Bilimsel Yazıların Çeşitleri ve Özellikleri

Şahin ASLAN

Erzurum-2014

Yazının Tarihçesi

- Kayalar üzerine yazılar
- Kiremit tablet (M.Ö 4000)
- Papirus bitkisi (M.Ö 2000)
- Parşömen (hayvan derisi) (M.Ö. 190)
- Kağıt (M.S 105)
- Matbaa (M.S 1100)
- İlk bilimsel dergiler (M.S 1655) (350 yıl önce)
  - Journal des Scavans (Fransa)
  - Philosophical Transactions of the Royal Society of London (İngiltere)

- Halen dünyada yaklaşık 70.000 dergi yayımlanmaktadır.

- Bizler sağlık alanında çalışanlar, akademisyenler

«Alanımızda mesleğimizi en iyi bir şekilde icra edebilmemiz için»

- Araştırmalıyız
- Değerlendirmeliyiz
- Yorumlamalıyız
- ve hatta yazmalıyız

Akademik hayatın ilk yıllarında yani asistanken….

Daha sonraki yıllarda sağlık alanında bilimsel araştırma yapabilmek ve yazı yazabilmek için **EPİDEMİYOLOJİ** diye bir bilimin içerisine tam olmasa da bir dalış yapıyorsunuz

Araştırma nedir?

- Kişinin yaşadığı toplumu ve çevreyi tanımak ve karşılaştığı sorunlara çözüm yolları bulmak için giriştiği sistematik çabadır.

- Bilginin bulunması, geliştirilmesi ve gerçeğe uygun olup olmadığının kontrol edilmesi için harcanan çabadır.

- Belli amaçlarla ve sistemli süreçler yoluyla veri toplama ve toplanan verilerin analizidir.

Araştırma süreci,

Formül;

Teknik+Metot+Model+Araştırma=Bilim

Araştırma Yöntemleri

- Sağlık alanında yazılar yazılırken iki ana tip araştırma yöntemi kullanılmaktadır.
- Niteliksel ve niceliksel araştırma yöntemleri….

Araştırma Yöntemleri

- **Nicel yöntemler**
  - Deneysel yöntem
  - Gözlemsel araştırmalar
    - Tanımlayıcı araştırmalar
      - Vaka takdimi, vaka serisi, ekolojik çalışmalar ±kesitsel araştırmalar…
    - Analitik araştırmalar
      - ±kesitsel araştırmalar, Vaka-kontrol tipi ç, kohort tipi araşt….
  - Metodolojik araştırmalar
    - Geçerlilik- güvenirlilik analizlerini içeren çalışmalar…
  - …..

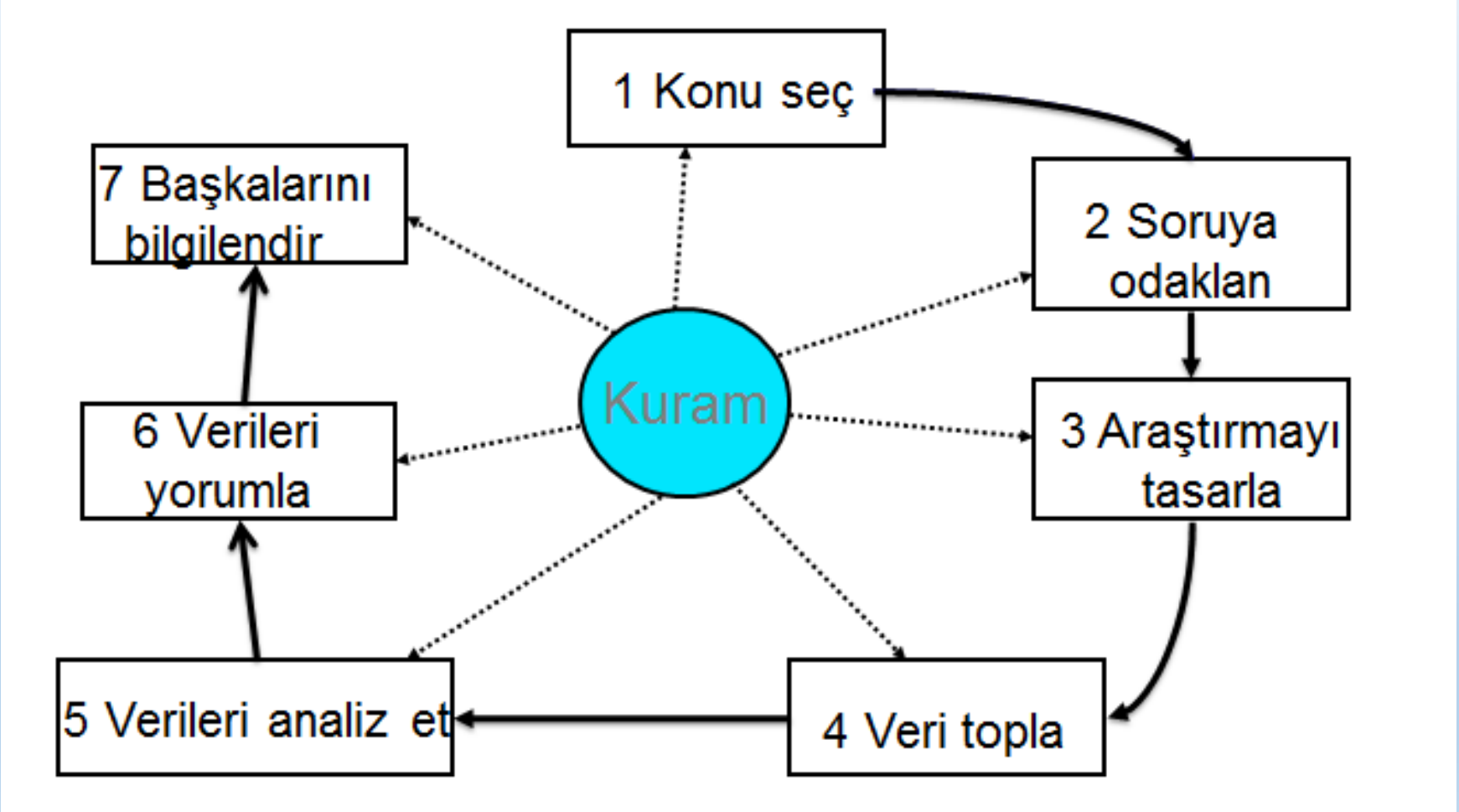
- **Nitel yöntemler**
  - Alan araştırmaları
  - Örnek olaylar
  - Etnografik araştırmalar
  - Anlatıma dayalı araştırmalar
  - . . .

Karma yöntemler

Tanımlayıcı araştırmalar:

- Hastalıkların toplumdaki dağılımını kişi, yer ve zamana göre incelerler
- Bu şekilde hastalıkların risk faktörlerine/nedenlerine yönelik hipotez üretilebilir
- Sağlık hizmeti planlayıcıları için koruyucu ve eğitici programların nasıl etkili olacağı konusunda kaynak teşkil eder

Nicel Araştırma Sürecinin Aşamaları



Kanıta Dayalı Tıp Hiyerarşisi;

Editöre mektup

Editöre mektup

- Nedir?

Editöre mektup

- Nedir?
  - Editöre mektup, genelde kısa bir iletişim biçimidir
  - Okuyucunun ilgisini çeken herhangi bir konuda yazılabilir.

Editöre mektup

- Niçin Yazılır?
- Nasıl olmalıdır?

Editöre mektup

- Niçin Yazılır?
- Nasıl olmalıdır?

- Mektup yazılmasının en sık nedeni, yayınlanmış olan bir makaleye bir yorum getirmektir. Ancak bu yorumların objektif ve yapıcı olması gerekir.

- Ayrıca; araştırma raporları, olgu sunumları, olgu serileri ya da bir ilaç yan etkisi de mektup olarak bildirilebilir.

Editöre mektup

Mektup Tipleri

Genel tip

- Yayınlanmış yayınlara yanıt niteliğinde yorum (olumlu veya olumsuz)
- Klinik veriler ya da araştırma verileri üzerinde kısa bir bildirim
- Olgu sunum(ları) ile ilgili bildirim

Yaygın olmayan tip

- Genel tıbbi ya da politik yorum (örn. derneklerle ilgili konular)
- Derginin niteliği ya da formatı üzerine yorum
- Hastalar ya da çalışma materyaline ulaşma veya birlikte çalışma konusunda ilan

Editöre mektup

Aslında;

- Mektuplar, makale yayınlandıktan sonra zaman içerisinde işlemeye devam eden bir kontrol mekanizması olarak düşünülebilir.

BİZİ SİZİ GÖZETLİYOR

Confuses in interpreting likelihood classification and risk stratification in chest pain patients.

4. **Eken C**.
Am J Emerg Med. 2009 Mar;27(3):365-6; author reply 366-7. doi: 10.1016/j.ajem.2009.01.022. No abstract available.
PMID: 19328386 [PubMed - indexed for MEDLINE]
Related citations

Role of likelihood ratios in interpreting scoring systems used as predictive tools.

5. **Eken C**, Cete Y.
Ann Emerg Med. 2009 Feb;53(2):287; author reply 287-8. doi: 10.1016/j.annemergmed.2008.07.052. No abstract available.
PMID: 19167626 [PubMed - indexed for MEDLINE]
Related citations

Bland-Altman analysis for determining agreement between two methods.

6. **Eken C**.
J Emerg Med. 2009 Apr;36(3):307; author reply 307-8. doi: 10.1016/j.jemermed.2008.01.033. Epub 2008 Dec 17. No abstract available.
PMID: 19095397 [PubMed - indexed for MEDLINE]
Related citations

Acidosis is a life-threatening condition regardless of the underlying condition.

7. **Eken C**.
Am J Emerg Med. 2008 Jul;26(6):721; author reply 722-3. doi: 10.1016/j.ajem.2008.03.038. No abstract available.
PMID: 18606330 [PubMed - indexed for MEDLINE]
Related citations

Hypertonic saline: an alternative therapy in TCA overdoses failed to respond sodium bicarbonate.

8. **Eken C**.
Clin Toxicol (Phila). 2008 Jun;46(5):488. doi: 10.1080/15563650701636374. No abstract available.
PMID: 18568811 [PubMed - indexed for MEDLINE]
Related citations

Three cases of mydriasis following consumption of mackerel fish.

9. Erdal M, **Eken C**, Ozkurt B, Macit E.
Wilderness Environ Med. 2008 Spring;19(1):76. doi: 10.1580/1080-6032(2008)19[76:TCOMFC]2.0.CO;2. No abstract available.
PMID: 18333670 [PubMed - indexed for MEDLINE]
Related citations

The relationship of air pollution to ED visits for asthma differs between children and adults.

10. **Eken C**.
Am J Emerg Med. 2007 Sep;25(7):852. No abstract available.
PMID: 17870499 [PubMed - indexed for MEDLINE]
Related citations

Statistical or clinical significance? A critical point in interpreting medical data.

11. **Eken C**.
Am J Emerg Med. 2007 Jun;25(5):589. No abstract available.

Editöre mektup

- Bir mektup dergiye gönderirken; şu iki önemli nokta unutulmamalıdır
  - Mektubunuzun amacı nedir?.....
  - Hedef dergide daha öncesinde yayımlanmış mektupların biçim ve içeriği nasıldır

Editöre mektup

Ayrıca;

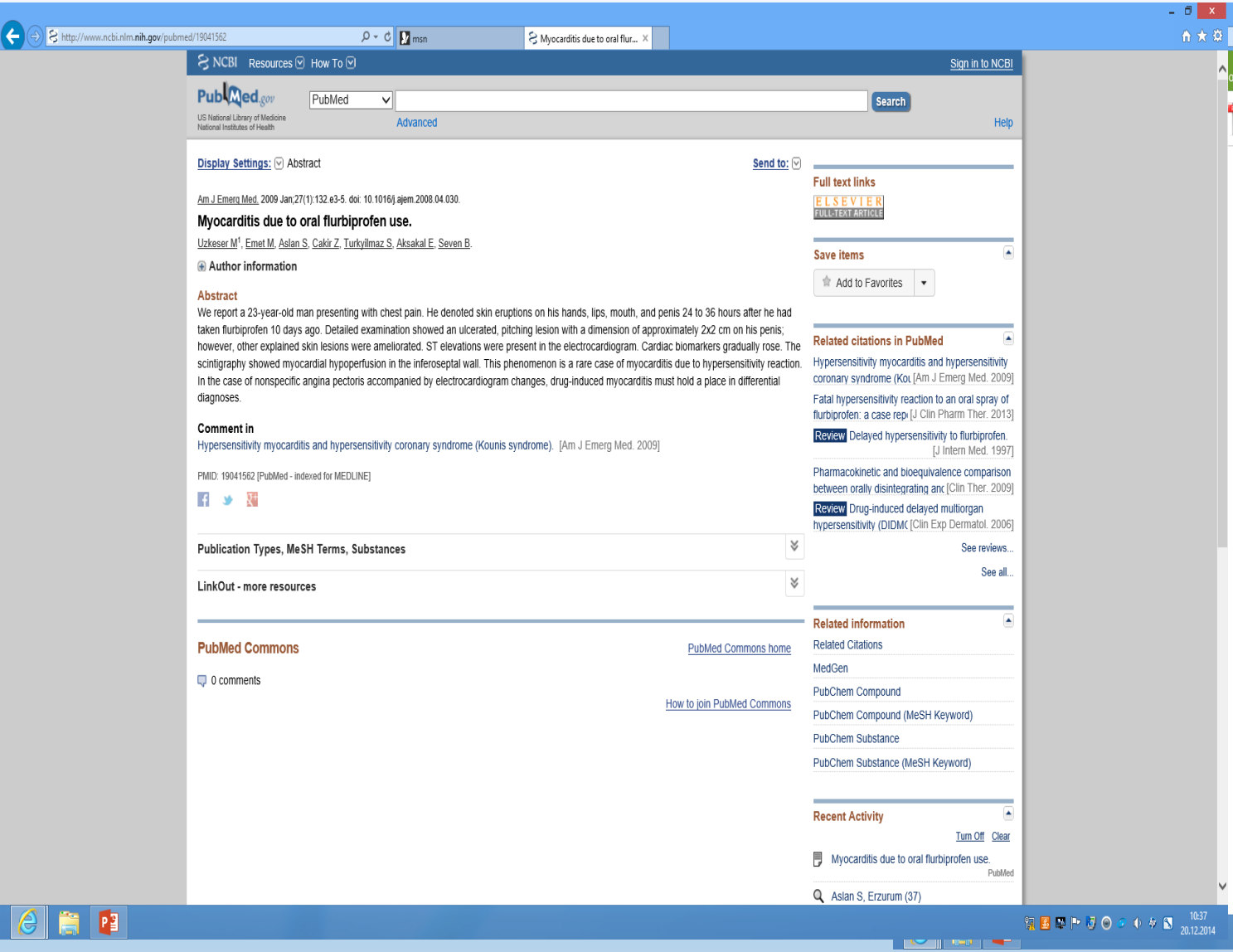
- Mektup kısa ve öz yazılmalıdır. Böylece okuyucuya daha kolay ulaşacağı bilinen bir gerçektir.
- Yayınlanmış makale üzerine objektif ve yapıcı yorumlar ya da medikal, bilimsel veya genel bir ilgi uyandırabilecek konular üzerine tartışmalar içermelidir.
- Mutlaka bir amacı olmalı, kısa ve kesin bir dille anlatmak istediği mesajı vermelidir.
- Daha önce başka yerde yayınlanmış ya da bildirilmiş materyaller kullanılmamalıdır.

