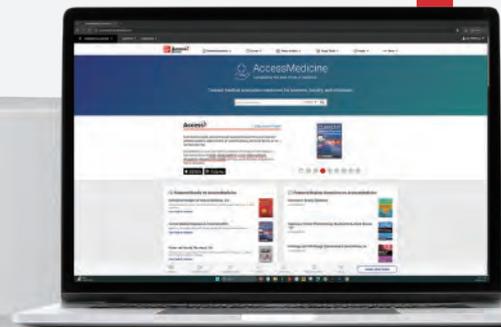


# Access<sup>®</sup> Medicine

## User Guide

### ACMユーザーガイド



# CONTENT

<b>01</b>	Online Textbook Library	01
<b>02</b>	2 Minute Medicine®	10
<b>03</b>	Case Files® Collection	20
<b>04</b>	Review Questions	28
<b>05</b>	Drug Monographs	32
<b>06</b>	DDx	36
<b>07</b>	Flash Cards	38
<b>08</b>	Harrison's High Yield Key Points	41
<b>09</b>	Infographic	44
<b>10</b>	Human Anatomy Interactive 3D Modules	48

Mc  
Graw  
Hill

最高の医学教科書を、いつでもどこでも!

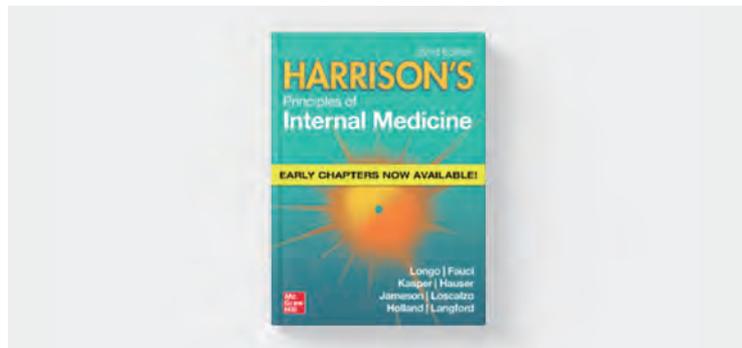
## Online Textbook Library

ハリソン内科学(Harrison's Principles of Internal Medicine)をはじめ、  
厳選された最新の教科書が継続的にアップデートされます。

[Online Textbook Library](#) →

## 常にアップデートされる Online Textbook Library

- ハリソン内科学(Harrison's Principles of Internal Medicine)を含む、第一線の医学教科書の最新版を提供
- 既存バージョンを含むアーカイブ教科書を提供
- 常に最新の資料をアップデート
- チャプター別・セクション別の閲覧、ダウンロード、注釈およびパーソナライズ機能を提供



### Textbooks

Tools ▾

Grid List

#### Harrison's Principles of Internal Medicine, 22e

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

#### Current Medical Diagnosis & Treatment 2025

Maxine A. Papadakis, Michael W. Rabow, Kenneth R. McQuaid, Monica Gandhi

#### Adams and Victor's Principles of Neurology, 12e

Allan H. Ropper, Martin A. Samuels, Joshua P. Klein, Seshank Prasad

#### The Atlas of Emergency Medicine, 5e

Kevin J. Knopp, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman

#### Basic & Clinical Biostatistics, 5e

Susan E. White

#### Basic & Clinical Pharmacology, 15e

Bertram G. Katzung, Todd W. Vanderah



# Online Textbook Library Page

テーマ別の電子書籍を提供

新刊およびアップデートの通知サービス

- Get Alerts

全ての電子書籍リストのエクスポート機能

- Exportable list of resources

アーカイブ教科書の閲覧機能

- View archived textbooks

Get Alerts

View an exportable list of resources

View archived textbooks

## Books

### Library

Anesthesiology

Basic Science

Behavioral Medicine

Business of Healthcare

Cardiology

Clinical Nutrition

Critical Care Medicine

Dermatology

Emergency Medicine

Endocrinology

Family Medicine

Gastroenterology

Genetics

Geriatric Medicine

Health Systems, Quality, Safety, & Policy

Hematology/Oncology

Infectious Disease

Internal Medicine

Nephrology

Neurology

Obstetrics and Gynecology

## Textbooks

Tools

CME Eligible

Grid

List

**Harrison's Principles of Internal Medicine, 22e**

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven H. Littman, Carol Langholz

**Current Medical Diagnosis & Treatment 2025**

Maxine A. Papadakis, Michael W. Rowley, Kenneth R. McQuinn, Monica Gandhi

**Adams and Victor's Principles of Neurology, 12e**

Allan H. Ropper, Martin A. Samuels, Joshua P. Klein, Bashank Prasad

**The Atlas of Emergency Medicine, 5e**

Kevin J. Hoop, Lawrence B. Stack, Alan B. Storrow, Jr., Jason Thurman

**Basic & Clinical Biostatistics, 5e**

Susan E. White

**Basic & Clinical Pharmacology, 15e**

Bertram G. Katzung, Todd W. Vanderah

**Basic Concepts in Pharmacology: What You Need to Know for Each Drug Class, 6e**

Janez L. Springs

**Basic Musculoskeletal Imaging, 2e**

Jamshid Tebrancazadeh

**Basic Radiology, 2e**

Michael M. Chen, Thomas L. Pope, David J. Wit

**Behavioral Medicine: A Guide for Clinical Practice, 5e**

Michelle J. Friedman, John F. Christensen, Jason M. Satterfield, Ryan Lippincott

**The Big Picture Physiology: Medical Course & Step 1 Review, 2e**

Jonathan D. Libbale

**The Big Picture: Gross Anatomy, Medical Course & Step 1 Review, 2nd Edition**

David A. Morton, K. De Foreman, Kurt H. Alberine

**The Big Picture: Molecular Biochemistry**

Lee W. Johnson, Marc E. Luchter

**Cardiology: An Integrated Approach**

Abdel Elmoseli

**The Cleveland Clinic Way: Lessons in Excellence from One of the World's Leading Healthcare Organizations**

Tolly Colegrove

**Clinical Dermatology: Diagnosis and**

# Online Textbook Library Page

📖 最新アップデート資料の閲覧

- Updates

AccessMedicine

Review Questions Cases Video & Audio Study Tools Books More

Library

Anesthesiology	Family Medicine	Obstetrics and Gynecology	Pulmonology
Basic Science	Gastroenterology	Occupational and Environmental Medicine	Radiology
Behavioral Medicine	Genetics	Ophthalmology	Rheumatology
Business of Healthcare	Geriatric Medicine	Patient Communication	Surgery
Cardiology	Health Systems, Quality, Safety, & Policy	Pediatrics	Women's Health
Critical Care Medicine	Hematology/Oncology	Pharmacology	Wound Care
Dermatology	Infectious Disease	Physical Exam and Laboratory Diagnosis	View All →
Diversity and Inclusion	Internal Medicine	Physical Medicine and Rehabilitation	

Updates  
View All →

## Books

Library

Updates

Archived Textbooks

2 Minute Medicine®

## Updates

Get Alerts ⓘ

All resources ▾

**April 21, 2025** | Harrison's Online Updates  
[Can Surgical Axillary Staging Be Omitted from Breast-Conserving Therapy for Breast Cancer?](#)  
 Dan L. Longo

**April 21, 2025** | Harrison's Online Updates  
[SERDs in Estrogen Receptor-Positive Breast Cancer](#)  
 Dan L. Longo

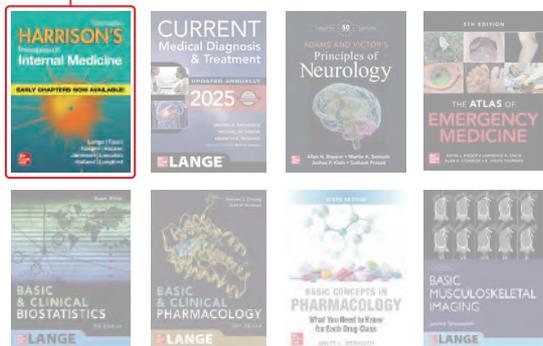
**March 21, 2025** | Hurst's the Heart Updates  
[VANISH2 Trial Review](#)  
 Aidan Milner, Matthew Tomey

**March 21, 2025** | Hurst's the Heart Updates  
[Review of the SUMMIT Trial – Tirzepatide for Heart Failure with Preserved](#)  
 Ian Sigal, Anuradha Lala

# Online Textbook Library Page

## 多彩な機能を備えた便利なツール

- 1 パート、チャプター、セクションごとの閲覧に対応
- 2 教科書のアップデートを提供
- 3 関連マルチメディア資料を提供
- 4 教科書に基づいたレビュー問題(Review Questions)およびケーススタディを収録



Copyright

### Harrison's Principles of Internal Medicine, 22nd Edition

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

Go to Review Questions    Go to Cases

Search Textbook

Show Chapters    Hide Chapters

- + Part 1: The Profession of Medicine
- + Part 2: Cardinal Manifestations and Presentation of Diseases
- + Part 3: Pharmacology
- + Part 4: Oncology and Hematology
- + Part 5: Infectious Diseases
- + Part 6: Disorders of the Cardiovascular System
- + Part 7: Disorders of the Respiratory System
- + Part 8: Critical Care Medicine
- + Part 9: Disorders of the Kidney and Urinary Tract
- + Part 10: Disorders of the Gastrointestinal System
- + Part 11: Immune-Mediated, Inflammatory, and Rheumatologic Disorders
- + Part 12: Endocrinology and Metabolism
- + Part 13: Neurologic Disorders
- + Part 14: Poisoning, Drug Overdose, and Envenomation
- + Part 15: Disorders Associated with Environmental Exposures

#### FEATURES

**2** **Textbook Updates**

02/14/2025  
Twice-Yearly Lenacapavir Is Highly Effective in Preventing HIV Acquisition  
Neeraj K. Surana

02/14/2025  
Many Cases of Bacteremia Can Be Treated with 7 Days of Antibiotics  
Neeraj K. Surana

02/14/2025  
An Effective Antiviral against RSV  
Neeraj K. Surana

View All Textbook Updates

**3** **Multimedia**

VIDEO V03-05: Partial dorsal (Parinaud's) midbrain syndrome  
2 mins, 56 secs

VIDEO A11-02: Attempts to cross the total occlusion in the Lx using a hydrophilic wire and an antegrade appro...  
6 secs

VIDEO 241-06: A patient with severe aortic regurgitation quantified by cardiac magnetic resonance (CMR).  
11 secs

View All Videos

More Harrison's

AccessMedicine

## Book Chapter Page

- 1 セクション別の範囲確認機能
- 2 チャプター単位のPDFダウンロード機能
- 3 メール・SNS共有機能
- 4 引用機能
- 5 電子書籍内の検索機能
- 6 注釈機能

☰ Sections

📄 Download Chapter PDF

🔗 Share

📄 Get Citation

🔍 Search Book

✎ Annotate

Home > Books > Harrison's Principles of Internal Medicine, 22nd Edition >

Previous Chapter | Next Chapter

### Chapter 1: The Practice of Medicine

The Editors

☰ Sections 📄 Download Chapter PDF 🔗 Share 📄 Get Citation 🔍 Search Book ✎ Annotate

Full Chapter | Figures

#### ENDURING VALUES OF THE MEDICAL PROFESSION

☰ Listen ▶

*No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance.*

—Harrison's Principles of Internal Medicine, 1950

The practice of medicine has changed in significant ways since the first edition of this book was published in 1950. The advent of molecular genetics, sophisticated new imaging techniques, robotics, and advances in bioinformatics and information technology have contributed to an explosion of scientific information that has changed fundamentally the way physicians define, diagnose, treat, and attempt to prevent disease. This growth of scientific knowledge continues to evolve at an accelerated pace.

The widespread use of electronic medical records and the Internet have altered the way physicians and other health care providers access and exchange information as a routine part of their practice. Today's physicians strive to integrate an ever-expanding array of technologies into their practice. It is critically important to remember two key principles:

# Book Chapter Functions

## セクション表示およびチャプターのダウンロード

☰ Sections

📄 Download Chapter PDF

The screenshot displays the McGraw Hill Online Textbook Library interface for Harrison's Principles of Internal Medicine, 22nd Edition. On the left, a sidebar menu titled "Expand All Sections" and "Jump to a Section" lists various topics, including "ENDURING VALUES OF THE MEDICAL PROFESSION". A red line connects this menu item to the "Sections" button in the main content area. The main content area shows the chapter title "Chapter 1: The Practice of Medicine" and a list of editors. Below the editors, there are buttons for "Sections" (highlighted with a red box), "Download Chapter PDF" (also highlighted with a red box), "Share", "Get Citation", "Search Book", and "Annotate". The "Full Chapter" and "Figures" tabs are visible. The main content area also shows the section title "ENDURING VALUES OF THE MEDICAL PROFESSION" and a "Listen" button. The text of the section is displayed below, starting with "No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance."

