의학 학술논문 정보의 온라인 서비스

이 춘 실
숙명여대 문헌정보학과
2009년 2월 13일

Agenda

- 의학학술지가 교류하여야 할 외부 환경
  Abstract, citation index, full text databases
- Seamless searching과 barrier-free access
  PMC와 Synapse 데모
- 바람직한 온라인 서비스 방안
  LinkOut과 OpenURL
  DOI와 Reference Linking
  PubMed, PubMed Central, DOI/CrossRef XML
  Google Scholar, SFX linking, etc.

Abstract
Citation index
Full text (e-journal) databases

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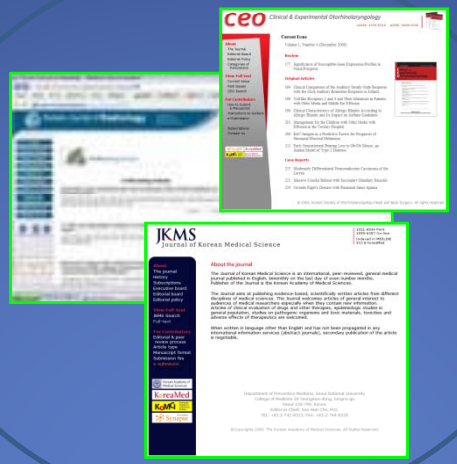

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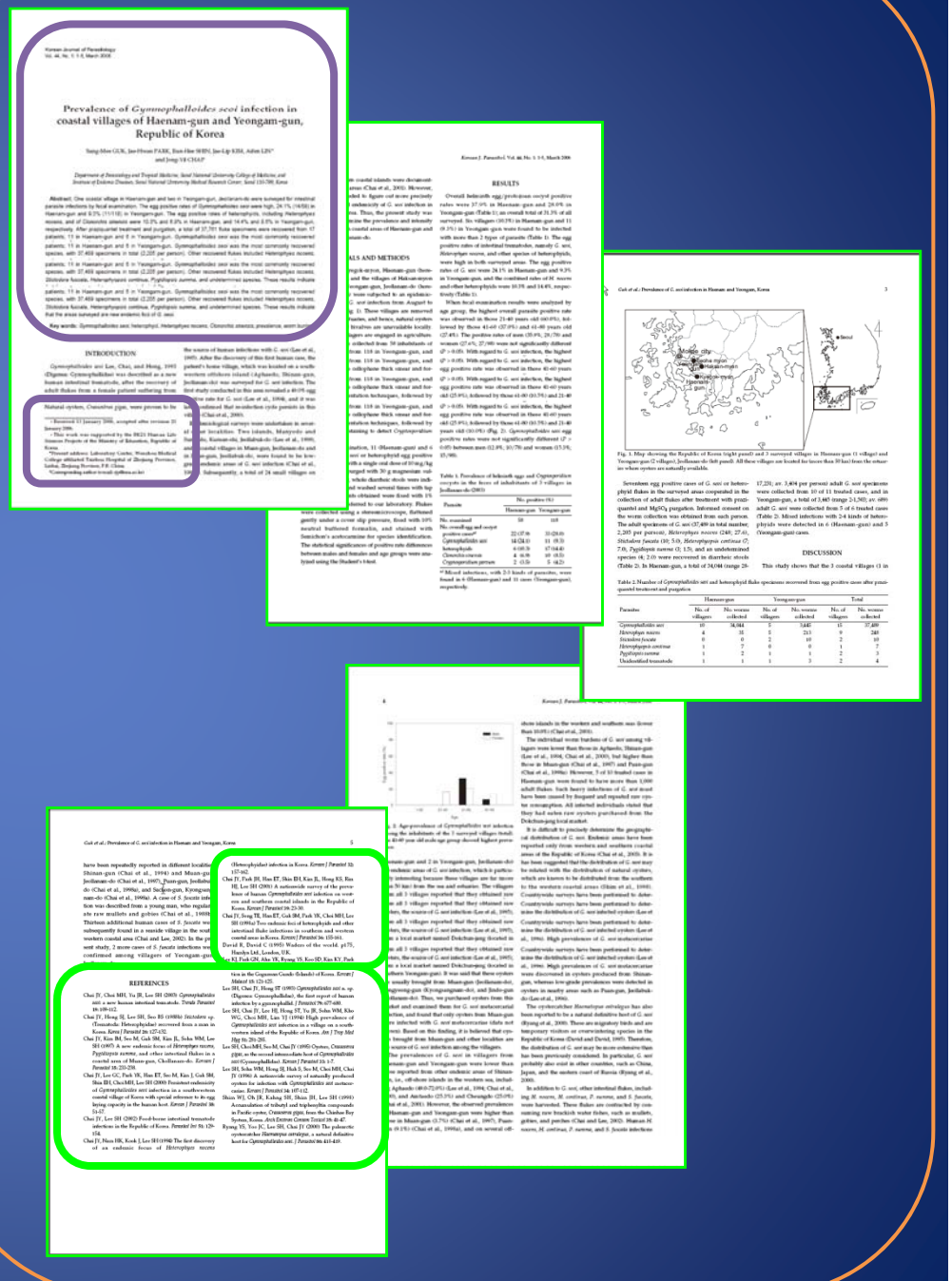