Editöre mektup

- Mektuplar genelde; Birçok derginin “mektuplar” ya da “yanıtlar” bölümünde bulunmaktadır

- Uluslararası Medikal Dergi Editörleri komitesi (ICMJE) bu mektupların cevaplarıyla birlikte dergilerde yayınlanmasını önermektedir.

- Ayrıca bir kısım MEDLINE-indeksli dergi de mektupların ve cevaplarının bağlantılarını, okuyucuların dikkatinden kaçmaması için orijinal makale altında bulundurmaktadır



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Am J Emerg Med. 2009 Jan;27(1):132.e3-5. doi: 10.1016/j.ajem.2008.04.030.

Myocarditis due to oral flurbiprofen use.

Uzkeser M[1], Emet M, Aslan S, Cakir Z, Turkyilmaz S, Aksakal E, Seven B.

Author information

Abstract

We report a 23-year-old man presenting with chest pain. He denoted skin eruptions on his hands, lips, mouth, and penis 24 to 36 hours after he had taken flurbiprofen 10 days ago. Detailed examination showed an ulcerated, pitching lesion with a dimension of approximately 2x2 cm on his penis; however, other explained skin lesions were ameliorated. ST elevations were present in the electrocardiogram. Cardiac biomarkers gradually rose. The scintigraphy showed myocardial hypoperfusion in the inferoseptal wall. This phenomenon is a rare case of myocarditis due to hypersensitivity reaction. In the case of nonspecific angina pectoris accompanied by electrocardiogram changes, drug-induced myocarditis must hold a place in differential diagnoses.

Comment in

Hypersensitivity myocarditis and hypersensitivity coronary syndrome (Kounis syndrome). [Am J Emerg Med. 2009]

PMID: 19041562 [PubMed - indexed for MEDLINE]

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Fatal hypersensitivity reaction to an oral spray of flurbiprofen: a case rep [J Clin Pharm Ther. 2013]

Review Delayed hypersensitivity to flurbiprofen. [J Intern Med. 1997]

Pharmacokinetic and bioequivalence comparison between orally disintegrating and [Clin Ther. 2009]

Review Drug-induced delayed multiorgan hypersensitivity (DIDMO [Clin Exp Dermatol. 2006]

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The American Journal of Emergency Medicine

Volume 27, Issue 1, January 2009, Pages 132.e3–132.e5

Case Report

Myocarditis due to oral flurbiprofen use

Mustafa Uzkeser, MD, Mucahit Emet, MD, Sahin Aslan, MD, Zeynep Cakir, MD, Sule Turkyılmaz, MD

Enbiya Aksakal, MD

Bedri Seven, MD

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Abstract

We report a 23-year-old man presenting with chest pain. He denoted skin eruptions on his hands, lips, mouth, and penis 24 to 36 hours after he had taken flurbiprofen 10 days ago. Detailed examination showed an ulcerated, pitching lesion with a dimension of approximately 2 × 2 cm on his penis; however, other explained skin lesions were ameliorated. ST elevations were present in the electrocardiogram. Cardiac biomarkers gradually rose. The scintigraphy showed myocardial hypoperfusion in the inferoseptal wall. This phenomenon is a rare case of myocarditis due to hypersensitivity reaction. In the case of nonspecific angina pectoris accompanied by electrocardiogram changes, drug-induced myocarditis must hold a place in differential diagnoses.

Complications because of therapeutic doses of nonsteroidal anti-inflammatory drugs (NSAIDs) are not usual. The most common reported adverse reactions include cholestasis, fixed eruptions, asthma, and cutaneous vasculitis [1] and [2]. Compared with other NSAIDs, flurbiprofen is a well-tolerated drug [3], [4] and [5]. Fixed drug eruption begins with nummular erythematous lesions. Later, an erythema fades and pigmentation remains. If the same drug is taken repeatedly, an erythema may occur again on the same location. The skin reaction can be severe enough to form edema, vesicle, and bullae. Among men, glans penis is one of the most effected areas [6]. Usually, viral infections play a huge role in the etiology of myocarditis, but drug use may cause it as well [7].

In the literature review, there are only a few reports on the NSAIDs leading to myocarditis; however, we could not find any paper about the use of flurbiprofen causing myocarditis. We think that this case is the first

Recommended articles

Hypersensitivity myocarditis and hypersensitivity... 2009, The American Journal of Emergency Medicine more

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The American Journal of Emergency Medicine

Volume 27, Issue 4, May 2009, Pages 506–508

Correspondence

Hypersensitivity myocarditis and hypersensitivity coronary syndrome (Kounis syndrome)

George N. Kounis, MD, MSc

George D. Soufras, MD, PhD

Sophia A. Kouni, MD

Nicholas G. Kounis, MD, PhD

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doi:10.1016/j.ajem.2009.02.025

To the Editor,

There are 2 cardiac diseases of hypersensitivity etiology that affect the myocardium and the coronary arteries, respectively. The first is an inflammatory disease affecting the myocardium and the cardiac conduction system manifesting as a complication of drug therapy [1]. The second is the concurrence of acute coronary syndromes with conditions associated with mast cell activation, involving interrelated and interacting inflammatory cells, and including allergic or hypersensitivity and anaphylactic or anaphylactoid insults [2].

In the very interesting report published in this journal [3], a young man 23 years of age developed skin eruptions in hands, lips, and mouth, and ulcerated lesion in the penis after taking 2 pills of flurbiprofen because of headache 10 days ago. Contemporarily, he had cardiac involvement with ST elevation, increased troponin I, increased cardiac enzymes, and inferoseptal myocardial ischemia at rest resolving at redistribution in TI-201 rest-redistribution myocardial perfusion single photon emission computed tomography.

The authors of this report suspected that the patient's condition was a drug-induced myocarditis. However, they omitted to refer to Kounis syndrome, which shares nearly the same symptoms and laboratory findings with hypersensitivity myocarditis (Table 1). The only differences between these 2 hypersensitivity conditions are the presence of eosinophils, atypical lymphocytes, and giant cells in myocardial biopsy in hypersensitivity myocarditis; whereas biopsy in Kounis syndrome is typically normal. The normal coronary angiogram in hypersensitivity myocarditis; whereas angiogram in Kounis syndrome, especially in type II

The American Journal of Emergency Medicine

Volume 27, Issue 4, May 2009, Pages 508

Correspondence

Is it Kounis syndrome or myocarditis?

Sahin Aslan, MD

Mucahit Emet, MD

Mustafa Uzkeser, MD

doi:10.1016/j.ajem.2009.02.026

To the Editor,

We have read "Kounis syndrome" and surprised to see the common points of this disease with "hypersensitivity myocarditis," which we reported a case recently [1]. We believe that most of the emergency physicians have knowledge about drug-induced acute coronary syndrome, bee stings or viper venom poisoning-related myocardial infarction, but only a few of us know that all these coronary syndromes come out to a common pathophysiologic mechanism and a common name: hypersensitivity coronary syndrome (Kounis syndrome) [2]. Thus, we believe that this correspondence will aid and educate emergency physicians and will also reduce misdiagnosis and wrong treatment. However, there are some problems about the content of this article and the examples that are mentioned in the article.

The article offers that our case was a Kounis syndrome rather than a "hypersensitivity myocarditis." However, the case has contradictions about that diagnosis in the following points:

1. To our knowledge, Kounis syndrome appears in the first 24 hours after the event occurs. However, in our case, the tableau appeared more than 1 week later.
2. In Kounis syndrome, the electrocardiogram generally shows local ST elevation, which is compatible with infarction (eg, inferior or anterior wall of the heart). On the contrary, in our case, the electrocardiogram showed an ST elevation of 0.5 to 1 mV in all derivations.
3. The chest pain in Kounis syndrome is a typical ischemic angina pectoris. Although the chest pain is a subjective criteria, in our case, it was compatible with nonischemic chest pain.
4. According to the author, Kounis syndrome was well defined and well typed before in his articles [1]: "Chest pain, during an allergic insult, with electrocardiographic ischemic changes but with normal

Editöre mektup

- Daha önceden yapılan bir çalışmaya cevaben yazılan bir mektubun amacı;
  - çalışmanın gerekçesine,
  - analizine veya
  - sonucuna destek vermek olmalıdır

- Ancak yazılan mektupların çoğu «**eleştirmek**» için düzenlenmektedir

- Ve eleştiriler….

Editöre mektup

Bir makaleye cevaben yazı yazarken mektup;

- Kaba ve küçümseyici olmamalı
- Genelden ziyade özel yorumlar yapılmalı
- Taraflı görüşler yerine bilimsel dayanağı olan saptamalar yapılmalı
- Orijinal makalede ele alınan konuları tekrar etmemeli
- Konuya farklı bir bakış açısıyla yaklaşmalı
- Ek veriler sunulmalı
- Kısa ve öz bir üslup kullanılmalı

Editöre mektup

Editöre mektup yazılırken sık karşılaşılan problemler

- Yayınlanmış makaleyle direk ilişkili olmayan yorumlar
- Orjinal makalede belirtilen noktaların tekrar edilmesi
- Genel ve yanlı yorumlar
- Mektubun mesajının ya da sonucunun belirsizliği
- Çok fazla açıklama, detay, şekil, tablo veya kaynak
- Yeni ya da faydalı bilgi bulunmaması
- Saldırgan ya da aşağılayıcı bir dil kullanımı
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Indian J Ophthalmol. 2014 Nov;62(11):1102. doi: 10.4103/0301-4738.146731. No abstract available.
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2. 0.5% Proparacain hydrochloride for clear corneal phacoemulsification in patients with co-morbid conditions.
Joshi RS.
Indian J Ophthalmol. 2014 Nov;62(11):1101. doi: 10.4103/0301-4738.146729. No abstract available.
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3. Oral cutaneous leishmaniasis mimicking carcinoma of tongue: A case report.
Joshi A, Dhumal SB, Noronha V, Bonda A, Pandey A, Raja Manickam DK, Prabhash K.
Indian J Cancer. 2014 July-September;51(3):401-402. doi: 10.4103/0019-509X.146789. No abstract available.
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4. Response to oral metronomic chemotherapy in carcinoma of the Buccal Mucosa: A case report.
Joshi A, Agarwala V, Noronha V, Dhumal S, Juvekar S, Prabhash K.
Indian J Cancer. 2014 July-September;51(3):400-401. doi: 10.4103/0019-509X.146786. No abstract available.
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5. Recurrent sinonasal teratocarcinosarcoma with intracranial extension: Case report.
Joshi A, Dhumal SB, Manickam DR, Noronha V, Bal M, Patil VM, Prabhash K.
Indian J Cancer. 2014 July-September;51(3):398-400. doi: 10.4103/0019-509X.146785. No abstract available.
PMID: 25494165 [PubMed - as supplied by publisher] Free Article
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6. Chronic myeloid leukemia in acute lymphoblastic leukemia survivor: A case report.
Cyriac S, Philip A, Ganesan P, Kannan K, Sagar TG.
Indian J Cancer. 2014 July-September;51(3):398. doi: 10.4103/0019-509X.146783. No abstract available.
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5902. **LETTER** TO THE **EDITOR**.
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PMID: 18010775 [PubMed] Free PMC Article
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5903. **Letter** to the **Editor**.
Bessey CE.
Science. 1892 Nov 4;20(509):263. No abstract available.
PMID: 17801765 [PubMed]
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Miller B.
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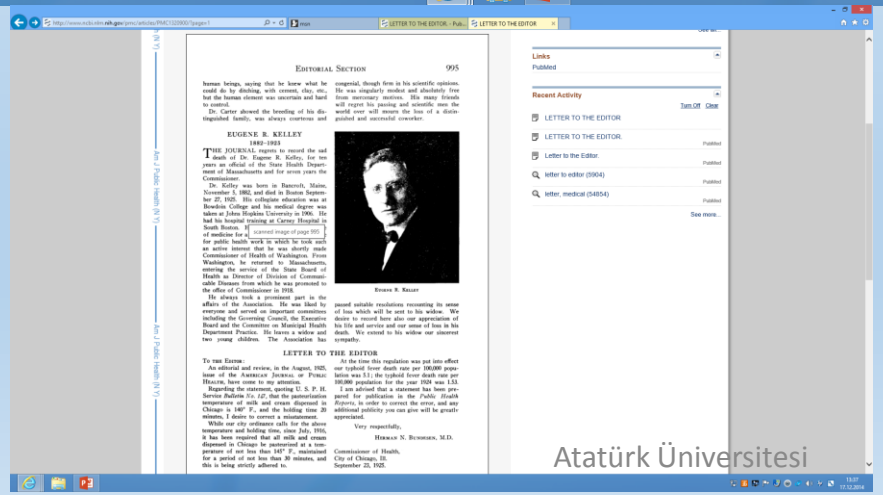

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Olgu sunumu

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Olgu sunumu

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Vaka takdimi

Vaka sunumu

Vaka Raporu

Olgu sunumu

- En çok bilinen, en eski tıbbi makale türlerindendir.
- Akademik mecrada ***ikinci sınıf*** yayın kabul edilse de,
- Bir çok orijinal gözlemin ilk önce vaka takdimi olarak yayınlandığı gerçeği önemlidir. Hodgkin lenfoma, AİDS, oral kontroseptif ve pulmoner emboli ilişkisi vb..

Olgu sunumu

- Tıbbi literatür incelendiğinde, son beş yılda 200.000'den çok vaka takdiminin MEDLİNE taramasında çıktığı gözlemlenmiştir.

Olgu sunumu

- Meslekte yeni olan ve ya akademik yolu seçmeyen hekimlerin daha çok ilgisini çekmektedir.
- Okunurluğu artırmak için bir çok editör dergilerin içine ilginç olgu sunumlarını alır…
  - The New England Journal of Medicine (**NEJM**) «Case Records»
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CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 38-2014 — An 87-Year-Old Man with Sore Throat, Hoarseness, Fatigue, and Dyspnea

December 11, 2014 | Iyasere C.A.Simmons L.H.Fintelmann F.J.Dighe A.S. | N Engl J Med 2014; 371:2321-2327

CME

An 87-year-old man presented with a sore throat, hoarseness, fatigue, and periorbital and facial swelling. He had a creatine kinase level of 2713 U per liter and an aspartate aminotransferase level of 90 U per liter. A diagnostic test result was received.