Home > Books > Harrison's Principles of Internal Medicine, 22nd Edition >

◀ Previous Chapter | Next Chapter ▶

**Chapter 1: The Practice of Medicine** ☆

The Editors

☰ Sections 📄 Download Chapter PDF ↗ Share 📄 Get Citation 🔍 Search Book ✎ Annotate

Full Chapter Figures

— **ENDURING VALUES OF THE MEDICAL PROFESSION** ☆ 📄

☰ Listen ▶

*No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance.*

# Book Chapter Functions

## 共有および引用機能

🔄 Share

📄 Get Citation

### Citation

Disclaimer: These citations have been automatically generated based on the information we have and it may not be 100% accurate. Please consult the latest official manual style if you have any questions regarding the format accuracy.

#### AMA Citation

Editors T. The Practice of Medicine. In: Longo D, Fauci A, Kasper D, Hauser S, Jameson J, Loscalzo J, Holland S, Langford C. eds. *Harrison's Principles of Internal Medicine, 22nd Edition*. McGraw Hill; 2026. Accessed May 26, 2025. <https://accessmedicine.mhmedical.com/content.aspx?bookid=3541&sectionid=291971496>

#### APA Citation

Editors T (2026). The practice of medicine. Longo D, & Fauci A, & Kasper D, & Hauser S, & Jameson J, & Loscalzo J, & Holland S, & Langford C(Eds.), *Harrison's Principles of Internal Medicine, 22nd Edition*. McGraw Hill. <https://accessmedicine.mhmedical.com/content.aspx?bookid=3541&sectionid=291971496>

#### MLA Citation

Editors, The. "The Practice of Medicine." *Harrison's Principles of Internal Medicine, 22nd Edition* Eds. Dan Longo, et al. McGraw Hill, 2026. <https://accessmedicine.mhmedical.com/content.aspx?bookid=3541&sectionid=291971496>.

Download citation file:

- [RIS \(Zotero\)](#)
- [EndNote](#)
- [BibTex](#)
- [Medlars](#)
- [ProCite](#)
- [RefWorks](#)
- [Reference Manager](#)
- [Mendelev](#)

Books > Harrison's Principles of Internal Medicine, 22nd Edition >

## Chapter 1: The Practice of Medicine

The Editors

Sections | Download Chapter PDF | **Share** | **Get Citation** | Search Book | Annotate

Full Chapter | Figures

### — ENDURING VALUES OF THE MEDICAL PROFESSION

Listen

*No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance.*

# Book Chapter Functions

## 検索および注釈機能

🔍 Search Book    ✎ Annotate

Search Textbook  🔍

Home > Books > Harrison's Principles of Internal Medicine, 22nd Edition >

◀ Previous Chapter | Next Chapter ▶



### Chapter 1: The Practice of Medicine

The Editors

📄 Sections    📄 Download Chapter PDF    ➦ Share    📄 Get Citation

🔍 Search Book

✎ Annotate

Full Chapter    Figures

#### — ENDURING VALUES OF THE MEDICAL PROFESSION

☰ 🔊 Listen ▶

*No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of \**



Annotate



Highlight



Show

Mc  
Graw  
Hill

医学の知識、2分で十分!

# ハーバード(Harvard)医学部の 専門医が届ける、 核心を突いた要約レポート

ハーバード・メディカル・スクール(Harvard Medical School)の医師チームが、  
画期的な医学文献や最新の研究を、わずか2分で読める要約形式でお届けします。

2 Minute Medicine® →



### Daily Literature Reports by the 2 Minute Medicine® Publishing Group

2 Minute Medicine® (abbreviated 2MM) is an expert physician publishing group founded out of Harvard Medical School that provides concise, curated, and authoritative medical reports of breaking medical literature as well as seminal studies in medicine. [Learn more...](#)

Topics  Editors and contributors Get Alerts ⓘ

Search 2 Minute Medicine  🔍

March 19, 2025

[Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer](#)

Shagun Jain, Kiera Liblik

March 19, 2025

[Seven days of antibiotic treatment non-inferior to 14 days for bloodstream infections](#)

Anna Yang, Kiera Liblik

March 19, 2025

[Liberal transfusion strategy not beneficial in treating aneurysmal subarachnoid hemorrhage](#)

Nhat Hung (Benjamin) Lam, Kiera Liblik

March 19, 2025

[Safer Births Bundle of Care reduces perinatal mortality in Tanzania](#)

Michaela Dowling, Kiera Liblik

March 19, 2025

[Efficacy of Hand Cooling and Compression in Preventing Taxane-Induced Neuropathy](#)

Daniel Goldshtein, Sze Wah Samuel Chan

March 19, 2025

[Lenvatinib plus pembrolizumab not associated with improved survival compared to standard therapy for recurrent endometrial cancer](#)

Simon Pan, Alex Chan

March 17, 2025

[Prewriteekend surgeries may have higher risks of complications and mortality](#)

Siweth Liu, Alex Chan

## 2 Minute Medicine®のご紹介 🔍

🏫 ハーバード・メディカル・スクール(Harvard Medical School)  
所属の専門医による出版グループ

📅 画期的な医学文献や医学分野の先駆的研究を厳選

🕒 厳選された最新医学情報を**2分で読める要約形式**で提供

🔗 **原著論文(Original Article)へのアクセスリンク**付き

📂 トピック(Topic)別にレポートを提供

🔔 リアルタイム通知機能を提供

⚙️ 注釈、印刷、お気に入り機能を提供

## トピック(Topic)ごとのレポート検索機能

📄 気になるトピック(Topic)をクリックして、最新のレポートを確認しましょう。

📄 全20個のトピック

- Cardiology
- Chronic Disease
- Dermatology
- Emergency
- Endocrinology
- Gastroenterology
- Imaging and Intervention
- Infectious Disease
- Nephrology
- Neurology
- Obstetrics
- Oncology
- Ophthalmology
- Pediatrics
- Preclinical Studies
- Psychiatry
- Public Health
- Pulmonology
- Surgery
- Urology

2 minute medicine®  
concise curated evidence

### Daily Literature Reports by the 2 Minute Medicine® Publishing Group

2 Minute Medicine® (abbreviated 2MM) is an expert physician publishing group founded out of Harvard Medical School that provides concise, curated, and authoritative medical reports of breaking medical literature as well as seminal studies in medicine. [Learn more...](#)

The screenshot shows the 2 Minute Medicine website interface. A dropdown menu titled "Topics" is open, listing 20 medical specialties: Cardiology, Chronic Disease, Dermatology, Emergency, Endocrinology, Gastroenterology, Imaging and Intervention, Infectious Disease, Nephrology, Neurology, Obstetrics, Oncology, Ophthalmology, Pediatrics, Preclinical Studies, Psychiatry, Public Health, Pulmonology, Surgery, and Urology. The "Topics" option is highlighted in blue. In the background, a search bar is visible with the text "Editors and contributors" and a "Get Alerts" button. Below the search bar, there are several article titles, including "Dopidogrel may demonstrate benefit in patients with large body mass index and prior", "shows clinical benefit in Danon disease", "Kiera Liblik", "ded management improves outcomes in patients with stable chest pain", "risk compared to rivaroxaban in atrial fibrillation", "vascular access are equally effective for ROSC following out-of-hospital cardiac arrest", and "Intraosseous drug administration does not improve survival in out of hospital cardiac arrest" by Shagun Jain, Kiera Liblik.

## 2 Minute Medicine® Reportページ

2 Minute Medicine® by Harvard Medical Publishing

わずか2分で、常に更新される最新論文の要約を読むことができます。

Home > 2 Minute Medicine® > Oncology >



Print Annotate

### Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer ☆

by Shagun Jain, Kiera Liblik

 Listen 

Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer

Editors and Contributors

Originally published by 2 Minute Medicine® ([view original article](#)). Reused on AccessMedicine with permission.

1. In this randomized, non-inferiority trial, the omission of surgical axillary staging was noninferior to sentinel lymph node biopsy in patients with clinically node-negative, T1 or T2 invasive breast cancer.
2. Patients with omission of surgical axillary staging had lower incidence of adverse effects.

Evidence Rating Level: 1 (Excellent)

**Study Rundown:**

AccessMedicine

## 2 Minute Medicine® Reportページ

🔗 [リンク](#)から論文全文にアクセス可能

Home > 2 Minute Medicine® > Oncology >



**Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer**

by Shaqun Jiao, Kiara Lobb

Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.

**1. In this randomized, non-inferiority trial, the omission of surgical axillary staging was noninferior to sentinel lymph node biopsy in patients with clinically node-negative, T1 or T2 invasive breast cancer.**

**2. Patients with omission of surgical axillary staging had lower incidence of adverse effects.**

**Evidence Rating Level: 1 (Excellent)**

**Study Rundown:**

Axillary lymph node status has been deemed one of the most important prognostic factors in invasive breast cancer. With tumor size, nodal status has been used to guide decisions on systemic therapy. Several randomized trials have been conducted to assess the omission of axillary surgery in patients with clinically node-negative breast cancer who undergo up-front breast-conserving surgery. This prospective, randomized, non-inferiority trial assessed whether the complete omission of axillary surgery in early-stage breast cancer treated with breast-conserving surgery was noninferior to sentinel lymph node biopsy concerning invasive free survival. Those with clinically node-negative invasive breast cancer staged as T1 or T2 were randomized in a 1:4 ratio to undergo either treatment without axillary surgery (surgery omission group) or sentinel lymph node biopsy (surgery group). All patients underwent unilateral breast-conserving surgery with postoperative whole breast irradiation. The primary outcome of this study was invasive disease-free survival. Results from this study found that the omission of surgical axillary staging was noninferior to sentinel lymph node biopsy in patients with clinically node-negative T1 or T2 invasive breast cancer. Limitations of this study include the patient population being restricted to low-risk patients and the follow-up potentially missing late recurrences of HR-positive disease.

[Click here to read the study in NEJM](#)

**In-Depth [randomized controlled trial]:**

This randomized, noninferiority trial whether the complete omission of axillary surgery in early-stage breast cancer treated with breast-conserving surgery was noninferior to sentinel-lymph node biopsy concerning disease-free survival. To show the noninferiority of the omission group, the five-year invasive disease-free survival rate had to be at least 85% and the upper limit of the confidence interval for the hazard ratio for invasive disease or death had to be below 1.271. Adult women with a clinical tumor stage of T1 or T2 and node-negative status who planned to undergo upfront breast-conserving surgery were eligible for this trial. A total of 5502 were randomized in a 1:4 ratio to either undergo treatment without axillary surgery (surgery

ORIGINAL ARTICLE

f X in e b

## Axillary Surgery in Breast Cancer — Primary Results of the INSEMA Trial

**Authors:** Toralf Reimer, Ph.D., Angrit Stachs, Ph.D., Kristina Veselinovic, M.D., Thorsten Kühn, Ph.D., Jörg Heil, Ph.D., Silke Polatz, M.D., Frederik Marmé, Ph.D., and Bernd Gerber, Ph.D. [Author Info & Affiliations](#)

Published December 12, 2024 | N Engl J Med 2025;392:1051-1064 | DOI: 10.1056/NEJMoa2412063  
VOL. 392 NO. 11 | Copyright © 2024

🔍 🔄 📄 📖 📄 CME

### Abstract

#### BACKGROUND

Whether surgical axillary staging as part of breast-conserving therapy can be omitted without compromising survival has remained unclear.

#### METHODS

In this prospective, randomized, noninferiority trial, we investigated the omission of axillary surgery as compared with sentinel-lymph-node biopsy in patients with clinically node-negative invasive breast cancer staged as T1 or T2 (tumor size, ≤5 cm) who were scheduled to undergo breast-conserving surgery. We report here the per-protocol analysis of invasive disease-free survival (the primary efficacy outcome). To show the noninferiority of the omission of axillary surgery, the 5-year invasive disease-free survival rate had to be at least 85%, and the upper limit of the confidence interval for the hazard ratio for invasive disease or death had to be below 1.271.

#### RESULTS

A total of 5502 eligible patients (90% with clinical T1 cancer and 79% with pathological T1 cancer) underwent randomization in a 1:4 ratio. The per-protocol population included 4858 patients; 962 were assigned to undergo treatment without axillary surgery (the surgery-omission group), and 3896 to undergo sentinel-lymph-node biopsy (the surgery



# 2 Minute Medicine® Reportページ

📄 [リンク](#)から関連する薬剤情報を確認可能

Home > 2 Minute Medicine® >

Print Annotate

## Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

by Simon Pan, Alex Chan

Listen

Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.

