

A photograph of three healthcare professionals in a clinical setting. On the left, a man in a light blue lab coat is partially visible. In the center, a woman in purple scrubs with a stethoscope around her neck is looking down at a tablet. On the right, a man in a white shirt and red tie with a stethoscope is holding the tablet and looking at the screen. The background is a plain, light-colored wall.

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Медицина: обучение, наука и практика

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ASA Case Reports
Volume 6(4) pgs. 77-105 February 15, 2016
ISSN: 2325-7237
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pgs. 77-79
DOI: 10.1213/AAE.0000000000000235
Warren, Matthew A. MD; Fox, Jonathan F. MD
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- Intraocular Tumours: An Atlas and Textbook, 3-е изд.
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- Advances in Surgical Pathology: Bladder Cancer



Books by Title - W
143 Books

Wintrobe's Atlas of Clinical Hematology
Tkachuk, Douglas C.; Hirschmann, Jan V.
Lippincott Williams & Wilkins, 2007
ISBN: 0-7817-7023-8
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Wintrobe's Clinical Hematology (13th Edition)
Greer, John P.; Arber, Daniel A.; Glaser, Bertl; More
Lippincott Williams & Wilkins, 2014
ISBN: 978-1-4511-7268-3
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Wintrobe's Clinical Hematology
Lippincott Williams & Wilkins, 2014

Chapter 7: Neutrophils and Monocytes

Section 1: Hemostasis

Chapter 5: Origin and Development of Blood Cells

Section 2: The Erythrocytes

Section 3: Granulocytes and Monocytes

Chapter 7: Neutrophils and Monocytes

Chapter 8: The Human Eosinophil

Chapter 9: Mast Cells and Receptors: Ontogeny, Characteristics, and Functional Diversity

Chapter 10: Monocytes

Chapter 7: Neutrophils and Monocytes

Figure 7.22. Scanning electron micrograph of a moving neutrophil. The contraction wave is observed as a concave (black solid arrow) and a convex (black dashed arrow) area. The advancing pseudopodium (PP) is seen being pushed out in the direction of movement (white arrow). Pseudopodagellae (PF) are seen in the rear of the cell. (From Senda H, Shibata H, Yoshikawa J, Komio K, Tanaka K. The mechanism of the movement of leukocytes. Exp Cell Res 1973;81:333, with permission.)

Interestingly, mice that express no gelatin can breed in captivity and have a prolonged bleeding time and abnormal neutrophil chemotaxis.¹⁰ Thus, gelatin is important in neutrophil chemotaxis, but other proteins can compensate to some extent in its absence. The increase in free calcium that alters the cytoskeleton by activating gelatin, and thereby decreasing filamentous actin with a resultant decrease in viscosity, may play a role in locomotion; in addition, the transient dissolution of the submembranous cytoskeletal network may allow closer contact of intracellular granules with the plasma membrane, facilitating granule fusion and release. Some granule release occurs with chemotaxis.

Although the mobility of neutrophils and their concentration in inflammatory lesions were appreciated in early experiments, the development of a two-compartment chamber separated by a leukocyte permeable membrane has permitted quantitation of chemotaxis

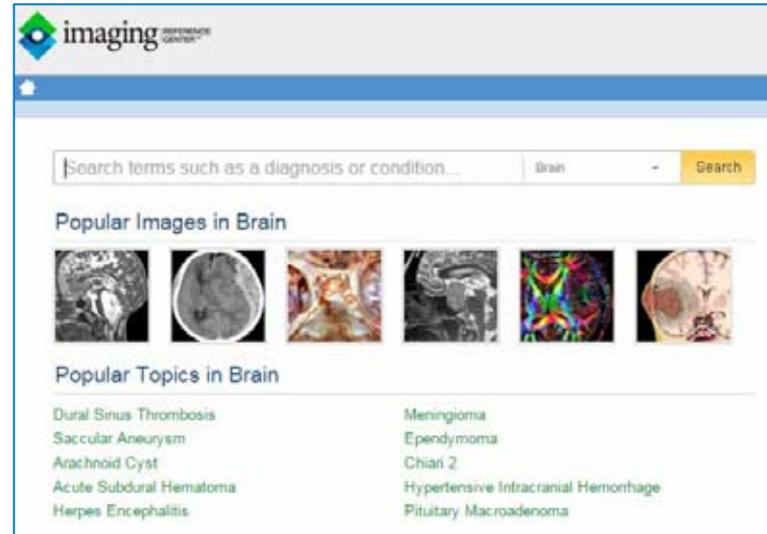
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- FSTA

