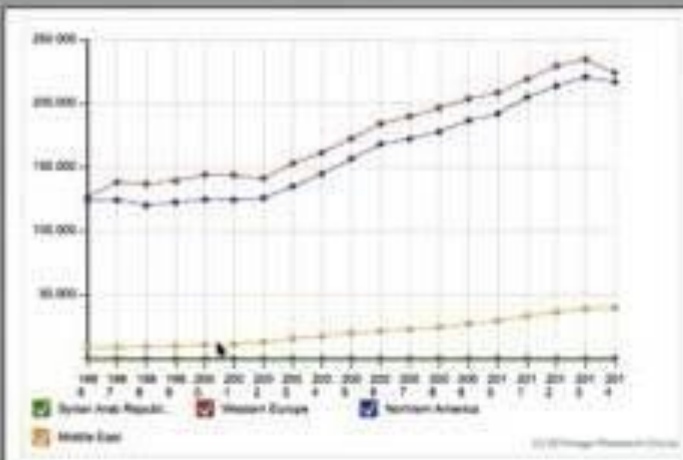
## Published Documents in the World: 1996-2014

### Trends and Comparisons!

#### All Categories



#### Medicine

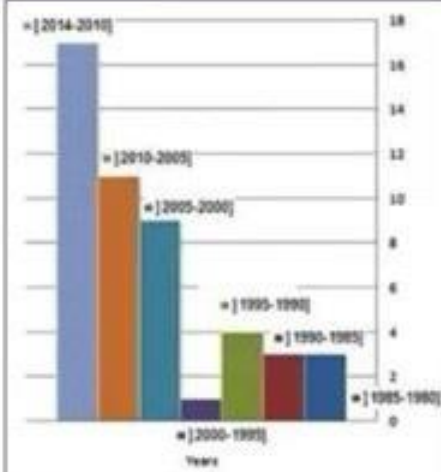


الوثائق المنشورة  
عالمياً بين عامي  
: 2014-1996  
يظهر في هذه  
الصورة مخططان  
بيانيان، أحدهما للنشر  
بشكل عام وآخر للطبي؛  
نلاحظ الأعداد الكبيرة  
من المنشورات في  
كل من أوروبا وأمريكا  
خلفاً للوطن العربي  
الذي نلاحظ أنه في  
الحضيض.

# 2004-1980

- 18% cardiology.  
%18 مواضيع قلبية.
- 13% dentistry.  
%13 في طب الأسنان.
- 11% nephrology and oncology.  
%11 في طب الأورام والكلية.
- Tunisia 500 published case reports.  
أما من تونس فقد تم نشر أكثر من 500 تقرير حالة.

- Only 47 case reports from Syria.  
فقط 47 تقرير حالة نُشر من سوريا.
- 38% published 2010-2014.  
%38 منها نُشر بين عامي 2010 - 2014.
- 54% from Damascus university.  
%54 منها كان من جامعة دمشق.
- 82% were indexed in PubMed.  
%82 منها تمت فهرستها في بايبيد.



- Only 47 case reports from Syrian
- 38% published 2010–2014
- 54% from Damascus University
- 82% were indexed in PubMed.
- 18% cardiology
- 13% dentistry
- 11% nephrology and oncology
- Tunisia 500 published case reports

## New AJM Publication

### REVIEW ARTICLE

### Case reports and research productivity among Syrian medical students: Review, reality, and suggested solutions

Naji Alhamid, Nawar Almounayer<sup>1</sup>, Bana Alsabbagh<sup>2</sup>, Baseel Atassi<sup>2</sup>

<sup>1</sup>Nephrology resident, Damascus Department of Health, Damascus, Syria, <sup>2</sup>Medical student, Damascus University, College of Medicine,

<sup>2</sup>Department of Internal Medicine, Hematology and Oncology, Chicago, Illinois, USA

- تقرير الحالة الواحدة: **Case report study**  
**دراسة وصفية Descriptive study** لحالة طبية مميزة. تصفها جيداً،  
وكيف تم التعامل معها. ونظراً لكونها تشتمل على حالة واحدة قد لا  
يمكن القياس عليها، كما لا تتضمن مجموعة مُقارَنة **control group**،  
وأيضاً يغلب عليها الاعتماد على رأي الخبير، فليست مصدراً لدليل  
علمي قوي. لكنها تلفت النظر إلى ظواهر وحالات طبية فريدة.  
ويحسب لها أنها كانت الأصل (قاعدة الهرم) الذي تفرعت عنه شجرة  
الدراسات العلمية. فأساس ظهور العلم الطبي كان الملاحظة الجيدة  
لظواهر أو أعراض جديدة وغريبة، ولُفّت نظر المجتمع العلمي إليها،  
لتبدأ دراسات أكثر وأقوى هنا وهناك تؤكد النتائج الأولية أو تنفيها.

وهي تصف:

-مرض نادر.

-مرض شائع ولكن تظاهر بأعراض أو علامات غير معتادة .

- حالة مرت بعلاج جديد.

- حالة ظهر فيها مضاعفات غير متوقعة.

- تأثيرات جانبية جيدة أو سيئة لدواء معين .

- حالة مرت بصعوبة في التشخيص لسبب أو لآخر.

-الإصابة بـ "الإيبولا" مثلا مرض موجود مسبقا لكن ما ستجد هو

حدوث وباء كبير, نشرت عنه حالات نبهت له,ومثله في أيامنا هذه

الكورونا موجود مسبقا بشكل فردي أو محدود لكن نشر عدة حالات منه

نبه لهذا الوباء العالمي

و يتم تسجيل الأعراض و العلامات و نتائج التحاليل و التصوير الخاصة

بالحالة، و تسجيل التشخيص النهائي لها و العلاج الذي تلقته و نتائج

متابعتها.

وهي وإن كانت في أخفض سلم الأدلة لكنها لعبت وتلعب دورا في التحريض على طرح فرضيات جديدة يمكن أن تكون أساسا لأبحاث قد تغير المجال الطبي والممارسة

## Hierarchy of Clinical Evidence

Systematic Reviews & Meta-Analyses

Randomized  
Controlled Trials

Cohort Studies

Case reports are weak evidence and  
therefore, don't matter?

Cross-sectional Studies

Case Reports

Perspectives / Editorials / Expert Opinion

On the hierarchy of clinical evidence,  
where is the place for case reports?

1

2

3

4

5

6

7



# Discover new diseases

## The New England Journal of Medicine

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Volume 305

DECEMBER 10, 1981

Number 24

### *PNEUMOCYSTIS CARINII* PNEUMONIA AND MUCOSAL CANDIDIASIS IN PREVIOUSLY HEALTHY HOMOSEXUAL MEN

Evidence of a New Acquired Cellular Immunodeficiency

MICHAEL S. GOTTLIER, M.D., ROBERT SCHROFF, Ph.D., HOWARD M. SCHANKER, M.D.,  
JOEL D. WEHMAN, D.O., PENG TSHI FAN, M.D., ROBERT A. WOLF, M.D., AND ANDREW SAXON, M.D.

**Abstract** Four previously healthy homosexual men contracted *Pneumocystis carinii* pneumonia, extensive mucosal candidiasis, and multiple viral infections. In three of the patients these infections followed prolonged fevers of unknown origin. In all four cytomegalovirus was recovered from secretions. Kaposi's sarcoma developed in one patient eight months after he presented with esophageal candidiasis. All patients were anergic and lymphopenic; they had no lymphocyte proliferative responses to soluble antigens, and their responses to phytohemagglutinin were markedly reduced. Monoclonal-antibody analy-

sis of peripheral-blood T-cell subpopulations revealed virtual elimination of the Leu-3+ helper/inducer subset, an increased percentage of the Leu-2+ suppressor/cytotoxic subset, and an increased percentage of cells bearing the thymocyte-associated antigen T10. The inversion of the T helper to suppressor/cytotoxic ratio suggested that cytomegalovirus infection was an important factor in the pathogenesis of the immunodeficient state. A high level of exposure of male homosexuals to cytomegalovirus-infected secretions may account for the occurrence of this immune deficiency. (N Engl J Med. 1981; 305:1425-31.)