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CLINICAL PROBLEM-SOLVING

D Is for Delay

December 4, 2014 | Kapoor R.Saint S.Kapoor J.R.Johnson R.A.Dhaliwal G. | N Engl J Med 2014; 371:2218-2223

CME | Comments

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 37-2014 — A 35-Year-Old Woman with Suspected Mite Infestation

November 27, 2014 | Beach S.R.Kroshinsky D.Kontos N. | N Engl J Med 2014; 371:2115-2123

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 36-2014 — An 18-Year-Old Woman with Fever, Pharyngitis, and Double Vision

November 20, 2014 | Olson K.R.Freitag S.K.Johnson J.M.Branda J.A. | N Engl J Med 2014; 371:2018-2027

CME | Comments | Poll

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JAMA Clinical Challenge | December 17, 2014 PDF
Pustulonodular Lesion on the Nose
Praveen Gundelly, MD; Michael Young, MD
TOPICS: diabetes mellitus, kidney failure, chronic, blastomycosis, hepatitis c
JAMA. 2014; 312(23):2564-2565. doi: 10.1001/jama.2014.13527

JAMA Clinical Challenge | December 03, 2014 PDF
Sudden Onset of Generalized Blisters
Hsien-Yi Chiu, MD; Nai-Lun Yeh, MD
TOPICS: diclofenac, blister
JAMA. 2014; 312(21):2281-2282. doi: 10.1001/jama.2014.13029

JAMA Clinical Challenge | November 26, 2014 PDF
Rapidly Progressing Leg Ulcer With Fever in a Woman With Chronic Diarrhea
Hai Long, MD, PhD; Yuwen Su, MD, PhD; Qianjin Lu, MD, PhD
TOPICS: diarrhea, chronic, crohn's disease, fever, leg ulcer, pyoderma gangrenosum
JAMA. 2014; 312(20):2158-2159. doi: 10.1001/jama.2014.13007

JAMA Clinical Challenge | November 05, 2014 PDF
Recurrent Gingival and Oral Mucosal Lesions
Eric T. Stoopler, DMD, FDS RCSEd, FDS RCSEng; Thomas P. Sollecito, DMD, FDS RCSEd
TOPICS: gingiva, lichen planus, lichen planus, oral
JAMA. 2014; 312(17):1794-1795. doi: 10.1001/jama.2014.4298

JAMA Clinical Challenge | October 15, 2014 PDF
Facial Droop, Left-Sided Weakness, and Cystic Brain Lesions
Omer E. Beaird, MD; Claire Northway, MD; Preeti N. Malani, MD, MSJ
TOPICS: biopsy, asthenia, cyst, lesion of brain, facial paresis
JAMA. 2014; 312(15):1581-1582. doi: 10.1001/jama.2014.5553

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Olgu sunumu

- Editöre mektuptan sonra en kolay yayın şeklidir.

- Hekimler için yazılı akademik literatür hayatına geçiş aşamasında iyi bir egzersizdir.

Fırsatın kazası olmaz Sıfatıyla...

- *Dear author, please patience, patience, patience. Everything has an order.*

Olgu sunumu

- Her yazıda olduğu gibi olgu sunumunda da etik kurallara dikkat edilmeli
  - Hastaya ait bilgiler iyi bir şekilde muhafaza edilmeli
    - Özellikle daha sonraki takipleri açısından…
  - Hastadan bilgilendirilmiş onam alınmalı
    - Bu onam gerçek zamanlı bir bilgilendirme onamı olmalıdır
    - Anonim olmamalıdır

Olgu sunumu

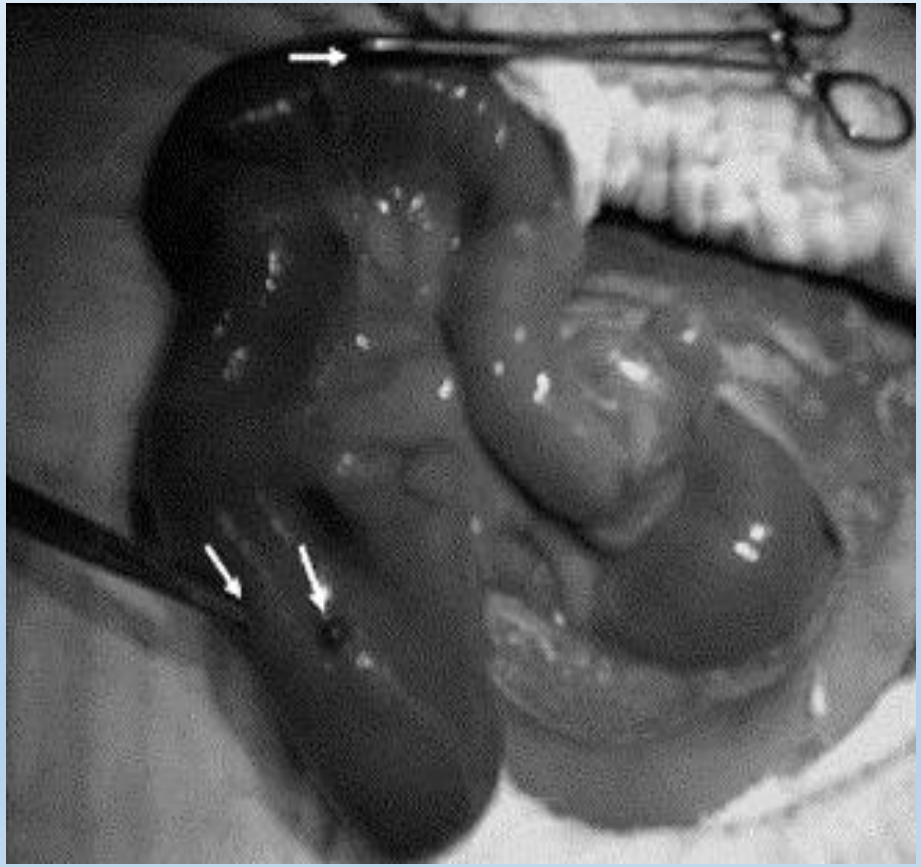
- Olgu yazarken bir hikaye yazmadığımızı bilmemiz lazım
- Burada önemli bir noktaya değinmemiz gerektiğini bilmemiz lazım
- Bunu yaparken açık ve seçik bir üslup kullanmalıyız
- Tekrarlardan kaçınmalıyız

Olgu sunumu

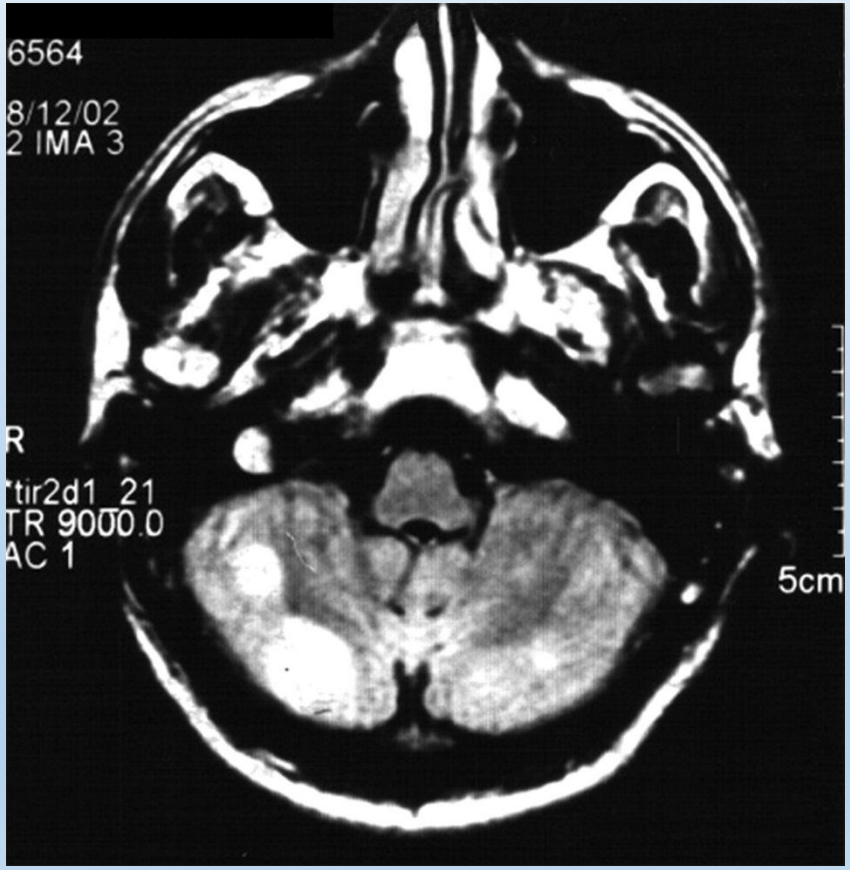
- Vaka takdimleri benzersiz (tanımlanmamış) veya nadir bir klinik durumun rapor ediyor olmalıdır:
  - Klinik tablo
  - Anormal, daha önce tanımlanmamış bir bulgu
  - Daha önce tanımlanmamış etiyoloji(ler)
  - Farklı bir görüntü
  - Farklı laboratuvar bulguları
  - Yeni bir tedavi deneyimi
  - Tedaviye beklenmedik cevap
  - Tıbbi komplikasyon ve ya hatalar

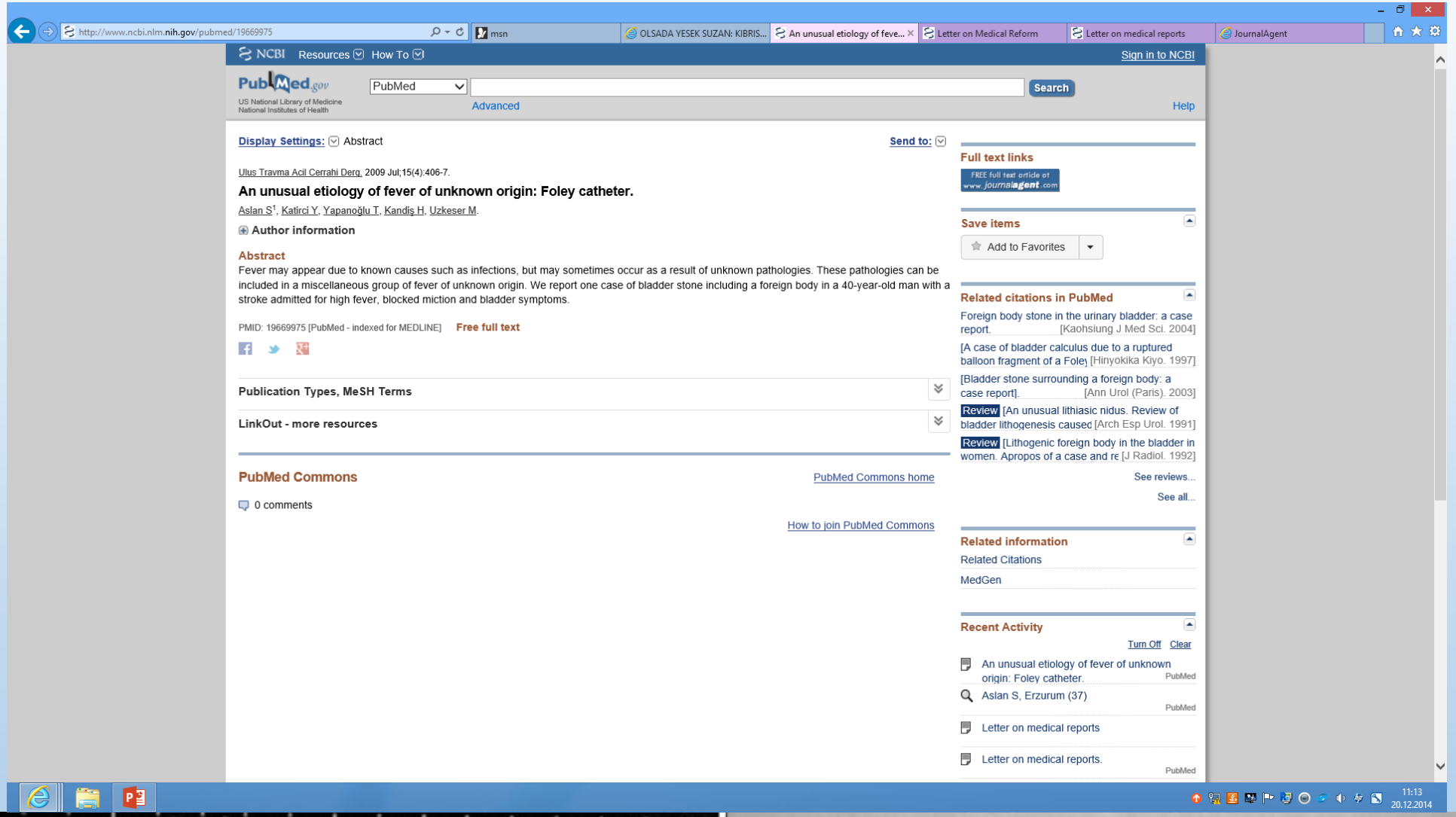
Olgu sunumu

Aslan S,
Burns. 2005 Mar;31(2):237-9. **Lightning: an unusual etiology of gastrointestinal perforation.**



Aslan S,
Emerg Med J. 2004 Nov;21(6):750-1.
Lightning: an unusual cause of cerebellar infarction.





Ulus Travma Acil Cerrahi Derg. 2009 Jul;15(4):406-7.

An unusual etiology of fever of unknown origin: Foley catheter.

Aslan S[1], Katirci Y, Yapanoğlu T, Kandiş H, Uzkeser M.

Author information

Abstract

Fever may appear due to known causes such as infections, but may sometimes occur as a result of unknown pathologies. These pathologies can be included in a miscellaneous group of fever of unknown origin. We report one case of bladder stone including a foreign body in a 40-year-old man with a stroke admitted for high fever, blocked miction and bladder symptoms.