**1. Intraoperative esketamine infusion significantly reduced the incidence of postpartum depression (PPD) at 6 weeks post partum in women undergoing cesarean delivery.**

**Evidence Rating Level:** 1 (Excellent)

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This single-centre, double-blind pragmatic trial therefore sought to investigate the efficacy of esketamine on preventing PPD in women undergoing cesarean delivery. 308 patients from Chongqing, China were assigned to receive either esketamine infusion intraoperatively (n = 154; mean [SD] patient age, 31.57 [4.26] years) or to a control group (n = 154; mean [SD] patient age, 32.53 [7.74] years). The primary outcome of interest was the incidence of PPD 6 weeks post partum as assessed by the Edinburgh Postnatal Depression Score (EPDS). At 6 weeks post partum, the incidence of PPD was significantly lower in the esketamine group compared to the control group (10.4% [16] vs 19.5% [30]; RR, 0.53; 95% CI, 0.30-0.93; P = .02). Adverse events occurred more frequently in the esketamine group compared to the control group, such as dizziness (28 [18.2%] vs 3 [1.9%];  $\chi^2 = 22.41$ ; P < .001). Overall, this study found that intraoperative esketamine infusion significantly reduced the incidence of PPD at 6 weeks in women undergoing cesarean delivery.

[Click to read the study in JAMA Network Open](#)

©2025 2 Minute Medicine, Inc. All rights reserved. No works may be reproduced without expressed written consent from 2 Minute Medicine, Inc. Inquire about licensing [here](#). No article should be construed as medical advice and is not intended as such by the authors or by 2 Minute Medicine, Inc.

2MM Topics  
Chronic Disease  
Obstetrics  
Psychiatry

### Drug Monographs

All Drugs

Generics

Trade Names

Drug Classes

Patient Handouts

All Drugs >

Search Drugs

#### Esketamine

Basics  
Clinical Pharmacology  
Indications & Usage  
Contraindications  
Warnings/Precautions

Pregnancy & Lactation  
Adverse Reactions  
Interactions  
Dosing  
Storage & Compatibility

Monitoring  
Patient Education  
Additional Information  
Pricing  
References

Images	Description
	Spiravato (56 MG Dose) [JANSSEN] 1 none

Formulation Details

View all

**Name**  
Esketamine

**Pronunciation**  
(es KET a meen)

**Brand Names: US**

- Spiravato (56 MG Dose)
- Spiravato (84 MG Dose)

## 2 Minute Medicine®

### 印刷、注釈、お気に入り機能

Home > 2 Minute Medicine® >



Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery

by Simon Pan, Alex Chan

Print Annotate

Listen

Originally published by 2 Minute Medicine® ([view original article](#)). Reused on AccessMedicine with permission.

**1. Intraoperative esketamine infusion significantly reduced the incidence of postpartum depression (PPD) at 6 weeks post partum in women undergoing cesarean delivery.**

**Evidence Rating Level:** 1 (Excellent)

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This pragmatic trial therefore sought to investigate the efficacy of esketamine on

Print Annotate

Editors and Contributors

AccessMedicine

# 2 Minute Medicine®

## 印刷機能

The screenshot displays the print functionality on the 2 Minute Medicine website. A dark grey print overlay is positioned over the article content. The overlay contains the following elements:

- 印刷** (Print) header with a help icon.
- 合計: 1 ページ (Total: 1 page)
- プリンター (Printer) section with a dropdown menu set to "PDF形式で保存" (Save as PDF).
- レイアウト (Layout) section with radio buttons for "縦方向" (Vertical) and "横方向" (Horizontal). The "縦方向" option is selected and highlighted with a red box.
- ページ (Page) section with radio buttons for "全て" (All) and a text input field containing "例: 1-5, 8, 11-13".

The background article snippet includes:

- Home > 2 Minute Medicine® >
- 2m logo
- Print button
- Article title: **Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery**
- Author: by Simon Pan, Alex Chan
- Text: Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.
- Section 1: **Intraoperative esketamine infusion significantly reduced the incidence of postpartum depression (PPD) at 6 weeks post partum in women undergoing cesarean delivery.**
- Evidence Rating Level: 1 (Excellent)
- Text: PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This single-centre, double-blind pragmatic trial therefore sought to investigate the efficacy of esketamine on preventing PPD in women undergoing cesarean delivery. 308 patients from Chongqing, China were assigned to receive either esketamine infusion intraoperatively (n=154; mean [SD] patient age, 31.57 [4.26] years) or to a control group (n=154; mean [SD] patient age, 32.53 [7.74] years). The primary outcome of interest was the incidence of PPD 6 weeks post partum as assessed by the Edinburgh Postnatal Depression Score (EPDS). At 6 weeks post partum, the incidence of PPD was significantly lower in the esketamine group compared to the control group (10.4% [16] vs 19.5% [30]; RR, 0.53; 95% CI, 0.30-0.93; P=.02). Adverse events occurred more frequently in the esketamine group compared to the control group.

## 2 Minute Medicine® Annotation 機能

📌 必要な箇所にハイライトやメモを追加可能

The screenshot displays the 2 Minute Medicine website interface. At the top left, there is a navigation breadcrumb: "Home > 2 Minute Medicine® >". Below this is the 2m logo. The main article title is "Intraoperative esketamine infusion may reduce depression in women undergoing cesarean delivery", with a sub-headline "Originally published by 2 Minute Medicine® (view original article) permission." The author is listed as "by Simon Pan, Alex Chan". There is a "Listen" button with a play icon. A red box highlights the "Annotate" button, which is connected by a red line to a floating annotation window. This window contains a "user name" field, a rich text editor with icons for bold, italic, quote, link, image, sum, list, and tag, a "Preview" button, and a text area labeled "Enter comment". Below the text area is a "Add new tags" input field and "Post to Public" and "Cancel" buttons. A copyright notice at the bottom of the window states: "© Annotations can be freely reused by anyone for any purpose." On the article page, a red box highlights a text snippet: "PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to women who undergo vaginal delivery. Randomized controlled trials (RCTs) have explored the effects of esketamine on PPD." A red line also points from the "Annotate" button to this highlighted text. Other elements on the page include a "Print" button, a "2m" logo in a green circle, and a summary box: "Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery".

Home > 2 Minute Medicine® >

Print Annotate

**2m**

**Intraoperative esketamine infusion may reduce depression in women undergoing cesarean delivery**

Originally published by 2 Minute Medicine® (view original article) permission.

by Simon Pan, Alex Chan

Listen

Annotations can be freely reused by anyone for any purpose.

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to women who undergo vaginal delivery. Randomized controlled trials (RCTs) have explored the effects of esketamine on PPD.

AccessMedicine

## 2 Minute Medicine® お気に入り機能

- 1 ページ内のスター(★)をクリック
- 2 Create a new collection
- 3 コレクション名(Collection Name)を作成
- 4 View Collection
- 5 マイコレクション(My Collections)で確認可能

Home > 2 Minute Medicine® >

Print Annotate

**2m**

**Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery**

by Simon Pan, Alex Chan

Listen

Originally published by 2 Minute Medicine® (view original article). Reused on AccessMedicine with permission.

**1. Intraoperative esketamine** infusion significantly reduced the incidence of postpartum depression at 6 weeks post partum in women undergoing cesarean delivery.

Evidence Rating Level: 1 (Excellent)

PPD, which affects nearly 18% of women after delivery globally and can have major impacts on parent-child bonding, is more likely to affect women who undergo cesarean delivery compared to vaginal delivery. Past randomized controlled trials (RCTs) have explored the effects of esketamine on PPD in women who have undergone cesarean delivery, but these RCTs have had conflicting results. This single-centre, double-blind pragmatic trial therefore sought to investigate the efficacy of esketamine on preventing PPD in women

Editors and Contributors

3 **Create New Collection**

Please add a name for the collection below. Selected item will be added to the collection upon its creation.

Collection Name

Collection name is required.

Create New Collection

4 **Content Added to Collection**

View Collection Close Window

My Favorites My Collections

My Collections

2min Rename Collection Export As...

Select All Copy to Collection Copy to My Favorites Download PDF Remove Selected

Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery  
From 2 Minute Medicine on AccessMedicine

実際の症例を通して学び、診断力を高め、臨床知識を確実に習得しましょう。

## ケーススタディ形式の学習ツール

患者記録、シナリオ、臨床の要点情報、  
短答式問題、参考文献付き

[Case Files® Collection](#) →

## Case Files® Collection のご紹介

### 実際の患者症例から学ぶ医学!

Case Files® Collectionは、数百件のリアルケースを活用し、基礎から臨床まで統合的に学べるスマートな学習ツールです。学生には**臨床感覚を養うための**実践的な症例を、教授には**授業をサポートするデジタル**教材を。ケースベース学習の真価をご体験ください。



厳選された臨床ケースを通じて学習成果の向上をサポート



全23巻のCase Files® シリーズを収録し、基礎医学から専門医レベルまでの幅広いケースを提供



臨場感あふれる患者ケースを使ったインタラクティブ学習で、理解の深化と記憶への定着を促進。



パーソナライズ機能: ケースを完了・未完了に設定することで、学習進捗状況を簡単に管理可能



## 症例ベース スパイラル型学習カリキュラムの提供

- 1 Case(シナリオ)
- 2 Approach(アプローチ)
- 3 Anatomy Pearls(解剖学の要点情報)
- 4 References(参考文献)
- 5 Comprehension Q&A(理解度チェック問題)



Home > Case Files: Anatomy &e>



**View Contents**

Case 1 >

- Notice
- Dedication
- Contributors
- Preface
- Acknowledgments
- Introduction
- Applying Basic Sciences to Clinical Situations
- Copyright

### Brachial Plexus Injury

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

Case Approach Anatomy Pearls References Comprehension Questions

Listen

A 32-year-old woman delivered a large (4800-g) baby vaginally after a somewhat difficult labor. Her prenatal course was complicated by diabetes, which developed during pregnancy. At delivery, the infant's head emerged, but the shoulders were stuck behind the maternal symphysis pubis, requiring the obstetrician to execute maneuvers to release the infant's shoulders and complete the delivery. The infant was noted to have a good cry and pink color but was not moving its right arm.

#### Questions

What is the most likely diagnosis?

What is the most likely etiology for this condition?

What is the likely anatomical mechanism for this disorder?

Save Answers Show Answers

Next: Approach

AccessMedicine

## Cases

# シナリオおよび解答の提供

### 1 シナリオの提供

### 2 解答の提示

- 要約
- 診断(etiology, anatomical mechanism)
- 臨床的相関性

**Brachial Plexus Injury**  
 Author: Eugene C. Toy, Lawrence M. Rosa, Han Zhang, Oratio Pappasakietanun

**Case** Approach Anatomy Pearls References Comprehension Questions

Listen

A 32-year-old woman delivered a large (4800-g) baby vaginally after a somewhat difficult labor. Her prenatal course was complicated by diabetes, which developed during pregnancy. At delivery, the infant's head emerged, but the shoulders were stuck behind the maternal symphysis pubis, requiring the obstetrician to execute maneuvers to release the infant's shoulders and complete the delivery. The infant was noted to have a good cry and pink color but was not moving its right arm.

**Questions**

What is the most likely diagnosis?

What is the most likely etiology for this condition?

What is the likely anatomical mechanism for this disorder?

Save Answers Show Answers

### Case Approach Anatomy Pearls References Comprehension Questions

#### Answers to Case 1: Brachial Plexus Injury

**Summary:** A large (4800-g) infant of a diabetic mother is delivered after some difficulty and cannot move its right arm. There is shoulder dystocia (the infant's shoulders are stuck after delivery of the head).

- Most likely diagnosis:** Brachial plexus injury, probably Erb palsy (Duchenne-Erb paralysis)
- Most likely etiology for this condition:** Stretching of the upper brachial plexus during delivery
- Likely anatomical mechanism for this disorder:** Stretching of nerve roots C5 and C6 by an abnormal increase in the angle between the neck and the shoulder

#### Clinical Correlation

During delivery, particularly of a large infant, shoulder dystocia may occur. In this situation, the fetal head emerges, but the shoulders become wedged behind the maternal symphysis pubis. An obstetrician will use maneuvers such as flexion of the maternal hips against the maternal abdomen (McRobert maneuver) or fetal maneuvers such as pushing the fetal shoulders into an oblique position. These actions are designed to allow delivery of the fetal shoulders without excessive traction on the fetal neck. Despite such carefully executed maneuvers, infants may be born with stretch injuries to the brachial plexus, resulting in nerve palsies. The most common of these is an upper brachial plexus stretch injury, in which the nerve roots C5 and C6 are affected, resulting in weakness of the infant's arm. Such injuries usually resolve spontaneously.

