



ClinicalKey助益温州医科大学医、教、研建设

Jessie Qian Cai 蔡倩
Account Manager, Greater China
Elsevier Clinical Solutions

www.ClinicalKey.com

推荐使用浏览器：Firefox, Google Chrome, Safari, IE8以上。

IP范围内访问、远程账号访问（账号：**wyylib@Hotmail.com** 密码：123456）
（账号：**wyylib1@Hotmail.com** 密码：123456）

ClinicalKey®

Jie Sun 人 ? 三

The screenshot shows the ClinicalKey website interface. At the top, there is a search bar with the text "Search for conditions, procedures, drugs, and more". Below the search bar, there is a dropdown menu labeled "All Types" and a search input field. To the right of the search bar, there are links for "Saved Searches" and "Search History". Below the search bar, there are two main sections: "Browse" and "Tools". The "Browse" section contains links for "Books", "Journals", "Drug Monographs", and "Guidelines". The "Tools" section contains a link for "Clinical Comparison Report".

Annotations in the image:

- A box labeled "检索" (Search) points to the search bar.
- A box labeled "浏览" (Browse) points to the "Browse" section.
- A box labeled "工具" (Tools) points to the "Tools" section.

ClinicalKey中所包含的内容(12类)

资源类型	数量	功能
Medline	2100万+	全球5600+核心医学期刊文摘
核心医学期刊	700+	全文，多数可下载
北美临床系列期刊	50+	最新最精的针对临床疑难文章的专家综述
医学图书	1100+	全文下载
医疗视频	30,000+	内外科及实验视频，在线播放
循证医学	800	疾病为主题，融入循证医学证据
影像图片	300万	医学影像、照片、图片、图表等
诊疗指南	5000+	全文
临床试验	210,000	NIH注册的临床试验
药物专论	2900	全文，源于Gold Standard's monographs
患者教育	10,000	患者教育讲义，全文
医学年鉴	28	全文

全面助力医疗

最新权威的诊疗指导

- **诊疗指南Practice Guideline**

- 涵盖全球270多家学协会的最新指南，超过5000篇
- 如：ACC, AHA, ATS, ATA, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Orthopaedic Surgeons, American Urological Association.....

- **循证医学专论 & Clinical Overview**

- 涵盖超过1000种疾病的全面论述

- **Clinics of North America北美临床系列期刊**

- 50多种期刊，涵盖30多个学科
- 业内权威专家针对特定临床问题的系列综述

权威循证医学

涵盖全部临床专科的权威指南和循证医学，确保医疗规范安全

All Types **hypertension** Saved Searches Search History

Filter By: 929 results Sort by: Relevance Rate Results

Source Type

- Journal Articles 29503
- Full Text Only
- Full text and MEDLINE
- Systematic Reviews 335
- Meta-analyses 304
- Randomized Control Trials 1122
- Narrative Reviews 3701
- Books 7503
- Images 1670
- Guidelines 690
- Clinical Trials 644
- First Consult/Clinical Overviews 239
- Drug Monographs 192
- Patient Education 65
- Procedures Consult 26
- Videos 13

Specialties Date

Subscribed Content

FIRST CONSULT
Hypertension in children
Charles Kwon, MD, Director
Ruben Nazario, MD, MA

CLINICAL OVERVIEW
Hypertension
Updated November 1, 2017

FULL TEXT ARTICLE
Hypertension Diagnosis, Risk
Canadian Journal of Cardiology
Leung, Alexander A., MD,
Cardiovascular Society of P...

Searches related to hypertension edema p
gestosis
hypertension of pregn
hypertension seconda
disorders

FULL TEXT ARTICLE
Hypertension Diagnosis, Ass
Canadian Journal of Card

Books Journals Drug Monographs Guidelines Patient Education First Consult/Clinical Overviews Multimedia

Cardiology Clinics

Volume 35, Issue 2
2017-5-1, Pages i-305
New Issue Alerts: [Subscribe](#)

Search this Issue

Articles in this issue:

- Hypertension: Pre-Hypertension to Heart Failure**
Pages i-i. Jamerson, Kenneth A., and Byrd, James Brian.
CARDIOLOGY CLINICS www.cardiology.theclinics.com Consulting Editors JORDAN TERRENCE D. WELCH AUDREY H. WU May 2017 • Volume 35 • Number 2
- Copyright**
Pages ii-ii.
ELSEVIER 1600 John F. Kennedy Boulevard • Suite 1800 • Philadelphia, Pennsylvania
http://www.theclinics.com CARDIOLOGY CLINICS Volume 35, Number 2 May 2017 15
49645-2 Editor: Stacy Eastman Developmental ...
- Contributors**
Pages iii-iv.
Editorial Board JORDAN M. PRUTKIN, MD, MHS, FHRSA Assistant Professor of Medicine
Cardiology/Electrophysiology, University of Washington Medical Center, Seattle, Wash
FACC, FSCAI Associate Professor, Keck S...
- Contents**
Pages v-vii.

Genomic Approaches to Hypertension
Pages 185-196. Dadoo, Sheriff N., MD, and Benjamin, Ivor J., MD.
Key points • Genomic insights and analyses of Mendelian hypertension (HTNacrm1) syndromes and Genome-Wide Association study (GWASacrm1) on essential * hypertension * have contributed to the depth of understanding of the genetics origins of hyper...

The Effects of Dietary Factors on Blood Pressure
Pages 197-212. Appel, Lawrence J., MD, MPH.
Key points • A compelling body of evidence supports the concept that multiple dietary factors affect blood pressure (BPacrm1). • Dietary changes that effectively lower * blood pressure * are weight loss, reduced sodium intake, increased potassium...

The Environment and Blood Pressure
Pages 213-221. Brook, Robert D., MD.
Key points • Numerous environmental factors including cold weather, winter season, higher altitude, loud noises, and air pollutants can acutely increase blood pressure. • Long-term exposures to many of these environmental factors may promote the d...

Psychosocial Factors and Hypertension
Pages 223-230. Cuevas, Adolfo G., PhD, Williams, David R., PhD, MPH, and Albert, Michelle A., MD, MPH.
Key points • Hypertension is a leading cause of cardiovascular disease and stroke and this burden falls heavily on black people (African Americans). • This article reviews recent research on psychosocial factors and hypertension and contextualizes...

Management of Essential Hypertension
Pages 231-246. Ferdinand, Keith C., MD, and Nasser, Samar A., PhD, MPH, PA-C.
Key points • Prevalence of essential hypertension is widespread in the United States and highest in African Americans. Racial/ethnic US minorities have lower hypertension control rates compared with non-Hispanic whites. • Therapeutic lifestyle mod...

Balancing Overscreening and Underdiagnosis in Secondary Hypertension

北美临床期刊-心脏病学
本期邀请业内权威专家围绕高血压前期到心衰相关临床问题进行论述

文献获取

MEDLINE®

Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

Abstract
The traditional dilemma making surgery by the need to optimize tumor resection permanent neurological morbidity. Development of neuroimaging led neurosurgeons to achieve tumorectomy according to the oncological limits provided by preoperative or intraoperative structural and metabolic imaging. However, this principle is not coherent, neither with the infiltrative nature of DLGGs nor with the limited resolution of current neuroimaging. Indeed, despite technical advances, MRI still underestimates the actual spatial extent of gliomas, since tumoral cells are present several millimeters to centimeters beyond the area of signal abnormalities. Furthermore, cortical and subcortical structures may be still crucial for brain functions despite their invasion by this diffuse tumoral disease. Finally, the lack of reliability of functional MRI has also been demonstrated. Therefore, to talk about "maximal safe resection" based upon neuroimaging is a non-sense, because oncological MRI does not show the tumor and functional MRI does not show critical neural pathways. This review proposes an original concept in neuro-oncological surgery, i.e. to resect DLGG to the boundaries of brain functions, thanks to intraoperative electrical mapping performed in awake patients. This paradigmatic shift from image-guided resection to functional mapping-guided resection, based upon an accurate study of brain connectomics and neuroplasticity in each patient throughout tumor removal has permitted to solve the classical dilemma, by increasing both survival and quality of life in DLGG patients. With this in mind, brain surgeons should also be neuroscientists.

Citation
Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.
Duffau H - J Neurosurg Sci - December 1, 2015; 59 (4); 361-71
MEDLINE is the source for the citation and abstract for this record

Full Source Title
Journal of neurosurgical sciences

NLM Citation ID
25907410 (PubMed ID)

Language
eng

Author Affiliation

Authors
Duffau H

MeSH Terms (8)

- Brain Mapping /methods *
- Brain Neoplasms /surgery *
- Glioma /surgery *
- Humans

J Neurosurg Sci

Published December 1, 2015.