PMID: 19669975 [PubMed - indexed for MEDLINE] Free full text

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[A case of bladder calculus due to a ruptured balloon fragment of a Foley [Hinyokika Kyo. 1997]

[Bladder stone surrounding a foreign body: a case report]. [Ann Urol (Paris). 2003]

Review [An unusual lithiasic nidus. Review of bladder lithogenesis caused [Arch Esp Urol. 1991]

Review [Lithogenic foreign body in the bladder in women. Apropos of a case and re [J Radiol. 1992]

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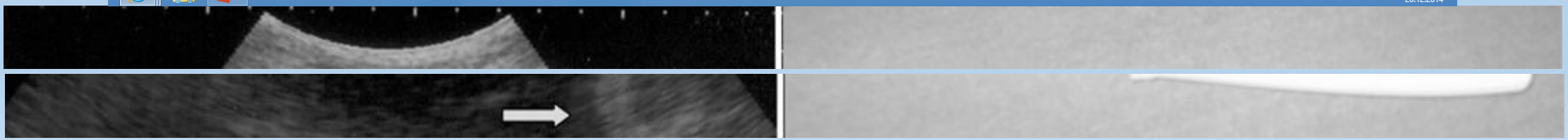


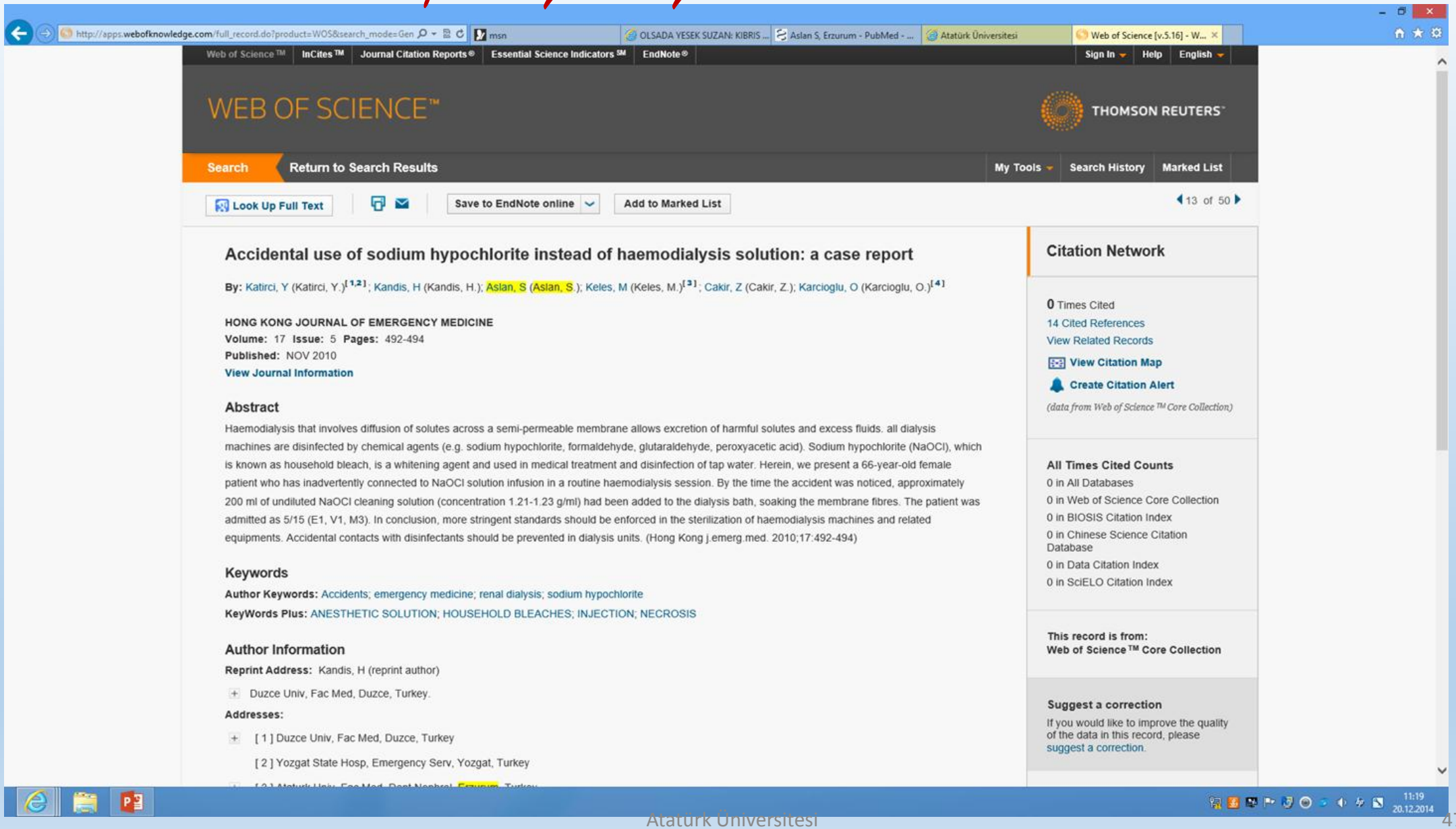
Nadir bir etiyolojik faktör olabilir

Olgu sunumu

- Speed bump-induced spinal column injury.
- **Aslan S**,
- Am J Emerg Med. 2005 Jul;23(4):563-4.

- Air guns: toys or weapons?
- **Aslan S**,
- Am J Forensic Med Pathol. 2006 Sep;27(3):260-2.

Tıbbi komplikasyon ve ya hatalar



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Accidental use of sodium hypochlorite instead of haemodialysis solution: a case report

By: Katirci, Y (Katirci, Y.)[1,2]; Kandis, H (Kandis, H.); Aslan, S (Aslan, S.); Keles, M (Keles, M.)[3]; Cakir, Z (Cakir, Z.); Karcioglu, O (Karcioglu, O.)[4]

HONG KONG JOURNAL OF EMERGENCY MEDICINE
Volume: 17 **Issue:** 5 **Pages:** 492-494
Published: NOV 2010
View Journal Information

Abstract

Haemodialysis that involves diffusion of solutes across a semi-permeable membrane allows excretion of harmful solutes and excess fluids. all dialysis machines are disinfected by chemical agents (e.g. sodium hypochlorite, formaldehyde, glutaraldehyde, peroxyacetic acid). Sodium hypochlorite (NaOCl), which is known as household bleach, is a whitening agent and used in medical treatment and disinfection of tap water. Herein, we present a 66-year-old female patient who has inadvertently connected to NaOCl solution infusion in a routine haemodialysis session. By the time the accident was noticed, approximately 200 ml of undiluted NaOCl cleaning solution (concentration 1.21-1.23 g/ml) had been added to the dialysis bath, soaking the membrane fibres. The patient was admitted as 5/15 (E1, V1, M3). In conclusion, more stringent standards should be enforced in the sterilization of haemodialysis machines and related equipments. Accidental contacts with disinfectants should be prevented in dialysis units. (Hong Kong j.emerg.med. 2010;17:492-494)

Keywords

Author Keywords: Accidents; emergency medicine; renal dialysis; sodium hypochlorite
KeyWords Plus: ANESTHETIC SOLUTION; HOUSEHOLD BLEACHES; INJECTION; NECROSIS

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Olgu sunumu

Hangi olgu yazılmalı?

- Olgu textbook bilgilerinin dışında bir özellik gösteriyorsa ve ya hekimler için ilginç olabilecek deneyimler içerdiği düşünülüyorsa yazılabilir.

Olgu sunumu

Nasıl Yazalım?

- Yazılması düşünülen olgu konsültan ile tartışılır, konsültan ve hasta/hasta yakınının onayı alınır.
- Literatür taraması yapılır
- Konu ile ilgili birçok taslak metin hazırlanabilir
- Böylece yazımızda var olan veya oluşabilecek zayıf halkalar belirlenmiş olur
- Takım çalışması şart
- Zamanı iyi kullanmalıyız «bazı vaka sunumlarında zamanla yarışabiliriz»

- Klasik İMRAD (**İ**ntraduction, **M**ateryal-metod, **R**esults **A**nd **D**iscussion) formatıyla değil
- İCAD (**İ**ntraduction, **C**ase report **A**nd **D**iscussion) formatıyla yazılır.

Olgu sunumu

- **Başlık** → *Kısa (10 kelimeyi geçmemeli), açıklayıcı ve çekici olmalı, «literatür taraması» «olgu sunumu» gibi ifadeler içermemelidir.*
- **Özet ve anahtar kelimeler** → *100-150 kelimeyle sınırlı, net bilgi vermeli Anahtar kelimeler 3-4 civarında olmalı*
- **Giriş** → *Yazının yazılış nedenini açıklayıcı olmalıdır. 1-3 paragrafı geçmemeli, hastalık/durumla ilgili kısa bilgi, bu olgunun neden dikkate şayan olduğunu açıklayıcı ifadeler yer almalı. Geniş zaman kullanılmalıdır.*

Olgu sunumu

- **Vaka takdimi-Hikaye**
  - -Anamnez(sadece pozitifler)
  - -Muayene (sadece pozitifler)
  - -Testler
  - -İlerleme
  - - Tedavi, takip ve sonuç

Geçmiş zaman kipi kullanılmalı,
Demografik bilgilerle başlanarak öncelikle pozitif bulgular verilmeli,
Vurgulama açısından gerekli olan normal, ya da negatif bulgular da yer alabilir,
Komplikasyon yada beklenmedik durumlar da belirtilir.
Gerekli ise şekil tablo ve fotoğraflara yer verilebilir

Olgu sunumu

- **Tartışma ve sonuç**

  -literatür eşliğinde vakanın tartışması

  -mesajlar

  - öneriler

Bu olgu sunumunu tek/nadir yapan nedenler
Konuyla ilgili literatür derlemesinden ziyade olgu ile ilgili kararlar açısından literatür kanıtları yer almalı
Genellikle son paragraf olan sonuç paragrafında çıkarımlar, kazanımlar ve mesajlar özet bir dille yer almalı

- **Kaynaklar**

15-20'yi geçmemeli, hatta bazı dergilerde 10 sınırlaması var

Olgu sunumu

DİKKAT;

- Bir olgu sunumunu genellikle bir kişi yazar, multidisipliner (!) bir durum söz konusu ise birkaç yazar daha ilave edilebilir.(*kolektif çalışma güzel ama abartmamak gerekir*)

- Pasif cümleler yerine aktif cümleler kurmalı, uzun cümlelerden kaçınmalı, kelime sayısı kısıtlanmalıdır. (*Anlatımın güzel olması yayınlanma şansını artırır*)

- Bir vaka takdimi ne kadar kısa ve vurucu ise yayınlanma şansı o kadar artar (*Lüzumsuz edebiyat, aşırı genelleme ve yuvarlama yayınlanma şansını azaltır*)

Olgu sunumu

- Olgunun yayınlanması açısından dergi seçimi önemli
  - *Bazı dergiler hiç case yayınlamıyor, bazılar çok seçme yayınlıyor, bir kısmı da sadece case yayınlıyor*

Olgu sunumu

- *Kabul*;
  - Nadirse
  - Amaca uygun olarak yazılmış ve gönderilmişse
  - Bilimsel argümanlar kullanılmış ve sonuçta bilimsel çıkarımlar varsa
  - Anonim tabirle literatüre katkı sağlıyorsa
- *Ret*;
  - Orijinal değilse
  - Gereksiz bir şekilde uzatılmışsa
  - Yazım hataları mevcutsa
  - Abartılı bir dil kullanılmışsa
  - Yanlış hedef seçilmiş ise (*hem yazı içeriğindeki vurgu noktası hem de gönderilen dergi açısından*)

Derlemeler

Derlemeler

- *Derleme nedir;*
  - Belirli bir konuda geniş tarama yapılıp, bilgilerin mümkün olduğunca eksiksiz toplandığı
  - Çalışmalarda bildirilen bulguların metodolojisini ve geçerliliğinin analiz edildiği
  - Konu ile ilgili eleştirisel ve analitik yaklaşımla bilgi sentezinin yapıldığı
  - Farklı teori ve bulguların karşılaştırılıp ilişkilendirildiği
  - Çok kapsamlı olmak yerine akademik literatürü kapsayıcı
  - Planlı bir şekilde yazılması ile gerçekleşen bilimsel yazı türüne “Derleme” denir.

Derlemeler

- *Bir başka ifade ile Derleme:*

- Merak edilen bir konuda gerçekleştirilmek istenen bir amaç doğrultusunda, var olan geçerli ve güvenilir bilgilerin toplanarak sistemli olarak düzenlenmesiyle çok yönlü bilgi birikimi sağlamak için bir ya da daha fazla kişi tarafından hazırlanan yazılı metindir.

Derlemeler

- *Derleme yazı tipleri*
  - Davet ya da talimatla yazılan derlemeler
  - Metodolojisine göre derlemeler
  - Hedefine göre derlemeler

Derlemeler

- *Tanımlayıcı derlemeler hazırlanırken;*

- Belirlenmiş bir konu üzerinde geçmişte ve yeni olan tüm çalışmalar araştırılır ve irdelenir.

- Konu ile ilgili olan farklı teorik yaklaşımlar, metodlar yada özel konular yada kavramları ele alan tematik bir yaklaşım sergilenir

Derlemeler

- *Derlemeler;*
  - Seçilmiş konu ile ilgili olarak yeni yorumları, farklı fikirleri ve teorik yaklaşımları ortaya koymalıdır
  - Mevcut duruma yeni çalışmalarla olumlu katlı sağlayan eleştirisel bir değerlendirme sağlamalıdır.

