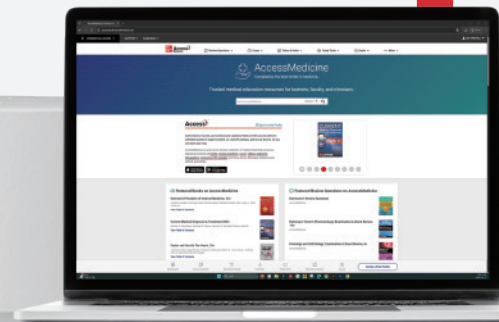
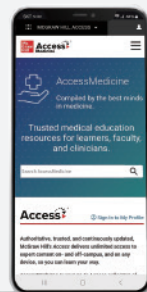


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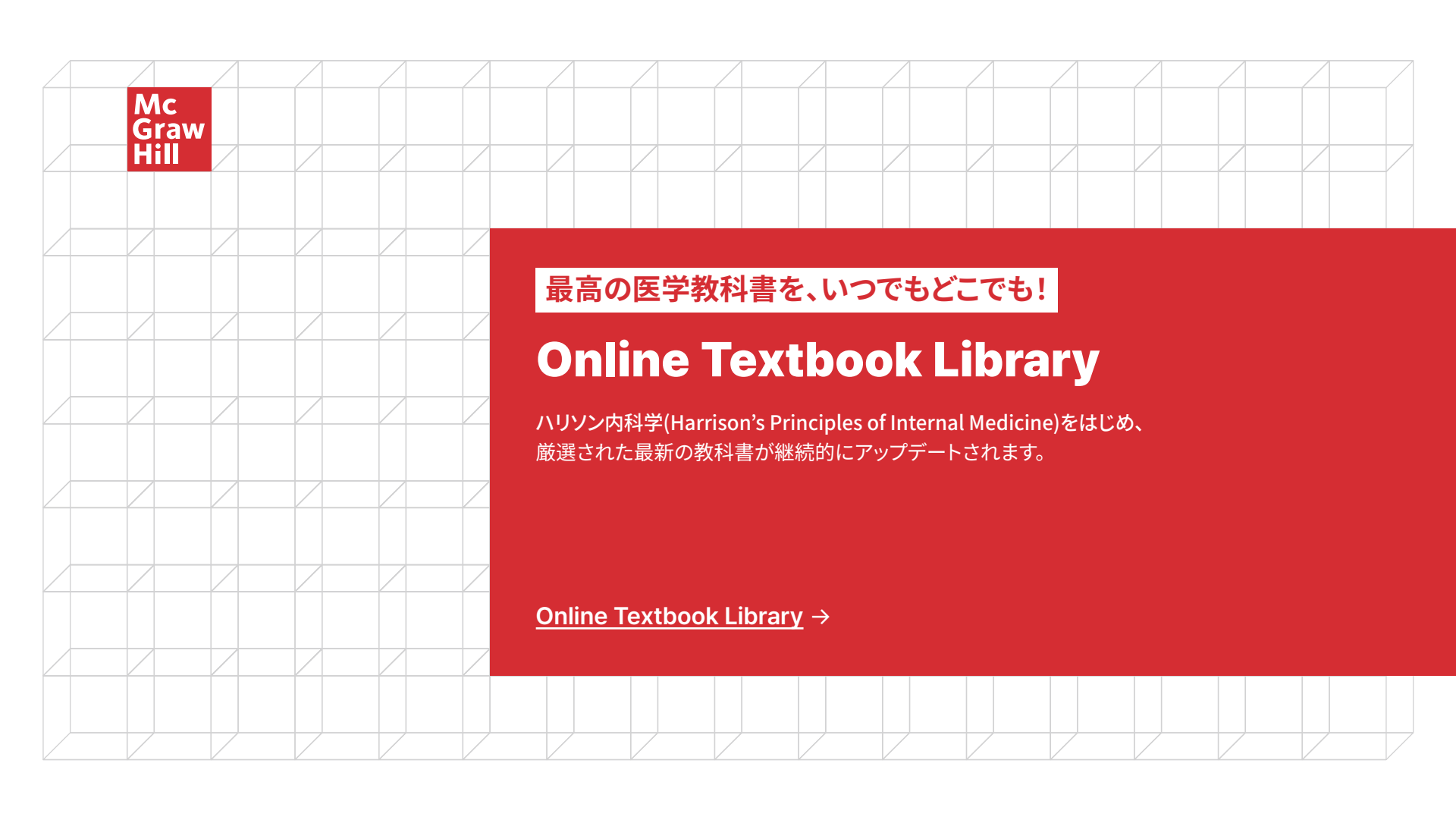
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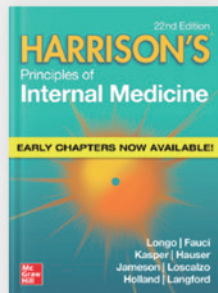
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—Harrison's Principles of Internal Medicine, 1950

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.