Volume 59, Issue 4; Pages 361-71

NCBI Resources How To Sign in to NCBI

PubMed.gov US National Library of Medicine National Institutes of Health

Search

Format: Abstract - Send to -

J Neurosurg Sci. 2015 Dec; 59(4):361-71. Epub 2015 Apr 24.

Resecting diffuse low-grade gliomas to the boundaries of brain functions: a new concept in surgical neuro-oncology.

Duffau H¹.

Author information

Abstract
The traditional dilemma making surgery for diffuse low-grade gliomas (DLGGs) challenging is underlain by the need to optimize tumor resection in order to significantly increase survival versus the risk of permanent neurological morbidity. Development of neuroimaging led neurosurgeons to achieve tumorectomy according to the oncological limits provided by preoperative or intraoperative structural and metabolic imaging. However, this principle is not coherent, neither with the infiltrative nature of DLGGs nor with the limited resolution of current neuroimaging. Indeed, despite technical advances, MRI still underestimates the actual spatial extent of gliomas, since tumoral cells are present several millimeters to centimeters beyond the area of signal abnormalities. Furthermore, cortical and subcortical structures may be still crucial for brain functions despite their invasion by this diffuse tumoral disease. Finally, the lack of reliability of functional MRI has also been demonstrated. Therefore, to talk about "maximal safe resection" based upon neuroimaging is a non-sense, because oncological MRI does not show the tumor and functional MRI does not show critical neural pathways. This review proposes an original concept in neuro-oncological surgery, i.e. to resect DLGG to the boundaries of brain functions, thanks to intraoperative electrical mapping performed in awake patients. This paradigmatic shift from image-guided resection to functional mapping-guided resection, based upon an accurate study of brain connectomics and neuroplasticity in each patient throughout tumor removal has permitted to solve the classical dilemma, by increasing both survival and quality of life in DLGG patients. With this in mind, brain surgeons should also be neuroscientists.

PMID: 25907410
[Indexed for MEDLINE]

Publication type, MeSH terms

LinkOut - more resources

以症状入手-提供全面准确的诊疗思路防止漏诊误诊

All Types abdominal pain Saved Searches Search History

- Filter By:
- Source Type Journal Articles 16788 Full Text Only Full text and MEDLINE
- Systematic Reviews 219 Meta-analyses 89 Randomized Control Trials 526 Narrative Reviews 4108 Books 6404 Images 1208 Patient Education 476 Clinical Trials 403 First Consult/Clinical Overviews 279 Guidelines 273 Drug Monographs 34 Videos 28 Procedures Consult 14
- Specialties Date Subscribed Content

More than 25000 results Sort by: Relevance Rate Results

FIRST CONSULT
Functional abdominal pain in children
 Maim Alkhouri, MD, Joseph E. Scherger, MD, MPH... Show all. Published October 29, 2011. Last updated October 28, 2011.

BOOK
Signs
 Abdominal Pain > Diagnostic Approach > Pivotal Findings
 The objective evaluation begins with measurement of the vital signs. Significant tachycardia and hypotension are indicators that hypovolemia or sepsis may be present. Tachypnea in the absence of hypoxemia may be an indication of metabol acidosis...
 Rosen's Emergency Medicine: Concepts and Clinical Practice.
 Smith, Kurt A.. Published January 1, 2018. © 2018.

BOOK
Ancillary Testing
 Abdominal Pain > Diagnostic Approach > Pivotal Findings
 Urinalysis and testing for pregnancy are perhaps the most time- and cost-effective adjunctive laboratory tests available. Urinalysis results are interpreted within the context of the patient's clinical picture. Pyuria, with or without bacteri...
 Rosen's Emergency Medicine: Concepts and Clinical Practice.
 Smith, Kurt A.. Published January 1, 2018. © 2018.

Searches related to abdominal pain
 abdominal pain characteristic

CLINICAL OVERVIEW
Intussusception
 Updated March 13, 2017. © 2017.

CLINICAL OVERVIEW
Amoebiasis
 Updated March 13, 2017. © 2017.

CLINICAL OVERVIEW
Chronic pancreatitis
 Updated March 13, 2017. © 2017.

CLINICAL OVERVIEW
Appendicitis
 Updated March 13, 2017. © 2017.

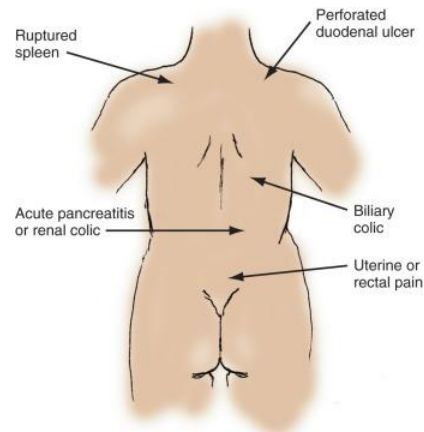
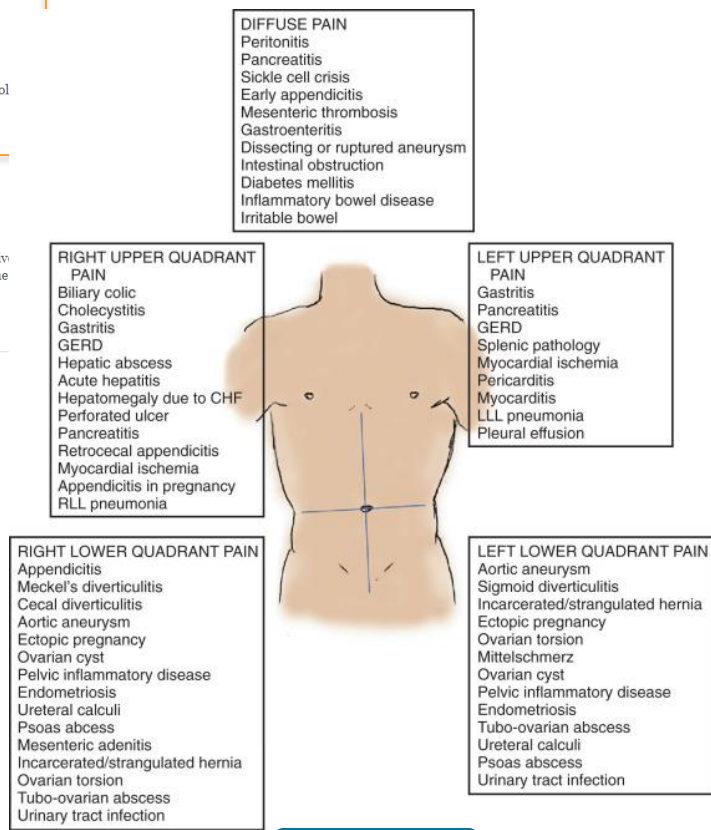
CLINICAL OVERVIEW
Ectopic pregnancy
 Updated April 6, 2017. © 2017.

CLINICAL OVERVIEW
Campylobacter infections
 Updated March 13, 2017. © 2017.

CLINICAL OVERVIEW
Chronic diarrhea
 Updated March 13, 2017. © 2017.