Derlemeler

- *Derleme yazmadaki amaç;*
  - Seçilmiş olan araştırma ile ilgili olarak mevcut durumu analiz ederek gözden geçirmek
  - Konu ile ilgili olan önceki verileri değerlendirmek ve karşılaştırmak
  - Hali hazırda konu ile ilgili zayıflıkları ve açıklıkları ortaya koymak
  - Ve gelecekte bu konu ile ilgili olarak yapılacak çalışmalara yön vermek

Derlemeler

- *Derleme nasıl yazılır: hazırlık aşaması;*
- Konunun dar bir çerçevede belirlenmesi *(ör: konu Acil servise başvuran travmalarla ilgili derleme konusu yanlış olur kanaatindeyim. Ancak acil travmalarda toraks travmaları olabilir)*
- Konu ile ilgili olarak çok ciddi literatür taraması yapılmalıdır *(Bu aşamada seçilen konu ve soru yenilenebilir)*
- Konu araştırılırken sık sık not tutulmalı kısa kısa değerlendirmeler yapılarak konu üzerinde doğru hedefe doğru gidiş sağlanmalı
- Böylece bir ön başlık belirlenmelidir *(bu ön başlık bizim okuyucuya sunmayı planladığımız ve düşündüğümüz konuyu içermiş olacaktır)*

Derlemeler

- *Derleme nasıl yazılır: hazırlık aşaması;*
- Nasıl bir derleme yazacağız; bunun belirlenmesi gerekir (*kronolojik mi, konu odaklı mı veya ev ödevi tarzındamı*)

- Bir taslak yazı hazırlanmalı ve bu taslak içerisinde görsellerimiz, tablolarımız, alt başlıklarımızı ve bunların içeriklerinin belirlenmesi gerekir

Derlemeler

- *Derlemelerin özellikleri*
  - Konuyu kapsayan bir başlık, özet, giriş, tartışma, sonuç ve kaynaklar bölümleri olmalıdır
  - Tanımlayıcı derlemelerde genellikle gereç ve yöntem olmaz, ancak anlaşılabilir olması açısında yazılabilir

Derlemeler

- *Başlık:*
  - Başlık amacı tanıtıcı özellikte ancak, olabildiğince sade ve kısa olmalıdır, yazının derleme olduğunu hissettirmelidir. Başlık genelde şimdiki zamanda kurulmalıdır. Ancak sonuç veriyorsanız geçmiş zamanda kullanılabilir
- *Özet:*
  - En son yazılmalı Vurucu bilginin bulunduğu, içeriğin kısa cümlelerle anlatıldığı bölüm. Derlemenin okunabilirliğinin değerlendirilmesi özet üzerinden olacağı için önemli (*eğer halen başlığı görüp vazgeçmemişlerse*)
- *Giriş:*
  - Araştırmaya konu edilen ve dikkat çekilen, durumun ifade edildiği yerdir. Neden böyle bir derlemenin yazıldığının cevabının verildiği yerdir. Yazım şeklinde genelde şimdiki zaman tercih edilmelidir
- *Tartışma:*
  - Sonuçlar ve literatürün karşılaştırmaları sonrasında elde edilen yorumlar, öneriler ve mesajları içerir. Yeni araştırma soruları oluşturulur. Yazım şekli birazda dergiye ve okuyucu kitlesine bağlı olarak dizayn edilir.
  - Bir hastalık hakkında derleme yazılmışsa kitaplardaki tanım, etiyoloyi, patogenez, vs….. sıralaması izlenebilir
  - Genelden özele veya parçalardan bir bütüne doğru da derlemeler yazılabilir. (acil serviste EKG okuması)

Derlemeler

- *Sonuçta:*
  - Derleme yazmanızın amacı nedir. Yazıda bu sorunun cevabını bulmanız gerekir
  - Özet kısmı okurlara derlemenin tümünün okunmaya değer olup olmadığını gösterir
  - Literatürü kullanırken spesifik ve önemli noktalara vurgu yapılmalı, tarihsel süreçten bahsedilmiyorsa yeni literatür kullanılmalı
  - Az ve öz bilgi kullanılmalı ve verilmeye çalışılmalı
  - Aynı ve karşıt görüşlere de yer verilmeli
  - Spesifik bir sonuç verilmeye çalışılmalı
  - Derlemeyi yapanın topladığı bilgiler sonucunda kazandığı bakış açısını ve geçerli çıkarımını paylaşmalı

Derleme

Brain Natriüretik Peptidin Acil Serviste Kullanım Alanı ve Önemi

Area of Usage and Importance of Brain Natriuretic Peptide in the Emergency Department

Zeynep Çakır[1], Ayhan Sarıtaş[1], Şahin Aslan[1]

[1]Atatürk Üniversitesi, Tıp Fakültesi, Acil Tıp Anabilim Dalı, Erzurum

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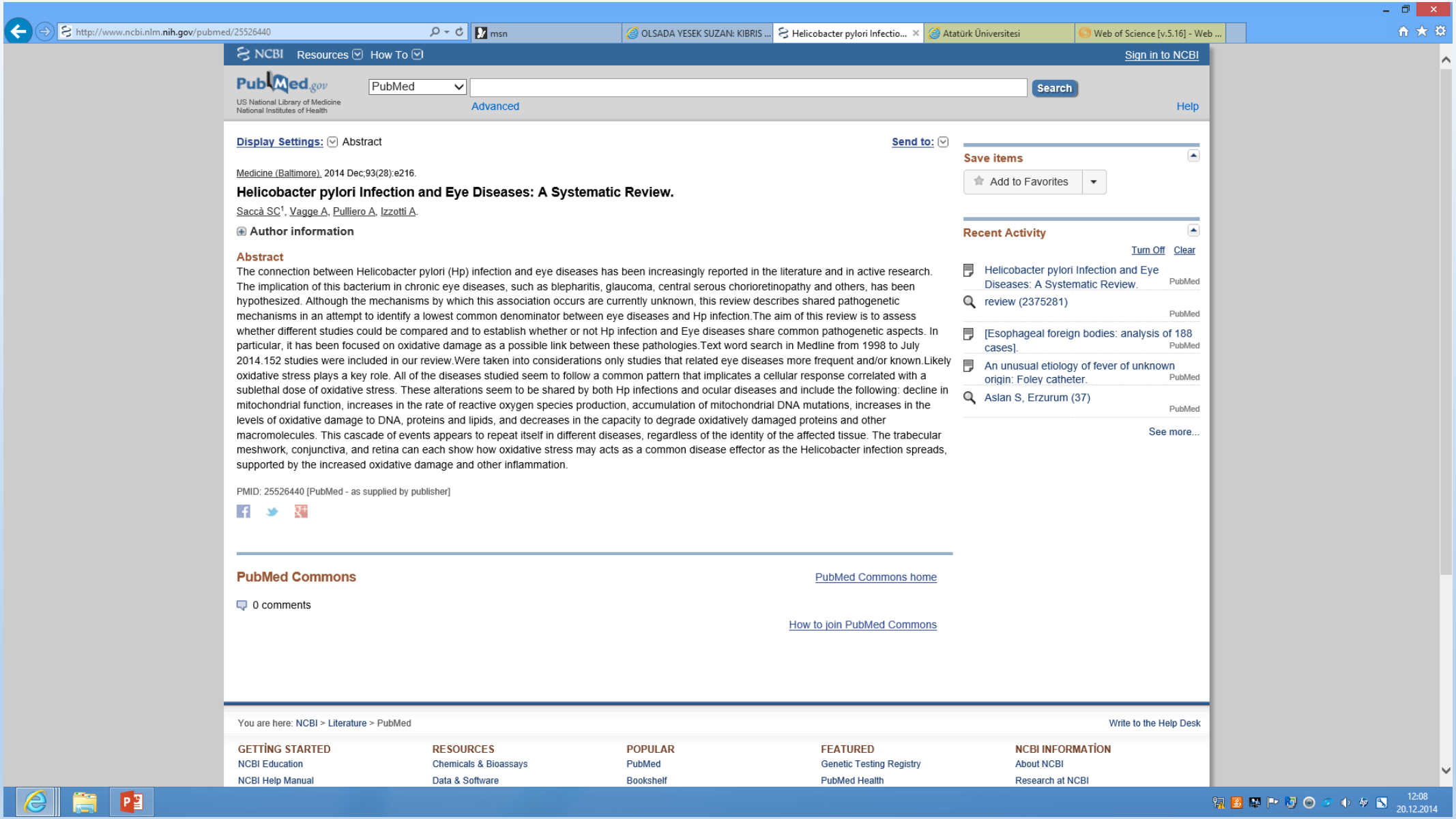
Tel: 0.442.3166303/1461, faks: 0.442.3166340, e-posta: sahinaslan29@hotmail.com

Özet

Kardiyovasküler fizyolojideki rolleri ve önemli özelliklerinden dolayı kardiyak natriüretik peptidler; hipertansiyon, kalp yetmezliği ve akut koroner sendrom gibi kardiyovasküler hastalıklarda diagnostik ve prognostik belirteç olarak kullanılmaya başlanmıştır. Brain natriüretik peptid (BNP), kardiyak disfonksiyonun en sensitif ve spesifik bir göstergesi olarak kabul edilmektedir. BNP ölçümünün hasta başı mümkün olması, acil serviste ve yatan hasta takibinde oldukça kolaylık

Summary

Cardiac natriuretic peptides from their roles and important features in cardiovascular physiology had been begun using as diagnostic and prognostic markers in cardiovascular conditions such as hypertension, heart failure and acute coronary syndrome. Brain natriuretic peptide (BNP) has been seen most sensitive and specific indicator of cardiac dysfunction. Because of measurement of BNP is possible bedside it has been supplying widely easiness in the emergency de-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Medicine (Baltimore). 2014 Dec;93(28):e216.
Helicobacter pylori Infection and Eye Diseases: A Systematic Review.
Saccà SC[1], Vagge A, Pulliero A, Izzotti A.
Author information
Abstract
The connection between Helicobacter pylori (Hp) infection and eye diseases has been increasingly reported in the literature and in active research. The implication of this bacterium in chronic eye diseases, such as blepharitis, glaucoma, central serous chorioretinopathy and others, has been hypothesized. Although the mechanisms by which this association occurs are currently unknown, this review describes shared pathogenetic mechanisms in an attempt to identify a lowest common denominator between eye diseases and Hp infection.The aim of this review is to assess whether different studies could be compared and to establish whether or not Hp infection and Eye diseases share common pathogenetic aspects. In particular, it has been focused on oxidative damage as a possible link between these pathologies.Text word search in Medline from 1998 to July 2014.152 studies were included in our review.Were taken into considerations only studies that related eye diseases more frequent and/or known.Likely oxidative stress plays a key role. All of the diseases studied seem to follow a common pattern that implicates a cellular response correlated with a sublethal dose of oxidative stress. These alterations seem to be shared by both Hp infections and ocular diseases and include the following: decline in mitochondrial function, increases in the rate of reactive oxygen species production, accumulation of mitochondrial DNA mutations, increases in the levels of oxidative damage to DNA, proteins and lipids, and decreases in the capacity to degrade oxidatively damaged proteins and other macromolecules. This cascade of events appears to repeat itself in different diseases, regardless of the identity of the affected tissue. The trabecular meshwork, conjunctiva, and retina can each show how oxidative stress may acts as a common disease effector as the Helicobacter infection spreads, supported by the increased oxidative damage and other inflammation.
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Derleme

Organofosfat ve Karbamat Zehirlenmeleri

Organophosphate and Carbamate Toxicity

Ayhan Sarıtaş[1], Zeynep Çakır[1], Şahin Aslan[1]

[1]Atatürk Üniversitesi, Tıp Fakültesi, Acil Tıp Anabilim Dalı, Erzurum

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Tel: 0. 442. 3166303 /1461, Faks: 0. 442. 3166340, e-posta: sahinaslan29@hotmail.com

Özet **Abstract**

Infections in chronic lung diseases 2

Antimicrobial resistance in the respiratory microbiota of people with cystic fibrosis

Laura J Sherrard, Michael M Tunney, J Stuart Elborn

Cystic fibrosis is characterised by chronic polymicrobial infection and inflammation in the airways of patients. Antibiotic treatment regimens, targeting recognised pathogens, have substantially contributed to increased life expectancy of patients with this disease. Although the emergence of antimicrobial resistance and selection of highly antibiotic-resistant bacterial strains is of major concern, the clinical relevance in cystic fibrosis is yet to be defined. Resistance has been identified in recognised cystic fibrosis pathogens and in other bacteria (eg, *Prevotella* and *Streptococcus* spp) detected in the airway microbiota, but their role in the pathophysiology of infection and inflammation in chronic lung disease is unclear. Increased antibiotic resistance in cystic fibrosis might be attributed to a range of complex factors including horizontal gene transfer, hypoxia, and biofilm formation. Strategies to manage antimicrobial resistance consist of new antibiotics or localised delivery of antimicrobial agents, iron sequestration, inhibition of quorum-sensing, and resistome analysis. Determination of the contributions of every bacterial species to lung health or disease in cystic fibrosis might also have an important role in the management of antibiotic resistance.

Lancet 2014; 384: 703–13

This is the second in a Series of two papers about infections in chronic lung diseases

CF and Airways Microbiology Group (L J Sherrard PhD, Prof M M Tunney PhD, Prof J S Elborn MD), School of Pharmacy (L J Sherrard, Prof M M Tunney), and Centre for Infection and Immunity, School of Medicine, Dentistry and Biomedical Sciences (Prof J S Elborn), Queen's University Belfast, Belfast, UK

Correspondence to:
Prof J Stuart Elborn, Centre for Infection and Immunity, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast BT9 7BL, UK.
s.elborn@qub.ac.uk

Introduction

Cystic fibrosis is caused by mutations in the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene. This gene encodes an ion channel located on the apical membrane of epithelial cells and is expressed in many cells throughout the body. In the lungs, this ion channel helps to control the volume of airway surface liquid, which affects mucociliary clearance. A defective CFTR in the cystic fibrosis airway surface results in thickened mucus secretions, which cannot be easily cleared. Trapped bacteria colonise the mucus and enables the development and persistence of pulmonary bacterial infection. Various mechanisms link defective *CFTR* gene to the poor clearance of bacteria deposited on the mucus surface, including a reduced volume of airway surface liquid and lower airway surface liquid pH in patients than controls.[1,2]

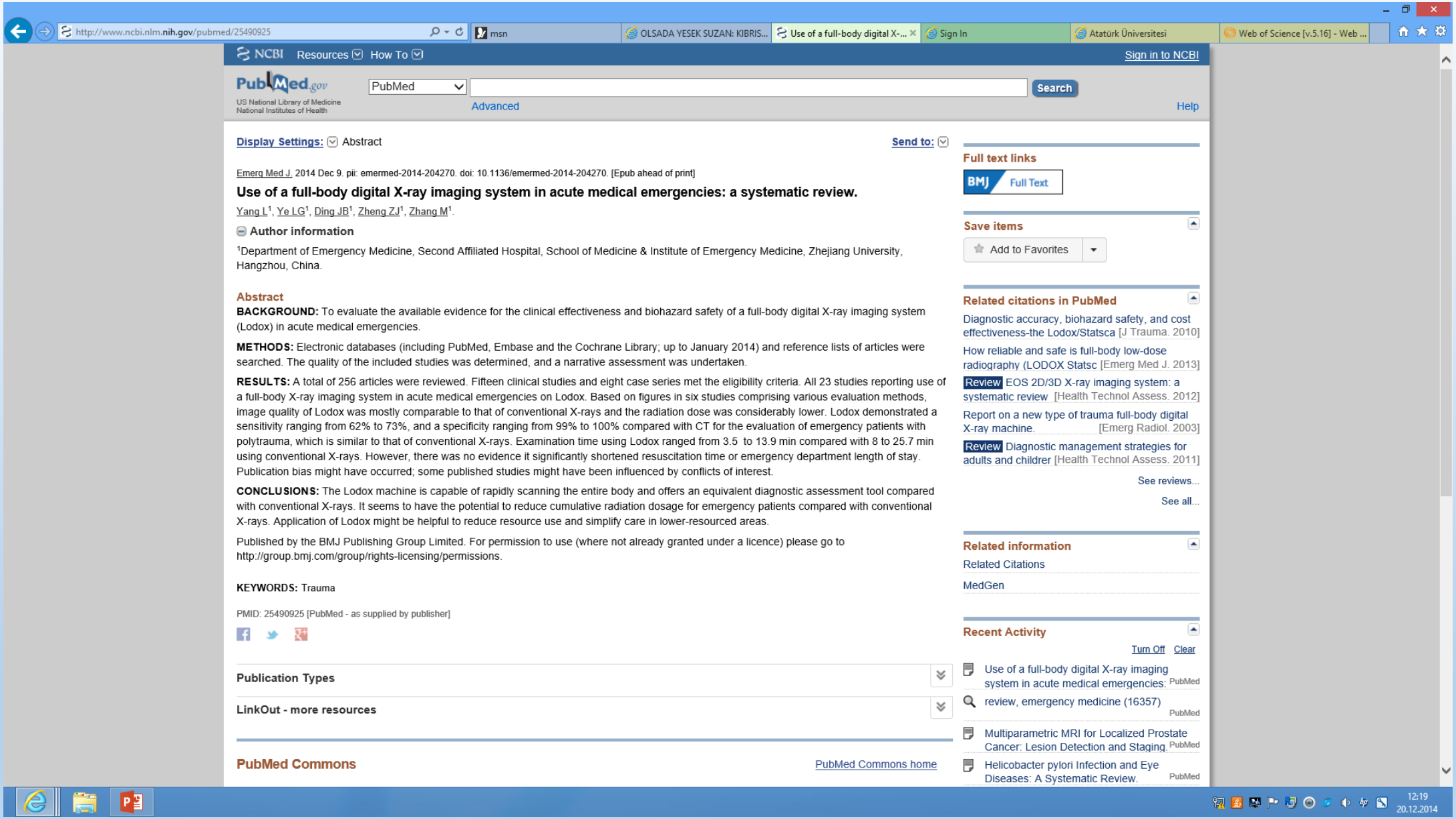
A small number of bacteria, *Staphylococcus aureus* (including meticillin-resistant *S aureus* [MRSA]), *Haemophilus influenzae*, *Pseudomonas aeruginosa*, and *Burkholderia cepacia* complex, are recognised as cystic fibrosis respiratory pathogens (figure 1). Additional important opportunistic pathogens, which infect the cystic fibrosis airways, have been described including *Achromobacter xylosoxidans*, *Stenotrophomonas maltophilia*, and non-tuberculous *mycobacterium* (NTM). Isolation of these bacteria has been done on the basis of agar based culture methods in mostly aerobic conditions at 35–37°C.[4] These pathogens have also been associated with pulmonary

with an excessive immune response, irreversible tissue damage, and an accelerated decrease in lung function.[5]