ومن أشهر الأمثلة  
الحديثة التي تدل على  
ذلك: نشر حالة (في  
lancet) ثم أربع  
حالات (في NEJM)  
لمثليين جنسياً homo-  
sexual مصابين  
بالتهاب رئوي يسببه  
المتكيس  
الرئوي pneumocys  
tis carinii (مع  
أنهم سويي المناعة)،  
والمعروف مسبقاً أنه  
لا يصيب سوى أصحاب  
المناعة الضعيفة. حرضت  
هذه التقارير وقادت  
إلى بحوث أدت في  
النهاية إلى اكتشاف  
مرض الإيدز AIDS.

## 5. Detecting new drug side effects, both **beneficial** and adverse

الفياغرا: خافض ضغط اكتشف له تأثير جانبي مفيد هو حدوث  
انتصاب في القضيب فأصبح علاجاً للعنانة وضعف  
الانتصاب، وارتفاع التوتر الرئوي

## 5. Detecting new drug side effects, both beneficial and adverse

نشرت حالات لإحداثه أزمات قلبية (تأثير جانبي ضار) فتم سحبه

# Vioxx (Rofecoxib)

## VIOXX Heart Attack Lawsuits



Vioxx has been Linked to Dangerous Side Effects

Get Legal Help

Merck Vioxx Cox 2 Inhibitor Recall Lawsuits  
January 2005

### Recent Vioxx Developments

Vioxx Heart Attack Lawsuits provides legal assistance and guidance for people who have had a heart attack, stroke or who have been injured by the dangerous side effects of Vioxx (Rofecoxib), the popular arthritis Cox 2 drug recently recalled by the drug maker. Lawyers associated with this web site have been featured on 60 Minutes, the Wall Street Journal and New York Times. Our law firms are leading the actual litigation against Merck.



[More info about your legal rights>>](#)

### Vioxx Under Scrutiny

Details about the dangers, and the basics of possible legal action against Merck.

### Frequently Asked Questions

About Cox 2 inhibitors, Arthritis Drug Treatment.

### Vioxx Side Effects?

Risk Factors, heart attack, stroke, stomach bleeding, kidney failure.

[Contact Us](#) with questions about your legal rights related to an vioxx-related injury.

Thalidomide الذي كان يعطى كمضاد للغثيان عند الحوامل تم سحبه إثر تقارير حالات عن إحدائه تشوهات خطيرة (غياب أطراف) عند الأجنة

## Reporting new medication side effect

Australian obstetrician, William McBride. He reported that one out of every five women who had used a new drug to relieve morning sickness in early pregnancy had given birth to a severely malformed child: the babies lacked limbs.

### THALIDOMIDE AND CONGENITAL ABNORMALITIES

SIR,—Congenital abnormalities are present in approximately 1.5% of babies. In recent months I have observed that the incidence of multiple severe abnormalities in babies delivered of women who were given the drug thalidomide ('Distaval') during pregnancy, as an anti-emetic or as a sedative, to be almost 20%.

These abnormalities are present in structures developed from mesenchyme—i.e., the bones and musculature of the gut. Bony development seems to be affected in a very striking manner, resulting in polydactyly, syndactyly, and failure of development of long bones (abnormally short femora and radii).

Have any of your readers seen similar abnormalities in babies delivered of women who have taken this drug during pregnancy?

Hurstville, New South Wales.

د أسامة عربي

W. G. McBRIDE.

الورم النقوي المتعدد:

هو اضطراب في تكاثر الخلايا البلازمية في نقي العظم، يكون مرتبطاً بتخرُّب العظام.

أول من وصفه هو الدكتور ويليام ماكنتاير، حيث قام بنشر تقرير حالة عن خصائص البيلة البروتينية المرافقة للمايلوما وذلك استناداً إلى عينة بول أخذها من بقال في لندن، يبلغ من العمر 45 عام يدعى توماس ألكساندر ماكبين.

تمت دراسة عينات البول هذه بالتفصيل في وقت لاحق من قبل هنري بينس جونز، وهو كيميائي مختص في علم الأمراض من لندن، الذي عزّف البروتين الموجود في البول وأشار إلى أهميته في تشخيص المايلوما المتعددة.

حصل على جائزة بسبب هذه النتائج ولاكتشافه لبروتين بنس جونز في البول.

## Multiple myeloma

-قام جراح القلب كريستيان برنارد من جنوب إفريقيا بأول عملية زرع قلب عام 1967 ونشر تقريراً عن الحالة

THE CLINICAL PICTURE

**MC CHADJ ALIEMIS, MD**  
 Clinical Assistant Professor of Medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Cleveland, OH, Department of Hospital Medicine, Cleveland Clinic  
**WASIL ALIARFOUH, MD**  
 Department of Cardiovascular Medicine, Heart and Vascular Institute, Cleveland Clinic  
**USMAN AFUJE EKAN, MBBS**  
 Department of Hospital Medicine, Cleveland Clinic  
**AHMED HANMUD ALKHAIRI**  
 Respiratory Institute, Cleveland Clinic

# The Clinical Picture

## Deep T waves and chest pain

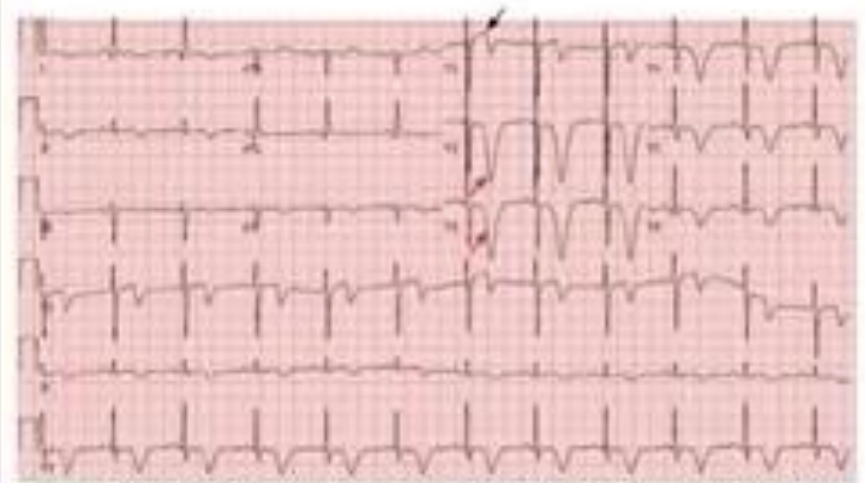


FIGURE 1. The patient's electrocardiogram on admission. Note the T-wave inversions in precordial leads V<sub>1</sub> and V<sub>2</sub> (red arrows) and ST-segment changes in V<sub>1</sub> (black arrow).



Coronary angiography showed intraluminal stenosis with 50% to 60% stenosis of the left main coronary artery (LAD), 90% stenosis in the proximal left anterior descending artery (AD), 80% stenosis in the middle segment of the anterior descending artery (AD), and 40% stenosis in a large (> 1.5-mm) second diagonal artery (D2).