CLINICAL OVERVIEW
Gastroenteritis in children


以“腹痛”检索，可得到诊断建议，供参考：
 非器质性腹痛、腹痛临床可能情况、急性阑尾炎、阿米巴病、肠套叠、宫外孕、慢性腹泻、慢性胰腺炎等



牵涉痛

病因分区

所有类型 ▼ 手指麻 胀痛

×  常规MRI/CT对腕管综合征诊断是否必须？以“手指发麻、胀痛”检索，可得到诊断建议：

- 过滤依据：
- 资源类型 ▲
- 期刊全文 319
 - 仅全文
 - 全文和MEDLINE 文摘
 - Systematic Reviews
 - Meta-analyses
 - Randomized Control Trials
 - Narrative Reviews 59
 - 图书 138
 - 图片 55

551 结果 排序按照：相关性 ▼

[\[+\] 检索结果评价](#)

临床聚焦

Carpal tunnel syndrome
已更新 March 13, 2017 © 2017

ClinicalKey® 检索 浏览 FH WZ1

Carpal tunnel syndrome [顶部](#)

Synopsis Terminology Diagnosis Treatment Complications and Prognosis Screening and Prevention References consideration

Clinical Presentation

ClinicalKey® 检索 浏览

Carpal tunnel syndrome [顶部](#) ☆ 信箱

Synopsis Terminology Diagnosis Treatment Complications and Prognosis Screening and Prevention References

Clinical Presentation

Causes and Risk Factors

Diagnostic Procedures

Differential Diagnosis

Diagnostic Procedures

^ Primary diagnostic tools ²

- History and physical examination form the basis of diagnostic evaluation
- Duration of symptoms and examination findings do not always correlate with degree of nerve injury or treatment outcomes
- Include provocative testing (eg, Phalen test, Tinel sign) in the diagnostic evaluation; however, none of the provocative tests have been established as a gold standard
- Evidence supports not using as independent physical examination methods for diagnosis, because, on their own, each has a poor or weak association with ruling-in or ruling-out carpal tunnel syndrome ¹
- Obtain needle EMG and nerve conduction studies in the following situations:

疑难复杂病—助力诊断

辅助医生破解复杂病情

ClinicalKey语义分析后台，像医生一样思考，根据医生输入的线索，寻找各种可能病因，并根据关联度排序，助力疑难复杂病的诊断。

以症状、检查结果等入手，通过**多症状**、**检查结果**联合检索，为疑难复杂病诊断提供思路，降低误诊率、减少会诊和住院日，同时为多科诊疗模式（**MDT**）提供有效支持。

例：患者出现双侧听力下降至耳聋，辗转半年就诊，检查现**MRI**脑膜强化、脑脊液**CA19-9**升高、脑神经受累等主要阳性症状和结果，经多次专家会诊后，无明确诊断，看**ClinicalKey**能否提供有效线索？

The image displays two screenshots of the ClinicalKey search interface, illustrating the process of finding relevant medical information for a complex case.

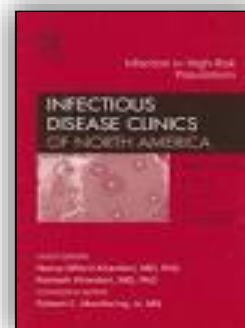
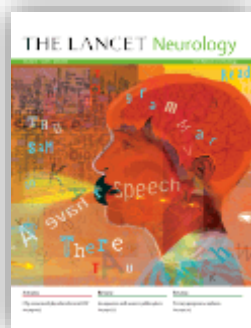
Top Screenshot: Search query: **bilateral hearing loss meningeal CA19-9**. Results: 1 result. Filtered by: Subscribed Content. Sort by: Relevance. The result is a **FULL TEXT ARTICLE** titled **Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult... Auris Nasus Larynx.** by Marchese, Maria Raffaella; La Greca, Carmelo... Show all. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

Bottom Screenshot: Search query: **hearing loss meningeal**. Results: 705 results. Filtered by: Subscribed Content. Sort by: Relevance. The results list includes:

- IMAGE**: **Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult...** by Auris Nasus Larynx. Marchese, Maria Raffaella, La Greca, Carmelo... Show all. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009. This result includes a brain MRI image (Fig. 4) showing contrast enhancement in the internal auditory canals and cerebellar pontine angle (white arrows).
- IMAGE**: **Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult...** by Auris Nasus Larynx. Marchese, Maria Raffaella, La Greca, Carmelo... Show all. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009. This result includes an audiogram (Fig. 3) recorded at the beginning of symptoms (A) and 2 months later (B).

强力提升科研

高质量医学期刊：提高科研产出和质量



- 专科领域排名第一： 17种
- 专科领域排名前十： 100+ 种(The Lancet, Ophthalmology, etc.)
- 临床医学类期刊最著名的北美临床系列： 包含全部专科五十余种

转化医学前沿

KEY Clinical Trials 临床试验:

NIH批准的全球范围内21万余个在研项目

All Types CART

Filter By: Clear all 72 results Sort by: Relevance

Source Type

- Images 1575
- Journal Articles 2775
- Full Text Only
- Full text and MEDLINE

- Systematic Reviews 9
- Meta-analyses 11
- Randomized Control Trials 38
- Narrative Reviews 393

- Books 133
- Clinical Trials 72
- Videos 4

Date

- Last 6 months 26
- Last 12 months 46
- Last 18 months 57
- Last 2 years 64
- Last 3 years 68
- Last 5 years 70

Subscribed Content

CLINICAL TRIAL
Soluble Insulin Receptor Dysfunction Correlates With HAND in HIV+ Women on CART
Published November 9, 2016. Conditions: HIV. Interventions: Other: High intensity interval training (HIIT).

CLINICAL TRIAL
Phase I Study of the Administration of T Lymphocytes Expressing the CD30 Chimeric Antigen Receptor for Relapsed CD30+ Hodgkin's Lymphoma and CD30+ Non-Hodgkin's Lymphoma (CART CD30)
Published March 2, 2017. Conditions: Non-Hodgkin's Lymphoma; Hodgkin's Lymphoma. Interventions: Drug: CAR.CD30 T cells.

CLINICAL TRIAL
Phase I/II Study of EGFR CART Cells for Patients With Metastatic Colorectal Cancer.
Published August 13, 2017. Conditions: EGFR-positive Colorectal Cancer. Interventions: Biological: EGFR CART.

Searches related to CART

Cartilage	Cartilage formation
Cartilage, Articular	cartilage, hyaline
cartilage, epiphyseal	Cartilage repair

CLINICAL TRIAL
A Safety and Efficacy Evaluation of Universal CD19-CART in the Treatment of B Cell Acute...
Published October 31, 2017. Conditions: Acute Leukemia. Interventions: Biological: universal

All Types stem cell cancer

Filter By: Clear all 120 results Sort by: Relevance

Source Type

- Journal Articles 17816
- Full Text Only
- Full text and MEDLINE

- Systematic Reviews 47
- Meta-analyses 59
- Randomized Control Trials 30
- Narrative Reviews 4837

- Images 4071
- Books 447
- Clinical Trials 120
- Videos 27
- Guidelines 5

Date

- Last 6 months 36
- Last 12 months 60
- Last 18 months 68
- Last 2 years 74
- Last 3 years 96
- Last 5 years 111

Subscribed Content

CLINICAL TRIAL
The Natural History of Solid Organ Cancer Stem Cells (SOCSC)
Published October 5, 2017. Conditions: Hepatic Cancer; Pancreatic Ductal Cancer; Colorectal Cancer; Breast Cancer; Gastric Cancer.

CLINICAL TRIAL
Phase II Evaluation of Mithramycin, an Inhibitor of Cancer Stem Cell Signaling, in Patients...
Published October 26, 2017. Conditions: Lung Cancer; Esophageal Cancer; Mesothelioma; Gastrointestinal Neoplasms; Breast Cancer. Interventions: Drug: Mithramycin.

CLINICAL TRIAL
Phase I/II Evaluation of Continuous 24h Intravenous Infusion of Mithramycin, an Inhibitor of...
Published October 18, 2017. Conditions: Esophageal Neoplasms; Lung Neoplasms; Mesothelioma; Thymus Neoplasms; Neoplasms, Germ Cell and Embryonal. Interventions: Drug: Mithramycin.

CLINICAL TRIAL
Chemoradioresistance in Prospectively Isolated Cancer Stem Cells in Esophageal...
Published October 17, 2017. Conditions: Organoid; Esophageal Cancer; Chemoradiation.