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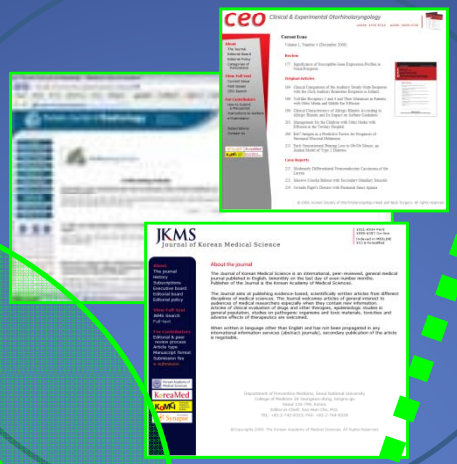

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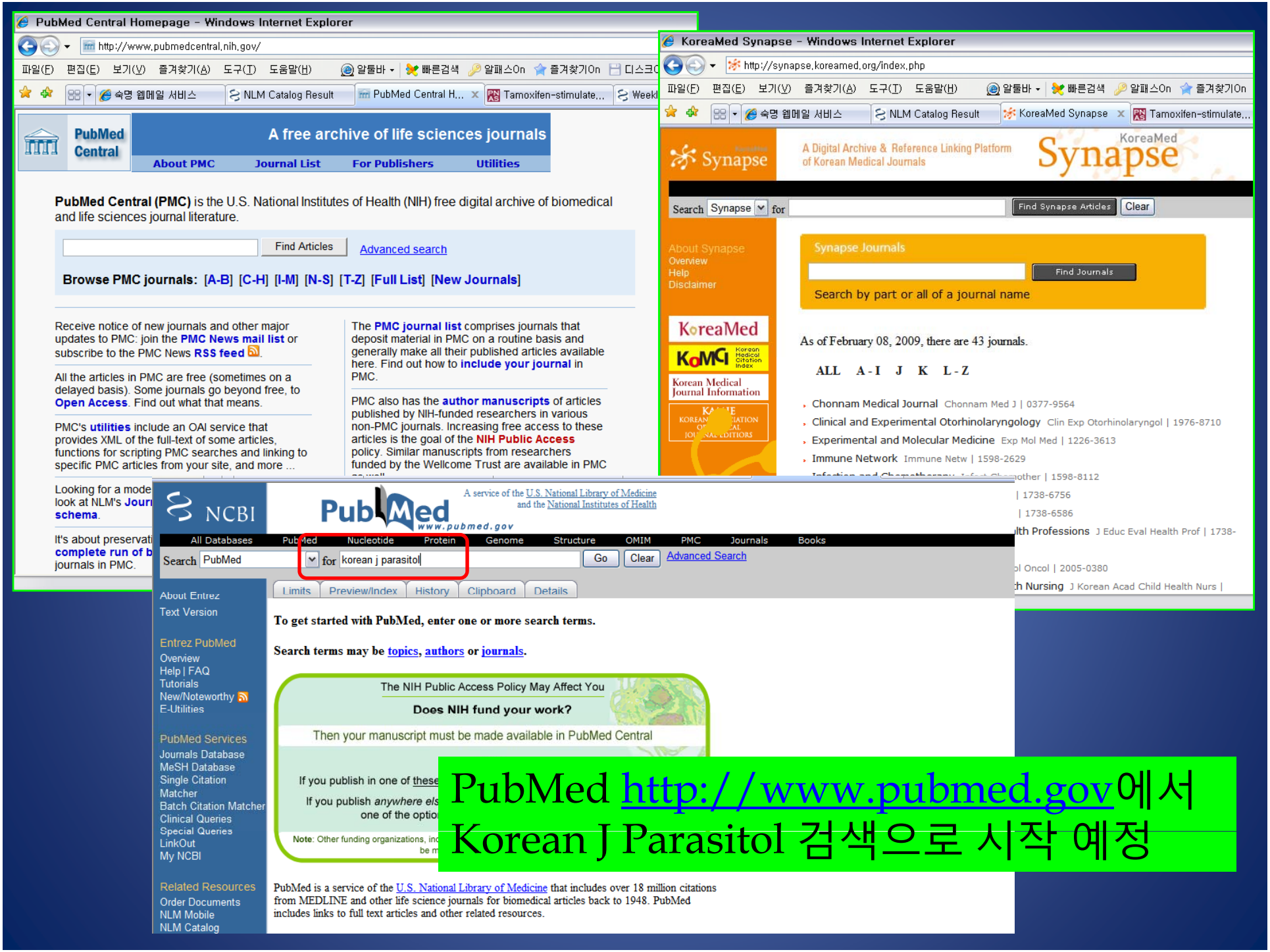
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Molecular characterization of bacterial endosymbionts of Acanthamoeba isolates from infected corneas of Korean patients
Ying-Hua Xuan,[1] Hak Sun Yu,[3] Hae Jin Jeong,[3] Sung-Yong Seol,[2] Dong-Il Chung,[1] and Hyun-Hee Kong[1]
[1]Department of Parasitology, Kyungpook National University
[2]Department of Microbiology, Kyungpook National University
[3]Department of Parasitology, Pusan National University Sch
Corresponding author.