Respiratory disease due to chronic bacterial infection is the cause of early morbidity and mortality in a large percentage (85%) of patients with cystic fibrosis.[6] Therefore, the presence of recognised pathogens in cystic fibrosis respiratory secretions is examined by clinical laboratories and targeted by subsequent antibiotic treatment. Antibiotic treatment is initiated at a very young age to manage

Search strategy and selection criteria

We searched PubMed, Medline, and Scopus for literature published in English between Jan 1, 2004, and June 30, 2014. In PubMed and Medline we used the MeSH search terms "cystic fibrosis", "bacterial infections", "drug resistance", "microbial" (two different MeSH terms combined for each search), and the free text terms "diversity", "microbiota", "resistance", "molecular detection", and all of the major cystic fibrosis pathogens stated in this Series paper sequentially in combination with "cystic fibrosis". In Scopus, we searched titles, abstracts, and keywords of articles using the combined terms "cystic fibrosis" with "bacterial infections" and "cystic fibrosis" with "resistance". We manually screened lists of articles by reading the abstracts. Studies were excluded that were not original data, such as reviews, or those that were not related to our topic. Additional relevant articles published within the literature search period and before 2004 were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Use of a full-body digital X-ray imaging system in acute medical emergencies: a systematic review.
Yang L[1], Ye LG[1], Ding JB[1], Zheng ZJ[1], Zhang M[1].
Author information
[1]Department of Emergency Medicine, Second Affiliated Hospital, School of Medicine & Institute of Emergency Medicine, Zhejiang University, Hangzhou, China.
Abstract
BACKGROUND: To evaluate the available evidence for the clinical effectiveness and biohazard safety of a full-body digital X-ray imaging system (Lodox) in acute medical emergencies.
METHODS: Electronic databases (including PubMed, Embase and the Cochrane Library; up to January 2014) and reference lists of articles were searched. The quality of the included studies was determined, and a narrative assessment was undertaken.
RESULTS: A total of 256 articles were reviewed. Fifteen clinical studies and eight case series met the eligibility criteria. All 23 studies reporting use of a full-body X-ray imaging system in acute medical emergencies on Lodox. Based on figures in six studies comprising various evaluation methods, image quality of Lodox was mostly comparable to that of conventional X-rays and the radiation dose was considerably lower. Lodox demonstrated a sensitivity ranging from 62% to 73%, and a specificity ranging from 99% to 100% compared with CT for the evaluation of emergency patients with polytrauma, which is similar to that of conventional X-rays. Examination time using Lodox ranged from 3.5 to 13.9 min compared with 8 to 25.7 min using conventional X-rays. However, there was no evidence it significantly shortened resuscitation time or emergency department length of stay. Publication bias might have occurred; some published studies might have been influenced by conflicts of interest.
CONCLUSIONS: The Lodox machine is capable of rapidly scanning the entire body and offers an equivalent diagnostic assessment tool compared with conventional X-rays. It seems to have the potential to reduce cumulative radiation dosage for emergency patients compared with conventional X-rays. Application of Lodox might be helpful to reduce resource use and simplify care in lower-resourced areas.
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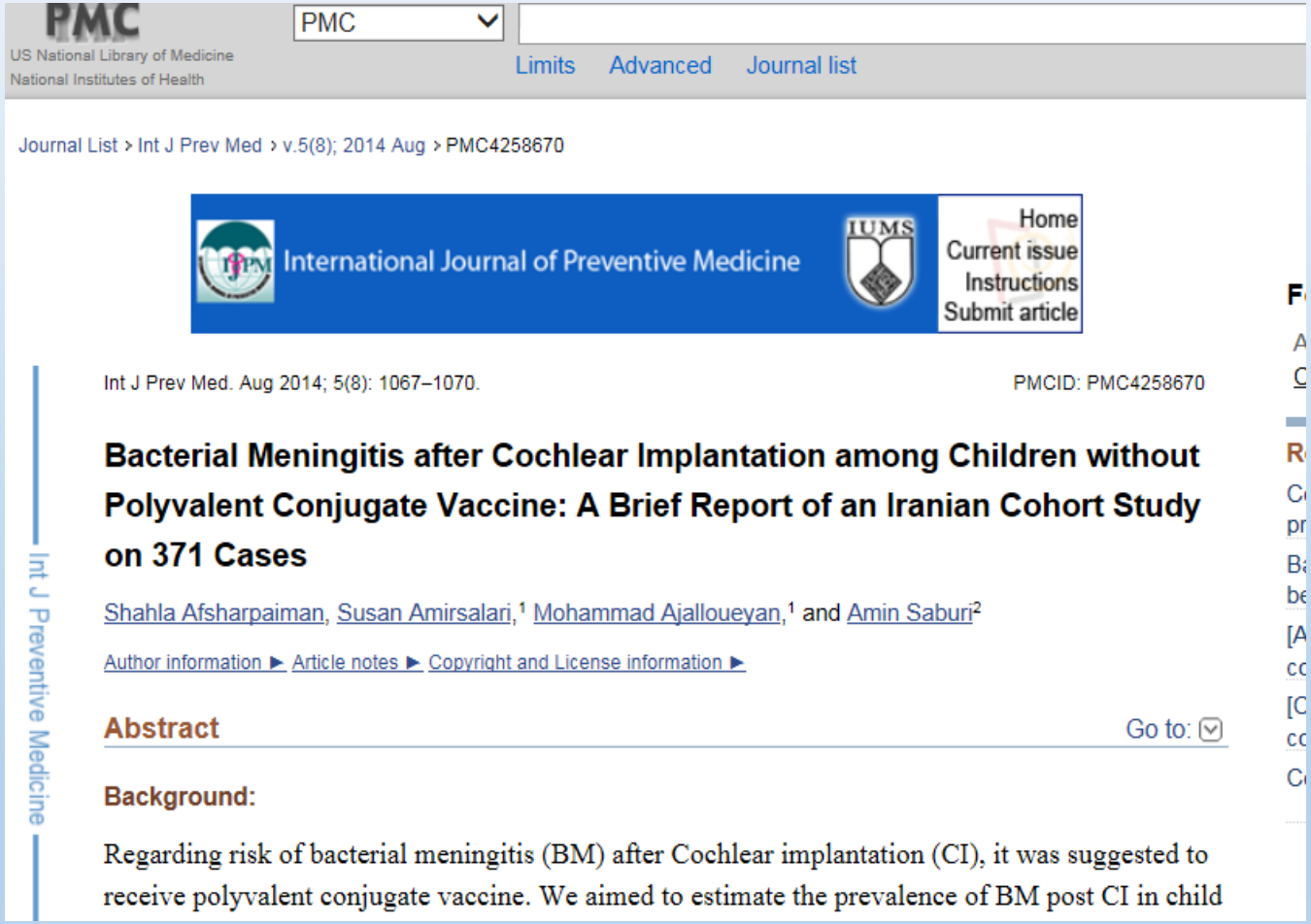

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Bacterial Meningitis after Cochlear Implantation among Children without Polyvalent Conjugate Vaccine: A Brief Report of an Iranian Cohort Study on 371 Cases

Shahla Afsharpaiman, Susan Amirsalari,[1] Mohammad Ajalloueyan,[1] and Amin Saburi[2]

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Abstract Go to:

Background:

Regarding risk of bacterial meningitis (BM) after Cochlear implantation (CI), it was suggested to receive polyvalent conjugate vaccine. We aimed to estimate the prevalence of BM post CI in child

Int J Preventive Medicine

- Brief Report
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Kısa Raporlar

- Orijinal metot geliştirme
- Orijinal bir ön çalışmaya ait veri ve bulgular
- Küçük olgu sayılı araştırmalar (vaka serisi değil)
- Yeni bir girişim tekniği

Kısaca bir duyuru olarak kabul edilebilir.
Ancak bilimsel CV ye faydası orijinal klinik araştırma gibidir.

Kısa raporlar

Journal of Autism and Developmental Disorders, Vol. 26, No. 2, 1996

Brief Report: Epidemiology of Autism

Susan E. Bryson[1]
York University

Epidemiological research has both theoretical and practical purposes. It tells us about the nature and prevalence of disorders, and there is the potential to both generate and test ideas about causality. Ultimately we seek to understand so that more effective treatment and prevention are possible. Epidemiological research serves these more practical purposes by providing information on the frequency of disorders, on the needs of those affected, and on the course and outcomes to be expected. Such information is central to any rational planning of services.

Initial surveys placed the prevalence of autism at 4–5/10,000 (see Wing, 1993, for a review). More recent estimates are generally at least twice this, indicating a frequency of about 1 per 1,000. This discrepancy in rate most likely reflects changes in diagnostic criteria, and wider recognition of the expression of autism in more capable individuals. Autism continues to be defined behaviorally, although classification currently focuses on the coexistence of domains of impairment (social, communicative, and imaginative impairment, expressed in various but related ways) rather than on a set of specific behaviors alone. The latter may result in the identification of cases that conform more to a prototype, although clearly larger numbers show significant impairment in the same domains of functions.

Despite recent reports of a higher prevalence for autism, the ratio of males to females (3–4:1) and the distribution of functional levels of those affected have remained fairly constant. Most individuals with autism show evidence of cognitive impairment; 20–25% score within the normal or near normal ranges on standard measures of intelligence (e.g., Bryson, Clark, & Smith, 1988). Such measures are open to criticism, but the point remains that people with autism vary greatly in levels of functioning. At least one

[1]Address all correspondence to Susan E. Bryson, Department of Psychology, York University, 4700 Keele Street, North York, Ontario, Canada M3J 1P3.

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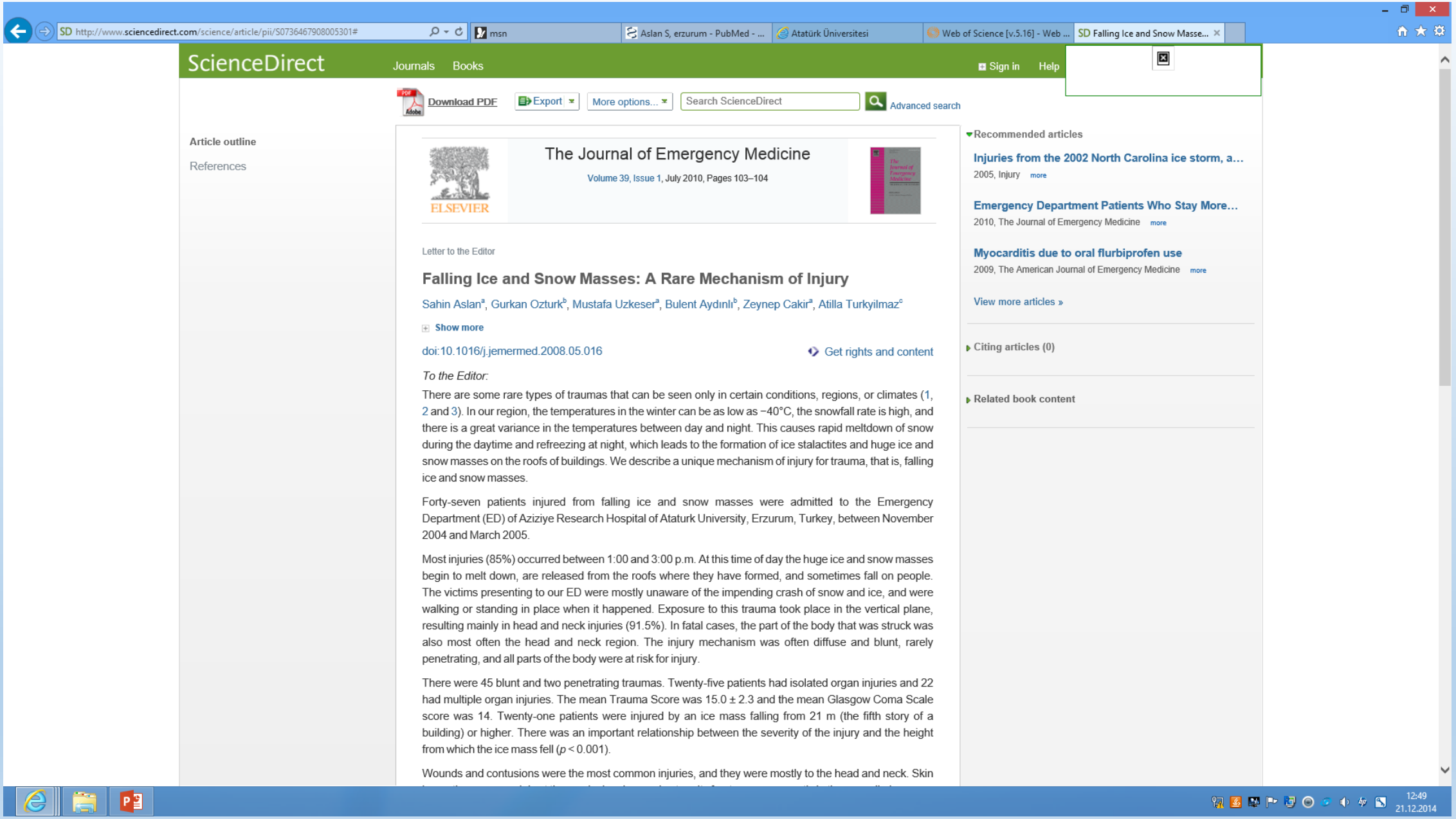

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The Journal of Emergency Medicine

Volume 39, Issue 1, July 2010, Pages 103–104

Letter to the Editor

Falling Ice and Snow Masses: A Rare Mechanism of Injury

Sahin Aslan[a], Gurkan Ozturk[b], Mustafa Uzkeser[a], Bulent Aydınlı[b], Zeynep Cakir[a], Atilla Turkyilmaz[c]

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To the Editor:

There are some rare types of traumas that can be seen only in certain conditions, regions, or climates (1, 2 and 3). In our region, the temperatures in the winter can be as low as −40°C, the snowfall rate is high, and there is a great variance in the temperatures between day and night. This causes rapid meltdown of snow during the daytime and refreezing at night, which leads to the formation of ice stalactites and huge ice and snow masses on the roofs of buildings. We describe a unique mechanism of injury for trauma, that is, falling ice and snow masses.