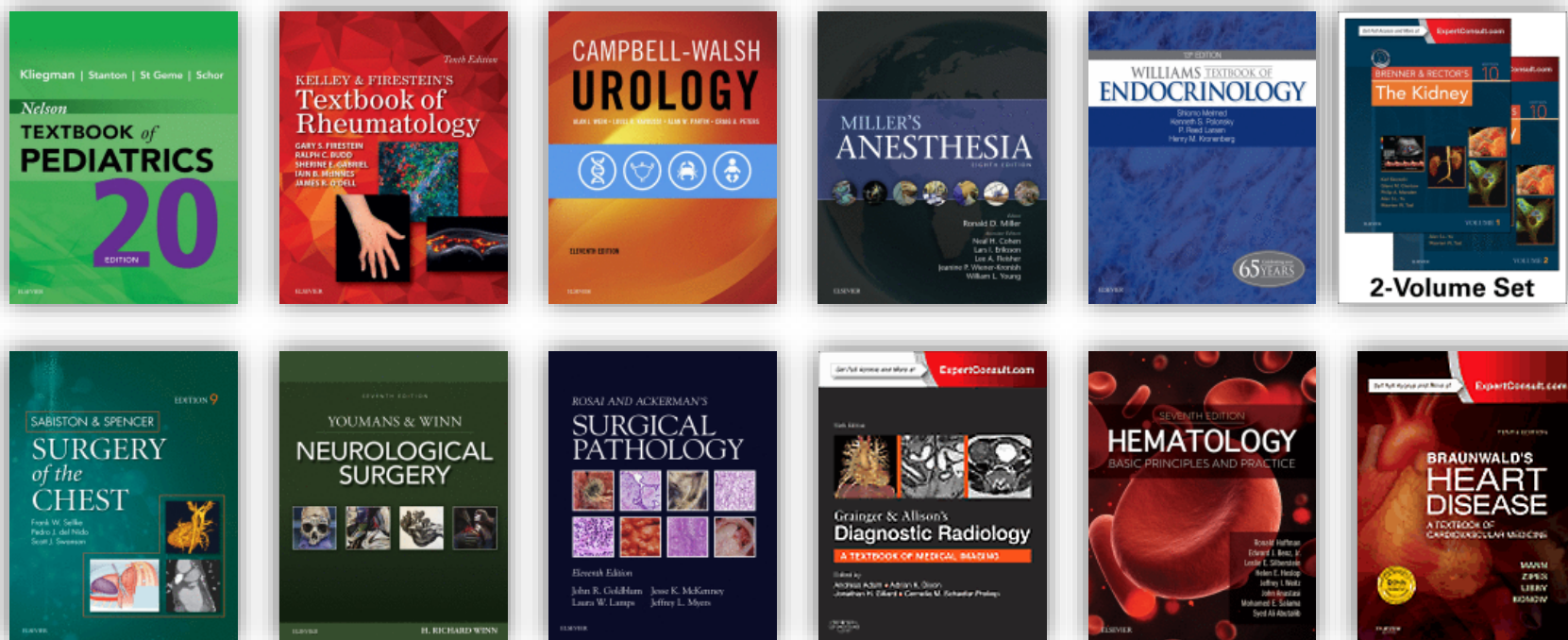
CLINICAL TRIAL
A Phase II Evaluation of Metformin, Targeting Cancer Stem Cells for the Prevention of Relapse...
Published July 3, 2017. Conditions: Ovarian, Fallopian Tube, and Primary Peritoneal Cancer. Interventions: Drug: Metformin.

助力精英医学教育

国际同步的高质量教学资源

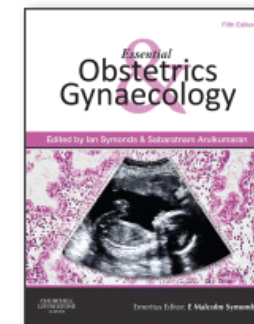
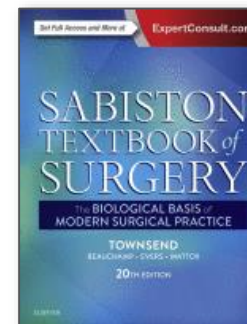
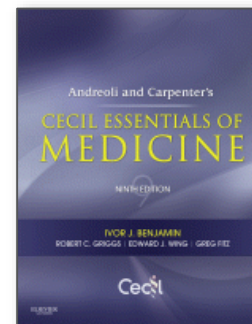
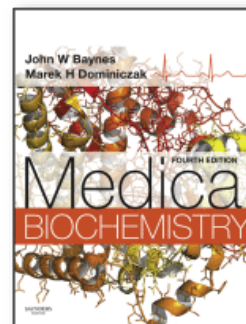
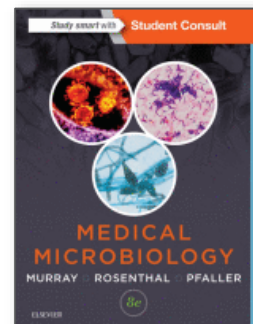
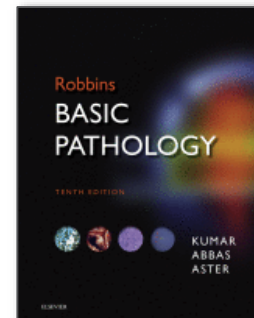
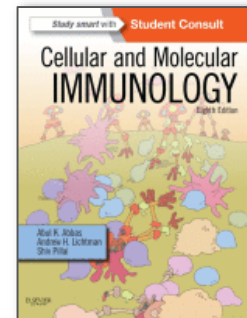
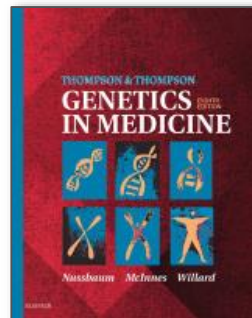
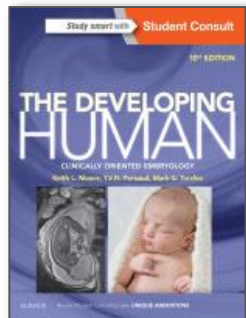
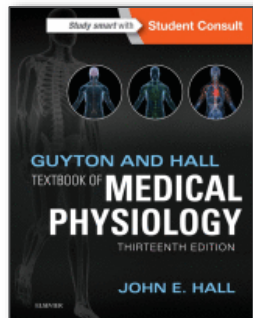
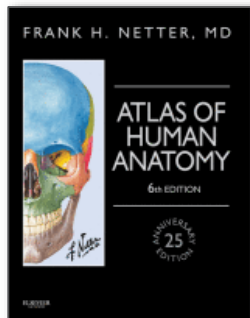


圣经级医学图书



- 1, 100余种图书，涵盖所有医学专科，不断增加，不断更新版本
- 西氏内科学、克氏外科学、米勒麻醉学、尼尔森儿科学、尤曼神经外科、坎贝尔骨科、坎贝尔沃尔什泌尿外科、凯利风湿病、……

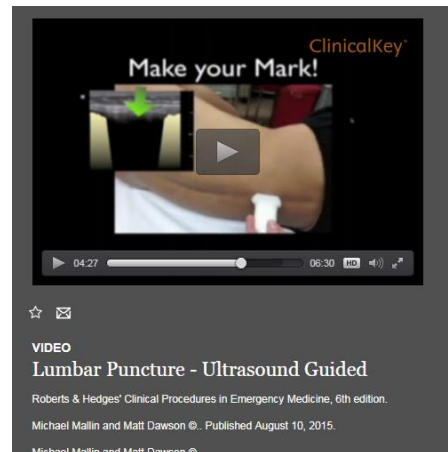
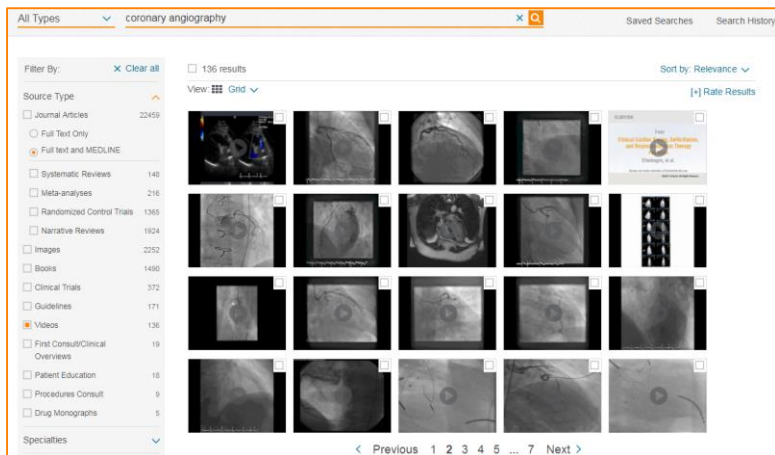
精品医学教材



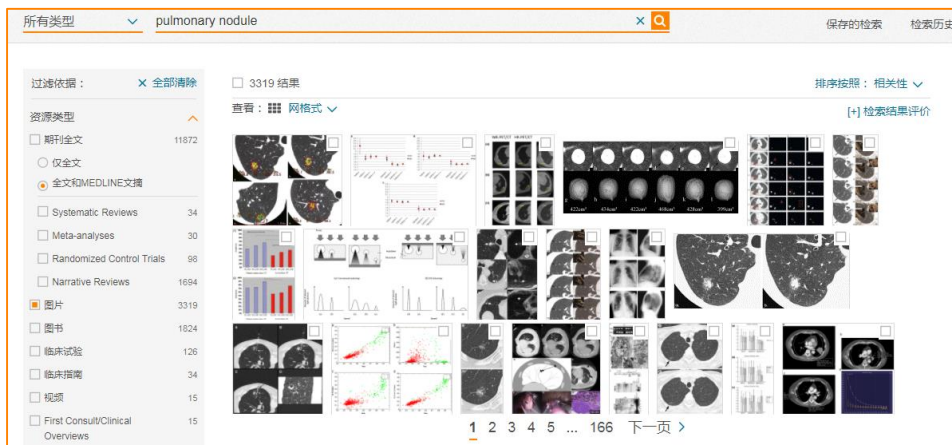
- 170+种，覆盖专科面广
- Robbins病理学，Guyton生理学，Abbas细胞与分子免疫学，Thompson医学遗传学，Rang & Dale药理学…

