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Article Full text

The Comparison of Central and Mean True-Net Power (Pentacam) in Calculating IOL-Power After Refractive Surgery
Jeong-Ho Yi, MD,¹ Joo Youn Shin, MD,¹ Byoung Jin Ha, MD,² Sang Woo Kim, MD, PhD,³ Beom Jin Cho, MD,⁴ Eung Kweon Kim, MD,¹ and Tae-im Kim, MD¹

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Abstract

Purpose

To compare the accuracy of central true net corneal power (cTNP) and mean true net corneal power (mTNP) of the Pentacam system to give a keratometry (K) reading for calculating IOL (intraocular lens) power in eyes following refractive surgery.

Methods

Refraction, an automated K-reading (Km), cTNP and mTNP were measured for 15 eyes that required cataract surgery and had previously undergone refractive surgery. The difference between postoperative manifest refraction values and target refraction values calculated with the SRK/T formula using cTNP were compared with the one using mTNP.

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Fig. 2
Three dimensional cerebral arteriogram demonstrating a small fusiform aneurysm of the posterior inferior cerebellar artery that is not amenable to endovascular therapy. The vessel transcondylar approach

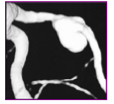


Fig. 3
Antero-posterior right the MCA. 3-D angio. This aneurysm was the common carotid the M1 segment (arr


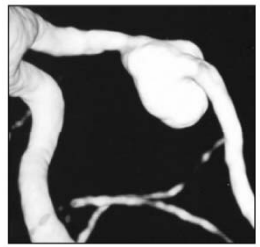



Fig. 2
Three dimensional cerebral arteriogram demonstrating a small fusiform aneurysm of the posterior inferior cerebellar artery that is not amenable to endovascular therapy. The vessel was reconstructed and the aneurysm ligated using a transcondylar approach.

J Korean Neurosurg Soc. 2009 Mar;45(3):113-142.
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Fig. 1
Findings for extensively drug-resistant pulmonary tuberculosis in 29-year-old man. Posterior-anterior chest radiograph shows nodules, consolidation containing cavities and ground-glass opacity in right lung and reticulo-nodular lesions (arrow) in left (more ...)

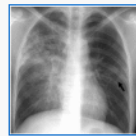
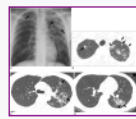


Fig. 2
Findings for extensively drug-resistant



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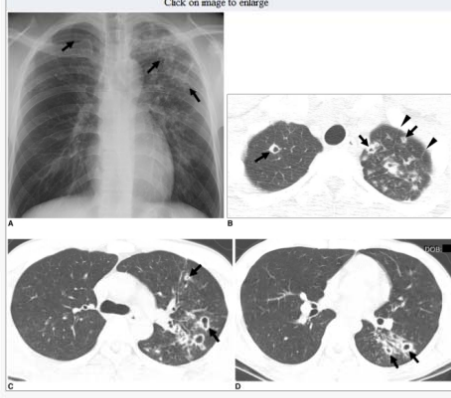


Fig. 2
Findings for extensively drug-resistant pulmonary tuberculosis in 22-year-old man.

A. Posterior-anterior chest radiograph shows small nodular lesions, reticulo-nodular lesions and cavitating nodules (arrows) mainly in left upper and middle lung zones and in right apex.

B-D. Transverse CT (2.5-mm section thickness) scans obtained at levels of great vessels (B), main bronchi (C) and left basal trunk (D), respectively, show small nodules and cavitating nodules (arrows) mainly in left upper lobe and superior segment of left lower lobe. Also, note mild interlobular septal thickening (arrowheads) in left upper lobe.

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Proposal of the Implementation of an International Pharmacy Graduate Preliminary Examination

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Abstract

At present, graduates of international pharmacy schools can apply to take the Korean Pharmacist Licensing Examination after passing a review by the Accreditation Board of the Pharmacy Schools and Licenses. However, since the educational content of different schools and the roles of pharmacists differ from country to country, a preliminary examination might be necessary before the Pharmacist Licensing Examination. To prepare to implement a preliminary examination for foreign pharmacy graduates in Korea, we summarized the preliminary examinations used in four other countries and presented a proposal for a preliminary examination. Data were collected via the internet and through telephone interviews with appropriate persons. The proposal was revised after a public forum. There are preliminary examinations in the USA, Canada, Australia, and the United Kingdom, and these involve written, oral, practice, and English proficiency tests. We proposed that the Korean preliminary examination consist of a written test on basic pharmacy, a test in the Korean language, and an interview. The preliminary examination should include suitable items that effectively evaluate international graduates. Graduates of international pharmacy schools who have an ability equivalent to graduates of Korean pharmacy schools should be eligible to write the Korean Licensing Examination.