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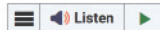
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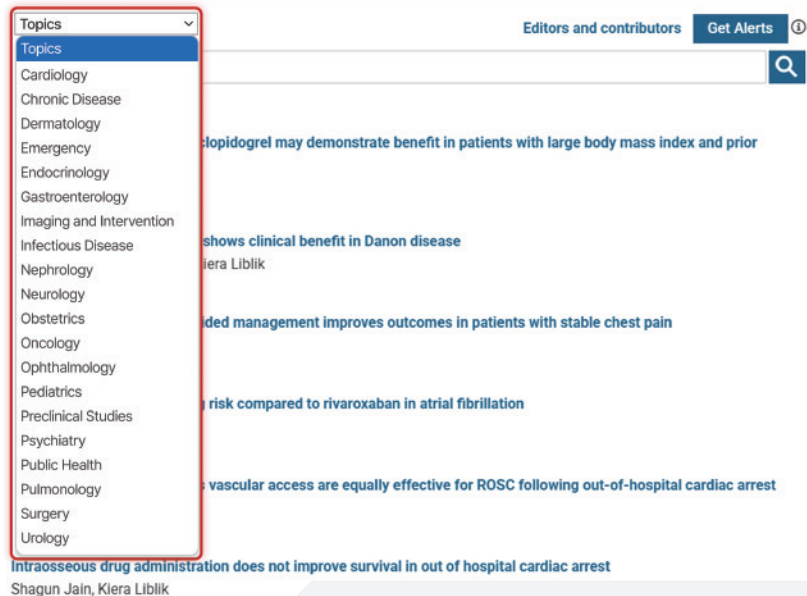
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Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer

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



by Shagun Jain, Kiera Liblik



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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:

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

Evidence Rating Level: 1 (Excellent)

Study Rationale:

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



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 Köhn, Ph.D., Jörg Heil, Ph.D., Silke Polata, 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
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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



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by Simon Pan, Alex Chan

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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](#)

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Pronunciation

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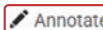


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1. Intraoperative esketamine infusion significantly reduced the incidence of postpartum depression (PPD) at 6 weeks post partum in women undergoing cesarean delivery.

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



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印刷機能

The screenshot displays the 2 Minute Medicine website interface. A dark grey print overlay is active, showing options for printer, layout (縦方向 - Portrait), and page range (全て - All). A red box highlights the 'Print' button on the website, with a red line connecting it to the print overlay. The background content includes the 2m logo, a title 'Intraoperative esketamine infusion may reduce postpartum depression in women undergoing cesarean delivery', and a snippet of the article text.

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2m

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

Editors and Contributors

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

by Simon Pan, Alex Chan

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

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- 4 View Collection
- 5 マイコレクション(My Collections)で確認可能

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

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

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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

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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



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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

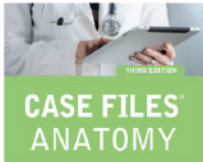


症例ベース スパイラル型学習カリキュラムの提供

- 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)



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CASE FILES ANATOMY

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Case 1 >

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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

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](#)

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

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 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 roots C5 and C6 are affected, resulting in weakness of the infant's arm. Such injuries usually resolve spontaneously.

Answers

The screenshot shows the McGraw Hill Case Files Anatomy interface for a case titled "Brachial Plexus Injury". On the left is a sidebar with a "CASE FILES ANATOMY" logo and a "View Contents" button. Below this is a list of navigation links: Notice, Dedication, Contributors, Preface, Acknowledgments, Introduction, Applying Basic Sciences to Clinical Situations, and Copyright. The main content area has a title "Brachial Plexus Injury" and author information: "Authors: Eugene C. Toy, Lawrence M. Rose, Han Zhang, Christa Papadimitriou". Below the authors are tabs for "Case", "Approach", "Anatomy Pearls", "References", and "Comprehension Questions". The "Case" tab is selected. The text of the case describes a 32-year-old woman delivering a large (4800-g) baby with shoulder dystocia. Below the text is a "Questions" section with three questions and input fields: "What is the most likely diagnosis?", "What is the most likely etiology for this condition?", and "What is the likely anatomical mechanism for this disorder?". At the bottom of the questions section are "Save Answers" and "Show Answers" buttons.