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爱思唯尔选刊系统：<http://journalfinder.elsevier.com/>

The screenshot displays the Elsevier Journal Finder interface. On the left, there are input fields for 'Paper title', 'Paper abstract', and 'Fields of research' (with checkboxes for Agriculture, GeoSciences, Mathematics, and Chemistry). A 'Filter' section includes a checkbox for 'Limit to journals w'. A 'FIND JOURNAL' button is at the bottom left. The main content area shows 'Search results (10)' with a dropdown menu set to 'Sort by Journal title'. Three journal entries are visible:

Journal Title	Match	Impact	Editorial Times	Acceptance	Production Times	Open Access	Embargo period	Open Access Fee	User License
Actas Urológicas Españolas	1,022	4 weeks	55 %	33 weeks	-	12 Months	-	① & ① ③ ③	
American Journal of Geriatric Pharmacotherapy	3,128	5 weeks	52 %	9 weeks	-	12 Months	-	① & ① ③ ③	
American Journal of Preventive Medicine	4,527	3 weeks	21 %	14 weeks	Optional	12 Months	\$ 2500	① & ① ③ ③ & ① ③ ③	

选刊发表

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Sample Issue



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Editor-inChief: Richard Horton

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- Read by **editors**
- A **crucial** part of the manuscript submission package.
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- Tip the balance **for peer review**.

Basic information:

- ✓ Editor Addressing
- ✓ Research originality & innovation
- ✓ Main conclusion
- ✓ Any supportable info to your submission
- ✓ Recommended reviewer
- ✓ Any conflict of interest in producing the research
- ✓ Details of any previous or concurrent submissions

Professor H. D. Schmidt
School of Science and Engineering
Northeast State University
College Park, MI 10000
USA

Example

Dear Professor Schmidt,

Enclosed with this letter you will find an electronic submission of a manuscript entitled "Mechano-sorptive creep under compressive loading - a micromechanical model" by John Smith and myself. This is an original paper which has neither previously nor simultaneously in whole or in part been submitted anywhere else. Both authors have read and approved the final version submitted.

Mechano-sorptive is sometimes denoted as accelerated creep. It has been experimentally observed that the creep of paper accelerates if it is subjected to a cyclic moisture content. This is of large practical importance for the paper industry. The present manuscript describes a micromechanical model on the fibre network level that is able to capture the experimentally observed behaviour. In particular, the difference between mechano-sorptive creep in tension and compression is analysed. John Smith is a PhD-student who within a year will present his doctoral thesis. The present paper will be a part of that thesis.

Three potential independent reviewers who have expertise in the area of this paper are:

Dr. Fernandez, Tennessee Tech, email1@university.com
Dr. Chen, University of Maine, email2@university.com
Dr. Singh, Colorado School of Mines, email3@university.com

I would very much appreciate if you would consider the manuscript for publication in the *International Journal of Science*.

Sincerely,

A. Professor

所有作者的最终同意

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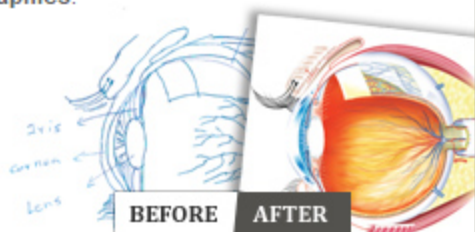
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大赛目的

帮助温州医科大学及附属医院的老师、同学和医生、研究人员进一步熟悉、了解和使用ClinicalKey，助力科研和临床。欢迎温州医科大学在校本科生、研究生、博士生、老师参加！

大赛流程

1 4月20日活动当天现场发放试题（参赛单页）；

2 在学校IP范围内请直接登录：
www.clinicalkey.com

3 关注爱思唯尔医学部官方微信（微信号：Elsevier-HS 或扫描下方二维码），回复“温医”获取参赛试题

大赛流程

7月15日之前公布获奖名单及领奖具体地点，获奖名单在所有全部答对的答卷中 随机抽取；

一名参赛人员只可以提交一次答卷。

4 2018年6月30日24时前，请将答案发送至HSChina@elsevier.com，标题注明“温州医科大检索大赛”，并提供有效联系信息包括（姓名、手机、邮箱及所在院系或医院）；

6

5

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奖项	奖品	人数
一等奖	华为mini音响	1名
二等奖	Elsevier运动背包	3名
三等奖	Elsevier优盘	5名
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爱思唯尔ClinicalKey案例大赛开始啦

参赛人员

所有温州医科大学的师生、医护及研究人员等。

案例征集时间

2018年4月20日至6月30日

参赛办法

- 1) 扫描下方二维码关注爱思唯尔医学部官方微信，回复“温医参赛”获取参赛流程及参考案例；
- 2) 整理自己的临床案例，至少涵盖三个方面：
 - a. 您遇到了什么临床问题或挑战？
 - b. 您是如何通过ClinicalKey (www.clinicalkey.com) 解决的？
 - c. 您的最终解决方案是什么？

- 3) 校/院内直接登录www.clinicalkey.com查询；校/院外请联系本校/院图书馆获取远程登录账号；
- 4) 案例以PPT、Word或PDF等形式发送至HSChina@elsevier.com，标题注明“**ClinicalKey 临床案例征集大赛**”；
- 5) 一名参赛人员可提交多个案例。

奖项产生及公布颁奖

2018年7月15日前评选出最佳Clinicalkey临床使用案例10名。通过温州医科大学图书馆和爱思唯尔医学部微信公布获奖名单，并邮件通知获奖者，颁发证书及奖品。

奖品设置

2018年6月30日大赛结束后2周内，根据专家评审将从所收到的案例中选择10个，颁发“爱思唯尔ClinicalKey案例大赛”奖品：华为蓝牙音箱。





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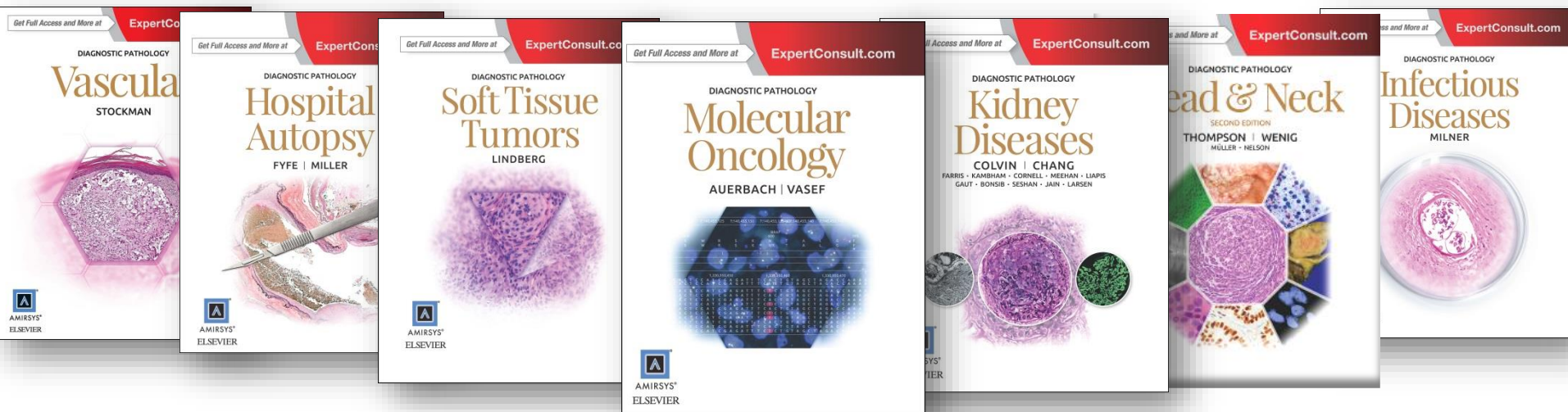
ExpertPath 介绍

病理专家的临床决策方案



源自Airmsys 旗下诊断病理系列丛书

旨在为病理医生在实践中提供快速，有效和准确的诊断参考。



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- **辅助检查列表**，帮助您选择适当的检查项目并确定优先次序，在确定诊断的同时节省时间和费用
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主要分类

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- 05/22/17

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- 05/22/17

[Osteochondroma](#)

Bone > Benign Cartilage Tumors ...
- 05/22/17

[Lymphangioma/Lymphan...](#)

Bone > Vascular Tumors > Lymph...
- 10/27/16

[Telangiectatic Osteosarc...](#)


Bone > Malignant Bone-Forming...
