Corresponding author (Email: hhkong@knu.ac.kr)
Received November 22, 2006; Accepted January 29, 2007.
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Abs
The endosymbionts of 4 strains of Acanthamoeba (K
the infected corneas of Korean patients were characte
microscopic examination, and 16S rDNA sequence a
endosymbionts were distributed randomly throughout
Acanthamoeba isolates. The endosymbionts of KA/E
electron-translucent areas. No lacunae-like structures
bacterial cell walls of which were studded with host ri
sequences showed that the endosymbionts of KA/E9, KA/E22 and KA/E23 were closely related to Caedibacter caryophilus, whereas the KA/E21 endosymbiont was assigned to the Cytophaga-Flavobacterium-Bacteroides (CFB) phylum. In the 4 strains of Acanthamoeba, the hosts of the
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exists on the epidemiology of these inf
and snakehead production in An Giang
for FZTs was carried out in randomly s
wild fish from the same area were also
examined by pepsin digestion to deter
metacercariae was 2.6%, of which the
metacercariae in wild fish was 30.6%,
Procerovum sp. (5.6%). The prevalenc
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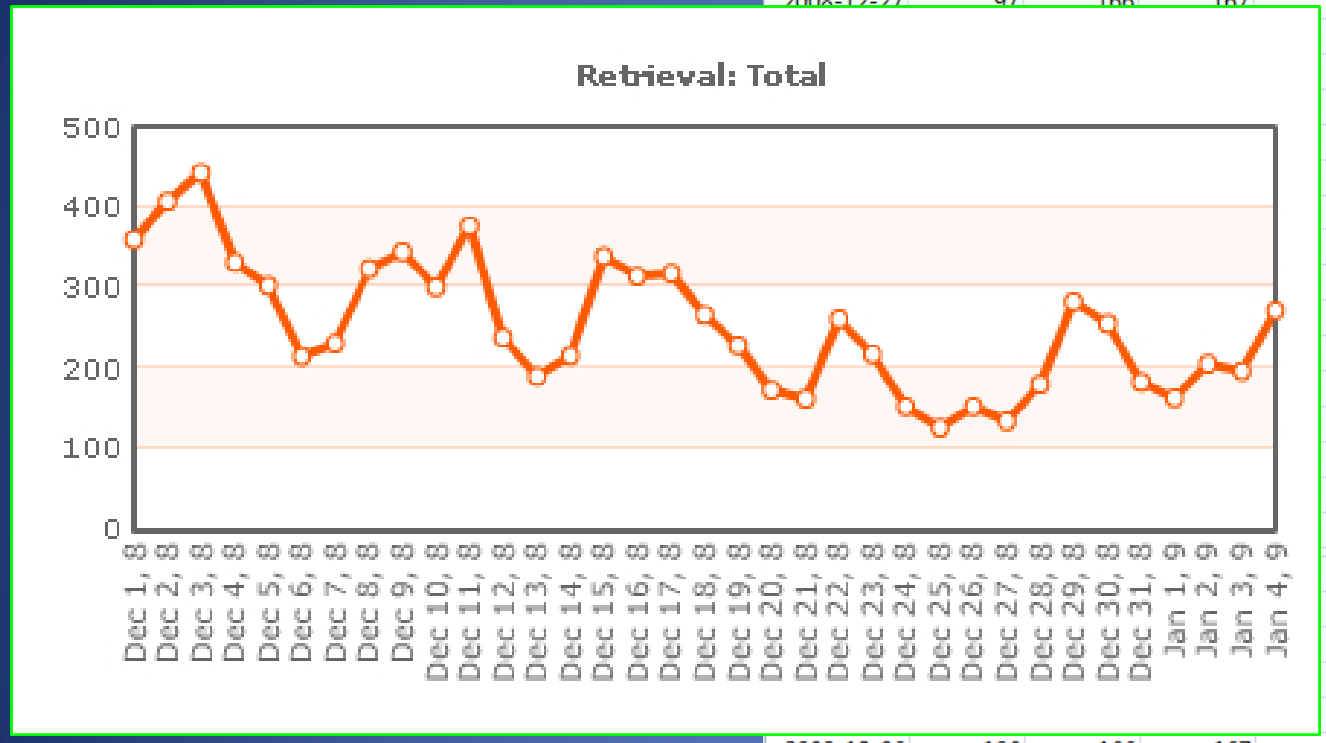

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2008-12-28	98	166	167	93	54	0	33	180
2008-12-27	97	166	167	97	28	0	9	134
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				105	46	0	22	173