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- Visible Body
- Amirsys
- Visual DX



Журналы LWW

Журналы LWW

- Lippincott Williams & Wilkins (LWW) издаёт более 280 научных журналов и бюллетеней по 60 медицинским специализациям.
- Примерно 40% этих изданий находятся в общественной собственности, а LWW является их доверенным издательским партнёром.
- Более 60% изданий LWW имеют импакт-фактор в JCR, многие журналы находятся в верхней четверти рейтингов по своей специальности.
- Также доступны для iPad

LWW Portfolio Impact Factor Highlights

Lippincott Williams & Wilkins (LWW) publishes over 280 journals and newsletters in over 60 medical specialties.

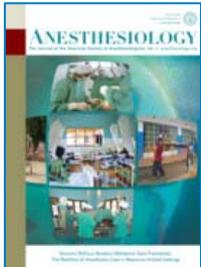
Five number one ranked journals in their Specialty:

- *Annals of Surgery* (Surgery)
- *Circulation* (Peripheral & Vascular Disease)
- *Journal of Head Trauma Rehabilitation* (Rehabilitation)
- *Circulation Research* (Hematology)
- *Academic Medicine* (Education, Scientific disciplines)



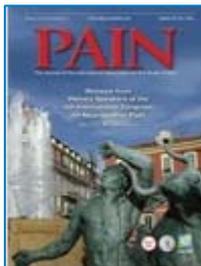
LWW Portfolio Impact Factor Highlights

Most Cited Journals in **Anesthesiology**:



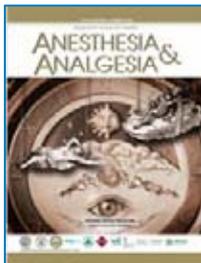
Anesthesiology

published on behalf of the American Society of Anesthesiologists
IF= 5.660, #2 in Anesthesiology*



Pain

published on behalf of the International Association for the Study of Pain
IF= 5.445, #3 in Anesthesiology*



Anesthesia & Analgesia

published on behalf of the International Anesthesia Research Society
IF = 4.014, #5 in Anesthesiology*

Total seven top 10 titles in the Anesthesiology category

LWW Portfolio Impact Factor Highlights

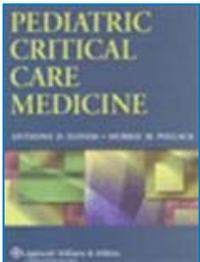
Most Cited Journals in **Critical Care**:



Critical Care Medicine

published in conjunction with the Society of Critical Care Medicine

IF= 7.050, #4 in Critical Care Medicine*



Pediatric Critical Care Medicine

IF = 3.495, #10 in Critical Care Medicine*

Total two top 10 and five top 20 titles in this category

LWW Portfolio Impact Factor Highlights

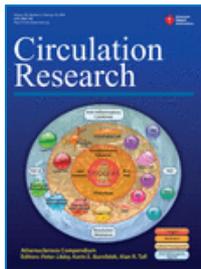
Most Cited Journals in **Peripheral Vascular Disease**:



Circulation

published on behalf of the American Heart Association

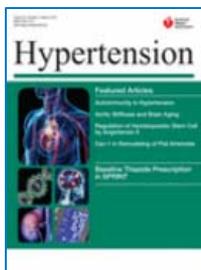
IF= 19.309, #1 in Peripheral Vascular Disease*