#### Key Answers

# Cases

## Approach

- **Objectives:** 目標 (医学研究や教育で達成しようとする目的)
- **Definitions:** 定義 (医学用語や概念に関する明確な説明)
- **Discussion:** 論議 (医学的なテーマや研究成果に対する解釈および分析)

### Brachial Plexus Injury

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

Case Approach Anatomy Pearls References Comprehension Questions

Listen

#### Objectives

1. Be able to describe the spinal cord segments, named terminal branches, and motor and sensory deficits of an **upper brachial plexus injury**
2. Be able to describe the mechanism, spinal cord segments, named terminal branches, and motor and sensory deficits of a **lower brachial plexus injury**
3. Be able to describe the mechanism, spinal cord segments, named terminal branches, and motor and sensory deficits with **cord injury** of the brachial plexus

#### Definitions

**BRACHIAL PLEXUS:** A major peripheral nerve network formed by the anterior primary rami of the fifth cervical to the first thoracic spinal nerves

**UPPER BRACHIAL PLEXUS INJURY:** Typically involves nerve roots C5 and C6, resulting in the upper limb hanging at the side, with medial rotation and the palm facing posteriorly

**LOWER BRACHIAL PLEXUS INJURY:** Less common injury involving C8 through T1 and the ulnar nerve, leading to interosseous muscle atrophy and claw hand

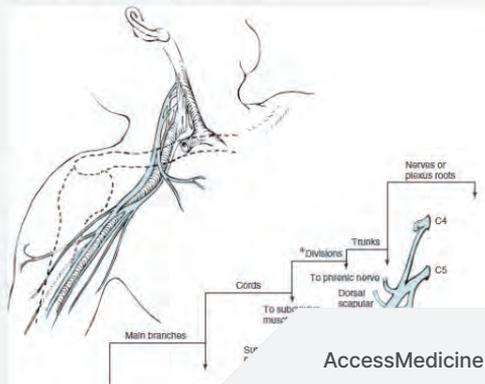
**SHOULDER DYSTOCIA:** Condition whereby the fetal head delivers vaginally but the shoulders are impacted behind the maternal bony pelvis

#### Discussion

The **brachial plexus** arises from the inferior portion of the cervical spinal cord enlargement. It is formed by the ventral **primary rami of spinal nerves C5 through C8** and most of **T1**. The network of nerves that form the brachial plexus is divided anatomically from proximal (medial) to distal (lateral) into **roots, trunks, divisions, cords, and terminal branches** (mnemonic: "**Randy Travis drinks cold Texas beer**"). The roots of the plexus emerge from between the anterior and middle scalene muscles together with the subclavian artery. Arising from the roots are branches to the **longus colli** and **scalene muscles** and the **dorsal scapular** and **long thoracic nerves**. The roots unite to form **superior, middle, and inferior trunks**. The **suprascapular nerve** and the nerve to the **subclavius muscle** arise from the **superior trunk**. Each trunk is divided into **anterior and posterior divisions**, which will innervate musculature of the anterior and posterior compartments, respectively (Figure 1-1).

FIGURE 1-1

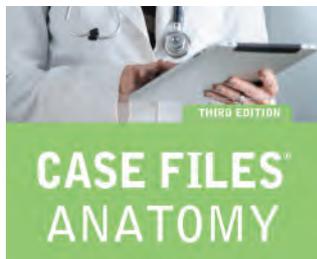
The brachial plexus. (Reproduced, with permission, from Waxman SG. *Clinical Neuroanatomy*, 25th ed. New York: McGraw-Hill, 2003:348.)



## Cases

# Anatomy Pearls (解剖学の要点情報)

解剖学の要点情報を  
Bulletポイント形式で提供

[View Contents](#)

Case 1 / 58 &gt;

[Notice](#)[Dedication](#)[Contributors](#)[Preface](#)[Acknowledgments](#)

## Brachial Plexus Injury



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

[Case](#) [Approach](#) [Anatomy Pearls](#) [References](#) [Comprehension Questions](#)

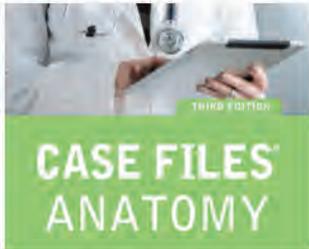
- Widening of the angle between the neck and shoulder may stretch the C5 and C6 roots and/or superior trunk, thereby damaging the axillary, musculocutaneous, and suprascapular nerves.
- An upper plexus injury results in Erb palsy (or Duchenne-Erb paralysis), which is characterized by an adducted and medially rotated arm, extended elbow, and pronated hand (waiter's tip sign).
- The axillary nerve is at risk for fracture of the surgical neck of the humerus.
- The musculocutaneous nerve supplies all the muscles of the anterior compartment of the arm.
- An abnormal increase in the angle between the upper limb and the thorax and/or severe abduction traction may stretch the C8 and T1 roots and/or the inferior trunk and, hence, affect the ulnar and median nerves.
- A lower plexus injury may result in Klumpke palsy, which is characterized primarily by signs of ulnar nerve damage (claw hand).
- The ulnar nerve innervates all except five muscles of the hand: the three thenar muscles and the lumbricalis muscles to the index and middle fingers. In ulnar nerve palsies, the patient is unable to abduct and adduct the fingers.
- A posterior cord injury results in signs of radial nerve damage (wrist drop).

## Cases

### References(参考文献)

 References 提供により、便利に引用可能

Home > Case Files: Anatomy 3e >



View Contents

Case 1 >

Notice

Dedication

Contributors

Preface

## Brachial Plexus Injury

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

Case Approach Anatomy Pearls **References** Comprehension Questions

  Listen 

Gilroy WM, MacPherson BR, Ross LM. *Atlas of Anatomy*, 2nd ed. New York, NY: Thieme Medical Publishers; 2012:348–349, 352–357.

Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:704–706, 721–726, 729–730.

Netter FH. *Atlas of Human Anatomy*, 6th ed. Philadelphia, PA: Saunders, 2014: plates 416, 460, 461.

Next: Comprehension Questions

## Cases

### 理解度チェック問題の提供

#### 1 選択肢から解答を選び、提出

##### Question 1 of 3

1.1 A 12-year-old boy is diagnosed with an upper brachial plexus injury after falling from a tree. He presents with his right upper arm lying limp at his side because of loss of abduction. Which of the following muscles are primarily responsible for abduction of the arm at the shoulder?

- A Deltoid and biceps brachii
- B Deltoid and supraspinatus
- C Deltoid and infraspinatus
- D Supraspinatus and infraspinatus
- E Coracobrachialis and supraspinatus

[Submit & View Answer](#)
[Submit & View Next Question](#)

#### 2 正解および解説の表示

#### 3 Email Results: 解答結果をメールで送信

#### 4 Return Top of Results: 結果画面の最上部へ移動

#### 5 Retake: 問題を再挑戦

#### 6 Print Results: 結果を印刷またはPDFとして保存

Case Approach Anatomy Pearls References Comprehension Questions

#### Question 1 of 3

1.1 A 12-year-old boy is diagnosed with an upper brachial plexus injury after falling from a tree. He presents with his right upper arm lying limp at his side because of loss of abduction. Which of the following muscles are primarily responsible for abduction of the arm at the shoulder?

- A Deltoid and biceps brachii
- B Deltoid and supraspinatus
- C Deltoid and infraspinatus
- D Supraspinatus and infraspinatus
- E Coracobrachialis and supraspinatus

[Next Question](#)

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

2

The correct answer is **B**. You answered **B**.

##### Explanation:

**B.** The deltoid and supraspinatus muscles, which are innervated by the axillary and suprascapular nerves, respectively, are the primary abductors of the arm at the shoulder.

 79% of users answered correctly.

Source: Case Files: Anatomy 3e

3

[Email Results](#)

4

[Return to Top of Results](#)

5

[Retake](#)

6

[Print Results](#)

楽しく学べる問題演習および学習ツール

## Review Questions

基礎科学および臨床実習をカテゴリー別に分類し、  
ランダムまたはカスタマイズ可能な復習問題を提供!

[Review Questions](#) →

# レビュー問題 Review Questions 機能

## 教科書に基づいた、楽しく興味深い問題演習 & 学習ツール

🗉 数千問のレビューとQ&Aを提供

📖 教科書に基づき、基礎科学・臨床実習をカテゴリ別に分類し、ランダムまたは、カスタマイズ可能な復習問題を作成できるを機能を提供

📖 問題の解答および解説を提供

🔄 問題演習の共有機能および再受験(Retake)機能

The screenshot shows the McGraw Hill AccessMedicine interface. At the top, there are navigation tabs: 'Review Questions' (highlighted with a red box), 'Cases', 'Video & Audio', and 'Study Tools'. Below the tabs, there are two main categories: 'Basic Science' and 'Clinical Practices & Board Review', both also highlighted with red boxes. Under 'Basic Science', there is a list of subjects: Anatomy and Physiology, Biochemistry, Epidemiology & Biostatistics, Microbiology, Pathology & Histology, Pharmacology, and a 'View All' link. Under 'Clinical Practices & Board Review', there is a list of topics: Clinical Laboratory Methods, Current Diagnosis and Treatment Surgery, Medical Genetics, Ganong's Medical Physiology Examination and Board Review, Graber and Wilbur's Family Medicine Examination and Board Review, Harrison's Review Questions, Katzung & Trevor's Pharmacology Examination and Board Review, and Laposata's Laboratory Medicine.

The screenshot shows a user interface for generating quizzes. At the top, it says 'Generate multiple-choice quizzes from the resources below.' Below this, there is a list of resources, each with a book cover icon, the title, and the number of questions available:

- Clinical Neuroanatomy, 30th Edition**: 100 Questions
- Endocrine Physiology, 6e**: 46 Questions
- Essentials of Modern Neuroscience**: 182 Questions
- Ganong's Medical Physiology Examination & Board Review, 2nd Edition**: 426 Questions
- Ganong's Review of Medical Physiology, 26e**: 313 Questions

# レビュー問題(Review Questions)機能 Random Quiz & Custom Quiz

- 1 ランダムな問題作成が可能
- 2 教科書のセクション別にカスタマイズした問題の作成が可能

## Question 1 of 20

Which of the following are routine components of an ERAS protocol in patients who have undergone colon resection?

- A Vital signs including heart rate, blood pressure, oxygen saturation.
- B Wound evaluation including assessment of drain output and content.
- C Assessment of the adequacy of pain management.
- D Plan for removal of the nasogastric tube, Foley catheter, and advancement of diet.
- E All of the above.

[Submit & View Answer](#)[Submit & View Next Question](#)

**Study Tools**

Flashcards  
**Review Questions**  
Basic Sciences  
Clinical Practice & Board Review  
CME Eligible

**Current Diagnosis & Treatment: Surgery, 15e**  
Gerard M. Doherty

Eligible for CME  
[Learn More](#)  
[My CME](#)

NOTE: A quiz may not include more than 250 questions. Quizzes cannot be saved mid-progress.

**Create CME Quiz**  
[Start Quiz](#)

**1 Create Random Quiz**  
10 of 230 available  
[Start Random Quiz](#)

**2 Create Custom Quiz**  
Generate a custom quiz by selecting a number of questions from the available topics below, and clicking "Start Custom Quiz" when ready.  
[Start Custom Quiz](#)

**Training, Communication, Professionalism, & Systems-Based Practice**  
0 of 5 available Chapter 2. Training, Communication, Professionalism, & Systems-Based Practice

**Preoperative Preparation**  
0 of 5 available Chapter 3. Preoperative Preparation

**Postoperative Care**  
0 of 5 available Chapter 4. Postoperative Care

**Postoperative Complications**  
0 of 5 available Chapter 5. Postoperative Complications

**Wound Healing**  
0 of 5 available Chapter 6. Wound Healing

**Power Sources in**  
0 of 5 available

AccessMedicine

# レビュー問題(Review Questions)機能 クイズ(Quiz)に解答

## 1 選択肢を選んで提出

**Question 1 of 20**

Which phase of acute wound healing is prolonged during progression to a chronic wound?

A Coagulation.

B Inflammation.

C Fibroplasia.

D Angiogenesis.

E Remodeling.

[Submit & View Answer](#) [Submit & View Next Question](#)

## 2 正解および解説を提供

\* 問題の出典は解説欄の[リンク\(Source\)](#)から確認可能

## 3 電子メール(Email)で結果を共有する機能

## 4 再挑戦(Retake)機能

## 5 結果を印刷する機能

### Question 1: Incorrect

Which phase of acute wound healing is prolonged during progression to a chronic wound?