The patient was given aspirin and was started on intravenous unfractionated heparin and nitroglycerin. He was sent for urgent left-heart catheterization, which showed a 50% to 60% stenosis in the left main coronary artery, with involvement of the left circumflex artery proximally, in addition to a "right" first-diagonal stenosis, a 90% stenosis in a large (> 1.5-mm) proximal segment of the LAD, an 80% stenosis in a large (> 1.5-mm) mid-LAD segment, and a 40% stenosis in a large (> 1.5-mm) second diagonal artery (figure 1).

He was referred for cardiac surgery and underwent triple coronary artery bypass grafting. The left internal thoracic artery was grafted to the LAD, a reverse saphenous vein graft was performed to the diagonal artery, and a reverse

saphenous vein graft was performed to the distal marginal artery.

■ A PRECURSOR TO INFARCTION

Without it of described specific precordial T-wave changes in patients with unstable angina who subsequently developed anterior wall myocardial infarction.<sup>1</sup>

The importance of Wellens syndrome is that it occurs in the pain-free interval when no other evidence of ischemia or angina may be present.<sup>2</sup> Cardiac enzyme levels are typically normal or only minimally elevated, only 12% of patients with this syndrome have elevated cardiac biomarker levels.<sup>3</sup>

Given the extent of myocardial injury, urgent echocardiography can show a wall-motion abnormality even if cardiac enzyme levels are normal. This gives important insight into electrocardiographic changes and should prompt consideration of revascularization.

Even with extensive medical management, Wellens syndrome progresses to acute anterior wall ischemia. About 75% of patients with Wellens syndrome who receive medical management but do not undergo revascularization (eg, coronary artery bypass grafting, percutaneous coronary intervention) develop extensive anterior wall infarction within 48h.<sup>4</sup> Despite negative cardiac biomarkers, Wellens syndrome is considered an acute coronary syndrome requiring urgent cardiac intervention.<sup>5</sup>

■ REFERENCES

1. Wellens HJ. Wellens syndrome in unstable angina. *Circulation* 1988; 78:115-124.
2. de Groot C, de Waard H, van der Wal AC. Angiographic and clinical characteristics of patients with unstable angina showing an ECG pattern indicating critical narrowing of the proximal left coronary artery. *Am Heart J* 1988; 115:427-432.
3. de Groot C. Are the Wellens' characteristics electrocardiographic patterns indicating a critical stenosis high in left anterior descending coronary artery in patients subjected to bypass of impending myocardial infarction. *Am Heart J* 1982; 103:750-756.

ADDRESS: Dr. Chad Aljalis, MD, Department of Hospital Medicine, 4113 Cleveland Clinic, 9300 Euclid Avenue, Cleveland, OH 44195; e-mail: aljalis@ccf.org

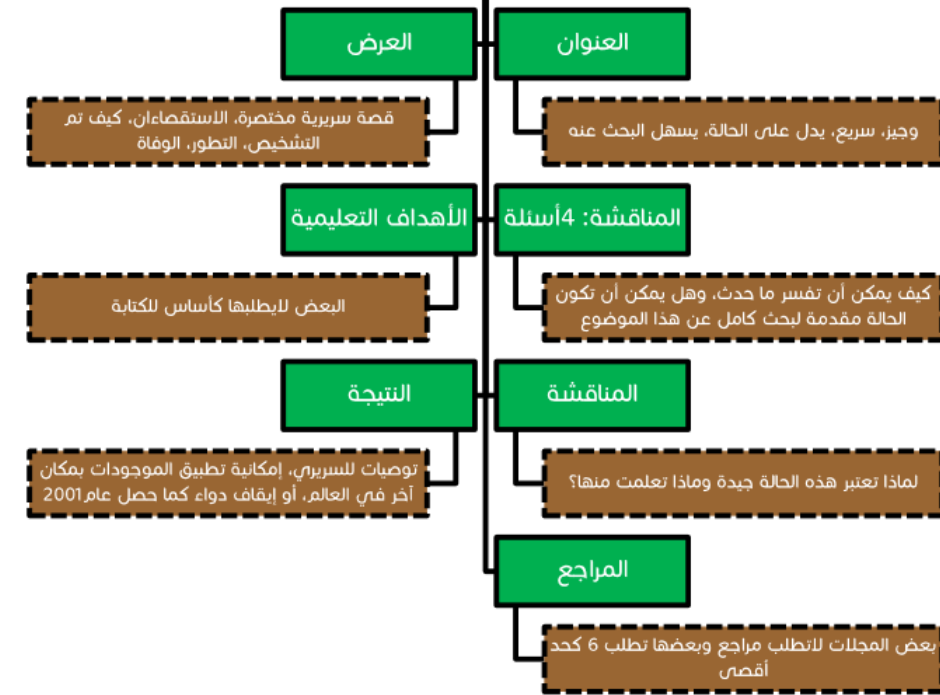
تضييق شديد في جذر الشريان الأمامي الأيسر النازل وهي حالة شائعة

ولكن التوافق بين هذه الموجودات القثطرية ((Angiogram) والتخطيطية (Electrocardiogram) غير شائع، وهذا ما يدعى بمتلازمة ويلين وهي تستحق النشر .

- تقرير عن مجموعة من الحالات (سلسلة حالات) Case series study: يتضمن دراسة وصفية لسلسلة من الحالات التي تشترك في ظاهرة طبية ما، وليس حالة واحدة.

و فيها يتم جمع المعلومات عن عدد من المرضى، و عادة ما يشترك هؤلاء المرضى في صفة أو أكثر مثل نوع المرض الذي يعانون منه أو نوع العلاج الذي خضعوا له أو نوع المضاعفات التي يعانون منها. و قد يتم عمل هذه الدراسة بمتابعة هؤلاء المرضى لفترة من الزمن أو يتم عملها بجمع المعلومات عن الحالات من ملفاتها المرضية و سجلاتها الأخرى. و لا تتم مقارنة المرضى بمجموعة أخرى في هذا النوع من الدراسات. مفيدة (على سبيل المثال وليس الحصر) في الوبائيات, التسممات...

## شروط النشر في المجلات



لا تقبل أغلب المجلات المقالات المنشورة في مجلات أخرى.

## شروط النشر في المجلة الطبية العربية التي تصدرها نقابة أطباء سوريا

1. يرسل المقال **على ورق أبيض بنسختين** مع هوامش 2,5 سم على الأقل.

2. **الطباعة بخط واضح وعلى وجه واحد من الورقة مع مسافة مضاعفة بين الأسطر** ويفضل الطباعة على الحاسب مع وضع المقال على قرص لييزري.

3. المصطلحات العلمية **مطابقة لما ورد في المعجم الطبي الموحد مع ذكر المصطلح باللغة الإنكليزية والفرنسية.**



4. يرتب البحث العلمي الأصيل كما يلي: مقدمة، طرق ومواد الدراسة، النتائج، المناقشة، الاستنتاج والخلاصة، المراجع العلمية، مع ملخص باللغة العربية والإنكليزية بحدود نصف صفحة لكل منهما.

5. حجم المقال العلمي الأصيل يجب ألا يتجاوز 10 صفحات وحجم تقارير الحالات السريرية 2- 5 صفحات.

6. ترسل ملخصات المواضيع المترجمة باللغة العربية بشكل مختصر مرفقة بالنص الأجنبي كاملاً شريطة أن يكون حديث النشر.

7. توضع الأشكال البيانية والجداول والمراجع والملخص على صفحات مستقلة عن النص.

8. يقدم المقال على نسختين جيدتين متماثلتين (وضع المقال على قرص ليزري) وللمجلة الحق بالاحتفاظ بالنسخ في حال نشر أو عدم نشر المقالة.

9. يحق لهيئة التحرير اختصار المقالة المرسلة دون الإضافة.