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				153	56	0	29	238
				227	97	0	52	376
				198	62	0	40	300
				211	85	0	48	344
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				139	53	0	39	231
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2008-12-05	196	166	167	205	67	0	30	302
2008-12-04	203	166	167	214	68	0	49	331
2008-12-03	243	166	167	263	102	0	78	443
2008-12-02	240	166	167	245	98	0	65	408
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Feb	9075	8841	95		
Mar	10641	9950	111		
Apr	10223	8362	120		
May	9607	9500	109		
Jun	8128	7360	106		
Jul	9170	8374	90		
Aug	7448	7343	8386	8919	7311
Sept	9051	8337	8303	8512	7465
Oct	9073	7879	9665	10218	8005
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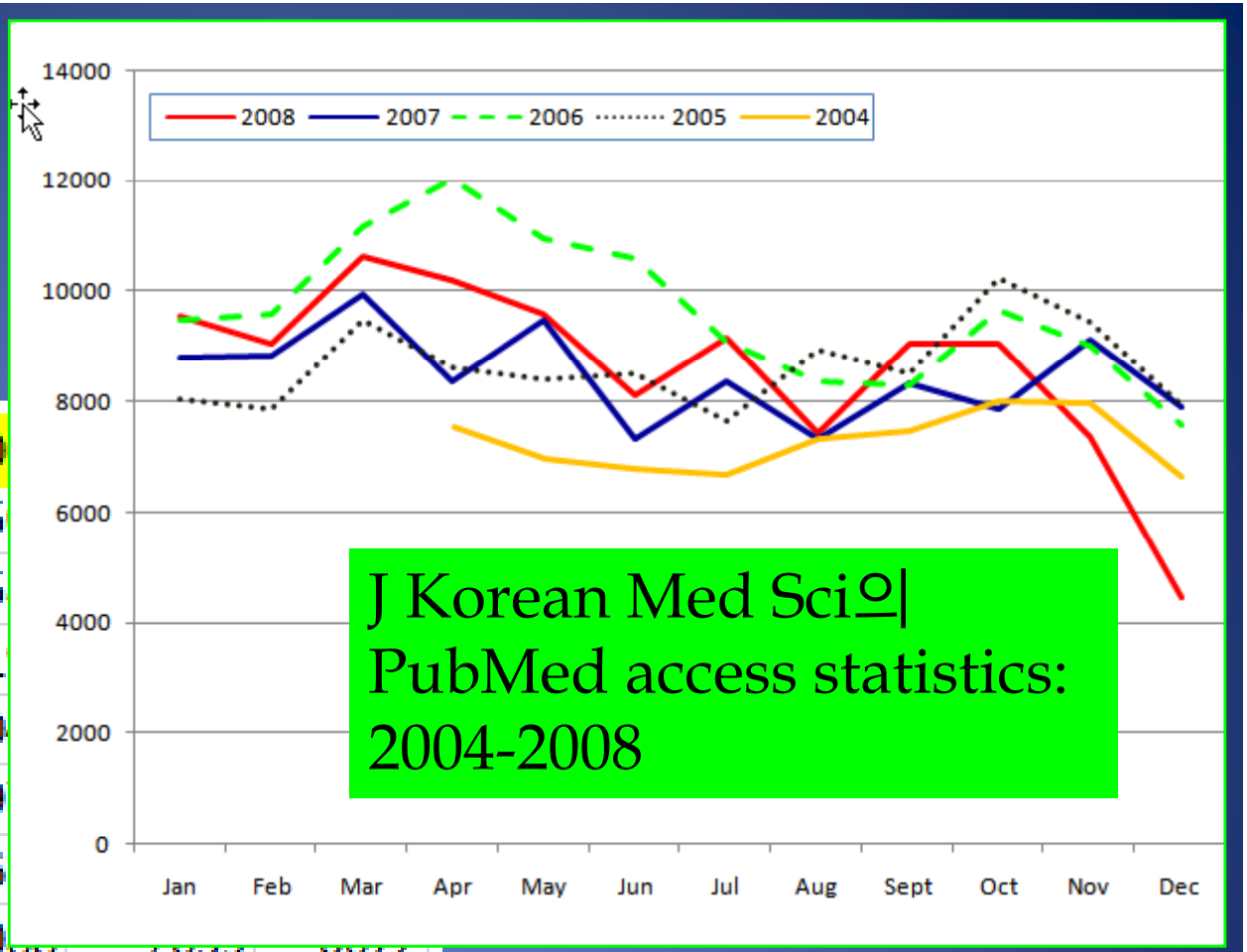

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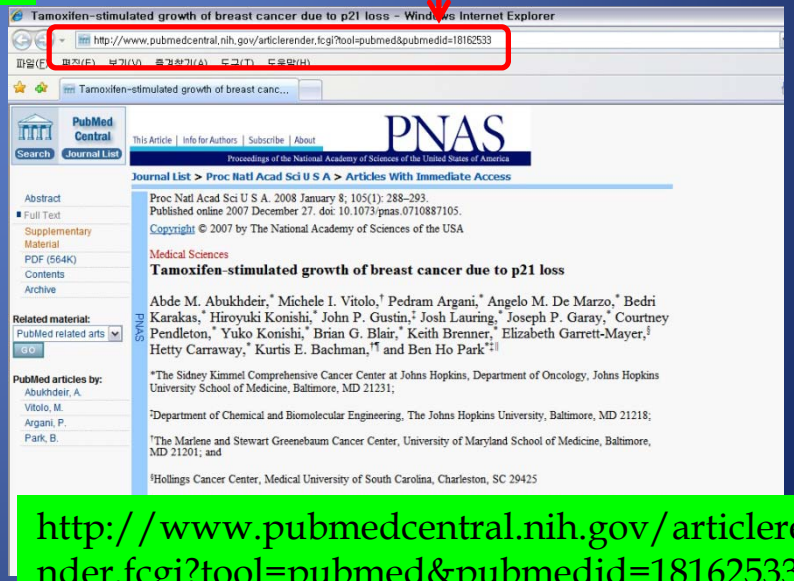

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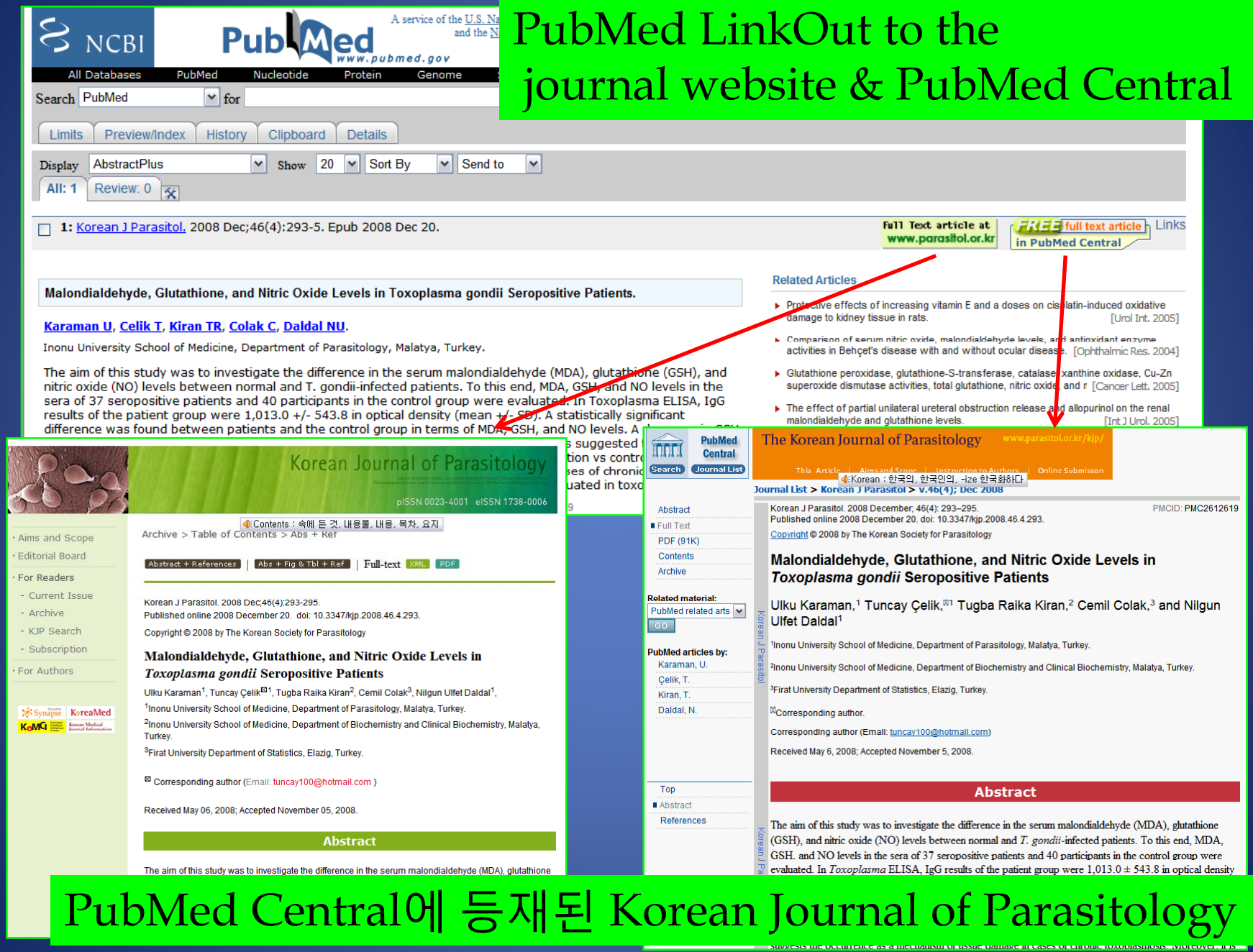