- A Coagulation.
- B Inflammation.
- C Fibroplasia.
- D Angiogenesis.
- E Remodeling.

The correct answer is **B**. You answered **C**.

Explanation:

The correct answer is **B**. Inflammation. An acute wound is defined by its ability to normally progress, in a predictable and timely manner, through all of the phases of wound healing; coagulation, inflammation, fibroplasia, angiogenesis, and remodeling. A protracted inflammatory phase is the usual mechanism for the formation of a chronic wound. All clinical efforts should be made to reduce chronic wound inflammation in an effort to support healing.

 55% of users answered correctly.

Source: Current Diagnosis & Treatment: Surgery, 15e

[Email Results](#)

[Return to Top of Results](#)

[Retake](#)

[Print Results](#)

Mc  
Graw  
Hill

薬剤情報データベース

# Drug Monographs

数千種類の薬剤を体系的に整理した  
統合薬剤データベース

[Drug Monographs](#) →

# 数千種類の薬剤を体系的に整理した \*\*統合薬剤データベース

## \*\*分類

- 1 成分(Generics)
- 2 商品名(Trade Names)
- 3 薬剤分類(Drug Classes)
- 4 患者向け資料の提供



### Drug Monographs

All Drugs

- Generics
- Trade Names
- Drug Classes
- Patient Handouts

All Drugs

Q

0-9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A&D Jr. [OTC]	A.E.R. Traveler [OTC]
A.E.R. Witch Hazel [OTC]	A+D First Aid
A+D Original [OTC]	A+D Prevent [OTC] [DSC]
A-200 Lice Treatment Kit [OTC]	A-200 Maximum Strength [OTC]
A-25 [OTC]	A3 (Neuroblastoma)
AA-Adefovir	AA-Amilzide
AA-Atenidone	AA-Clozapine
AA-Diltiaz	AA-Feno-Micro
AA-Feno-Super	AA-Pravent
AA-Levocarb CR	AA-Metoprolol SR
AA-RISEDRONATE DR	AA-Theo LA
A-AVD (Hodgkin)	Abacavir
Abacavir and Lamivudine	Abacavir, Dolutegravir, and Lamivudine
Abacavir, Lamivudine, and Zidovudine	Abaloparatide
Abatacept	Abbreviations, Acronyms, and Symbols
ABDEK [OTC]	ABDEK [OTC]
Abecma	Abelcet
Abemaciclib	Abemaciclib-Fulvestrant (Breast)
Abevmy	Abilify
Abilify Asimtufuli	Abilify Maintena
Abilify MyCite [DSC]	Abilify MyCite Maintenance Kit
Abilify MyCite Starter Kit	Abitraterone Acetate
Abitraterone-Methylprednisolone (I)	
Abitrega	
AbobotulinumtoxinA	

AccessMedicine

33

# Drug Monographs

## 薬剤情報の例および概要

### 1 薬剤情報の提供

- 関連する臨床薬理学(Clinical Pharmacology)
- 適応症および用法・用量(Indications and Usage)
- 禁忌(Contraindications)
- 副作用(Adverse Reactions)
- 薬物相互作用(Drug Interactions)
- 用量(Dosing)等

### Abatacept

[Basics](#)   [Pregnancy & Lactation](#)   [Storage & Compatibility](#)   [References](#)  
[Clinical Pharmacology](#)   [Adverse Reactions](#)   [Monitoring](#)  
[Indications & Usage](#)   [Interactions](#)   [Patient Education](#)  
[Contraindications](#)   [Dosing](#)   [Additional Information](#)  
[Warnings/Precautions](#)   [Administration](#)   [Pricing](#)

**Mechanism of Action**

Abatacept is a selective costimulation modulator; it inhibits T-cell (T-lymphocyte) activation by binding to CD80 and CD86 on antigen presenting cells (APC), thus blocking the required CD28 interaction between APCs and T cells. Activated T lymphocytes are found in the synovium of patients with rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis. Costimulation blockade has a role in preventing graft-versus-host disease (Watkins 2021).

**Pharmacokinetics (Adult Data Unless Noted)**

Distribution:  $V_{ss}$ : Rheumatoid arthritis (RA): IV: 0.07 L/kg (range: 0.02 to 0.13 L/kg); acute graft-versus-host disease (aGVHD) prophylaxis: 0.13 to 0.17 L/kg

### Abatacept

[Basics](#)   [Pregnancy & Lactation](#)   [Storage & Compatibility](#)   [References](#)  
[Clinical Pharmacology](#)   [Adverse Reactions](#)   [Monitoring](#)  
[Indications & Usage](#)   [Interactions](#)   [Patient Education](#)  
[Contraindications](#)   [Dosing](#)   [Additional Information](#)  
[Warnings/Precautions](#)   [Administration](#)   [Pricing](#)

Images	Description
 <a href="#">Formulation Details</a>	Orencia [B-M SQUIBB U.S. (PRIMARY CARE)] 250 mg
<a href="#">View all</a>	

**Name**  
Abatacept

**Pronunciation**  
(ab a TA sept)

**Brand Names: US**

- Orencia
- Orencia ClickJect

**Pharmacologic Category**

- Antirheumatic, Disease Modifying
- Selective T-Cell Costimulation Blocker

**Medication Safety Issues**  
Sound-alike/look-alike issues:  
Orencia may be confused with Oracea

# Drug Monographs

## 患者向け資料の提供

- 1 国別の薬剤名
- 2 注意事項
- 3 薬剤の主な使用目的
- 4 服用前の注意事項
- 5 服用方法
- 6 副作用の案内等

### Drug Monographs

All Drugs

Generics

Trade Names

Drug Classes

**Patient Handouts**

#### Patient Handouts

A B C D E F G H I J K L M N O P Q R S T U V W X

Language: English | Spanish

Abacavir

Abacavir and La

Abacavir, Lamivudine, and Zidovudine

Abatacept

## Abacavir

[Print Section](#)

### Pronunciation

(a BAK a veer)

### Brand Names: U.S.

- Ziagen

### Brand Names: Canada

- Ziagen®

### Warning

- Unsafe and sometimes deadly allergic effects may happen with this drug. Tell your doctor about any fever, rash, feeling tired, upset stomach, throwing up, loose stools, belly pain, flu-like signs, sore throat, cough, or trouble breathing. Do not restart this drug if you have had an allergic reaction.
- The chance of allergic effects is raised in people who have a certain gene called HLA-B\*5701. Your doctor may check your blood work before you start this drug. Talk with your doctor.
- This drug may rarely cause swollen liver and an acid health problem in the blood. This may be deadly in some cases. The chance may be higher in women, in overweight people, and in people who have taken drugs like this one for a long time. Talk with your doctor.

### What is this drug used for?

- It is used to treat HIV infection.

### What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to abacavir or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have liver disease.
- If you are taking another drug that has the same drug in it.
- This is not a list of all drugs or health problems that interact with this drug.
- Tell your doctor and pharmacist about all of your drug problems. You must check to make sure that it is safe to take this drug with the other drugs you are taking. Do not start, stop, or change the dose of any drug without your doctor's advice.

Mc  
Graw  
Hill

鑑別診断ツール

# Diagnosaurus®

迅速かつ正確な鑑別診断！

症状・疾患・臓器別に最適化された診断ツールを提供！

Diagnosaurus® →

# Diagnosaurus® 鑑別診断ツール

Diagnosaurus®を通じて  
1,000件以上の診断情報にアクセス可能

The screenshot displays the Diagnosaurus web application interface. At the top, the title "Diagnosaurus®" is shown with a dinosaur logo. Below the title, there are three search filters: "By Symptom", "By Disease", and "By Organ System". A red box highlights these filters. To the right, there is a search bar labeled "Search Diagnosaurus" and a "Get Alerts" button. Below the search bar, there is a list of letters from A to Z. A red box highlights the letter "A". Below the letters, there is a list of differential diagnoses. A red box highlights the item "Abdominal pain and fever". A red arrow points from this item to a larger, detailed view of the same item on the left side of the screenshot. This detailed view shows the title "Abdominal pain and fever" and a list of differential diagnoses (DDx) including Gastroenteritis, Pancreatitis, Peritonitis, Urinary tract infection, Appendicitis, Diverticulitis, Viral hepatitis, Liver or abdominal abscess, Pelvic inflammatory disease, Ruptured ectopic pregnancy, and Tubo-ovarian abscess.

Mc  
Graw  
Hill

テーマ別にスッと身につく!

## Flash Cards

スピーディに学べるインタラクティブなフラッシュカード(Flash Cards)!

[Flash Cards](#) →

# テーマごとに素早く身につく インタラクティブな フラッシュカード(Flash Cards)

資料(Resource)およびテーマ(Topic)別に細分化された  
インタラクティブなフラッシュカード(Flash Cards)集

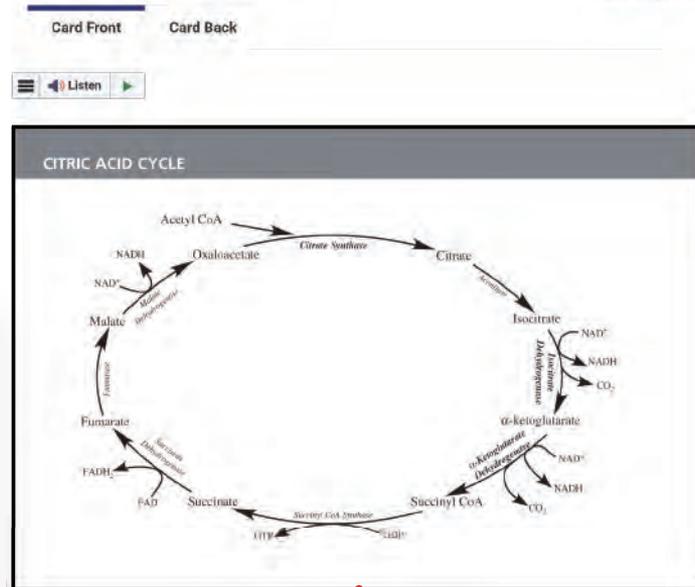
スピーディーな復習をサポートする機能



## Cellular Energy - Card 01



Add to Favorites



Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Flashcards**

**Biochemistry and Genetics Flashcards, 3e**

DeGowin's Diagnostic Examination Flashcards

Histology Image Review

Microbiology & Infectious Disease Flashcards, 3e

Pathology Flashcards, 4th Edition

Pharmacology Flashcards, 5th Edition

Physiology Flashcards for USMLE Step 1 and Course Review

Vanderbilt Rapid Recall Flashcards

**Biochemistry and Genetics Flashcards, 3e**

Author(s): Suzanne Baron, Christoph Lee

When we began to review the biochemistry and genetics material covered in the USMLE Step 1 at the end of our second year at Yale Medical School, we realized that most of the practice questions were approaching the material from a clinical perspective and not from the basic science perspective in which we had learned these topics. Although we had taken introductory biochemistry and genetics courses back in college and covered the material again during the first few months of medical school, we found ourselves studying the clinical aspects of biochemical and genetic diseases for the first time. Flipping through ...

[Read more](#)

[Cellular Energy](#)

[Carbohydrate Metabolism](#)

[Lipid Metabolism](#)

# 効果的に学習・暗記できる フラッシュカード(Flash Cards)の両面活用機能

## 1 フラッシュカード(Flash Cards)表面

Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Cellular Energy - Card 01** ★ Add to Favorites

Card Front Card Back

184 High yield cards deliver a fast and effective review for the USMLE Step 1

**LANGE**

Card 1/3

Abbreviations  
About the Authors  
Acknowledgments  
Preface  
Editors  
Notice  
Copyright

CITRIC ACID CYCLE

## 2 フラッシュカード(Flash Cards)裏面

Home > All Flashcards > Biochemistry and Genetics Flashcards, 3e

**Cellular Energy - Card 01** ★ Add to Favorites

Card Front Card Back

184 High yield cards deliver a fast and effective review for the USMLE Step 1

**LANGE**

Card 1/3

Abbreviations  
About the Authors  
Acknowledgments  
Preface  
Editors  
Notice  
Copyright

CITRIC ACID CYCLE

The citric acid cycle occurs in the mitochondrial matrix. Functions include the oxidation of acetyl CoA to CO<sub>2</sub>, the formation of NADH and FADH<sub>2</sub> for entrance into the electron transport chain and subsequent ATP generation, and the synthesis of several important molecules, including succinyl CoA (precursor molecule of heme), oxaloacetate (early intermediate molecule in gluconeogenesis and substrate for amino acid synthesis), α-ketoglutarate (substrate for amino acid synthesis), and citrate (substrate for fatty acid synthesis).