<p>Autopsy and Forensics</p> <p>113 主题</p>	<p>Blood and Bone Marrow</p> <p>170 主题</p>	<p>Bone</p> <p>68 主题</p>	<p>Breast</p> <p>106 主题</p>
<p>Cardiovascular</p> <p>161 主题</p>	<p>Clinical Chemistry</p> <p>69 主题</p>	<p>Cytopathology</p> <p>263 主题</p>	<p>Dermatopathology</p> <p>498 主题</p>
<p>Endocrine</p> <p>130 主题</p>	<p>Endoscopy</p> <p>155 主题</p>	<p>Familial Cancer Syndromes</p> <p>165 主题</p>	<p>Gastrointestinal</p> <p>174 主题</p>
<p>Genitourinary</p> <p>194 主题</p>	<p>Gynecological</p> <p>246 主题</p>	<p>Head and Neck</p> <p>327 主题</p>	<p>Hematology, Hemostasis, and Thrombosis</p> <p>129 主题</p>

ExpertPath™  检索乳腺肿瘤

breast papiloma X  

 书签
  比对 (0)
  帮助/支持
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  设置
  退出

按照分类筛选 All  转为搜索图片

-  **Breast** | Normal Histology | by David G. Hicks, MD
 Distinctive conical protuberance extending from 2nd to 6th rib in midclavicular line Breast tissue spreads from lateral edge of sternum to a
 44 images : 3 references Updated 7/17/17 
-  **Breast** | Familial Cancer Syndromes | by David G. Hicks, MD; Susan C. Lester, MD, PhD
 National Comprehensive Cancer Network (NCCN) issues guidelines for genetic testing Version 1.2013 is available at www.nccn.org/professionals
 Updated 11/6/13 
-  **Metastases to Breast** | Breast | by David G. Hicks, MD; Susan C. Lester, MD, PhD
 Metastases to breast comprise < 3% of all breast malignancies Most common presentation is as palpable breast mass In 70-80% of cases, pat
 23 images : 21 references Updated 1/27/16  
-  **Breast Life Cycle Changes** | Breast | by David G. Hicks, MD; Susan C. Lester, MD, PhD
 Unlike other organs, breast changes over life cycle in response to menarche, pregnancy, lactation, and menopause Hormonal influences and gro
 20 images : 12 references Updated 1/27/16 
-  **Amyloid of the Breast** | Breast | by David G. Hicks, MD; Susan C. Lester, MD, PhD
 ~ 50% of patients have hematologic disorder Extranodal marginal zone B-cell lymphoma (MALT lymphoma) Diffuse B-cell lymphoma Plasma cell pro
 12 images : 6 references Updated 1/27/16  
-  **Accessory Breast Tissue** | Pediatrics | by Jeffrey L. Killeen, MD
 Accessory mammary tissue Aberrant breast tissue Presence of nipple tissue &/or breast parenchyma outside normal location in pectoral reg
 14 images : 5 references Updated 11/13/13  

BREAST

DOCUMENT **IMAGES** **VIEW FULL DOCUMENT**

Macroscopic Anatomy

- Distinctive conical protuberance extending from 2nd to 6th rib in midclavicular line
 - Breast tissue spreads from lateral edge of sternum to anterior axillary line and often extends into axilla
 - Suspensory (Cooper) ligaments are fascial attachments from skin to chest wall
 - Provide support and allow for mobility
- Adult female breast
 - Modified specialized cutaneous glandular structure
 - Located in superficial fascia of anterior chest wall overlying pectoralis major and minor muscles
- Nipple
 - Projects from anterior surface of breast, positioned slightly medial and inferior to center
 - Consists of dense fibrous tissue and smooth muscle bundles covered by hyperpigmented skin
 - Smooth muscle makes nipple "erectile"
 - Assists with milk expression
 - Milk secretion occurs through 10-15 major duct orifices opening onto nipple surface
- Breast parenchyma consists of branching duct system
 - 15-20 lobes radiate from nipple, bound together by interlobular connective tissue
 - Ducts are continuous with terminal ductal lobular

- 相关搜索结果列表，包含乳腺正常组织学、类癌综合征、乳腺癌等
- 预览功能：点击“放大镜”按钮，可以快速预览相关专题的文字和图片论述

选择对比功能

The screenshot displays the ExpertPath search interface. The main content area lists search results for various breast conditions, each with a representative image, title, author, and statistics. A star icon is placed over the 'Salivary Duct Carcinoma' entry. On the right, a purple sidebar titled 'DOCUMENT' and 'IMAGES' (circled in red) shows a list of selected images for comparison. The 'Selected Images' section indicates 34 images are available. The list includes:

- Large Duct Papilloma (Two images: histology and ultrasound)
- Papilloma: Ultrasound Appearance (One image: ultrasound)
- Papilloma: Papillary Fronds (Two images: histology)
- Papilloma: p63 (One image: immunohistochemistry)
- Papilloma: Epithelial Hyperplasia (One image: histology)

Search results list:

- Salivary Duct Carcinoma** (Head and Neck) | by Lester D. R. Thompson, MD | 49 images : 57 references | Updated 8/23/17
- Papilloma, Large Duct and Small Duct** (Breast) | by David G. Hicks, MD; Susan C. Lester, MD, PhD | 38 images : 21 references | Updated 1/27/16
- Nipple Adenoma** (Breast) | by David G. Hicks, MD; Susan C. Lester, MD, PhD | 29 images : 8 references | Updated 1/27/16
- Inflammatory and Granulomatous Conditions** (Cytopathology) | by Savitri Krishnamurthy, MD | 5 images : 10 references | Updated 1/2/14
- Secretory Carcinoma** (Head and Neck) | by Lester D. R. Thompson, MD | 30 images : 33 references | Updated 8/23/17
- Fibrocystic Change** (Pediatrics) | by Jeremy C. Wallentine, MD | 8 images : 10 references | Updated 12/8/11
- Salivary Duct Carcinoma** (Cytopathology) | by Hidehiro Takei, MD | 5 images : 26 references | Updated 12/24/13

对于具有相似表现的疾病可以同屏对比，以更好寻找其差异，做出准确判断

选择对比功能

ExpertPath™

Encapsulated Papillary Carcinoma X

Text

Images

书签

比对 (2)

帮助/支持

继续医学教育



















设置

退出

按照分类筛选

All

转为搜索图片

	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">Encapsulated Papillary Carcinoma</div> <div style="font-size: 12px;">Breast by David G. Hicks, MD; Susan C. Lester, MD, PhD</div> <div style="font-size: 12px;">Encapsulated papillary carcinoma (EPC) grows as delicate fibrovascular fronds present within single, well-circumscribed, cystic space</div> <div style="font-size: 12px;">Synony</div>	30 images : 15 references Updated 1/27/16	 
	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">Invasive Papillary Carcinoma</div> <div style="font-size: 12px;">Breast by David G. Hicks, MD; Susan C. Lester, MD, PhD</div> <div style="font-size: 12px;">Invasive papillary carcinomas (IPCs) are rare carcinomas consisting of > 90% papillary morphology Must be distinguished from encapsulated</div>	32 images : 9 references Updated 1/27/16	 
	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">Papillary Thyroid Carcinoma</div> <div style="font-size: 12px;">Head and Neck by Lester D. R. Thompson, MD</div> <div style="font-size: 12px;">Accounts for vast majority (85%) of all malignant thyroid neoplasms Female >> male (4:1) Surgery is treatment of choice > 98% 20-y</div>	83 images : 54 references Updated 12/17/15	 
	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">Papillary Renal Cell Carcinoma</div> <div style="font-size: 12px;">Genitourinary by Satish K. Tickoo, MD; Victor E. Reuter, MD</div> <div style="font-size: 12px;">Papillary renal cell carcinoma (PRCC) 2nd most common subtype of renal cell carcinoma (RCC), usually showing predominant or exclusive papill</div>	40 images : 16 references Updated 3/29/16	 
	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">Low-Grade Papillary Urothelial Carcinoma</div> <div style="font-size: 12px;">Genitourinary by Hikmat Al-Ahmadie, MD</div> <div style="font-size: 12px;">Definitions Papillary urothelial neoplasm with some degree of cytoarchitectural disorder and distinct but low-grade cytologic abnormality No</div>	16 images : 4 references Updated 3/25/16	 
	<div style="font-weight: bold; color: #0070C0; font-size: 14px;">High-Grade Papillary Urothelial Carcinoma</div> <div style="font-size: 12px;">Genitourinary by Hikmat Al-Ahmadie, MD</div> <div style="font-size: 12px;">Papillary urothelial neoplasm with moderate to marked nuclear atypia and architectural disorder Most occur in 6th decade or later</div>	28 images : 4 references Updated 12/29/15	 