10. لا تقبل المقالات التي سبق نشرها في مجلة أخرى.

11. إذا رغب بعض الزملاء بالتعليق أونقد مقال معين ترسل المراسلات إلى هيئة التحرير باب رسالة المحرر.

## مراحل كتابة تقرير الحالة

### C. ابحث في الأدب الطبي:

مثلاً ذُكر في إحدى مقالات بايميد في أنه تم العثور على 300 حالة مشخصة لانفتال المرارة من القرن التاسع عشر حتى الآن فقط وفي مقالة أخرى 400 حالة أما ال e medicine فقد تحدث عن وجود 100 حالة.

### A. اختر الحالة:

يجب أن تكون حالة نادرة.

### B. ناقشها مع الناصح (المعلم).

The screenshot shows the PubMed website interface. The search bar contains the query "crest syndrome scleroderma AND stomach". The search results are displayed in a list format. A filter menu is open on the left side, showing various article types. The "Case Reports" option is selected, indicated by a green arrow. The search results list includes several entries, with the first one being "arietal bleeding, chronic diarrhea and severe fecal incontinence". The second entry is "ment with cyclosporin A in protein losing gastroenteropathy". The third entry is "l, Hokama A, Kugai Y, Matayoshi R, Yonamine Y, Tomiyama R, Saïto A." The fourth entry is "in patients with systemic sclerosis and CREST syndrome".

## اختيار المجلة:

● سوية المجلة (تأثيرها): عليك أن تختار المجلة ذات التقييم الأعلى، والتي تُؤرشف مقالاتها بالبابميد (PubMed indexed).

● اختر المجلات التي تنشر تقارير حالة، حيث يوجد بعض المجلات التي لا تنشر تقارير حالة، وبعضها تقوم بنشرها لكن تحت مسميات مختلفة فمثلاً:

- EUR CARDIOLOGY: Flash image of the month.
- NEJ: image of the month.
- CIRCULATION: Challenge cases.
- JAMA: Flash point.

● راجع تعليمات الناشرين بعناية.

● تعرف إلى شروط النشر الخاصة بالمجلة.

● راجع عينات من تقارير الحالة المنشورة فيها.

● انتبه إلى عدد الكلمات المسموح كتابتها في المقال.

◀ الاحتفاظ بالمنشورات العلمية ذات الصلة: الملخصات والعلوم الأصلية ومقالات المراجعة والكتب.

◀ إنشاء قائمة مراجع للمقالات ذات الصلة.

## قم بتجميع معلومات الحالة

● تاريخ الحالة والفحص السريري.

● ملاحظات عن سير العلاج في المشفى.

● الاستقصاءات: النتائج المخبرية، دراسات التصوير، طبقي محوري، إيكو، خزعة، فحوص دموية.

● ملخص عن براءة الذمة.

● ملاحظات عن سير حالة المرضى بعد خروجهم من المشفى (المراجعات).

## اختر جمهورك من القراء:

✓ أطباء الأطفال أو الكبار.

✓ الجمهور حسب الموضوع:

○ طبي (علم الأورام، الرئة، الخ ...).

○ جراحي (صدري، زرع أعضاء، رض، الخ ...).

◀ على كل طبيب أن يسجل معلومات المرضى وسير العلاج والتشخيص، حيث يوجد برامج طبية مخصصة لهذه الأغراض، كما **يمكن للطبيب نفسه أن يصمم سجله الخاص** وذلك حسب حاجته واختصاصه.

◀ عليك أن تعلم بأن هناك حالات قد تكون **نادرة بالنسبة لاختصاص وشائعة لأخر**، مثلًا في التخطيط قد يظهر انقلاب عميق ل T، هذا الانقلاب شائع لأطباء القلب لكنه غير شائع بالنسبة للطبيب العام لذلك يجب إعلام الطبيب العام بخطورة هذه الحالة وضرورة تحويل المريض إلى طبيب قلبية لتكوين القنطرة لأن مثل هذه الحالات تكون منذرة **باحتماء عضلة قلبية**.

للكل مقالة تنشر يوجد critical appraisal من قبل علماء، فإذا ثبتت صحة الطريقة المتبعة في تشخيص وعلاج الحالة فإنها قد تثير أبحاث أخرى ودراسات تطبق على مجموعات كبيرة من الناس.

لا ترسل قبل أن تعرف السبب وتكمل الحالة ويتضح التشخيص HARD OUTCOME.

دائماً قم بالتسجيل منذ البداية والتوثيق وأخذ الصور إذا تطلب الأمر.

يمكن ان يقوم أكثر من كاتب (كحد أقصى 7) بكتابة تقرير حالة واحد.

## Sources

1. Hospital rounds
2. Operating room
3. Imaging studies (CT, Echo, MRI)
4. Electrocardiogram
5. Invitation from colleague / staff



د. أسامة عرابي

## مصادر تقرير الحالة:

- 1- العيادة.
- 2- المشافي.
- 3- غرف العمليات.
- 4- الصور الشعاعية  
وسواها: إيكو، MRI, CT,
- 5- تخاطيط القلب.
- 6- طلب من زميل أو فريق طبي تعمل ضمنه.

## كيفية الكتابة

يجب تجنب التعريف  
Identifying المريض بهوية  
patient information should be  
.avoided

نموذج الموافقة: Consent form

- ❖ بعض المجلات تُؤرشف نموذج الموافقة  
Some journals archive consent forms.
- ❖ بعض المجلات تطلب من الكاتب أن  
يقوم بأرشفة نموذج الموافقة  
Some journals require authors to archive  
consent forms.

الخلاصة: Abstract

- ❖ نسخة مختصرة مع مراعاة الحد الأقصى  
المسموح بعدد الكلمات (150 كلمة  
عادة) Condensed version with word  
limit (150 words usually).
- ❖ مطلوبة من قبل معظم المجلات عند  
تقديم حالة للنشر Required by most  
journals when submitting case for  
publication.
- ❖ يفضل النشر في مجلة مؤرشفة بالبابميد  
Important as indexed by most electronic  
databases (i.e. what pops up on  
PubMed search).

الكتابة باللغة الإنكليزية: عليك القيام  
بصيغتها باللغة الإنكليزية مباشرة.

استخدام مصطلحات بسيطة.

تجنب التكرار وعبارات أخرى مثل as it is  
.well known

يفضل استعمال جمل فعلية: حيث تكون  
الجمل الفعلية في اللغة الإنكليزية أقوى  
من الاسمية خلافاً للغة العربية التي  
تكون فيها الجمل الاسمية هي الأقوى.

تجنب ال passive voice واستعمل  
ال active voice

تجنب adverbs.

تجنب الاختصارات غير الشائعة التي تخلق  
إرباكاً للقارئ.

عوضاً عن majority of نستعمل  
.most

الإشارة للمرجع برقم.

موافقة المريض Patient consent

- ❖ الاسم Name.
- ❖ تاريخ الميلاد DOB.
- ❖ رقم الضمان الاجتماعي Social security  
number.

طلبات المجلات لنشر تقرير حالة (نجدها في الصفحات الأولى لكل مجلة تقبل نشر تقارير حالات تحت فقرة بعنوان **about:instruction to authores**)

معظم المجلات (90%) تطلب منك الفقرات التالية:  
العنوان: وجيز, سريع, يدل على الحالة, يسهل البحث عنه  
مقدمة

العرض **case presentation**: قصة سريرية مختصرة, الإستقصاءات, كيف تم التشخيص, التطور, الوفاة.