**YIELD OF THE CITRIC ACID CYCLE**

Each molecule of acetyl CoA entering the citric acid cycle yields the following:

- Two CO<sub>2</sub>
- Three NADH
- One FADH<sub>2</sub>
- One GTP

Because each NADH will eventually produce 2.5 ATP and each FADH<sub>2</sub> will produce 1.5 ATP through the electron transport chain, the overall ATP yield from 1 acetyl CoA is 10 ATP (7.5 from NADH, 1.5 from FADH<sub>2</sub>, and 1 from GTP).

REGULATION OF THE CITRIC ACID CYCLE		
Enzyme	Inhibitors	Activators
Citrate synthase	ATP NADH Succinyl CoA Citrate	ADP
Isocitrate dehydrogenase	ATP NADH	ADP
α-Ketoglutarate dehydrogenase	ATP or GTP NADH Succinyl CoA and lipoyl acid	---

要点だけをしっかりキャッチ!

# Harrison's High Yield Key Points

Harrison内科学の必須チャプターを要約、  
重要ポイントを素早く確認しましょう!

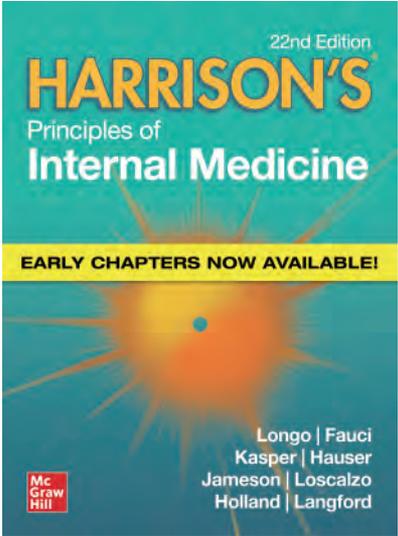
[Harrison's High Yield Key Points](#) →

## Harrison's High Yield Key Points

### Harrison内科学の必須チャプターを要約

 代表的な医学書\*\*"Harrison's Principles of Internal Medicine"\*\*\*の人気チャプターをまとめた要点集

Home > Books >



**Harrison's Principles of Internal Medicine, 22nd Edition** 

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

[Go to Review Questions](#) [Go to Cases](#)

Search Textbook 

Early access chapters of the upcoming 22nd edition are now available. [Go to the new edition.](#)

AccessMedicine

📖 チャプターごとの膨大な情報を簡潔にまとめた内容

## Harrison's High Yield Key Points - 22nd Edition

📖 Key Points for Chapter 6: Screening and Prevention of Disease

📖 Key Points for Chapter 18: Low Back Pain

📖 Key Points for Chapter 19: Neck Pain

📖 Key Points for Chapter 24: Dizziness and Vertigo

📖 Key Points for Chapter 30: Coma

📖 Key Points for Chapter 33: Sleep Disorders

📖 Key Points for Chapter 66: Anemia and Polycythemia

📖 Key Points for Chapter 80: Oncologic Emergencies

📖 Key Points for Chapter 84: Breast Cancer

📖 Key Points for Chapter 90: Renal Cell Carcinoma

📖 Key Points for Chapter 98: Paraneoplastic Syndromes: Endocrinologic/Hematologic

📖 Key Points for Chapter 102: Iron Deficiency and Other Acquired Anemias Due to Decreased Erythrocyte Production

📖 Key Points for Chapter 105: Hemolytic Anemias

📖 Key Points for Chapter 116: Plasma Cell Disorders

📖 Key Points for Chapter 131: Pneumonia

📖 Key Points for Chapter 221: Cryptococcosis

### Key Points for Chapter 6: Screening and Prevention of Disease

**Point 1:** Screening and prevention are primary goals in health care to prevent disease or detect it early enough for effective intervention.

**Point 2:** Screening is most effective when applied to common disorders that carry a large disease burden. The leading causes of mortality in the United States include heart diseases, malignant neoplasms, chronic obstructive pulmonary disease, accidents, and cerebrovascular diseases.

**Point 3:** Age and other risk factors are used to determine screening recommendations, and shared decision-making may be important when the benefit-to-harm ratio is uncertain.

**Point 4:** Screening tests and preventive interventions can have benefits and harms. Adverse outcomes can include side effects, false-positive results, overdiagnosis, anxiety, and radiation exposure. The cost-effectiveness of strategies is evaluated based on the cost per year of life saved.

**Point 5:** The decision to implement a population-based screening and prevention strategy requires weighing the benefits and harms, including the economic impact of the strategy. The costs include not only the expense of the intervention but also time away from work, downstream costs from false-positive results, "incidentalomas" or adverse events, and other potential harms.

**Point 6:** In addition, for patients with advanced diseases and limited life expectancy, there is considerable benefit from shifting the focus from screening procedures to the conditions and interventions more likely to affect quality and length of life.

Mc  
Graw  
Hill

さまざまな疾患を一目で把握!

# Infographic

医療専門家のための、  
疾患別の要点まとめ&グラフィックガイド!

[Infographic](#) →

## Infographic

### さまざまな疾患、一目で把握！ 医療専門家のための、 疾患別の要点まとめ&グラフィックガイド！

医療専門分野ごとに、さまざまな疾患や状態に関する情報を素早く復習できるように構成された要約資料とグラフィックを提供

1ページに要約された医療インフォグラフィックを16の専門分野にわたり600件以上収録

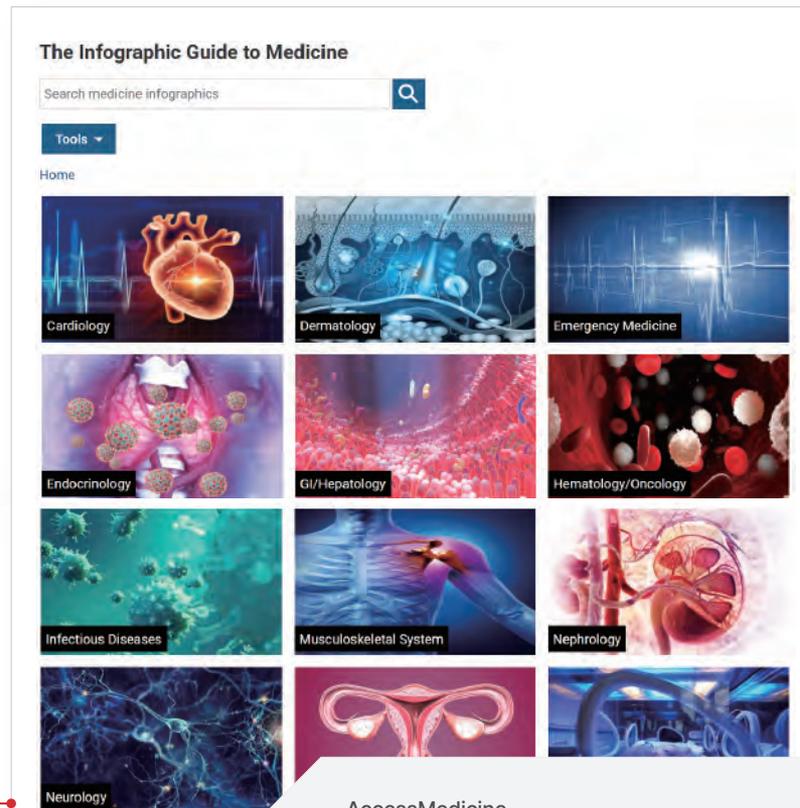
#### Infographics



The Infographic Guide to Medicine  
Neeral Shah, MD



The Infographic Guide to Surgery  
Neeral Shah, MD



# Infographic メインページ

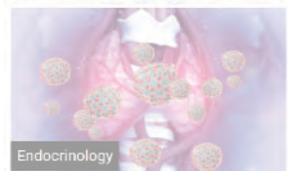
## The Infographic Guide to Medicine

Search medicine infographics



Tools ▾

Home



### Angina Pectoris

**Etiology** (Impaired O<sub>2</sub> Demand → Supply)

- Arteriosclerosis
- Coronary vasospasm (CAD)
- Coronary plaques

**Clinical Presentation**

- Characterized by recurrent chest pain
- May radiate to neck or jaw
- Associated with dyspnea or syncope (CAD)
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with angina
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Angina Pectoris

### Aortic Dissection

**Etiology**

- Marfan syndrome
- Cystic medial degeneration
- Connective tissue disorders
- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Aortic Dissection

### Aortic Regurgitation

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Aortic Regurgitation

### Aortic Stenosis

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Aortic Stenosis

### Atrial Fibrillation & Atrial Flutter

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Atrial Fibrillation and Atrial Flutter

### AV Nodal Reentry Tachycardia & WPW

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

AV Nodal Reentry Tachycardia and WPW

### Cardiac Tamponade

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Cardiac Tamponade

### Carotid Artery Stenosis

**Etiology**

- Arteriosclerosis
- Dissecting aortic aneurysm
- Dissection
- ECG
- Stress test
- ECG
- Stress test

**Clinical Presentation**

- Sudden onset of severe chest pain
- May radiate to back or abdomen
- Associated with dyspnea or syncope
- Improves with rest or nitroglycerin
- Symptoms last < 5 min

**Diagnosis**

- History consistent with aortic dissection
- EKG classically normal
- Stress testing
- Thrombolysis if noncardiac MI

**Treatment—Medical Therapy**

- Medical therapy not always effective
- Calcium channel blockers
- β-blockers
- Diagnosis
- ECG
- Stress test
- ECG
- Stress test

Carotid Artery Stenosis

# Infographic

## 詳細ページ

- 1 印刷(資料の印刷機能)
- 2 共有(SNS・メール等での共有機能)
- 3 引用(参考文献機能)
- 4 注釈(コメント機能)
- 5 参照表示

### References

Le T, Bhushan V. *First Aid for the USMLE Step 2 CK*. 10th ed. New York, NY: McGraw Hill; 2018; 33–34.

Le T, Bhushan V, Sochat M. *First Aid for the USMLE Step 1 2019*. New York, NY: McGraw Hill; 2019:301, –314.

The infographic is titled "Angina Pectoris" and is attributed to Victor Soukoulis. It features a red header with the title and two caduceus symbols. Below the header, the infographic is divided into three main sections: Etiology (purple background), Clinical Presentations (teal background), and Diagnosis (green background). The infographic includes icons for each section and lists key information such as "Myocardial O<sub>2</sub> Demand > Supply", "Atherosclerosis", "Coronary vasospasm (rare)", "Severe anemia", "Exertional substernal chest pressure", "May radiate to neck or arm", "Associated with shortness of breath (SOB)", and "Improves with rest".

Numbered callouts on the screenshot indicate the following features:

- 1 Print
- 2 Share
- 3 Get Citation
- 4 Annotate

Additional features shown include a "Listen" button and a star icon for bookmarks.

AccessMedicine

**Mc  
Graw  
Hill**

インタラクティブな3Dモジュールで学ぶ、臨場感あふれる人体探検

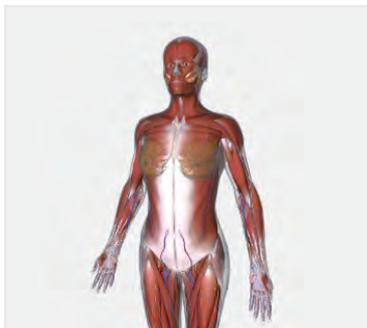
# Human Anatomy Interactive 3D Modules

[Human Anatomy Interactive 3D Modules](#) →

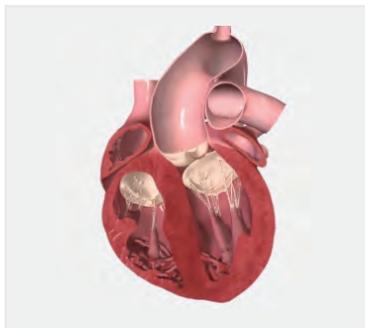
## Human Anatomy Interactive 3D Modules

### インタラクティブな3Dモジュールで学ぶ、臨場感あふれる人体探検

- 1 Complete Human Anatomy Modules: 男性と女性の3D人体解剖モジュールを提供
- 2 Focused Anatomy Modules: 機能別・部位別に人体の構造を可視化する3D人体解剖モジュールを提供
- 3 Human Anatomy Tours: 3D形式で関連する人体構造のツアーとクイズを提供
- 4 Regional Anatomy Modules: 局所解剖学モジュールを提供