Circulation Research

published on the behalf of the American Heart Association

IF= 13.965, #2 in Peripheral Vascular Disease*



Hypertension

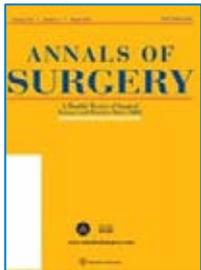
published on the behalf of the American Heart Association

IF = 6.857, #3 in Peripheral Vascular Disease*

Total five top 10 and eight top 20 titles in this category

LWW Portfolio Impact Factor Highlights

Most Cited Journals in **Surgery**:



Annals of Surgery

affiliated with the American Surgical Association and the European Surgical Association

IF= 8.980, #1 in Surgery*



American Journal of Surgical Pathology

affiliated with The Arthur Purdy Stout Society of Surgical Pathologists and The Gastrointestinal Pathology Society

IF= 5.363, #8 in Surgery*



The Journal of Bone & Joint Surgery

IF= 4.840, #10 in Surgery*

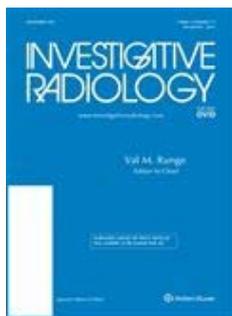
Total three top 10 and four top 20 titles in this category

Журналы LWW с высоким импакт-фактором



Academic Medicine

Академическая медицина - Официальный журнал Ассоциации американских медицинских колледжей Журнал является международным форумом для обмена идеями и информацией о политике, проблемах и исследованиях в области академической медицины, включая укрепление качества медицинского образования и подготовки. IF = 5 255, № 1 в области Образования и научных дисциплин*

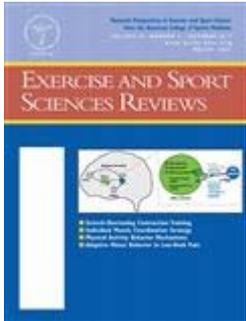


Investigative Radiology

Исследовательская радиология Издание Исследовательская радиология в первую очередь ориентировано на исследования, а также включает в себя широкий спектр вопросов, представляющих интерес для радиологов. IF = 5 195, №9 в области радиологии, ядерной медицины.

Журналы LWW с высоким импакт-фактором

Самые цитируемые журналы по Спортивным наукам:



Exercise and Sport Sciences Reviews

Упражнения и спортивные науки Официальный журнал Американской коллегии спортивной медицины Публикует премиальные ежеквартальные обзоры самых современных научных и исследовательских тем в области спортивной медицины. IF = 4 431, №5 в Спортивных науках*



Med. & Sciences in Sport and Exercise

Медицина и наука в спорте и упражнениях Официальный журнал Американской коллегии спортивной медицины Информация об оригинальных исследованиях, клинических исследованиях и комплексные обзоры по актуальным темам в спортивной медицине. IF = 4 141, №6 в Спортивных науках

Журналы Current Opinion

- Более 20 Предметных названий, представляющих обзоры последних клинических исследований и разработок
- рассматривается как наиболее авторитетный и эффективный способ быть в курсе всех основных событий в клинической медицине



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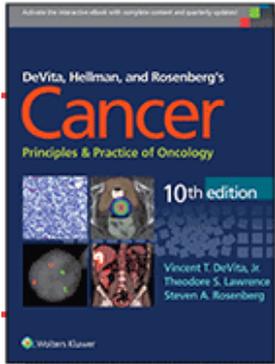
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- MRI and CT of the Cardiovascular System (2nd Edition)
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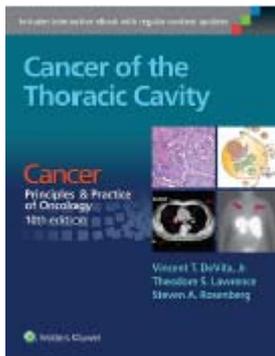
Онкология



Devita, Hellman & Rosenberg's Cancer: Principles & Practice of Oncology (10-е издание)

Эта книга получила мировое признание медицинского сообщества как образцовый справочник по онкологии. Более 400 признанных учёных исследуют наиболее эффективные современные стратегии ведения всех типов рака.