Keywords: International Graduates, Pharmacy Schools, Pharmacist Licensing Examination, Preliminary Examination, Evaluation

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Proposal of the implementation of an international pharmacy graduate preliminary examination.

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At present, graduates of international pharmacy schools can apply to take the Korean Pharmacist Licensing Examination after passing a review by the Accreditation Board of the Pharmacy Schools and Licenses. However, since the educational content of different schools and the roles of pharmacists differ from country to country, a preliminary examination might be necessary before the Pharmacist Licensing Examination. To prepare to implement a preliminary examination for foreign pharmacy graduates in Korea, we summarized the preliminary examinations used in four other countries and presented a proposal for a preliminary examination. Data were collected via the internet and through telephone interviews with appropriate persons. The proposal was revised after a public forum. There are preliminary examinations in the USA, Canada, Australia, and the United Kingdom, and these involve written, oral, practice, and English proficiency tests. We proposed that the Korean preliminary examination consist of a written test on basic pharmacy, a test in the Korean language, and an interview. The preliminary examination should include suitable items that effectively evaluate international graduates. Graduates of international pharmacy schools who have an ability equivalent to graduates of Korean pharmacy schools should be eligible to write the Korean Licensing Examination.

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Publication Start Year: 2003

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Version Currently Indexed: Print

PMC Availability: v.42n.4(2007:Oct)-

Publisher: Korean Neurosurgical Society

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Language: English, Korean

Place of Publication: Korea (South)

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Clinical applications of the tubular retractor on spinal disorders.

Kim YB, Hyun SJ.

Department of Neurosurgery, College of Medicine, Chung-Ang University, Seoul, Korea.

Tubular retractor system as a minimally invasive surgery (MIS) technique has many advantages over other conventional MIS techniques. It offers direct visualization of the operative field, anatomical familiarity to spine surgeons, and minimizing tissue trauma. With technical advancement, many spinal pathologies are being treated using this system. Namely, herniated discs, lumbar and cervical stenosis, synovial cysts, lumbar instability, trauma, and even some intraspinal tumors have all been treated through tubular retractor system. Flexible arm and easy change of the tube direction are particularly useful in contralateral spinal decompression from an ipsilateral approach. Careful attention to surgical technique through narrow space will ensure that complications are minimized and will provide improved outcomes. However, understanding detailed anatomies and keeping precise surgical orientation are essential for this technique. Authors present the technical feasibility and initial results of use a tubular retractor system as a minimally invasive technique for varieties of spinal disorders with a review of literature.

PMID: 19096551 [PubMed - in process]

PMCID: PMC2588212

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Primary large cell neuroendocrine carcinoma of the breast: radiologic and pathologic findings.

Kim JW, Woo OH, Cho KR, Seo BK, Yong HS, Kim A, Kang EY.

Department of Radiology, College of Medicine, Korea University Guro Hospital, Seoul, Korea.

Some breast neoplasms are classified as primary neuroendocrine carcinomas because they are positive for neuroendocrine markers. Although neuroendocrine carcinomas can originate from various organs of the body, primary neuroendocrine carcinomas of the breast are extremely rare. The diagnosis of primary neuroendocrine carcinoma of the breast can only be made if nonmammary sites are confidently excluded or if an in situ component can be found. Here we report a primary large-cell neuroendocrine carcinoma (LCNC) involving the left breast. Breast ultrasonography revealed a lobulated, heterogeneous, low-echoic mass in the left breast, and the lesion appeared as a well-defined, highly-enhancing mass on a chest computed tomography scan. Ultrasound-guided core needle biopsy was performed on the mass, and primary LCNC was confirmed by histopathologic examination.

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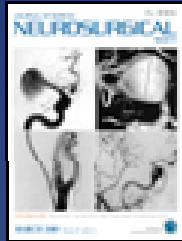
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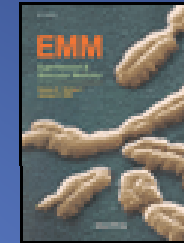
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