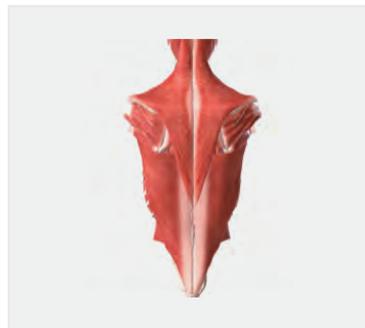
Complete Human Anatomy  
Modules



Focused Anatomy Modules



Human Anatomy Tours



# Complete Human Anatomy Modules

## 男性と女性の解剖学モジュール

 男性と女性の3D人体解剖学モジュールを提供

### Human Anatomy Modules

#### > Complete Human Anatomy Modules

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



Female Complete Anatomy

Play



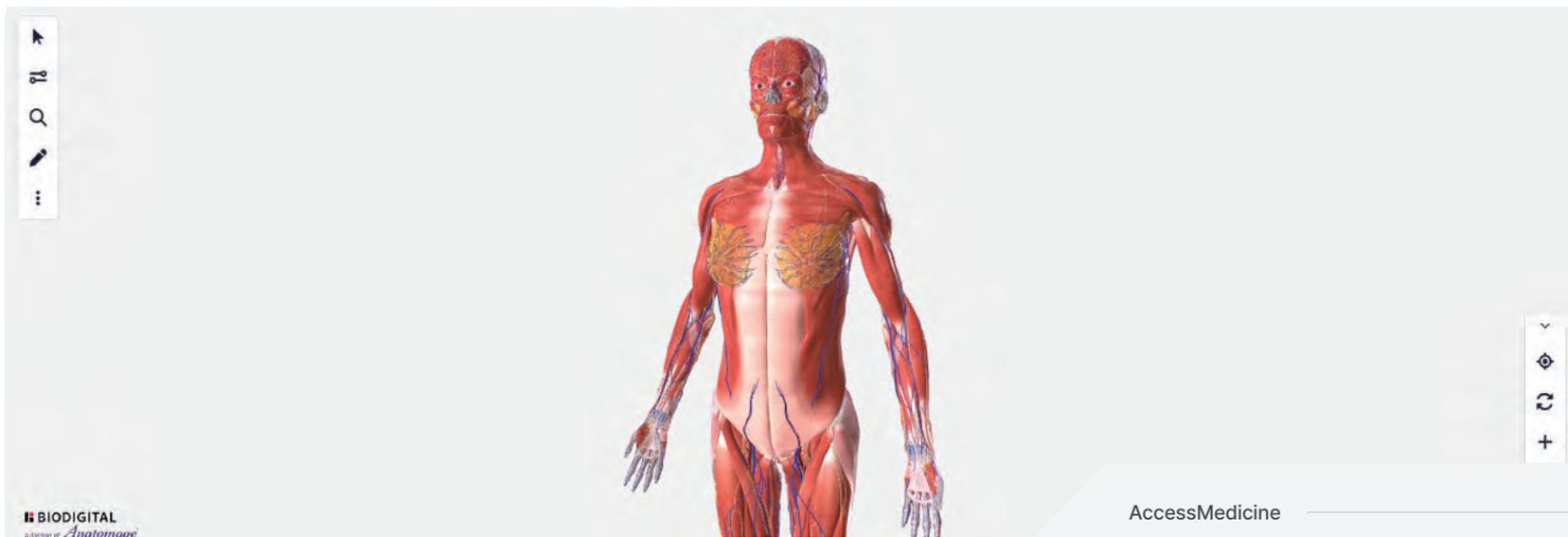
Male Complete Anatomy

Play

## Complete Human Anatomy Modules

### 男性と女性の解剖学モジュール

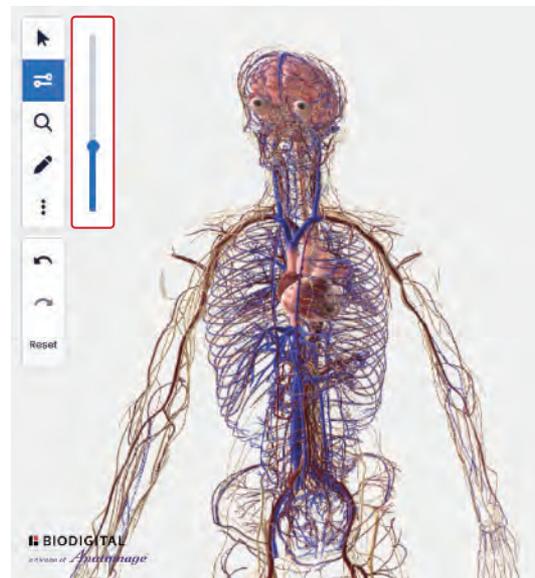
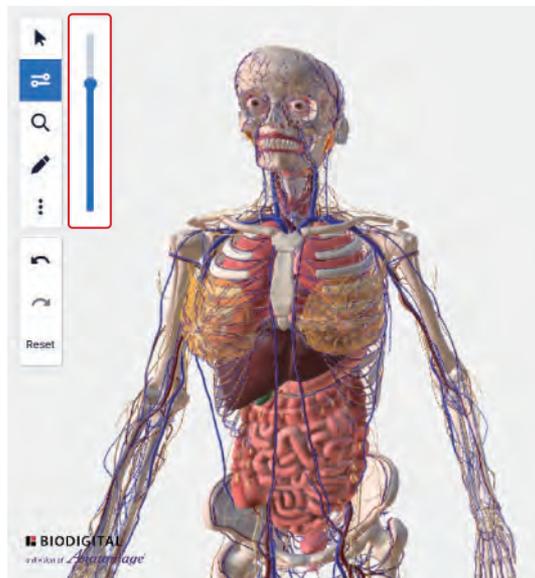
- 1 人体のレイヤーをズームイン・ズームアウトして詳細に確認可能
- 2 検索機能を使って人体の特定部位の解剖を確認可能
- 3 注釈機能(書き込み・描画機能付き)



## Human Anatomy Interactive 3D Modules

### Complete Human Anatomy Modules

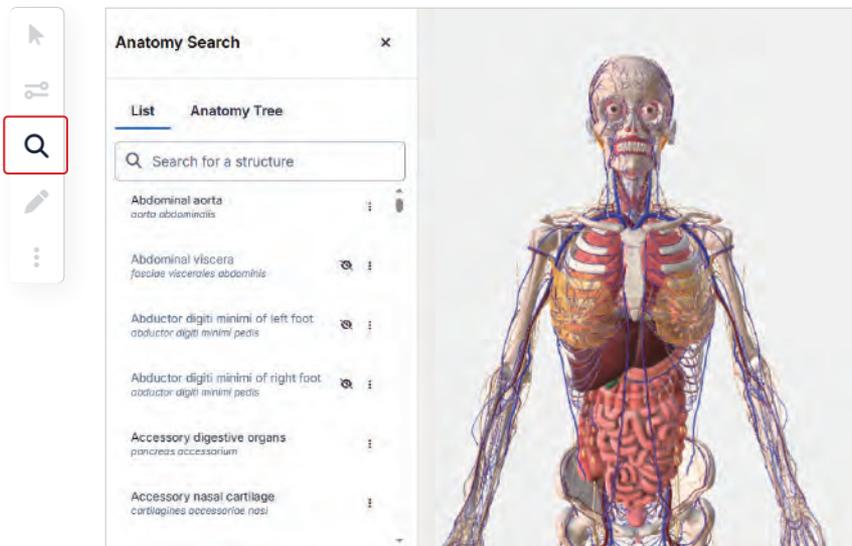
🔍 人体レイヤーのズームイン・ズームアウト機能



# Human Anatomy Interactive 3D Modules

## Complete Human Anatomy Modules

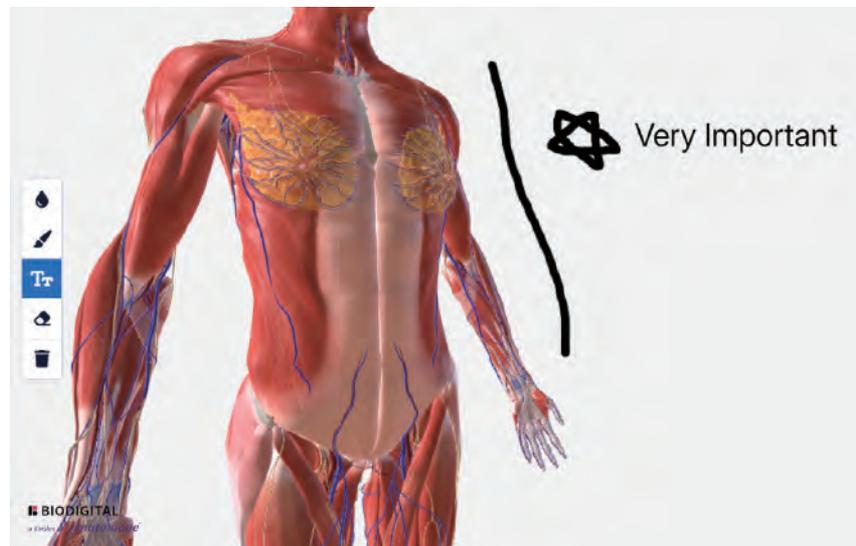
検索機能を使って人体の特定部位の解剖を確認可能



## Human Anatomy Interactive 3D Modules

### Complete Human Anatomy Modules

🎨 注釈機能(書き込み・描画機能付き)



# Human Anatomy Interactive 3D Modules

## Focused Anatomy Modules

 機能別・部位別に人体の構造を可視化する3D人体解剖学モジュールを提供

Human Anatomy Modules ▾

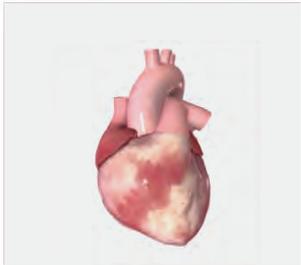
Focused Anatomy Modules ▾

- Cardiology
- Dermatology
- Endocrinology
- GI/Hepatology
- Hematology/Oncology
- Immunology
- Infectious Diseases
- Neurology
- OB/GYN
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry

Tools ▾

### Human Anatomy Modules

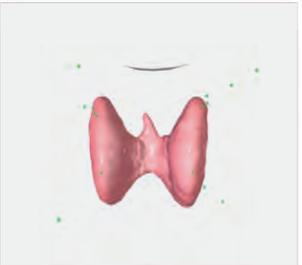
#### > Focused Anatomy Modules



Cardiology



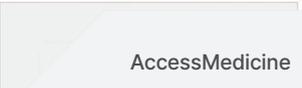
Dermatology



Endocrinology







AccessMedicine

# Human Anatomy Interactive 3D Modules

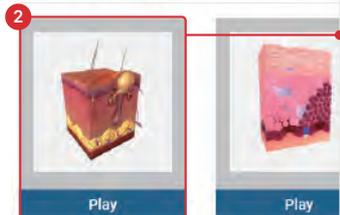
## Focused Anatomy Modules

🔗 機能別・部位別に人体の構造を可視化する3D人体解剖学モジュールを提供

### Human Anatomy Modules

#### > Focused Anatomy Modules

#### 1 Dermatology



Play

Acne Tour



Play

Basal Cell Carcinoma Tour



Play

Contact Dermatitis



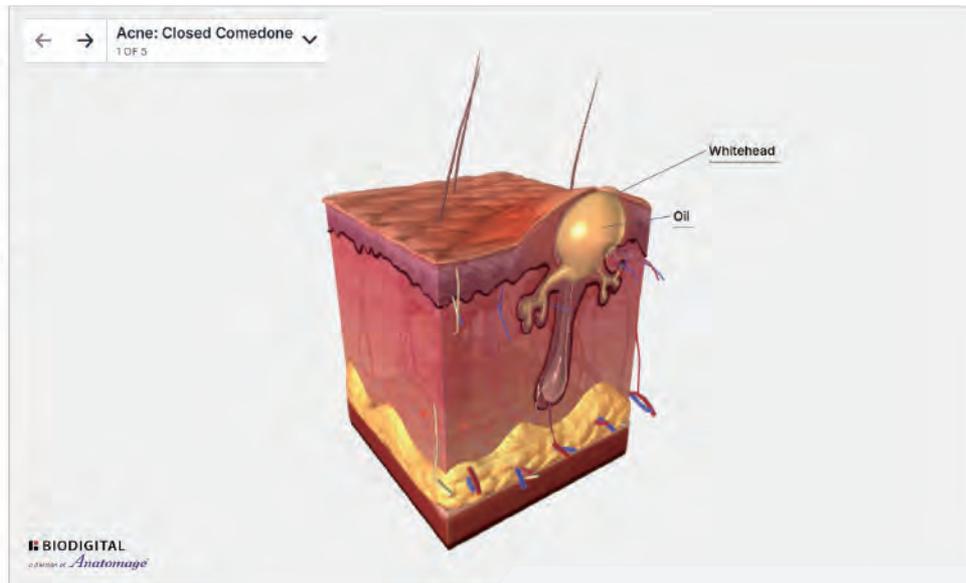
Play

Cutaneous SC

#### 1. Acne

Acne vulgaris is a common disorder of the pilosebaceous unit that is seen primarily in adolescents. Most cases of acne present with a pleomorphic array of lesions, consisting of comedones, papules, pustules, and nodules with varying extent and severity. Although the course of acne may be limited in the majority of patients, the sequelae can be lifelong, with scar formation and psychological impairment, especially in young people.