4 звезды Doody



Cancer of the Thoracic Cavity: From Cancer: Principles and Practice of Oncology, 10th Edition

Vincent T DeVita, Theodore S. Lawrence, Steven A. Rosenberg

Книга охватывает все аспекты онкологии с упором на злокачественные образования грудной полости. Биология, лечение, профилактика а также последние разработки подробно описаны и хорошо представлены.

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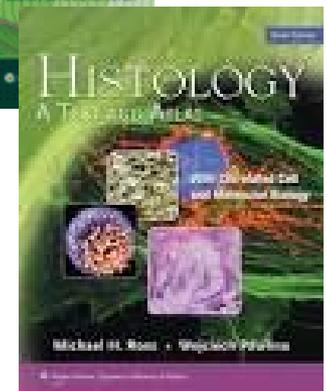
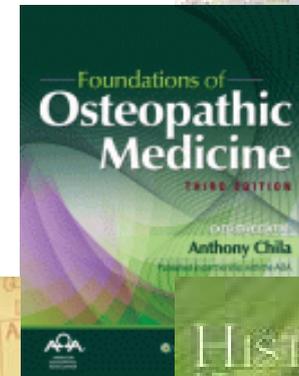
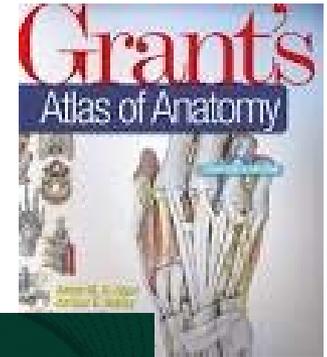
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CONTENT

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SHOWING 1 — 20 OF 459

Chapter 22: Pharmacology of Hemostasis and **Thrombosis**

Subject: Pharmacology | Content: Texts

Principles of Pharmacology: The Pathophysiologic Basis of Drug Therapy, 3e

Highlighted Key Terms

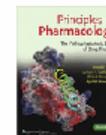


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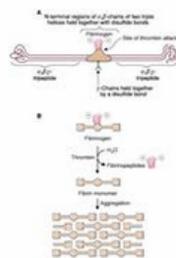


Figure 45-2. Cleavage of fibrinogen results in clot formation. A. Fibrinogen, the precursor protein of fibrin, is formed from two triple helices joined together at their N-terminal ends. The α , β -peptides are held together by disulfide bonds, and the γ -peptides are joined to each other by disulfide bonds. The terminal α , β -peptide regions, shown in red, contain negatively charged glutamate and aspartate residues that repel each other and prevent aggregation. B. Thrombin, a serine protease, cleaves the terminal portions of fibrinogen that contain negative charges. The fibrin monomers can then aggregate and form a "soft" clot. The soft clot is subsequently cross-linked by another enzyme.

View in context: [Marks' Basic Medical Biochemistry: A Clinical Approach, 4e > Blood Plasma Proteins, Coagulation, and Fibrinolysis](#)

Image

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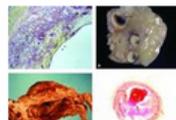


FIGURE 10-15. Complications of atherosclerosis. A. Fibroinflammatory lipid plaque. Microscopic features of plaque erosion (arrowheads) and fissure formation (arrow). B. Fibroinflammatory lipid plaque with occlusive luminal **thrombosis** (arrow). C. Abdominal aortic aneurysm with

View in context: [Rubin's Pathology: Clinicopathologic Foundations of Medicine, 6e > Blood Vessels](#)