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

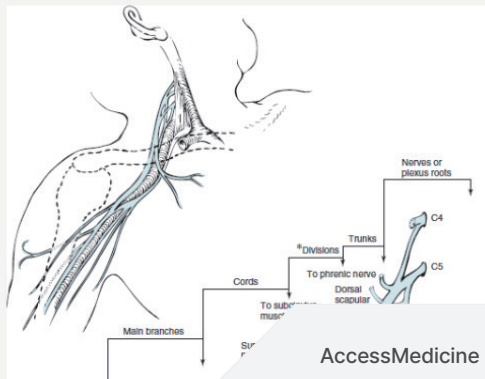
SHOULDER DYSTOCIA: Condition whereby the fetal head delivers vaginally but the shoulders are impacted behind the maternal bony pelvis

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

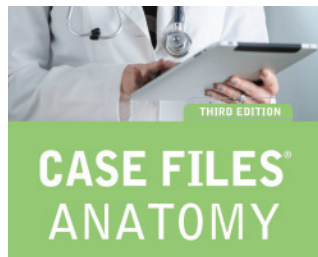
The brachial plexus. (Reproduced, with permission, from Waxman SG. *Clinical Neuroanatomy*, 25th ed. New York: McGraw-Hill, 2003:348.)



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](#)

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Brachial Plexus Injury



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

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

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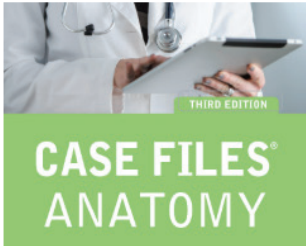
- Widening of the angle between the neck and shoulder may stretch the C5 and C6 roots and/or superior trunk, thereby damaging the axillary, musculocutaneous, and suprascapular nerves.
- An upper plexus injury results in Erb palsy (or Duchenne-Erb paralysis), which is characterized by an adducted and 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

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CASE FILES®
ANATOMY

THIRD EDITION

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Case 1

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Brachial Plexus Injury

☆

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

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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

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- ☐ 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

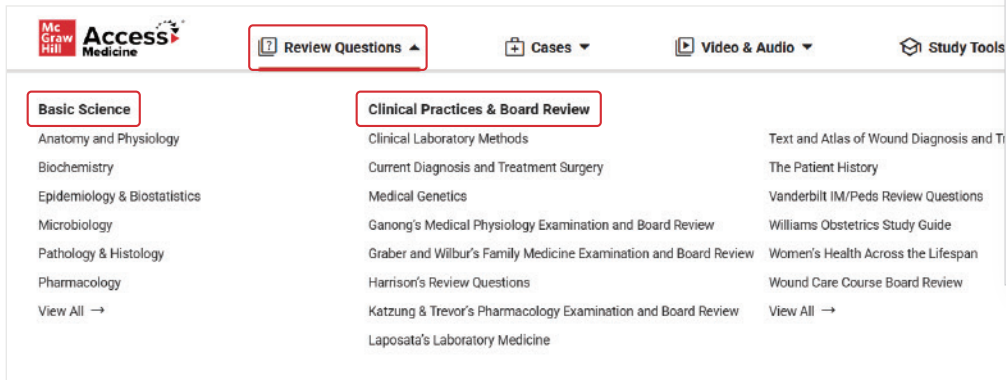
教科書に基づいた、楽しく興味深い問題演習&学習ツール

 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



Generate multiple-choice quizzes from the resources below.



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



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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](#)

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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

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



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-Ipravent
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)
Abemvy	Abilify
Abilify Asimtufil	Abilify Maintena
Abilify MyCite [DSC]	Abilify MyCite Maintenance Kit
Abilify MyCite Starter Kit	Abiraterone Acetate
Abiraterone-Methylprednisolone (P	
Abirtega	
AbobotulinumtoxinA	

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
Clinical Pharmacology
Indications & Usage
Contraindications
Warnings/Precautions

Pregnancy & Lactation
Adverse Reactions
Interactions
Dosing
Administration

Storage & Compatibility
Monitoring
Patient Education
Additional Information
Pricing

References

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

Clinical Pharmacology
Indications & Usage
Contraindications
Warnings/Precautions

Pregnancy & Lactation
Adverse Reactions
Interactions
Dosing
Administration

Storage & Compatibility
Monitoring
Patient Education
Additional Information
Pricing

References

Images	Description
 Formulation Details	Orencia [B-M SQUIBB U.S. (PRIMARY CARE)] 250 mg
View all	

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

Language: English | Spanish

Abacavir

Abacavir, Lamivudine, and Zidovudine

Abacavir and La

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 drugs (prescription or OTC drugs, other health products, or herbal supplements) when you begin to take this drug. Do not start, stop, or change the dose of any of your drugs without consulting your doctor or pharmacist.