المناقشة: كيف يمكن أن تفسر ما حدث, هل تطرح فرضيات جديدة, وهل الحالة ممكن أن تكون مقدمة لبحث كامل عن هذا الموضوع, هل تغير هذه الحالة من ممارستنا الحالية.  
الأهداف التعليمية: البعض لا يطلبها كأساس للكتابة المناقشة, لماذا هذه الحالة جيدة وماذا تعلمت منها

النتيجة: توصيات للسريري, هل ممكن تطبيق الموجودات بمكان آخر في العالم, مثلا إيقاف عقار **viox** عام 2005  
المراجع: العدد 0-6

## I. Title

- Informative, succinct, effective, facilitate retrieval with electronic search

## II. Background / Introduction

- What is known so far based on literature review
- Why are you reporting this case, what makes it unique?



## III. Case presentation

- Chief complaint, HPI, past medical history, physical examination
- Relevant work up: imaging, lab, EKG, biopsy, etc.
- Diagnosis, management and outcome



## IV. Discussion

- What does the case add to the literature
- Focus on the source of surprise or confusion in the case
- How would the findings of this case would change the current practice?
- Alternative explanation and new hypothesis



## V. Learning objectives

- Not required from most journals
- Used as a roadmap to build your discussion
- What would the readers learn, beside what is known, by reading it



## V. Conclusion:

- Recommendation for clinicians, clinical implication and future direction.

مقدمة

العرض

المناقشة

الأهداف  
التعليمية

النتيجة

الحالة النادرة يسهل الموافقة على نشرها في معظم المجلات.  
الحالات الأقل ندرة: يختلف ذلك بين مجلة وأخرى, فمثلا حالة تصلب  
جلد مع التهاب كبب وكلية, نفتش في الأدب الطبي لنجدها موجودة  
بكثرة في مجلات الروماتولوجي, ننتقل لمجلة طب عام فنجدها قليلة  
أو غير مذكورة فهنا غالبا ما يوافقوا على نشرها أو نلجأ للمعلم.  
الأخطاء الطبية تطلب المجلات موافقة المشفى إذا كانت تؤثر على  
سمعة المشفى ف: "عيب طبي أن ننشرها"

**لا ترسل بنفس الوقت لمجلتين**



هناك مواقع ترشدنا وتساعدنا في كتابة ونشر تقرير حالة

## Resources

- CARE guidelines
- CARE acronym is from: **C**Ase **RE**port
- <http://www.care-statement.org>
- General guidelines for structured format of case reports.
- Templates
- Checklist



# case reports

a little structure goes a long way

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### ENDORSEMENT

### TRANSLATION

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### About CARE

The CARE guidelines provide a framework that supports transparency and accuracy in the publication of case reports and the reporting of information from patient encounters. The acronym CARE was created from CA—the first two letters in case and RE—the first two letters in reports. The initial CARE tools are the [CARE checklist](#) and the [Case Report Writing Templates](#), tools that support the writing of case reports and provide data that informs clinical practice guidelines and provides early signals of effectiveness, harms, and cost.

### CITE the CARE Statement

### 2013 CARE Articles

- [BMJ Case Reports](#) [citation]
- [Deutsche Arztezeitung](#) [citation]
- [Global Advances in Health & Medicine](#) [citation]
- [Headache](#) [citation]
- [Journal of Clinical Epidemiology](#) [citation]
- [Journal of Dietary Supplements](#) [citation]
- [Journal of Medical Case Reports](#) [citation]

### CARE Endorsements

Topic	Item	Checklist item description	Reported on Page
Title	1	The words "case report" should be in the title along with the area of focus.....	_____
Key Words	2	2 to 5 key words that identify areas covered in this case report.....	_____
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature? .....	_____
	3b	The main symptoms of the patient and the important clinical findings.....	_____
	3c	The main diagnoses, therapeutic interventions, and outcomes.....	_____
	3d	Conclusion—What are the main "take-away" lessons from this case? .....	_____
Introduction	4	One or two paragraphs summarizing why this case is unique with references.....	_____
Patient Information	5a	De-identified demographic information and other patient specific information.....	_____
	5b	Main concerns and symptoms of the patient.....	_____
	5c	Medical, family, and psychosocial history including relevant genetic information (also see timeline).....	_____
	5d	Relevant past interventions and their outcomes.....	_____
Clinical Findings	6	Describe the relevant physical examination (PE) and other significant clinical findings.....	_____
Timeline	7	Important information from the patient's history organized as a timeline.....	_____
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, surveys).....	_____
	8b	Diagnostic challenges (such as access, financial, or cultural).....	_____
	8c	Diagnostic reasoning including other diagnoses considered.....	_____
	8d	Prognostic characteristics (such as staging in oncology) where applicable.....	_____
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care).....	_____
	9b	Administration of intervention (such as dosage, strength, duration).....	_____
	9c	Changes in intervention (with rationale).....	_____
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (when appropriate).....	_____
	10b	Important follow-up diagnostic and other test results.....	_____
	10c	Intervention adherence and tolerability (How was this assessed?).....	_____
	10d	Adverse and unanticipated events.....	_____
Discussion	11a	Discussion of the strengths and limitations in your approach to this case.....	_____
	11b	Discussion of the relevant medical literature.....	_____
	11c	The rationale for conclusions (including assessment of possible causes).....	_____
	11d	The primary "take-away" lessons of this case report.....	_____

## المجلات الناشرة لتقارير الحالات

- نذكر منها: Annals .Intensive Care ,postgraduate doctor ,postgraduate surgery ,of Saudi medicine ,arab journal of gastroenterology ,المجلة الطبية العربية، ومجلة أمراض وجراحة الصدر الصادرة عن الجمعية السورية لأمراض وجراحة الصدر.
- أوسع وأشمل مجلة هي interest scientific publications.

## بعض تقارير الحالة المنشورة في المجلات العالمية

### : annals of Saudi medicine

1. تمزق رحم عفوي دون حمل أو أي سوابق أخرى.
2. نزّ دموي من حلمة ثدي عند طفلة عمرها أربع سنوات.
3. التهاب زائدة دودية عند رضيع.
4. تمزق شريان رحمي لامرأة غير حامل.
5. داء كرون عند رضيع.
6. ورم بريوتواني مخاطي كاذب عند رضيع ناجم عن انثقاب أمعاء مفتولة أثناء الحياة الجنينية.

### مجلة أمراض وجراحة الصدر:

كيسة مائية في الشرايين الرئوية والأذينة اليمنى، وتمت إزالتها بعملية فتح قلب (حالة نادرة جداً).

### أمثلة متفرقة:

1. تم تشخيص حالة نقص تروية (تظاهر شائع) مترافق مع انقلاب T العميق (شائع أيضاً)، لكن الترافق بين هذه الموجودات القشرية (Angiogram) والتخطيطية (Electrocardiogram) غير شائع، وهذا ما يدعى بمتلازمة ويلين.

عرض  
حالات  
من  
مجلات

نماذج عن تقارير حالات نشرت في مجلات عالمية  
-مريض مصاب برفرفة عين، بالاستقصاء والمتابعة تبين إصابة العصب البصري،  
والسبب في ذلك هو انتقالات من سرطان خصية تقوم بإفراز أنتي ميو 1 و 2  
, وتم استئصال الخصية حتى تحسنت الحالة.  
-مريض مصاب بزلة تنفسية شديدة، وجد عنده خثرة بالوريد الباطني ممتدة للأذينة  
اليمنى، وتبين أن المريض مصاب بسرطان كبد.