X

DOCUMENT

IMAGES

VIEW FULL DOCUMENT

Selected Images

16

Encapsulated Papillary Carcinoma: Mammographic Appearance

Encapsulated Carcinoma: Circumscribed Mass

Papillary Carcinoma

Papillary Carcinoma: Actin

良性与恶性肿瘤的图片对比

ExpertPath™ Compare Diagnoses (2)

Papilloma, Large Duct and Small Duct

Papilloma, Large Duct and Small Duct

DISMISS

IMAGES

TEXT



Large Duct Papilloma

This large duct papilloma grows within a fibrotic large duct ↗ and is attached to the wall by a broad stalk →. The overall appearance is

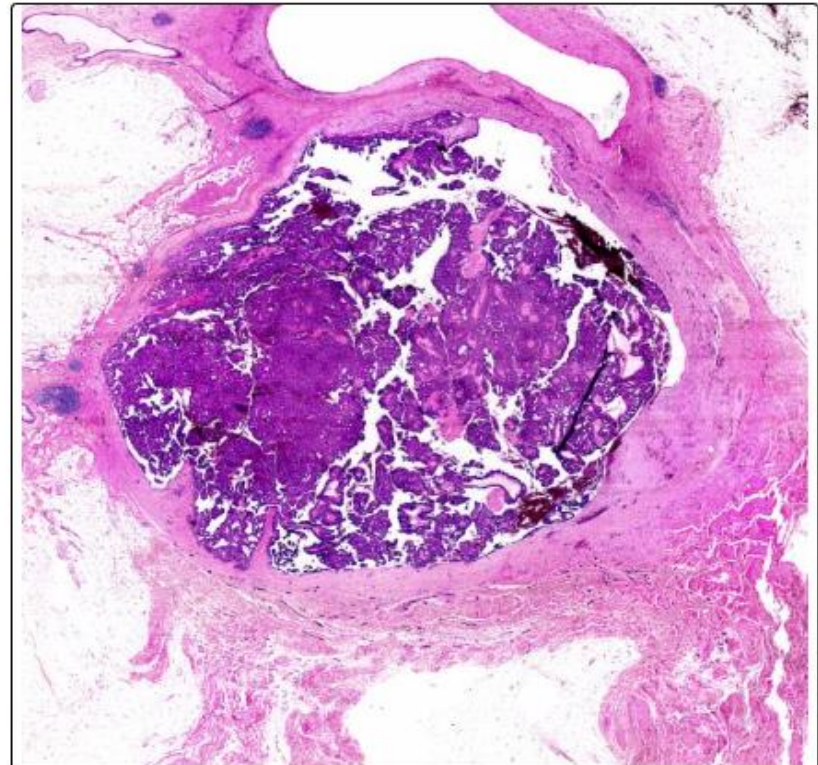
Encapsulated Papillary Carcinoma

Encapsulated Papillary Carcinoma

DISMISS

IMAGES

TEXT



Encapsulated Carcinoma: Circumscribed Mass

EPC occurs as a well-circumscribed mass usually located in the central breast below the nipple. Many cases are associated with nipple discharge.

良性与恶性肿瘤专家论述对比

ExpertPath™ Compare Diagnoses (2)

Papilloma, Large Duct and Small Duct		DISMISS
IMAGES	TEXT	
KEY FACTS		
Terminology		
<ul style="list-style-type: none"> • Large duct papilloma (LDP) <ul style="list-style-type: none"> ◦ Usually centrally located; often solitary ◦ Originates in lactiferous sinus or large mammary ducts • Small duct papilloma (SDP) <ul style="list-style-type: none"> ◦ Usually peripherally located; smaller lesions involving terminal ductal lobular units ◦ Often multiple (papillomatosis) ◦ More likely to be involved by atypical ductal hyperplasia (ADH) or DCIS compared with LDP 		
Clinical Issues		
<ul style="list-style-type: none"> • LDP may present with pathologic nipple discharge <ul style="list-style-type: none"> ◦ Larger lesions may be palpable • Standard treatment for LDP is complete excision <ul style="list-style-type: none"> ◦ Benign lesions on excision need no further surgical treatment • Solitary LDPs have increased relative risk of developing breast carcinoma (1.5-2.0x) <ul style="list-style-type: none"> ◦ Risk is slightly higher for women with multiple peripheral SDP (papillomatosis) 		
Microscopic		
<ul style="list-style-type: none"> • Arborizing fronds of tissue with well-developed central fibrovascular core <ul style="list-style-type: none"> ◦ Lined by epithelial cells with single myoepithelial cell layer 		

Encapsulated Papillary Carcinoma		DISMISS
IMAGES	TEXT	
KEY FACTS		
Terminology		
<ul style="list-style-type: none"> • Encapsulated papillary carcinoma (EPC) grows as delicate fibrovascular fronds present within single, well-circumscribed, cystic space • Synonyms: Encysted papillary carcinoma, intracystic carcinoma 		
Clinical Issues		
<ul style="list-style-type: none"> • 0.5-2.0% of breast cancers in women • Most common in elderly women (median age: 70) • Often presents as palpable mass or circumscribed mammographic density • Definitive diagnosis cannot be made on core needle biopsy <ul style="list-style-type: none"> ◦ Final classification should be made after excision ◦ Lymph node sampling generally not recommended as nodal involvement is rare • Absence of myoepithelial cells suggests EPC is form of indolent invasive carcinoma <ul style="list-style-type: none"> ◦ Clinical behavior for low- to intermediate-grade EPC is similar to DCIS ◦ Survival is > 95% at 10 yr ◦ WHO recommends classifying as DCIS (Tis) • Rare high-grade EPC has uncertain prognosis 		
Ancillary Tests		
<ul style="list-style-type: none"> • Estrogen and progesterone receptors are positive in almost all cases 		

良性与恶性肿瘤内容对比

ExpertPath™ Compare Diagnoses (2)

ductal lobular units

- Often multiple (papillomatosis)
- More likely to be involved by atypical ductal hyperplasia (ADH) or DCIS compared with LDP

Clinical Issues

- LDP may present with pathologic nipple discharge
 - Larger lesions may be palpable
- Standard treatment for LDP is complete excision
 - Benign lesions on excision need no further surgical treatment
- Solitary LDPs have increased relative risk of developing breast carcinoma (1.5-2.0x)
 - Risk is slightly higher for women with multiple peripheral SDP (papillomatosis)

Microscopic

- Arborizing fronds of tissue with well-developed central fibrovascular core
 - Lined by epithelial cells with single myoepithelial cell layer
 - May show usual ductal epithelial hyperplasia

Ancillary Tests

- Myoepithelial markers
- Papillomas usually have prominent myoepithelial cell layer
- IHC for myoepithelial cells can be helpful for diagnosis

Top Differential Diagnoses

- Papillary DCIS
- Encapsulated (intracystic) papillary carcinoma
- Solid papillary carcinoma
- Nipple adenoma

TERMINOLOGY

Abbreviations

- 0.5-2.0% of breast cancers in women
- Most common in elderly women (median age: 70)
- Often presents as palpable mass or circumscribed mammographic density
- Definitive diagnosis cannot be made on core needle biopsy
 - Final classification should be made after excision
 - Lymph node sampling generally not recommended as nodal involvement is rare
- Absence of myoepithelial cells suggests EPC is form of indolent invasive carcinoma
 - Clinical behavior for low- to intermediate-grade EPC is similar to DCIS
 - Survival is > 95% at 10 yr
 - WHO recommends classifying as DCIS (Tis)
- Rare high-grade EPC has uncertain prognosis