Forty-seven patients injured from falling ice and snow masses were admitted to the Emergency Department (ED) of Aziziye Research Hospital of Ataturk University, Erzurum, Turkey, between November 2004 and March 2005.

Most injuries (85%) occurred between 1:00 and 3:00 p.m. At this time of day the huge ice and snow masses begin to melt down, are released from the roofs where they have formed, and sometimes fall on people. The victims presenting to our ED were mostly unaware of the impending crash of snow and ice, and were walking or standing in place when it happened. Exposure to this trauma took place in the vertical plane, resulting mainly in head and neck injuries (91.5%). In fatal cases, the part of the body that was struck was also most often the head and neck region. The injury mechanism was often diffuse and blunt, rarely penetrating, and all parts of the body were at risk for injury.

There were 45 blunt and two penetrating traumas. Twenty-five patients had isolated organ injuries and 22 had multiple organ injuries. The mean Trauma Score was 15.0 ± 2.3 and the mean Glasgow Coma Scale score was 14. Twenty-one patients were injured by an ice mass falling from 21 m (the fifth story of a building) or higher. There was an important relationship between the severity of the injury and the height from which the ice mass fell ($p < 0.001$).

Wounds and contusions were the most common injuries, and they were mostly to the head and neck. Skin

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Clinical Communications

THE OSBORN WAVE IN ACCIDENTAL HYPOTHERMIA

Sahin Aslan, MD,* Ali Fuat Erdem, MD,† Mustafa Uzkeser, MD,* Zeynep Çakir, MD,* Murtaza Çakir, MD,‡ and Ayhan Akoz, MD*

Departments of *Emergency Medicine, †Anesthesiology and Reanimation, and ‡Neurosurgery Ataturk University, School of Medicine, Erzurum, Turkey

Reprint Address: Sahin Aslan, MD, Department of Emergency Medicine, Ataturk University, School of Medicine, Erzurum 25090, Turkey

☐ **Abstract—Hypothermia is generally defined as a core body temperature less than 35°C (95°F), and is one of the most common environmental emergencies encountered by emergency physicians. A 32-year-old male hunter was admitted to the hospital with altered mental status. He remained unconscious, Glasgow Coma Scale (GCS) score was recorded as 5/15, and pupils were dilated and unreactive. His vital signs showed a heart rate of 48 beats/min, respiratory rate of 10 breaths/min, blood pressure of 95/50 mm Hg, and rectal temperature of 31°C. An electrocardiogram (ECG) was obtained and showed marked sinus bradycardia and J waves. His finger-stick glucose was 85. He was intubated. After 3 h of active rewarming, his temperature was 34°C, and the repeat ECG showed near-complete resolution of the J waves and acceleration of the sinus rate to 68 beats/min. At the same time, emergency head computed tomography (CT) scan showed subarachnoid hemorrhage (SAH) and subdural hemorrhage. The patient died on the third day of admission. In this case we want to indicate that J waves and obtunded state could be due to either SAH or hypothermia, and SAH could have been missed if initial obvious hypothermia had been believed to cause all symptoms. © 2007 Elsevier Inc.**

☐ **Keywords—hypothermia' Osborn wave**

INTRODUCTION

Hypothermia is generally defined as a core body temperature less than 35°C (95°F), and is one of the most common environmental emergencies encountered by emergency physicians (1). In some studies, it has been reported that during winter time, 3.5% of the elderly admitted to a hospital in the United States are hypothermic (2,3).

Hypothermia is classified as accidental or intentional (as in cardiac bypass) and primary (such as inadequately clothed and exposed to severe cooling) or secondary (such as another illness predisposes the individual to accidental hypothermia) (4). The majority of cases occur in an urban setting and are related to environmental exposure attributed to alcoholism, illicit drug use, or mental illness, often exacerbated by concurrent homelessness (5). A second affected group includes people in an outdoor setting for work or pleasure, including hunters, skiers, climbers, boaters, and swimmers (6).

CASE REPORT

A 32-year-old male hunter with altered mental status was admitted on a winter evening to the University-based emergency department (ED). He was found unconscious in an open field in the forest. He was comatose and at first was taken to a nearby village clinic, and then he was transferred to the university hospital.

The patient was admitted to the ED approximately 2 to 3 h after being found in the forest, as explained by relatives. He remained unconscious, and Glasgow Coma

İmaging

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A heart-like cystic image in the heart

Kalp içinde kalp şeklinde görünüm

A 26-year-old woman was admitted to our hospital with complaints of dyspnea and near syncope that have been continued for last 6 months. Clinical examination was unremarkable except for a 2/6 grade systolic murmur at the left sternal border. The electrocardiogram showed sinus rhythm with a heart rate of 100 beats/min and incomplete right bundle branch block. There was no any pathological finding at initial blood work up. Blood and urine cultures were negative. A chest X-ray showed cardiomegaly. The transthoracic echocardiography revealed a round shaped, unilocular, double layered and well defined cystic lesion in the interventricular septum (IVS) protruding into the atrial septum and tricuspid septal annulus with a trivial pressure gradient (Fig. 1, Video 1. See video/movie images at www.anakarder.com). There was circumferential pericardial effusion with no hemodynamic significance. Cardiac magnetic resonance imaging (MRI) showed a cystic mass in the basal IVS near the left ventricular out flow tract and tricuspid septal annulus, 41x28 mm in size and pericardial effusion (Fig. 2A, B). On third day of hospital admission, a subsequent echocardiography was performed because of retrosternal chest pain and sudden dyspnea. Echocardiography established massive pericardial effusion and cardiac tamponade (Video 2. See video/movie images at www.anakarder.com). After emergency pericardiocentesis was carried out, she was operated urgently on under cardiopulmonary bypass and cardioplegia. The pathologic and cytologic examination of fluid demonstrated free hemorrhage and subacute inflammatory findings.

What is your diagnosis?

1. Angiosarcoma
2. Hydatid cyst
3. Congenital pericardial cyst
4. Myocardial abscess

Video 1. Transthoracic echocardiography; apical five-chamber view; a cystic mass resembling a heart figure in the diastole
Video 2. Transthoracic echocardiography; massive pericardial effusion and cardiac tamponade

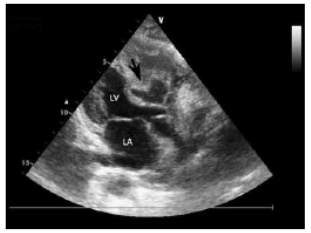

Figure 1. Transthoracic echocardiography ; apical five-chamber view of a cystic mass (arrow) in the interventricular septum
LA - left atrium LV - left ventricle

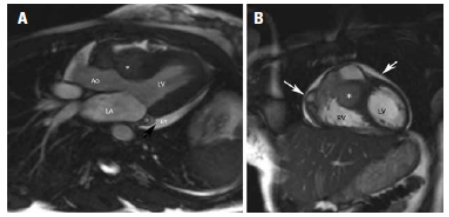

Figure 2. Cardiac MRI, showing the mass within the interventricular septum (asterisk) and circumferential pericardial effusion (arrows) at the T2 weighted long-axis (A), coronal views (B)
Ao - aorta, Eff - effusion, MRI - Magnetic resonance imaging, RV - right ventricle

Answer: p. 509-510

Address for Correspondence/Yazışma Adresi: Dr. Yavuzer Koza, Atatürk Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı, Erzurum-*Türkiye* Phone: +90 505 682 24 55 E-mail: yavuzerkoza@hotmail.com
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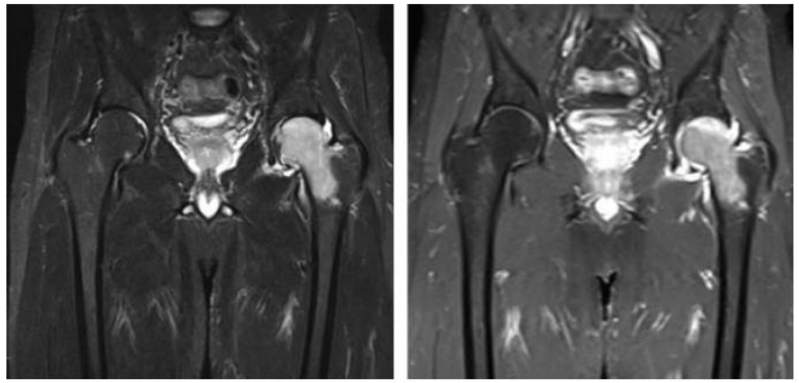
Clinical Images: Transient osteoporosis of the hip



The patient, a 35-year-old man with a 2-year history of left hip pain that was aggravated by heavy lifting and relieved by analgesics, was referred to our clinic. He had no history of trauma and no systemic symptoms, and blood test results were normal. Pelvic magnetic resonance imaging (MRI) showed diffuse, high signal intensity on a coronal STIR image (left) and a coronal T1-weighted, fat-suppressed, contrast-enhanced image (right). The imaging features were consistent with bone marrow edema, which was spreading to the neck of the left femur. On the basis of these findings, transient osteoporosis of the hip was diagnosed. Transient osteoporosis is within the spectrum of diseases characterized by bone marrow edema. It has an unknown etiology, and is characterized by a self-limiting disease process and progressive demineralization. It is more common in women in the third trimester of pregnancy and in otherwise healthy, middle-aged men (1). MRI in these patients shows diffuse, increased signal intensity on T1-weighted, fat-suppressed, contrast-enhanced, and STIR images, without focal changes. Images with a small field of view and a high matrix should be acquired in order to enable differentiation from osteonecrosis, stress fracture, osteomyelitis, or infiltrative neoplasms (2); the observation of diffuse involvement on MRI is crucial for excluding osteonecrosis. In contrast to transient osteoporosis, MRI in the above-mentioned conditions shows a centered, hyperintense marrow, a hypointense fracture line, and medial cortical thickening of the femoral neck in patients with stress fractures. Furthermore, the absence of increased intraarticular fluid, the preserved cortex, and normal adjacent soft tissue enable clinicians to differentiate transient osteoporosis from osteomyelitis and infiltrative neoplasms (3).

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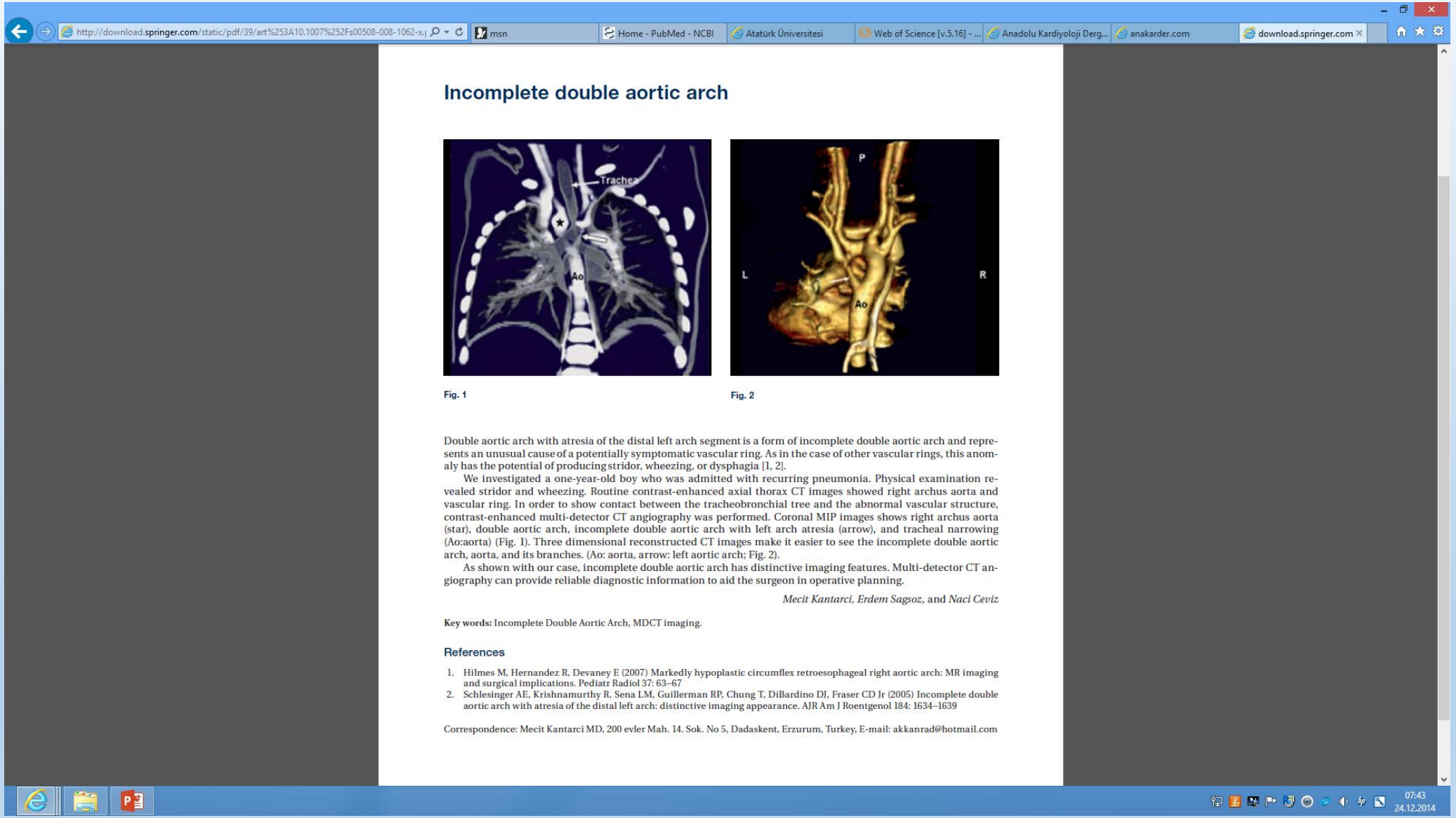
Doğumsal bir anomaliyi gösterebilir



Incomplete double aortic arch

Fig. 1

Fig. 2

Double aortic arch with atresia of the distal left arch segment is a form of incomplete double aortic arch and represents an unusual cause of a potentially symptomatic vascular ring. As in the case of other vascular rings, this anomaly has the potential of producing stridor, wheezing, or dysphagia [1, 2].