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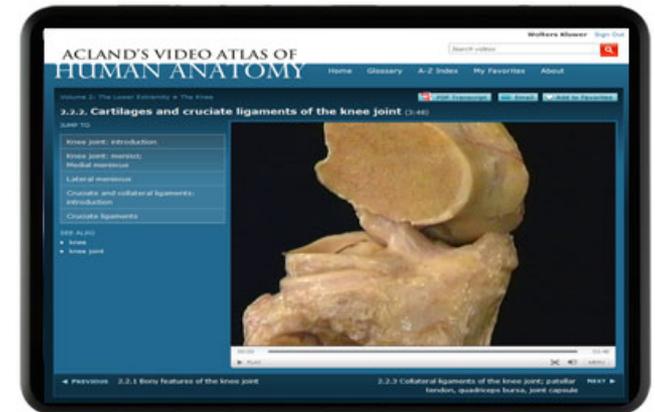
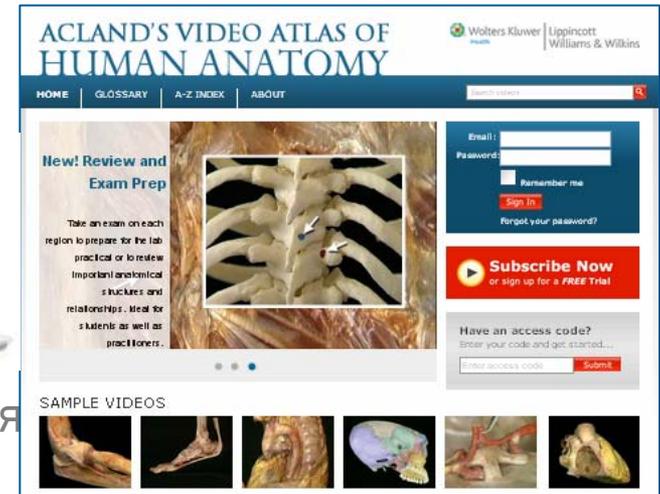


- Настоящие образцы человека в их естественных цветах
- движение структур: кости, связки
- объяснение сложных структур шаг за шагом



Acland's Video Atlas of Human Anatomy

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- Подходит для мобильных устройств (например, iPad)
- Помощь в преподавании и изучении анатомии
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Volume 1: The Upper Extremity > The Shoulder

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1.1.2. The clavicle and scapula (4:11)

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- Scapula: features
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- Acromion

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- shoulder joint ligaments
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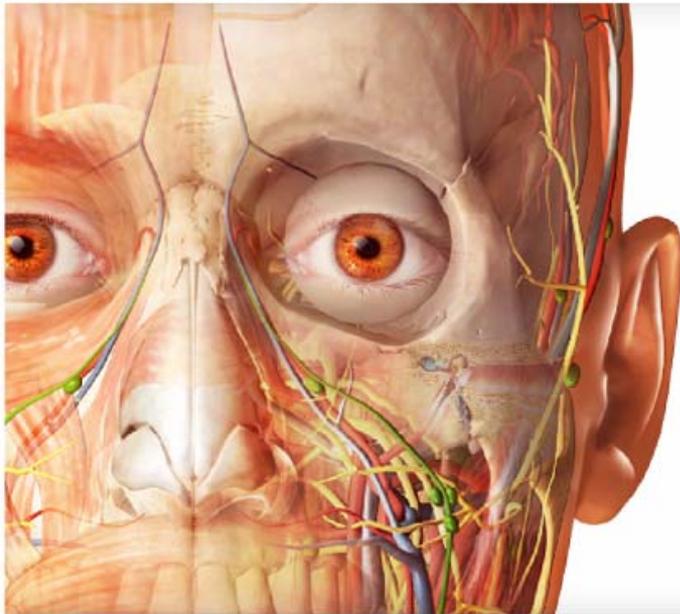
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PREVIOUS 1.1.1 Introduction to the shoulder region 1.1.3 Movements of the clavicle and scapula NEXT