**The Internet Journal of Academic Physician Assistants**

» Current issue: Volume 10, Issue 1

**The Internet Journal of Advanced Nursing Practice**

» Current issue: Volume 17, Issue 1

**The Internet Journal of Aeromedical Transportation**

» Current issue: Volume 3, Issue 1

**The Internet Journal of Aesthetic and Antiaging Medicine**

» Current issue: Volume 4, Issue 1

**The Internet Journal of Alternative Medicine**

» Current issue: Volume 10, Issue 1

**The Internet Journal of Anesthesiology**

» Current issue: Volume 37, Issue 1

**The Internet Journal of Asthma, Allergy and Immunology**

» Current issue: Volume 10, Issue 1

**The Internet Journal of Bioengineering**

» Current issue: Volume 6, Issue 1

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**The Internet Journal of Cardiology**

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» Current issue: Volume 9, Issue 1

**The Internet Journal of Endocrinology**

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**The Internet Journal of Genomics and Proteomics**

» Current issue: Volume 7, Issue 1

**The Internet Journal of Geriatrics and Gerontology**

» Current issue: Volume 9, Issue 1

**The Internet Journal of Gynecology and Obstetrics**

» Current issue: Volume 21, Issue 1

**The Internet Journal of Pulmonary Medicine**

» Current issue: Volume 18, Issue 1

**The Internet Journal of Radiology**

» Current issue: Volume 20, Issue 1

**The Internet Journal of Rehabilitation**

» Current issue: Volume 2, Issue 1

**The Internet Journal of Rescue and Disaster Medicine**

» Current issue: Volume 10, Issue 1

**The Internet Journal of Rheumatology**

» Current issue: Volume 8, Issue 1

**The Internet Journal of Sexual Medicine**

» Current issue: Volume 3, Issue 1

**The Internet Journal of Spine Surgery**

» Current issue: Volume 10, Issue 1

**The Internet Journal of Surgery**

» Current issue: Volume 35, Issue 1

**The Internet Journal of Third World Medicine**

» Current issue: Volume 12, Issue 1

**The Internet Journal of Thoracic and Cardiovascular Surgery**

» Current issue: Volume 18, Issue 1

**The Internet Journal of Toxicology**

» Current issue: Volume 12, Issue 1

**The Internet Journal of Tropical Medicine**

» Current issue: Volume 9, Issue 1

**The Internet Journal of Urology**

» Current issue: Volume 15, Issue 1

**The Internet Journal of Veterinary Medicine**

» Current issue: Volume 14, Issue 1

**The Internet Journal of World Health and Societal Politics**

» Current issue: Volume 10, Issue 1





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## Journal of Medical Case Reports

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النادرة, مقالاتها مجانية وتستطيع  
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Venetoclax in combination with carfilzomib and dexamethasone in relapsed/refractory multiple myeloma harboring t(11,14)(q13;q32): two case reports and a review of the literature

Multiple myeloma has witnessed significant advances due to the approval of many novel agents. However, in spite of all these new developments, multiple myeloma remains an incurable disease with inevitable rela...

CASE REPORT

Open Access



# Unexpected presentation of accessory breast cancer presenting as a subcutaneous mass at costal ridge: a case report

Peeradech Thasanabanchong\* and Mavin Vongsaisuwon

## Abstract

**Background:** During embryogenesis, bilateral thickening of ectoderm from anterior axillary folds to inguinal folds, called mammary ridges or milk lines, develops into breast tissues. Only a pair in the pectoral area is spared from regression and continuously develops into normal breasts. Accessory breasts can result if the regression process is incomplete. These ectopic breasts can change physiologically and pathologically similar to normal breasts. Unsurprisingly, they are capable of tumorigenesis. Reported cases show them most common area for accessory breast cancer to be the axillary area. We report a rare case of accessory breast cancer over the costal ridge.

**Case presentation:** We present the case of a 51-year-old Asian woman who complained of an enlarged mass inferior to her left breast developed over the period of 3 months while on contraceptive pills. Unaware that there could be an accessory breast, the primary doctor had prescribed oral contraceptives. After our patient had noticed that the mass was obviously growing, she decided to consult a surgeon as the mass continued to grow. Expected to be benign, the mass was investigated by ultrasonography and then excised surgically. A pathology report identified the mass to be a carcinoma of the ectopic breast tissue. However, sentinel lymph node biopsy showed no nodal metastasis of all four lymph nodes. Following surgery, she received chemotherapy, radiation, and antihormonal treatment. After 2 years of postoperative follow-up, she remained free of disease.

**Conclusions:** This patient was diagnosed as having accessory breast cancer which presented with a subcutaneous mass. As this condition is exceptionally rare but curable by early treatments, we recommend surgeons to consider potential malignancy when patients present with a subcutaneous mass.

**Keywords:** Breast cancer, Ectopic breast cancer, Breast, Ectopic breast, Subcutaneous mass

## Introduction

Breast cancer is one of the most common cancers in women. Of all cases of breast cancer, 0.3–0.6% of cases are ectopic [1]. Although accessory breast cancers (ABCs) mostly occur in the axillary area [2], they can be found in other areas, for example, scapula, thigh, and labium ajora [3]. We found an exceptionally rare case of ABC where a subcutaneous mass without any overlying skin changes was located over the

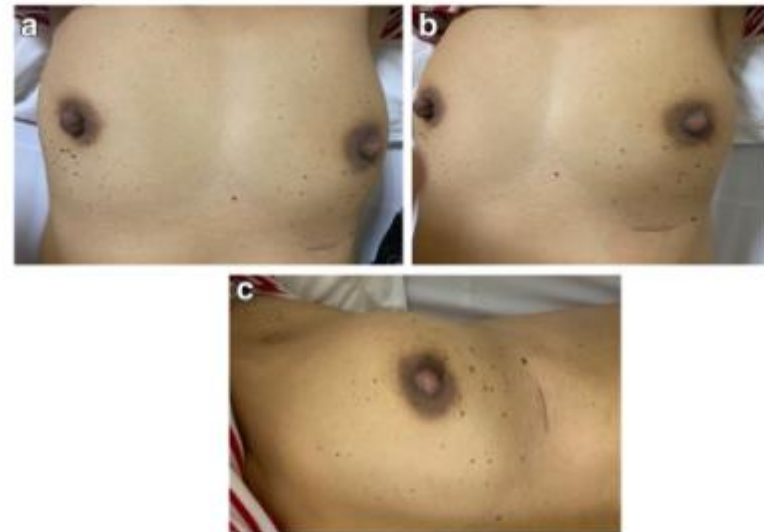
costal ridge. ABCs should undergo triple assessment, including clinical examination, radiological investigation, and sampling, as with typical breast cancer [1]. TNM classification should follow the diagnosis of ABC [4], after which local excision with or without adjuvant therapies standard treatment [1]. This case report describes our assessment of a patient with ABC.

## Case presentation

A 51-year-old Asian woman presented to a gynecologist with an irregular menstrual cycle, for which she was prescribed oral contraceptives for 3 months. During

وقد اخترت لكم منها هذه الحالات  
الثلاث لتطلعوا عليها. وستجدون نبذة  
بالعربية عنها في جلسة العملي  
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الحالة الأولى: سرطان في الثدي  
إضافي تظاهر على شكل كتلة تحت  
الجلد عند الحافة الضلعية



**Fig. 1** Postoperative wound – this figure shows the site of postoperative wound over the costal ridge inferior to the left breast

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CASE REPORT

Open Access



# Rare presentation of renal cell cancer as dysphagia: a case report

Mammet S. Padda<sup>1\*</sup> and Weim Si<sup>2</sup>

## Abstract

**Background:** Metastasis from distal solid organs to the esophagus is very rare. Renal cell cancer with esophageal metastasis is extremely rare. We present the first case report of undiagnosed renal cell cancer presenting as dysphagia.