We investigated a one-year-old boy who was admitted with recurring pneumonia. Physical examination revealed stridor and wheezing. Routine contrast-enhanced axial thorax CT images showed right archus aorta and vascular ring. In order to show contact between the tracheobronchial tree and the abnormal vascular structure, contrast-enhanced multi-detector CT angiography was performed. Coronal MIP images shows right archus aorta (star), double aortic arch, incomplete double aortic arch with left arch atresia (arrow), and tracheal narrowing (Ao:aorta) (Fig. 1). Three dimensional reconstructed CT images make it easier to see the incomplete double aortic arch, aorta, and its branches. (Ao: aorta, arrow: left aortic arch; Fig. 2).

As shown with our case, incomplete double aortic arch has distinctive imaging features. Multi-detector CT angiography can provide reliable diagnostic information to aid the surgeon in operative planning.

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Key words: Incomplete Double Aortic Arch, MDCT imaging.

References

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Patolojik ve ilginç bir yapıyı gösterebilir

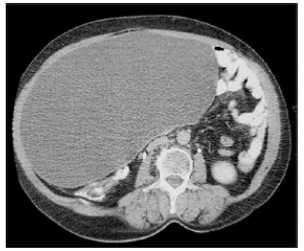


Fig. 1 Abdominal axial CT scan showed a hypodense cystic mass of 30 × 20 × 10 cm located just beneath the pancreas at the midline and compressing the adjacent organs

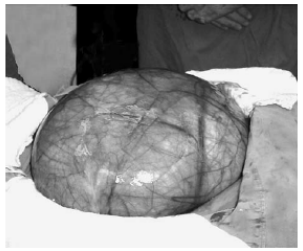


Fig. 3 Laparotomy revealed a huge mesenteric cyst associated with the terminal ileum

any age, it is common in people between 40 and 70 years, but it also affects children younger than age 10 [3]. The most frequent site is the mesentery (60%), followed by the mesocolon (24%), and the retroperitoneum (14.5%), while it is indefinite in 1.5% of cases [2]. MC usually ranges in size from a few centimeters to 10 cm but it can be very large [3]. In our case the cyst size was 30 × 20 × 10 cm. A cyst this large is fairly uncommon. The etiopathogenesis of the MC is unclear, although it is thought that dysembryogenetic factors, abdominal traumas, lymphatic obstruction, or local degeneration of some lymph nodes may lead to the formation of such cysts [2]. One histopathological classification describes these cysts as being of lymphatic origin (simple lymphatic cyst and lymphangioma), mesothelial origin (simple mesothelial cyst and cystic mesotheliomas), and enteric origin (enteric cyst and enteric duplication cyst). Other cysts are of urogenital origin, dermoid cyst and non-pancreatic pseudocyst. Lymphangiomas appear to be more common in young boys, while mesothelial cysts are mostly diagnosed in middle-aged women [4]. In our case the patient was 57 years old and histopathologically the cyst was of mesothelial origin. MCs are usually asymptomatic. The diagnosis of 40% is incidentally established during surgery [1]. There are no pathognomonic sings or symptoms for the diagnosis of MC. The first clinical sign is pain and abdominal distension, often occurring intermittently. Other clinical signs include abdominal mass, nausea, vomiting, constipation, fever, and leukocytosis [1, 2]. Symptoms most likely occur if the size reaches >5 cm in diameter [6]. Acute symptoms are related to compression of intra-abdominal organs or stretching of the mesentery [1]. If complications occur in the cyst such as bleeding, intraperitoneal rupture, infection, or torsion, then acute clinical symptoms may occur [2, 4].

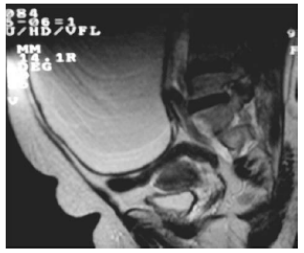


Fig. 2 Abdominal MRI showed a huge mass in the abdominal cavity that was not adjacent to another abdominal organ

Nowadays preoperative diagnosis is facilitated using US, CT scan, and MRI. The role of radiological techniques is to demonstrate the abdominal mass and determine the organ from which the mass originates [1]. The second step in radiological diagnosis is to determine the nature, relationship with surrounding organs, and size of the cyst [1]. MRI gives more precise imaging compared to CT scan [5].

Total cystectomy is the therapeutic method of choice, even in those cases requiring intestinal resection. This procedure notably reduces the possibility of recurrence and can prevent potential malignant degeneration of the cyst [2]. It is usually done when the cysts become symptomatic or

Editöryal

- Dergi yayın kurulu tarafından seçilen konu çerçevesinde, konusunda otor olan bir yazara önerilerek, yazılması istenilen yazı türüdür.

- "Editöryal", yazarın kendi bulguları yönünden kritik tutumunu koruduğu, orijinal bulguları vermekten kaçınılmış, en çok altı sayfa uzunluğunda bir yazı olarak hazırlanmalıdır. Bu nedenlerden dolayı, "editöryal" yazarı, İMRAD yapılanmasının kurallarına bağlı kalmaz.

- "Editoryal", tek yazar adı ile yayınlanır.

- "Editöryal", en fazla okunan bilimsel yazı konumundadır.

Tıbbi araştırma makaleleri

- Bir hekimi araştırma yapmaya yönlendiren en önemli dürtü, deneysel veya klinik bir çalışma yaparak elde ettiği sonuçlarla yeni bir tıbbi uygulama başlatma veya mevcut bir uygulamayı değiştirip geliştirme arzusudur.

Teşekkürler...

Tıbbi araştırma makaleleri

- Bir araştırma yapıp makale haline getirerek yayımlamak belli bir bilgi birikimini ve pek çok aşamayı içeren bir süreci gerektirir.
- Her aşama kendine özgü kurallar içerir, iyi bir sonuç elde etmek için sabır ve özen gereklidir.
- Tıbbın herhangi bir alanında araştırma yapıp o araştırmayı makale haline getirmek ve yayımlamak isteyen hekimler, branşa özel bazı detayları da göz önünde bulundurarak, bu kurallara uymak ve aşamaları tek tek geçerek sonuca ulaşmak durumundadırlar.

Tıbbi araştırma makaleleri

- Orjinal bir klinik araştırma makalesinin asıl amacı bir araştırmanın sonucunu ilgililerle paylaşmaktır.
- Bunun etkili olabilmesi için temel kurallar, belirli bir plan içerisinde tutarlı, açık, etkili ve bilimsel ifadelerle kaleme alınmasıdır.

Tıbbi araştırma makaleleri

Araştırma konusunu belirleme;

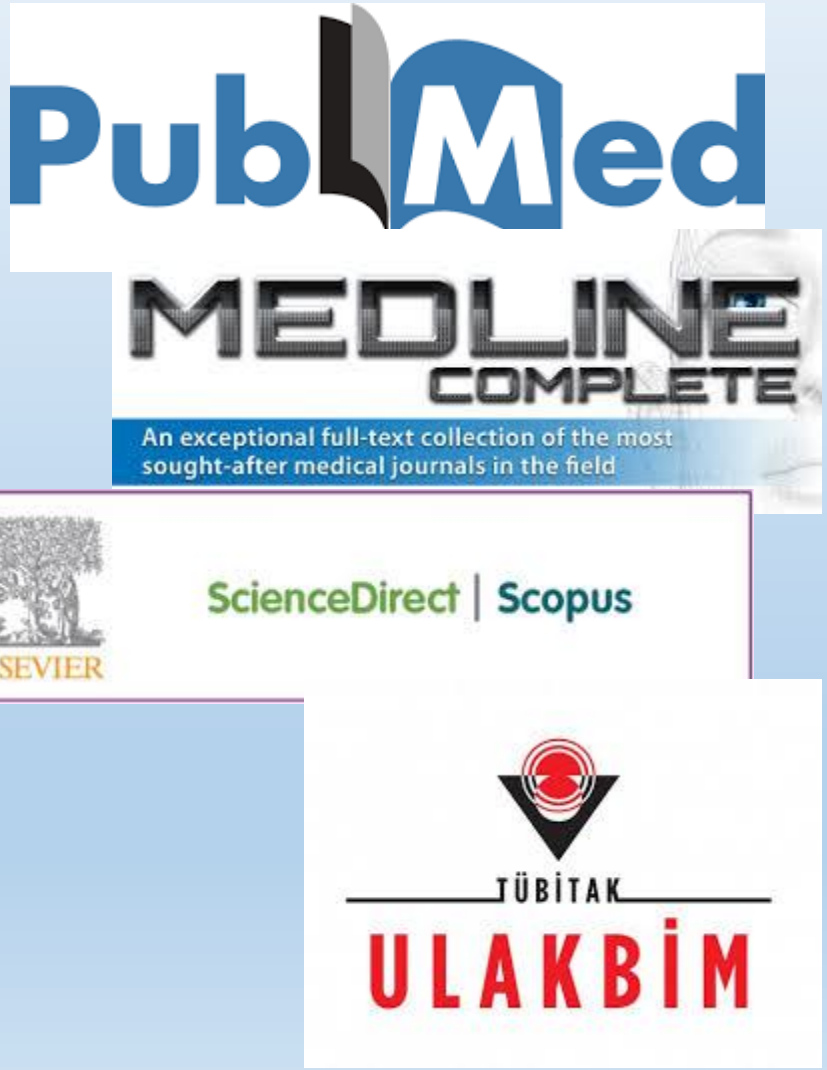
- Konu, çalışmanın hitap edeceği kitle için önemli ve ilgi çekici olmalıdır.
- Konu araştırmacının elindeki teknik olanaklar ile üzerinde çalışılabilir olmalı, çok geniş tutulmamalıdır.
- Özellikle deneysel bir çalışmanın konusu, konu ile ilgili sonraki yıllarda yapılacak araştırmalar için de potansiyel içerik taşımalıdır.
- Yapılacak çalışma, seçilen konuda bir yenilik sunmalıdır.
- Bilimsel kimliği ve klinik uygulamalardaki başarılarını kanıtlamış bir araştırmacının danışmanlığını talep ederek yardımını istemekten, deneyimlerinden yararlanmaktan çekinilmemelidir.

Tıbbi araştırma makaleleri

Literatür taraması;

- Seçilen konu doğrultusunda en uygun araştırma yöntemini saptamak için kapsamlı bir literatür taraması yapmak gerekmektedir.

Tıbbi araştırma makaleleri



Literatür taraması;

- İnternet ve arama motorları günümüz araştırmacılarının hizmetinde….
- "United States National Library of Medicine" (www.nlm.nih.gov)
- "MEDLINE/PubMed" (www.pubmed.gov)
- "Pub-Med Central" (www.pubmedcentral.nih.gov)
- "LocatorPlus" (www.locatorplus.gov)
- "ClinMed NetPrints" (http://clinmed.netprints.org)
- "BioMed Central" (www.biomedcentral.com)
- "Science Direct" (www.sciencedirect.com)
- "www.ulakbim.gov.tr"
- www.turkishmedline.com

Tıbbi araştırma makaleleri

- **Araştırma ekibi kurulması**
- **Hipotez oluşturma**
- **Çalışma protokolü**
- **Makalenin şekillenmesi**

Tıbbi araştırma makaleleri

Yazı formatı

- Bilimsel dergilerin hemen hepsinde, makalelerin hem yazım şeklinde bir standardizasyon sağlamak, hem de hakemler tarafından değerlendirilmelerini kolaylaştırmak amacıyla kendilerine özgü birtakım detaylar içeren yazım kuralları belirlenmiştir.

Tıbbi araştırma makaleleri

- **Başlık** → Sonuçları değil konuyu yansıtmalı, kısa, açık, net olmalı
- **Özet** → Merak uyandıracak ve makaleyi okumayı teşvik edecek özellikte olmalı, 200-250 kelime arası
- **Giriş** → Böyle bir çalışmaya neden gerek duyulduğu anlatılmalı; konu hakkında kısa bilgi verilmeli; gerekirse diğer araştırmacıların ilgili çalışmalarından söz edilmeli ve hipotez ortaya konulmalıdır.
- **Gereç ve Yöntemler** → Oluşturulan hipotezi kanıtlamak için toplanan delillerin nasıl değerlendirildiği de okura sunulmalı, tercih edilen istatistiksel değerlendirme yöntemleri, tercih nedenleriyle birlikte belirtilmelidir

Tıbbi araştırma makaleleri

- **Bulgular** → Çıktılar metinde, tablo ve şekillerde bir mantık dizisi içerisinde verilmelidir. Tablo veya şekillerde sunulan tüm veriler metinde tekrarlanmamalı, yalnızca önemli gözlemler belirtilmeli veya özetlenmelidir.
- **Tartışma** → Tartışma bölümü, çalışmanın sonuçlarının yorumlandığı ve daha önce yayımlanmış çalışmalarla karşılaştırıldığı bölümdür. Giriş veya sonuçlar bölümünde verilen ayrıntılı bilgi bu bölümde tekrarlanmamalıdır.
- **Sonuç** → Kıssadan hisse….
- **Kaynaklar** → İdeal kaynak sayısı 20-40 arasıdır. Dergilerin çoğu 25'ten fazla kaynağı kabul etmez. Kaynakların sadece güncel olması değil, araştırma yapılan konuda yapılmış en önemli çalışmaları da (eski tarihli olsalar bile) içermesi gerek

Derlemeler

Derleme Yazılarını Düzenleme Kriterleri

- Derlemeye konu olan sorun açıklanır.
- Konu ile ilgili geçmiş dönem bilgileri kronolojik yaklaşımla sunulur.
- Konu ile ilgili genel ve temel bilgiler verilir.
- Metodoloji açıklanır.
- Yapılan hayvan deneyleri ve elde edilen veriler ile elde edilen bulgular, insan deneklerdeki çalışma deneyimleri, varılan sonuçları ile birlikte açıklanır.

Derlemeler

- Sunulan tüm bulgu ve yorumlar tartışılır.
- Varılan sonuç açıklanır.
- Bu sonuç bağlamında önerilerde bulunulur.
- Konu ile ilgili gelişmeler sağlamak için, yapılması gerektiği düşünülen çalışmalar belirtilir.
- Derleme yazılarında, kaynaklar bölümüne konacak kaynak sayısına bir kısıtlama getirilmez.