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Abdominal pain and fever

DDx

- Gastroenteritis
- Pancreatitis
- Peritonitis
- Urinary tract infection
- Appendicitis
- Diverticulitis
- Viral hepatitis
- Liver or abdominal abscess
- Pelvic inflammatory disease
- Ruptured ectopic pregnancy
- Tubo-ovarian abscess

Diagnosaurus®



All Differential Diagnoses

- By Symptom
- By Disease
- By Organ System

Instructions

All Differential Diagnoses

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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

Abdominal aortic aneurysm

Abdominal pain

Abdominal pain and fever

Abdominal pain and hematuria

Abdominal pain and rash

Abdominal pain and weight loss

Abdominal pain in women

Abdominal pain, generalized

Abdominal pain, left lower quadrant

Abdominal pain, left upper quadrant

Abdominal pain, right lower quadrant

Abdominal pain, right upper quadrant

Abdominal pain, upper or epigastric

Abnormal premenopausal bleeding (increased or irregular)

Absent or decreased pulse

Acanthosis nigricans

Acetaminophen poisoning

Achalasia

Acne vulgaris

Acromegaly and gigantism

Actinic keratoses

Actinomycosis

テーマ別にスッと身につく!

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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](#) →

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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



Biochemistry
and Genetics
Flash Cards

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

Suzanne J. Baron • Christoph J. Lee

LANGE

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Flashcards

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DeGowin's Diagnostic Examination
Flashcards

Histology Image Review

Microbiology & Infectious Disease
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Edition

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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 ...

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[Carbohydrate Metabolism](#)

[Lipid Metabolism](#)

Cellular Energy - Card 01



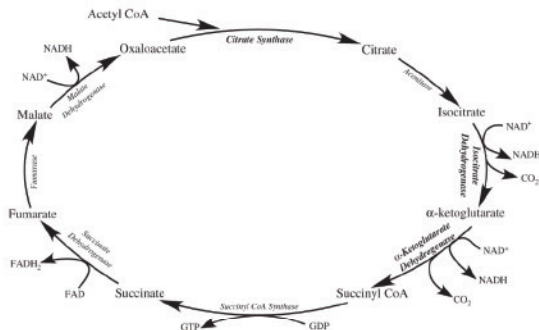
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CITRIC ACID CYCLE



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

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CITRIC ACID CYCLE

The citric acid cycle occurs in the mitochondrial matrix. Functions include the oxidation of acetyl CoA to CO₂, the formation of NADH and FADH₂ 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 CO₂
- Three NADH
- One FADH₂
- One GTP

Because each NADH will eventually produce 2.5 ATP and each FADH₂ 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 FADH₂, 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	---

Card 1/3 >

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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!

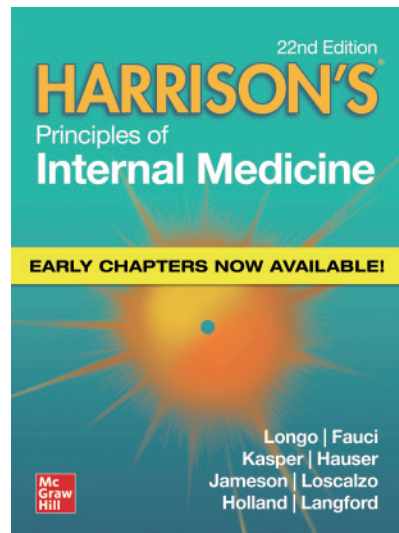
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Harrison's High Yield Key Points

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

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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](#)

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📖 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 222: Histoplasmosis