**Case presentation:** A 56-year-old Caucasian man presented for dysphagia evaluation. An esophagogastroduodenoscopy examination revealed a 6mm nodule located at gastroesophageal junction. Pathology and immunohistochemistry were suggestive of metastatic renal cell cancer. Abdominal imaging revealed a large renal mass consistent with renal cell cancer. He underwent left nephrectomy and is clinically asymptomatic, while being monitored by Oncology and Urology.

**Conclusions:** Undiagnosed renal cell cancer metastasis presenting as dysphagia is very rare. Careful upper endoscopy examination contributed to the diagnosis of this rare entity. An multidisciplinary team approach is key for management of these clinical dilemmas.

**Keywords:** Renal cell cancer, Esophageal metastasis, Case report

## Introduction

Metastasis from distant solid organs to the esophagus is very rare. We present the first case of undiagnosed renal cell carcinoma (RCC) presenting as dysphagia with metastasis to gastroesophageal junction (GEJ). Pathology from a gastroesophageal nodule warranted further workup, which led to a diagnosis of RCC. RCC metastasis after resection of primary cancer has been reported to occur in the pancreas, gastric mucosa, and duodenum. Esophageal metastasis from RCC is very rare, and has been reported after resection of primary RCC [1, 2]. A search of the PubMed database did not reveal prior publication of diagnosis of renal cell metastasis to GEJ, established prior to diagnosis of primary RCC.

## Case presentation

A 56-year-old Caucasian man presented for evaluation of intermittent dysphagia to solids for the past few weeks. He had no significant past medical history. He had the sensation of food getting stuck in substernal area. Otherwise he reported good appetite and no weight loss. A physical examination revealed a well-nourished man with no

palpable mass or lymph nodes. An abdominal examination revealed no localized tenderness or organomegaly. No family history of stomach or colon malignancy was reported. An esophagogastroduodenoscopy (EGD) examination revealed a single 6mm nodule at GEJ (Fig. 1) and Los Angeles grade A (less than 5mm mucosal breaks) distal esophagitis. A pathology examination from the GEJ nodule showed squamous mucosa with mucosal ulcer and associated acute and chronic inflammatory infiltrates. Nests of atypical cohesive cells with clear cytoplasm, and mild nuclear pleomorphism were noted in submucosa. Multiple immunostains were performed to further characterize atypical cells with following staining pattern: vimentin (+), PAX-8 (+), CD 10 (focally and weakly positive), and epithelial membrane antigen (EMA; focally and weakly positive) (Figs. 2, 3, 4, and 5). These cells were negative for RCC, thyroid transcription factor 1 (TTF1), S100 protein, CD 68, cytokeratin 5/6, pan cytokeratin, p63, cytokeratin 7 and 20, p40, and pan melanin marker. Histological features and staining patterns were consistent with atypical clear cell infiltrate involving squamous mucosa, which was consistent with metastatic RCC. A computed tomography study of his chest, abdomen, and pelvis performed with orally and intravenously administered contrast showed unremarkable esophagus and nonmediastinal lymphadenopathy.

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Full list of author information is available at the end of the article



## الحالة الثانية: سرطان خلية كلوية تظاهر بعسرة بلع



**Fig. 1** Nodule located at gastroesophageal junction

CASE REPORT

Open Access



# Necrosis of the small intestine leading to a diagnosis of polyarteritis nodosa: a case report

Saori Yajin<sup>1</sup>, Hiroshi Asano<sup>1\*</sup>, Hiroyuki Fukano<sup>1</sup>, Yasuhiro Ohara<sup>1</sup>, Nozomi Shinozuka<sup>1</sup>, Chih-Ping Li<sup>2</sup> and Taketo Yamada<sup>2</sup>

## Abstract

**Background:** Polyarteritis nodosa is a disease that presents with necrotizing vasculitis in small and medium-sized arteries. It may occur in various organs, but approximately half of cases have gastrointestinal involvement. Prognosis is not favorable once organ dysfunction begins as evidenced by gastrointestinal symptoms; thus, treatment with steroids should be promptly initiated. We report the case of a patient who presented with necrosis of the small intestine, which was pathologically diagnosed as polyarteritis nodosa and treated successfully with steroids.

**Case presentation:** An 18-year-old Japanese woman reported a sudden onset of abdominal pain and vomiting that led her to visit our emergency department, where she was evaluated by a physician. On physical examination, tenderness to palpation in the upper umbilical region was noted, and diagnostic imaging with computed tomography showed enlargement of the small intestine. She was diagnosed as having necrosis of the small intestine requiring urgent surgery. No strangulations were noted intraoperatively but approximately 20 cm of her small intestine was necrotized. The surrounding arteries were examined and no palpable pulse was observed; therefore, segmentectomy of the necrotized regions was performed. Pathological findings revealed active vasculitis with fibrinoid necrosis, as well as destruction, fibrogenesis, and luminal stenosis of the elastic lamina found in the muscular arteries. A diagnosis of polyarteritis nodosa was confirmed as the cause of the necrosis of her small intestine. No recurrence of polyarteritis nodosa symptoms was observed when she was administered 40 mg of prednisolone daily.

**Conclusion:** In cases of idiopathic intestinal necrosis or perforation, systemic diseases such as polyarteritis nodosa should be considered in the differential diagnosis.

**Keywords:** Polyarteritis nodosa, Intestinal necrosis, Necrotizing vasculitis

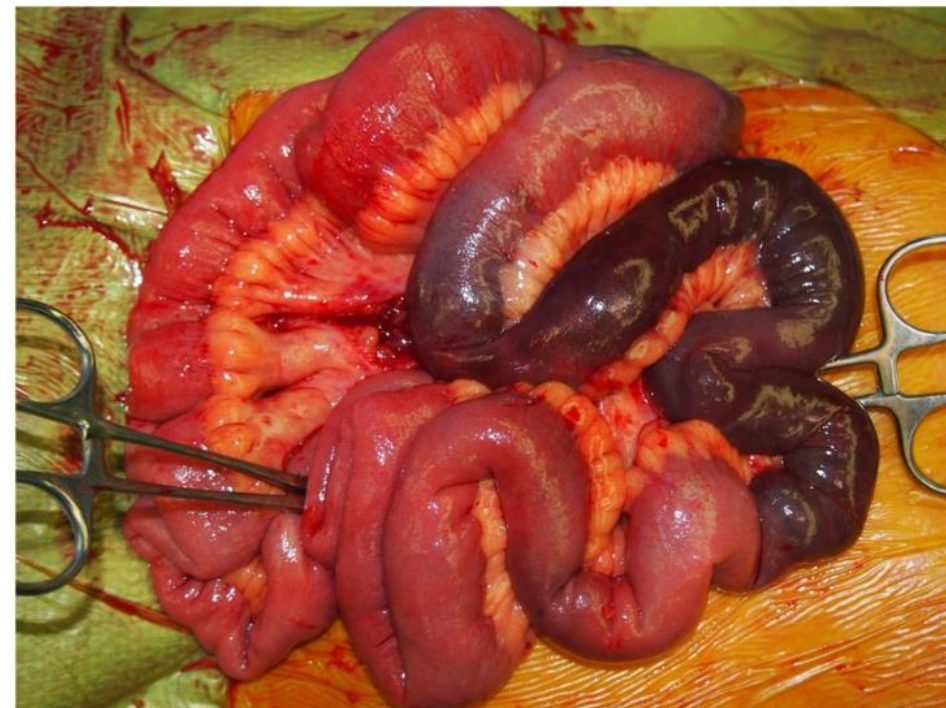
## Background

Polyarteritis nodosa (PAN) is a condition involving necrotizing vasculitis in small and medium-sized arteries [1]. It can often occur in various organs, with approximately half of patients having gastrointestinal involvement [2, 3]. Development of gastrointestinal lesions results from the formation of ulcers or erosions primarily due to ischemic changes with narrowing of the intravascular lumen. If perforation or necrosis is present, an accompanying acute abdominal condition should be considered because such

cases require urgent surgery. In fact, some reports state that more than half of patients with PAN with associated abdominal symptoms require surgery for an acute abdominal condition [4]. Thus, patients may first present with an acute abdominal condition that leads to a postoperative diagnosis of PAN. PAN can be treated with steroids, but if organ dysfunction occurs, as evidenced by gastrointestinal symptoms, the prognosis is poor [5] and prompt treatment is desirable. For these reasons, patients with an acute abdominal condition, such as intestinal necrosis or perforation, should be treated with the consideration that PAN may be a possibility. The present patient underwent emergency surgery for suspected strangulated intestinal obstruction, which led to a definitive diagnosis of PAN