[View in Context](#)

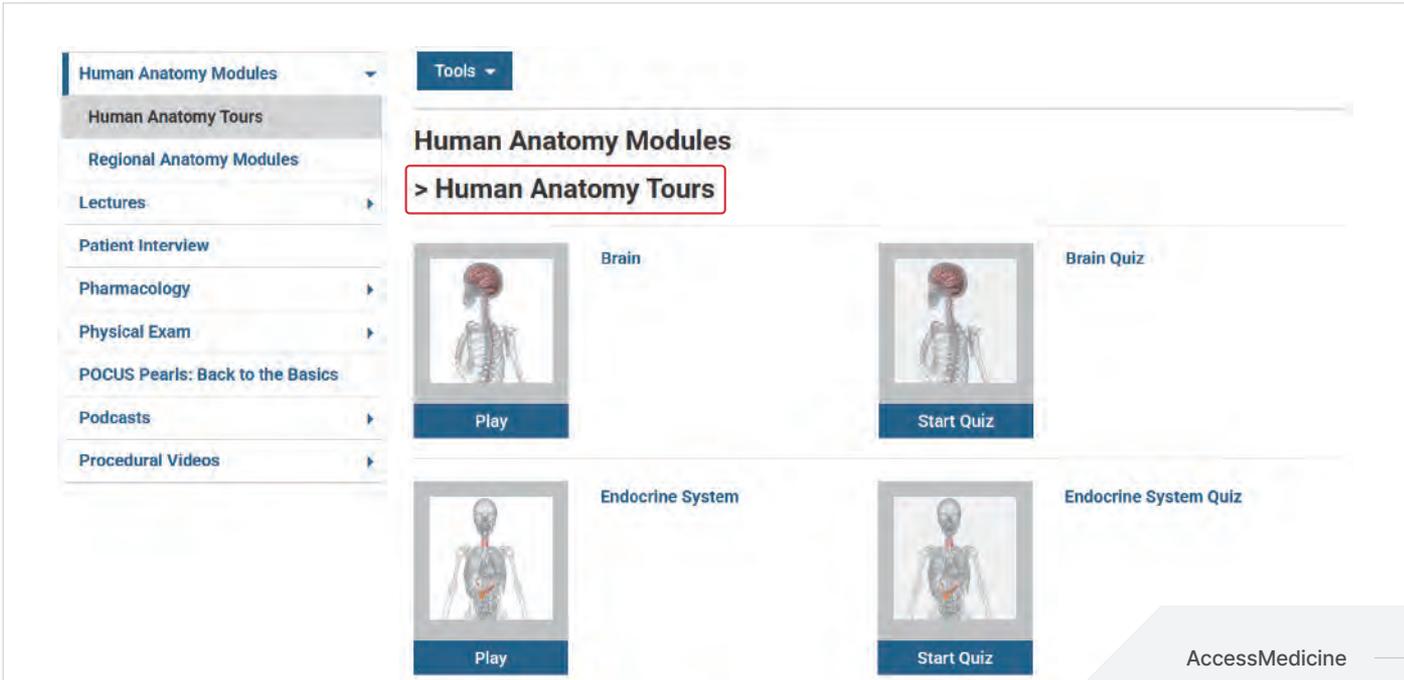


BIODIGITAL  
a division of *Anatomage*

# Human Anatomy Interactive 3D Modules

## Human Anatomy Tours

 3D形式で人体構造のツアー及びクイズを提供



Human Anatomy Modules

Tools

Human Anatomy Modules

> Human Anatomy Tours

Brain

Brain Quiz

Play

Start Quiz

Endocrine System

Endocrine System Quiz

Play

Start Quiz

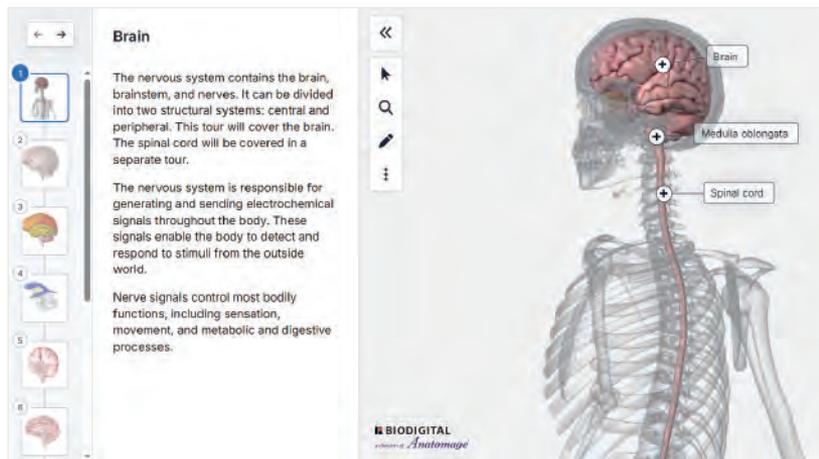
AccessMedicine

57

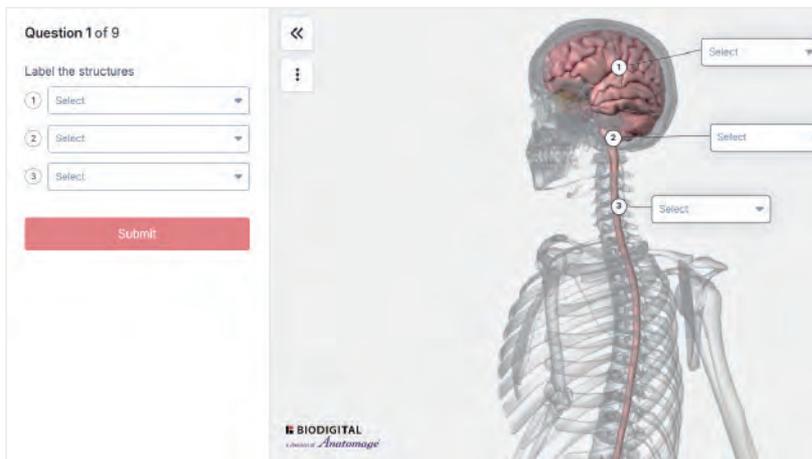
# Human Anatomy Interactive 3D Modules

## Human Anatomy Tours

### 1 Brainツアーを実施



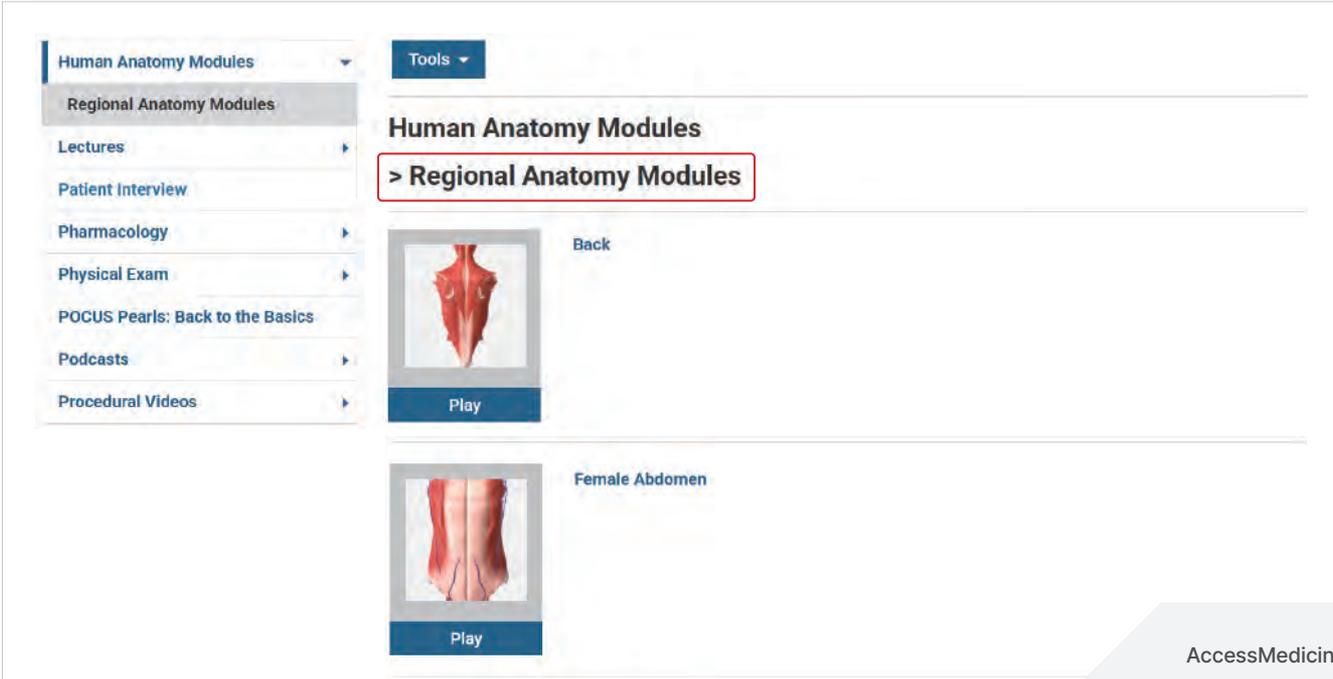
### 2 Brainクイズを実施



# Human Anatomy Interactive 3D Modules

## Regional Anatomy Modules

 局所解剖学モジュールを提供



The screenshot displays the user interface for the Human Anatomy Interactive 3D Modules. On the left is a navigation sidebar with a dropdown menu for "Human Anatomy Modules" and a list of categories: "Regional Anatomy Modules" (highlighted), "Lectures", "Patient Interview", "Pharmacology", "Physical Exam", "POCUS Pearls: Back to the Basics", "Podcasts", and "Procedural Videos". A "Tools" dropdown is located at the top right of the main content area. The main content area is titled "Human Anatomy Modules" and features a red-bordered button labeled "> Regional Anatomy Modules". Below this, two module cards are visible: "Back" with a 3D anatomical image of the back and a "Play" button, and "Female Abdomen" with a 3D anatomical image of the female abdomen and a "Play" button.

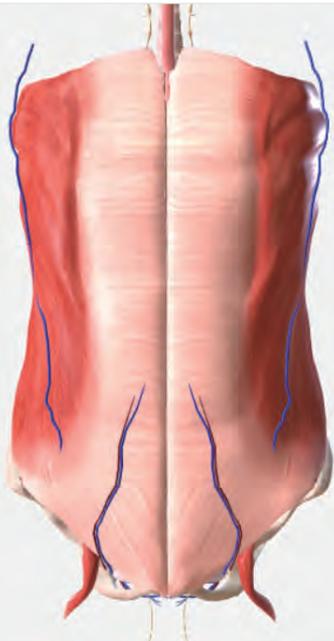
# Human Anatomy Interactive 3D Modules

## Regional Anatomy Modules

### 特定部位の説明

#### Female Abdomen

The abdomen is the region of the trunk between the thorax and pelvis. It is bounded by muscles and contains most of the gastrointestinal organs, such as the stomach, liver, and large and small intestines.



Navigation icons: back, forward, home, search, edit, and menu.

BIODIGITAL  
a division of *Anatomage*

# Human Anatomy Interactive 3D Modules

## Regional Anatomy Modules

📏 レイヤーの設定



# Human Anatomy Interactive 3D Modules

## Regional Anatomy Modules

🔍 検索機能を使って特定部位を確認

👁️ 特定部位の表示・非表示機能を提供

The screenshot displays the 'Anatomy Search' interface. On the left, a search panel titled 'Anatomy Search' contains a search bar with the text 'Search for a structure'. Below the search bar is a list of anatomical structures, including 'Accessory tectorial membrane of atlanto-occipital joint', 'Alar ligaments', 'Anterior atlantoaxial membrane', 'Anterior atlantooccipital membrane', and 'Anterior cervical intertransversarii'. A red circle labeled '2' highlights the search icon next to the 'Anterior cervical intertransversarii' entry. The main area shows a 3D anatomical model of the neck and upper thorax, with two red circles labeled '1' highlighting specific structures. A vertical toolbar on the right side of the model includes navigation and interaction icons, such as a search icon, a hand icon, and a 'Reset' button. The 'BIODIGITAL' logo is visible at the bottom left of the model, and 'AccessMedicine' is visible at the bottom right of the interface.