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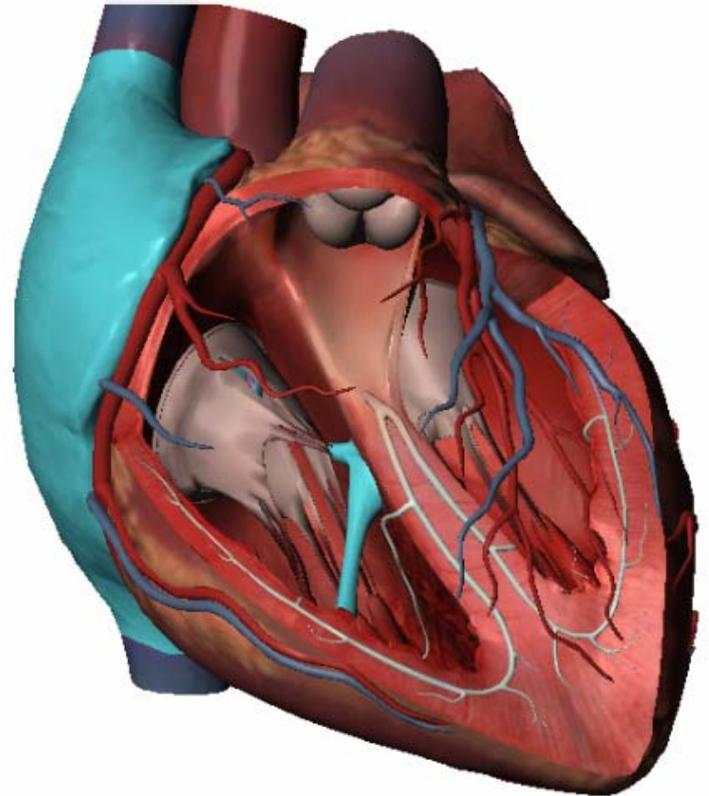
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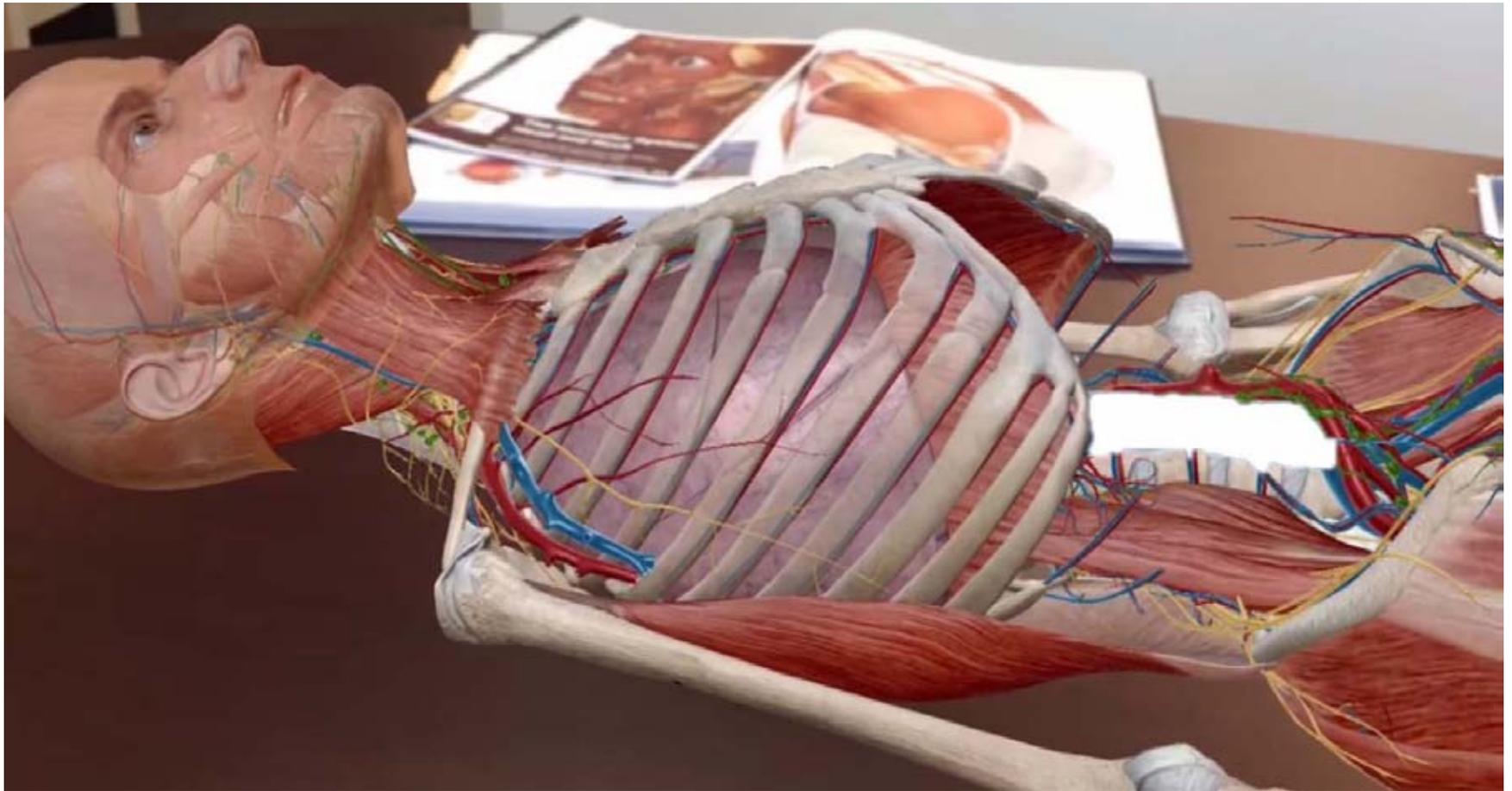
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Visual DX