Fig. 3

From: [Necrosis of the small intestine leading to a diagnosis of polyarteritis nodosa: a case report](#)



Intraoperative findings. The small intestine with approximately 20 cm of necrotized tissue

# الحالة الثالثة: تنخر أمعاء ناجم عن التهاب الشرايين العقدية.

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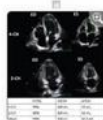
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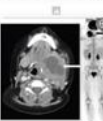
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## CASE REPORT

### Alcoholic leukopenic pneumococcal sepsis

Abdul-Hamid Alwanji, Wafiqeen Wafiqeen, B. Chadi Alwanji

Department of Pulmonary, Critical Care and Environmental Medicine, Tulane University Health Sciences Center, New Orleans, Louisiana, USA  
Department of Hospital Medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Institute of Medicine, Cleveland Clinic, Cleveland, Ohio, USA

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## ABSTRACT

Alcohol abuse has been associated with an increased mortality and morbidity due to increased aspiration, delirium tremens, and seizures. The association of pneumococcal lung infections and leukopenia in the setting of alcohol abuse are rarely reported, however, when present, severe lung infections can happen with severe lung injury and poor response to conventional therapy and ultimately, death. We are reporting a case of 55-year-old-man presented with shortness of breath, cough and altered mental status and eventually found with severe pneumococcal lung infection in the setting of leukopenia and long-term alcohol abuse representing alcoholic leukopenic pneumococcal sepsis syndrome.

**Key words:** Alcohol abuse, leukopenia, pneumonia

د. اسامه عرابي

# كما يمكن البحث في PubMed عن تقرير حالة عن طريق الفيلتر

The screenshot displays the PubMed search results page for the query "ectopic breast". The search bar at the top shows the query and a search button. Below the search bar, there are links for "Create RSS", "Create alert", and "Advanced". A banner for COVID-19 information is visible. The main content area shows search results for "ectopic breast", with a list of results including "ectopic breast tissue present in axillary lymph nodes" and "ectopic breast tissue present in axillary lymph nodes". The results are sorted by "Best match" and "Most recent". A filter menu is open on the left, showing "Article types" with "Case Reports" selected. The filter menu also includes options for "Text availability", "Publication date", and "Species".

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PMC Images search for ectopic breast

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Terada M et al. **Breast Cancer Res Treat.** (2018)

[\[Paget's disease of ectopic breast\]](#)

Jegou MH et al. **Ann Dermatol Venereol.** (2018)

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Fibroadenoma in Ectopic Breast Tissue of Axilla: A Rare Entity. **J Med Ultrasound.** (2020)

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- جرح مُحدث بالماء(بجهاز غسيل السيارات).
- حالة سل كبد(والكبد عصي على السل ومن اندر النوادر أن يصاب به )
- حالة ليشمانيا جلدية استعصت سنوات على التشخيص
- .....

ومعظمها موثق سريريا ومخبريا وتصويريا وباتولوجيا وفوتوغرافيا وأثناء وبعد العمل الجراحي.

وقد تم عرض العديد منها في مؤتمرات ومحاضرات ومجلات محلية وعرضت بعضها على طلابي في مناسبات عدة, ولم يسمح لي الوقت بنشرها عالميا.

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Volume 2020, Issue 1  
January 2020  
(In Progress)

## Ollier disease: the first report in Syria

Yaseen Dhemesh, Talha Tawekji, Mohammad-Nasan Abdul-Baki ✉, Ghazal Abi-Zamr, Sawssan Ali

*Oxford Medical Case Reports*, Volume 2020, Issue 1, January 2020, omz145,  
<https://doi.org/10.1093/omcr/omz145>

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٣ فبراير



خطوة صغيرة باتجاه حلم كبير  
الحمد لله تم قبول ورقتنا البحثية الجديدة (Ollier disease the first case report in syria)  
للتشر في مجلة أوكسفورد البريطانية  
Oxford Medical Case Reports(OMCR)  
ورقنا البحثية تعتبر الحالة الأولى من نوعها في سورية والتي نتناول حالة سريرية متكاملة حول نوع  
نادر ومميز من الأمراض يدعى مرض أوليير.  
جاءت هذه الحالة إلى مشفى الأطفال بدمشق وتم العمل عليها على مدار 5 شهور ونشرها أخيرا في  
المجلة البريطانية .  
كانت الحالة نتاج عمل جماعي مع كل من ياسين دهيمش ومحمد عبد الباقي و طلحة طواقجي (كلنا  
من طلاب السنة الخامسة)  
والشكر للدكتورة غزل أبي زمر على توثيق الحالة سريريا بمشفى الأطفال بدمشق  
ومنشكر الدكتورة سوسن العلي.  
وأكيد ما ننسا فضل الدكتور د.أسامة عرابي التي مهدلتنا بداية الطريق بمادة الطب المسند بالدليل  
بلسنة الثالثة  
رابط المقال  
مع <https://academic.oup.com/omcr/article/2020/1/omz145/5721285> — مع  
Yaseen Dhemesh و٢ آخرين.

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### Ollier disease: the first report in Syria

Yaseen Dhemesh, Talha Tawqji, Muhammad Nasser Abdul Baki, Ghazal Abi-Zamr, Saassan Ali

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# تذكر

- الأمر الشائع بالنسبة لك قد يراه غيرك نادراً .
- يمكن لكل مريض تراه أن يكون تقرير حالة .
- عليك دائماً أن تناقش الحالة التي تجدها مع معلمك .
- سجل منذ البداية وأنشأ جدولاً تدوّن فيه أسماء المرضى والنقاط المثيرة في حالتهم .
- لا تطلق تعميمات حول نتائج بحثك .
- حاول كل يوم أن تقرأ تقريراً لحالة نُشر في مجلة رئيسية .
- اعمل ضمن فريق .
- عليك تجنب المجالات التي تطالبك بالدفع لقاء النشر .

**ولا تتسّ دوماً بأن تفكر بالتشخيص الشائع قبل النادر  
عندما تفحص مريضك .**

## الجلسة السريرية

هناك جلسات تعقد في المشافي التعليمية لإثارة البحث والمناقشة حول حالة نادرة (أو غير مشخصة)، أو عمل جراحي استثنائي... يحضرها الأطباء وطلاب الطب حيث تعرض الموجودات السريرية والإستقصاءات المتممة بالتدرّيج ويغفل التشخيص بشكل متعمد لإثارة النقاش واستعراض الآراء والإقتراحات من الأطباء الحضور في نفس الإختصاص أو أي اختصاص له علاقة بالحالة، ويتم فيها المناقشة و التقييم الناقد للمحاضر وصولاً إلى القرار السريري والتدبير الصحيحين أو الأصح.