📖 Key Points for Chapter 223: Coccidioidomycosis

📖 Key Points for Chapter 224: Blastomycosis

📖 Key Points for Chapter 225: Paracoccidioidomycosis

📖 Key Points for Chapter 226: Sporothrix

📖 Key Points for Chapter 227: Cryptosporidiosis

📖 Key Points for Chapter 228: Isosporiasis

📖 Key Points for Chapter 229: Microsporidiosis

📖 Key Points for Chapter 230: Toxoplasmosis

📖 Key Points for Chapter 231: Cerebral Toxoplasmosis

📖 Key Points for Chapter 232: Congenital Toxoplasmosis

📖 Key Points for Chapter 233: Cerebral Toxoplasmosis

📖 Key Points for Chapter 234: Hepatitis

📖 Key Points for Chapter 235: Hepatitis

📖 Key Points for Chapter 236: Hepatitis

📖 Key Points for Chapter 237: Hepatitis

📖 Key Points for Chapter 238: Hepatitis

📖 Key Points for Chapter 239: Hepatitis

📖 Key Points for Chapter 240: Hepatitis

📖 Key Points for Chapter 241: Hepatitis

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.

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！

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Infographic

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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
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Neeral Shah, MD



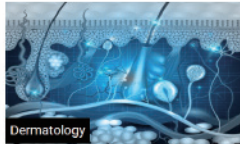
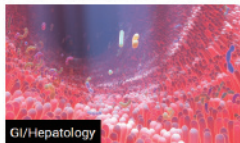
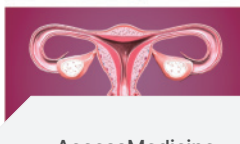
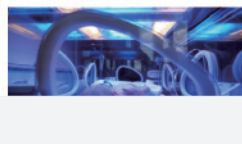
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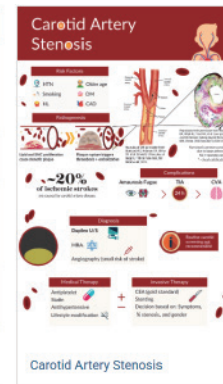
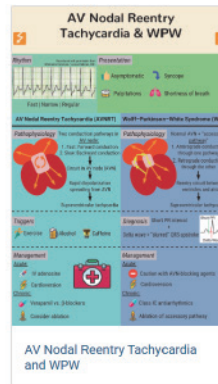
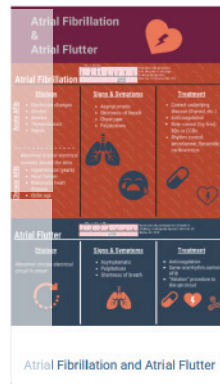
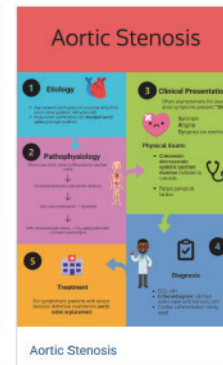
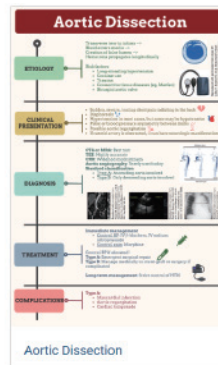
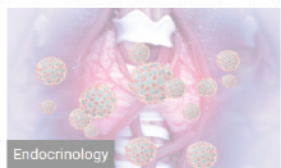
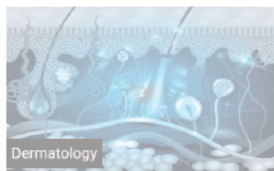
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- 3 引用(参考文献機能)
- 4 注釈(コメント機能)
- 5 参照表示

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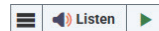
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Le T, Bhushan V, Sochat M. *First Aid for the USMLE Step 1 2019*. New York, NY: McGraw Hill; 2019;301, –314.

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Angina Pectoris

by Victor Soukoulis



The infographic is titled "Angina Pectoris" and features two caduceus symbols on either side of the title. It is divided into three main sections: Etiology, Clinical Presentations, and Diagnosis. The Etiology section (purple background) lists three causes: Atherosclerosis (with a hamburger icon), Coronary vasospasm (rare) (with a red arrow icon), and Severe anemia (with a red pill icon). The Clinical Presentations section (blue background) lists three symptoms: Exertional substernal chest pressure (with a person icon), May radiate to neck or arm (with a blue arrow icon), and Associated with shortness of breath (SOB) (with a lung icon). The Diagnosis section (green background) lists one symptom: Improves with rest (with a person icon). The infographic is numbered 1, 2, and 3 in the top right corner.

1 Etiology: Myocardial O ₂ Demand > Supply	2 Clinical Presentations
- Atherosclerosis - Coronary vasospasm (rare) - Severe anemia	- Exertional substernal chest pressure - May radiate to neck or arm - Associated with shortness of breath (SOB)
3 Diagnosis	
Improves with rest	

History consistent with a

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