With VisualDx, a practitioner can:

- Build a patient-specific custom differential in seconds
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Concise Clinical Information for the Point of Care SCREENSHOTS

visualDX / Patient Findings / Differential Diagnosis / Lyme Disease

Feedback Sign Out

Synopsis

Lyme disease is an immune-mediated inflammatory disease resulting from infection with the spirochete *Borrelia burgdorferi sensu lato*, composed of 3 distinct genospecies: *Borrelia burgdorferi sensu stricto*, *Borrelia garinii*, and *Borrelia afzelii*. Disease usually begins with an expanding skin lesion, erythema migrans, at the site of the tick bite (early localized disease). Within days to weeks, the spirochete disseminates to the nervous system, heart, joints, and other organs. At this time, patients may develop acute neurologic abnormalities, atrioventricular block, myocarditis, and disseminated skin lesions of erythema migrans (early disseminated disease). (Note: Cardiac symptoms in patients with proven or suspected Lyme disease should be carefully and expeditiously evaluated.) Months later, untreated patients may develop arthritis, an encephalopathy, a neuropathy, and, in Europe, acrodermatitis chronica atrophicans (late disease).

In the US, Lyme disease is primarily seen in New England, the Midwest states, and the west coast. It is also endemic to most of Europe. The ticks that transmit Lyme disease are of the genus *Ixodes*. Mice and deer are the major animal reservoirs. Transmission occurs most commonly in the spring and summer months.

Lyme disease is subdivided clinically into 3 phases:

1. Early localized disease
2. Early disseminated disease
3. Chronic disease

Early Localized:
Early localized disease presents a few days to a month after a tick bite. The characteristic lesion of Lyme disease, erythema migrans, develops at the site of the tick bite in approximately 60%-90% of those diagnosed. If left untreated, the disease disseminates to lymph nodes and hematogenously. In Europe, early lesions sometimes present as *Borrelia* lymphocytomas.

Early Disseminated:
Multiple smaller skin lesions can represent hematogenous spread or, in rare cases, multiple independent primary tick bites. Burning and itching can occur at the site of the tick bite and in erythema migrans lesions. Initial infection is typically associated with flu-like symptoms, headache, arthralgias, and neck pain. Early neurologic symptoms can include facial nerve paralysis (Bell's palsy). Atrioventricular block can develop and persist from several days to a few weeks. Lyme disease-associated arthritis usually develops from a few months to 2 years after initial infection.