Ancillary Tests

- Estrogen and progesterone receptors are positive in almost all cases
- HER2 is absent
- Myoepithelial markers confirm absence of myoepithelial cells in papillary fronds and in surrounding capsule
- p63 is most useful marker for detecting myoepithelial cells in papillary fronds

Top Differential Diagnoses

- Large duct papilloma
- Ductal carcinoma in situ, papillary type
- Solid papillary carcinoma

TERMINOLOGY

Abbreviations

- Encapsulated papillary carcinoma (EPC)

Synonyms

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Papilloma, Large Duct and Small Duct

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KEY FACTS

Terminology

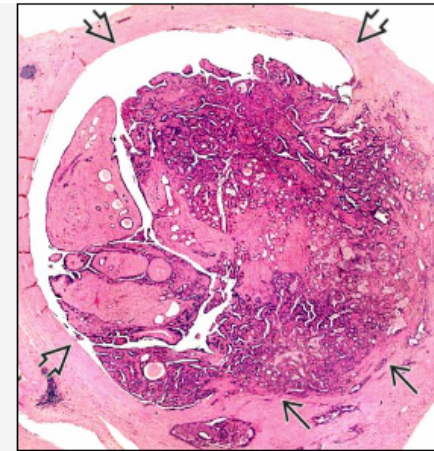
- **Large duct papilloma (LDP)**
 - Usually centrally located; often solitary
 - Originates in lactiferous sinus or large mammary ducts
- **Small duct papilloma (SDP)**
 - Usually peripherally located; smaller lesions involving terminal ductal lobular units
 - Often multiple (papillomatosis)
 - More likely to be involved by atypical ductal hyperplasia (ADH) or DCIS compared with LDP

Clinical Issues

- LDP may present with pathologic nipple discharge
 - Larger lesions may be palpable
- Standard treatment for LDP is complete excision
 - Benign lesions on excision need no further surgical treatment
- Solitary LDPs have increased relative risk of developing breast carcinoma (1.5-2.0x)
 - Risk is slightly higher for women with multiple peripheral SDP (papillomatosis)

Microscopic

- Arborizing fronds of tissue with well-developed central fibrovascular core
 - Lined by epithelial cells with single myoepithelial cell layer



Large Duct Papilloma

This large duct papilloma grows within a fibrotic large duct and is attached to the wall by a broad stalk. The overall appearance is heterogeneous, consisting of papillae with

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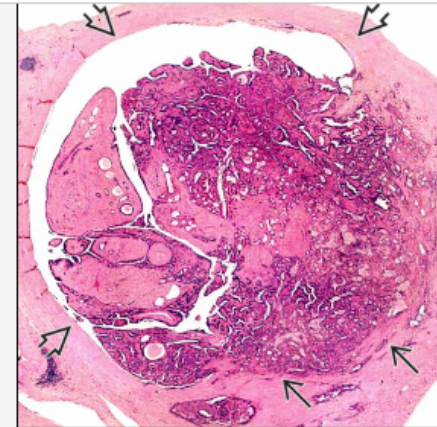
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Treatment

- Surgical approaches
 - Symptomatic papillomas are excised for diagnosis and treatment of nipple discharge
 - For benign lesions on excision, no further surgical treatment is necessary
- **Core needle biopsy**
 - Management of benign papillomas detected by imaging and diagnosed on core needle biopsy is controversial
 - Risk of carcinoma on excision of benign papillomas is very low
 - When cases are carefully selected and there is good radiologic/pathologic correlation, carcinomas on excision are absent or rare (< 5%)
 - However, distinction between benign papillomas and atypical papillomas can be difficult, and some authorities recommend excision of all papillary lesions
 - Papillomas with atypia should be excised, as 20-60% of cases will reveal carcinoma on excision
 - Conservative follow-up for non-mass-associated papillomas without atypia on core is reasonable provided there is careful pathologic-radiologic correlation
 - Excision of large (~ 2 cm) &/or palpable lesions may be warranted, as core needle biopsy does not sample entire lesion
 - Incidental papillomas found adjacent to another lesion are not indication for excision

Prognosis

- Papillomas are benign
- Mild increased risk of subsequent carcinoma: 1.5-2.0x relative risk or ~ 5-7% lifetime risk
 - Risk similar to that for moderate or florid ductal epithelial hyperplasia
 - Classified as proliferative disease without atypia

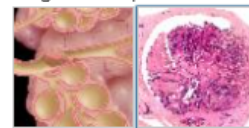


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Papilloma, Large Duct

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Epidemiology

- Incidence
 - Common
- Age
 - LDP: Most
 - SDP: Usua
- Sex
 - LDP can o

Presentation

- LDP
 - Nipple d
 - In w
 - In w
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 - Palpable
 - May
- SDP
 - May be c
 - Also com
 - Usually c

Treatment

- Surgical ap



Large duct papilloma

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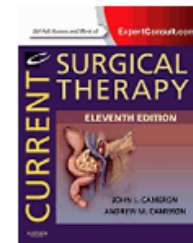
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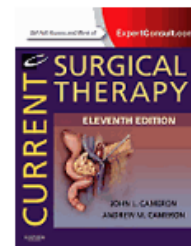
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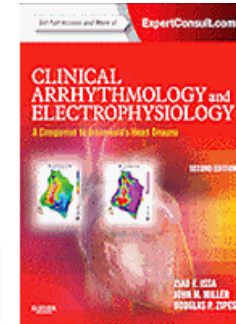
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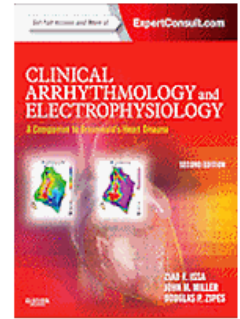
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Clinical Arrhythmology and Electrophysiology: A Companion to Braunwald's Heart Disease, Chapter 15, 290-374

Pathophysiology

Classification of Atrial Fibrillation

Atrial fibrillation (AF) has been described in various ways, such as paroxysmal or persistent, lone, idiopathic, nonvalvular, valvular, or self-terminating. Each of these classifications has implications regarding mechanisms, as well as response to therapy. At the initial detection of AF, it may be difficult to be certain of the subsequent pattern of duration and frequency of recurrences. Thus, a designation of first-detected episode of AF is made on the initial diagnosis, irrespective of the duration of the arrhythmia. When the patient has experienced two or more episodes, AF is classified as recurrent. After the termination of an episode of AF, the rhythm can be classified as paroxysmal or persistent. *Paroxysmal AF* is characterized by self-terminating episodes that generally last less than 7 days. *Persistent AF* generally lasts longer than 7 days and often requires electrical or pharmacological cardioversion. *Permanent AF* refers to AF in which cardioversion has failed or AF that has been sustained for more than 1 year, or when further attempts to terminate the arrhythmia are deemed futile. With the advent of catheter ablation interventions for AF, patients with persistent



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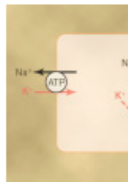


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Atrial fibrillation

Ramin Davoudi, MD. 出版 February 26, 2014. 最近一次更新 July 30, 2012.

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Atrial fibrillation

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Canadian Journal of Cardiology.

Macle, Laurent, MD; Cairns, John, MD... [显示全部](#)。 出版 October 1, 2016. Volume 32, Issue 10. 页 1170-1185. © 2016.

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Heart Rhythm.

Frankel, David S., MD, FHRS; Parker, Sarah E., MD... [显示全部](#)。 Heart Rhythm Society and National Stroke Association. 出版 July 1, 2015. Volume 12, Issue 7. 页 105-110. © 2015.

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Ferri's Clinical Advisor 2017 - Ferri, Fred F., M.D., F.A.C.P.

Definition ▲

Atrial fibrillation (AF) is a supraventricular tachyarrhythmia characterized by disorganized and rapid atrial activation and uncoordinated atrial contraction. AF occurs when structural and/or electrophysiologic abnormalities alter atrial tissue to promote abnormal impulse formation and/or propagation. The ventricular rate is dependent on the conduction properties of the atrioventricular (AV) node, which can be influenced by vagal/sympathetic tone, medications, or disease of the AV node.

Multiple classification schemes have been used in the past to characterize AF. The current classification scheme (divided into three major types) used by the ACC/AHA guideline committee is as follows:

- Paroxysmal AF—more than one episode of AF that terminate spontaneously or with intervention within 7 days
- Persistent AF—episodes of AF that last longer than 7 days
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