The diagram illustrates the clinical manifestations of Lyme disease. It shows a human figure with arrows pointing to various symptoms: 'Blanching Patch Scattered Few' on the skin, 'Radiculomyelitis = AV Block = Bell Palsy' in the spine and brain, 'Neuropathy Peripheral' in the limbs, and 'Arthritis = Encephalopathy = Encephalomyelitis = Bell Palsy' in the joints and brain.



The photographs show clinical findings: the top image shows a patient's arm with a visible tick bite; the middle image shows a close-up of a red, expanding skin lesion (erythema migrans) on a patient's arm; the bottom image shows a larger, more diffuse red skin lesion on a patient's arm.

Differential Builder Symptomcon Results in VisualDx

SCREENSHOTS

VisualDx / Patient Findings / Differential Diagnosis

Differential Diagnosis of Multiple Skin Lesions in a 50-59 year old Female
with Blanching Patch, Targetoid Configuration, Leg

DDx Strength

2 Diagnoses match 4 of 4 Findings

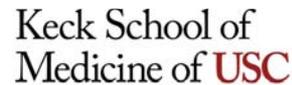
- Lyme Disease** (Early Localized)
Low Grade Fever, Malaise, Myalgia, Annular Blanching Patch, Bulls-Eye
Tick Bite
- Southern Tick-Associated Rash Illness**
Fever, Headache, Arthralgia, Myalgia, Blanching Patch, Bulls-Eye
Tick Bite, Hiking, Wooded Area

42 Diagnoses match 3 of 4 Findings

- Cellulitis**
Chills, Lymphadenopathy, Erythema, Lymphangitis, Skin Warm to Touch, Blanching Patch
Unilateral
- Deep Vein Thrombosis**
Unilateral Leg Edema, Skin Warm to Touch, Erythema, Tender Skin Lesion, Leg Pain
Inpatient, Recent Air Travel, Sedentary, Lower Leg, Unilateral
- Livedo Reticularis**
Reticular - Netlike, Blanching Patch
- Poison Ivy - Oak - Sumac Dermatitis**
Erythema, Linear Configuration, Tense Vesicles
Poison Ivy, Oak or Sumac Plant Exposure, Eyelids, Arms, Legs, Scattered Haphazard
- Acute Meningococemia** (Warning)
High Fever, Headache, Mental Status Alteration, Nuchal Rigidity, Myalgia, Vomiting, Petechiae, Mottled Configuration, Echymosis
WBC ↑, Patient Appears Systemically Ill - Toxic

Other visible diagnoses include Necrotizing Fasciitis, Arthropod Bite or Sting, and Atopic Dermatitis.

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Part 15: Neonatal Resuscitation
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Close

mother. The baby should be dried, placed skin-to-skin with the mother, and covered with dry linens to maintain temperature. Observation of breathing, activity, and color should be ongoing. If the answer to any of these assessment questions is "no," the infant should receive one or more of the following 4 categories of action in sequence:

Anticipation of Resuscitation Need
Anticipation, adequate preparation, accurate evaluation, and prompt initiation of support are critical for successful neonatal resuscitation. At every delivery there should be at least 1 person whose primary responsibility is the newly born. This person must be capable of initiating resuscitation, including administra-

The American Heart Association requests that this document be cited as follows: Kattwinkel J, Perlman JM, Aziz K, Colby C, Fairchild K, Gallagher J, Hazinski MF, Halamek LP, Kumar P, Little G, McGowan JR, Nighoghossian B, Ranucci MM, Singer S, Simon WM, Wolner GM, Wyckoff M, Zaitchuk J. Part 15: neonatal resuscitation: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010;122(suppl 3):S309–S319.
*Co-chairs and equal first co-authors.
(*Circulation*. 2010;122(suppl 3):S309–S319.)
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5909 DOI: 10.1161/CIRCULATIONAHA.110.971119



Спасибо!

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