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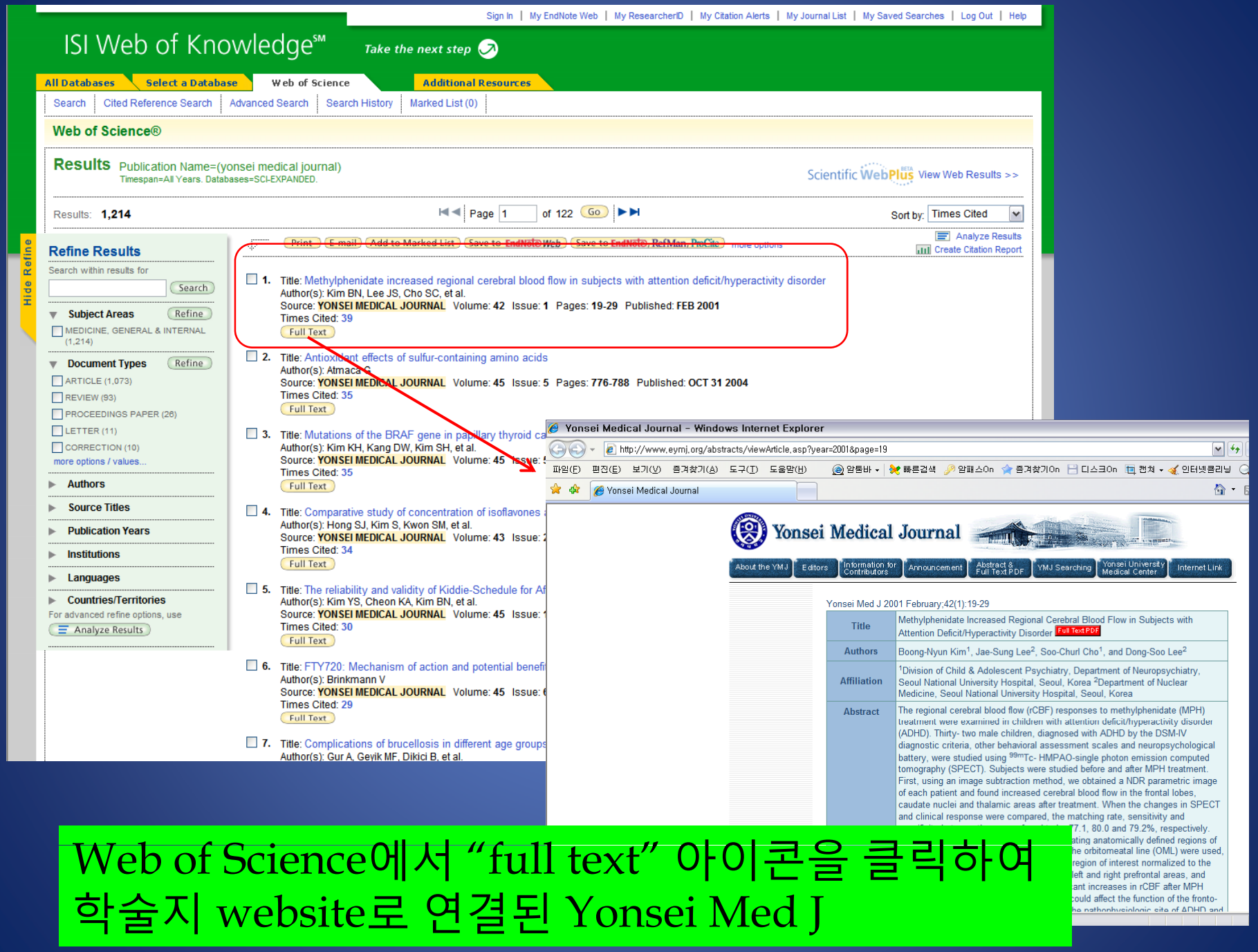

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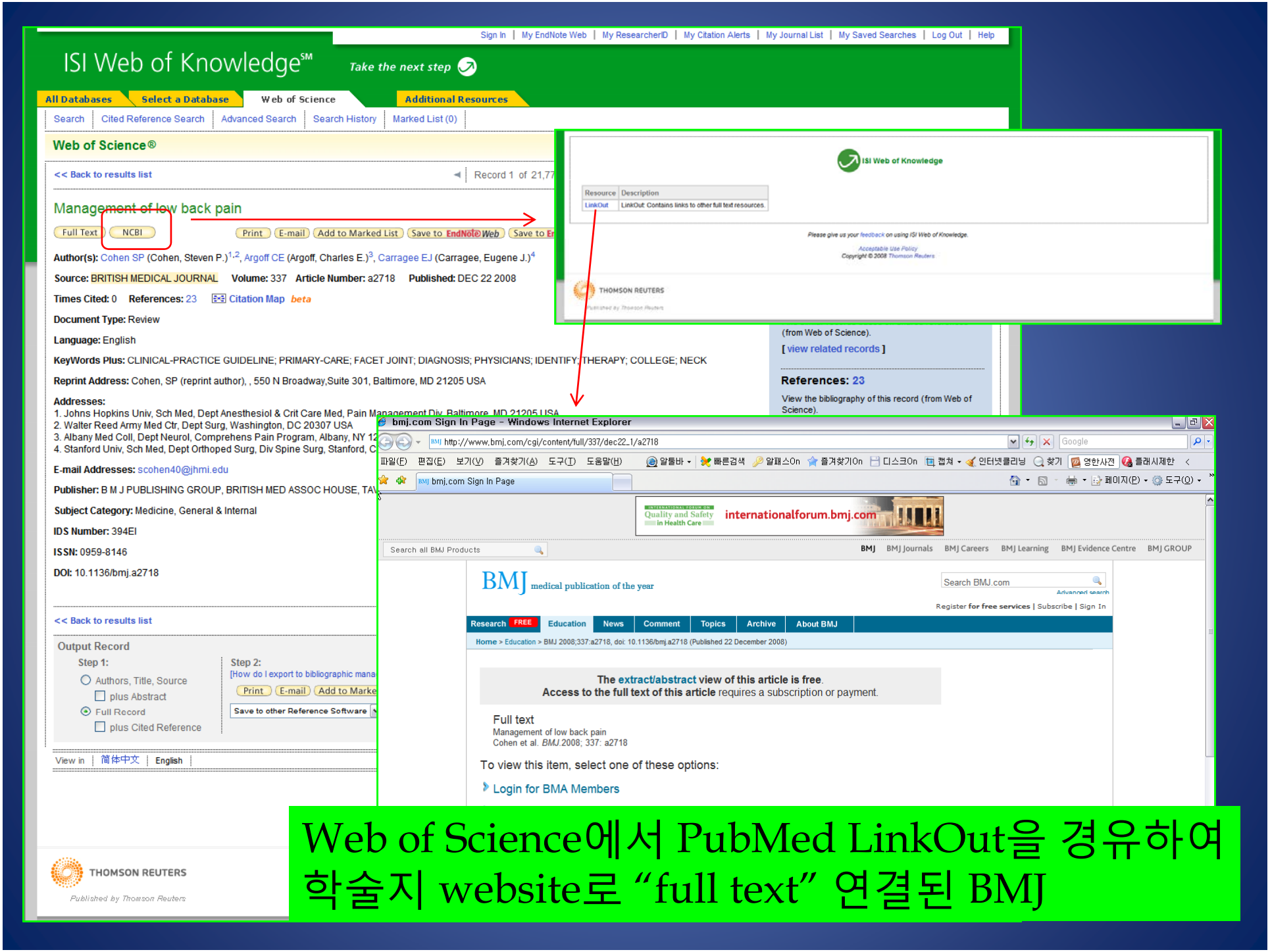

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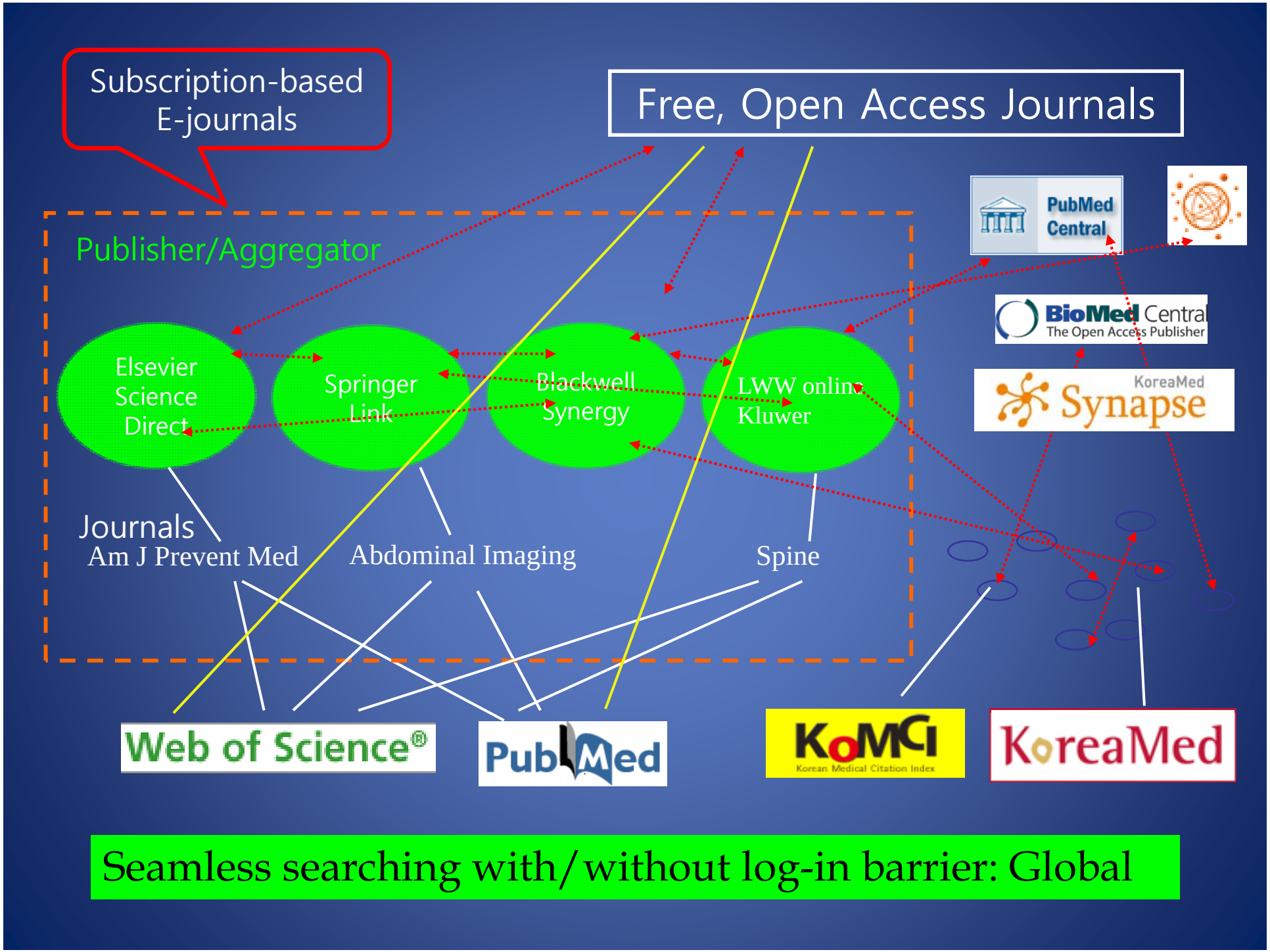
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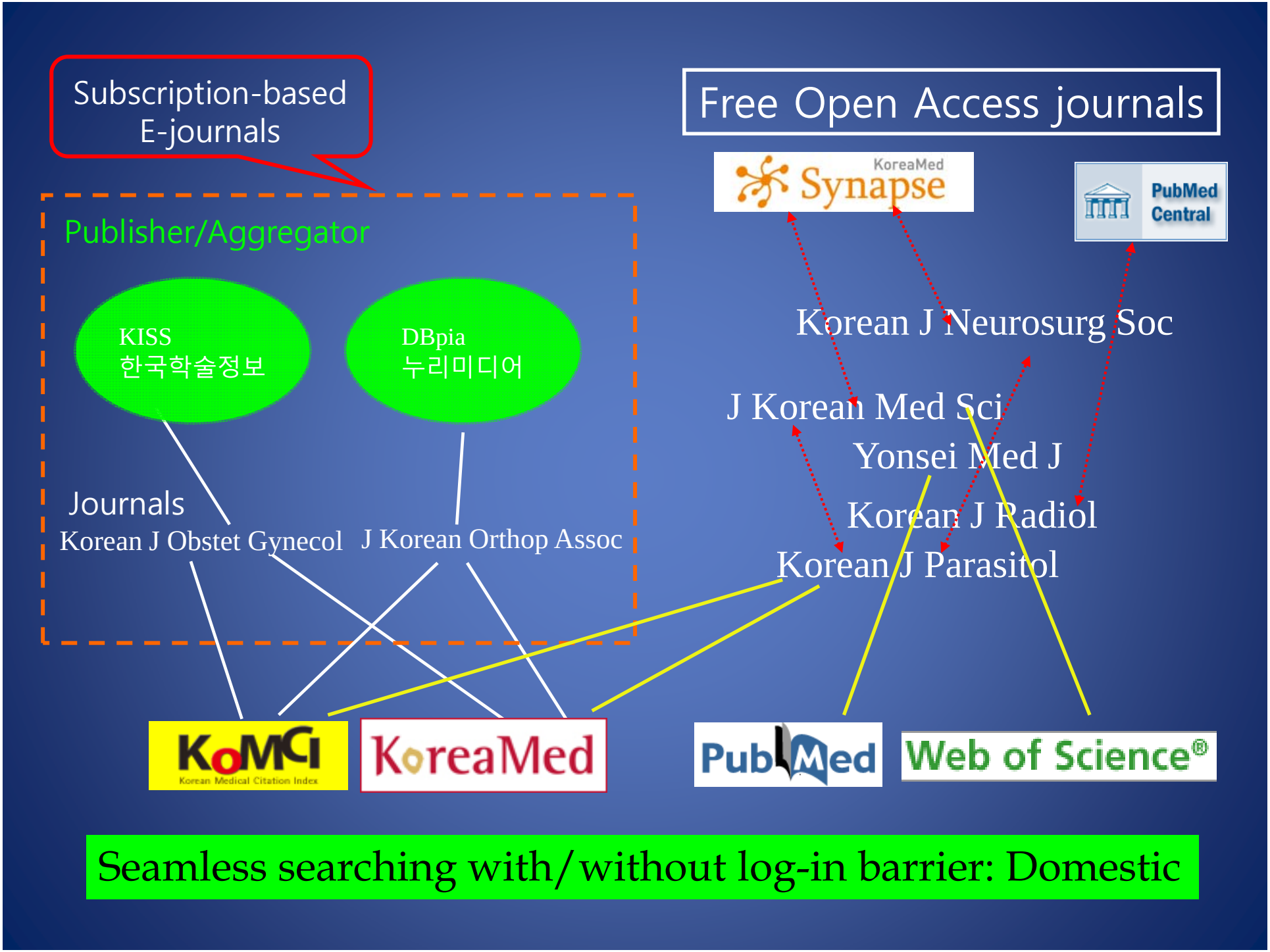
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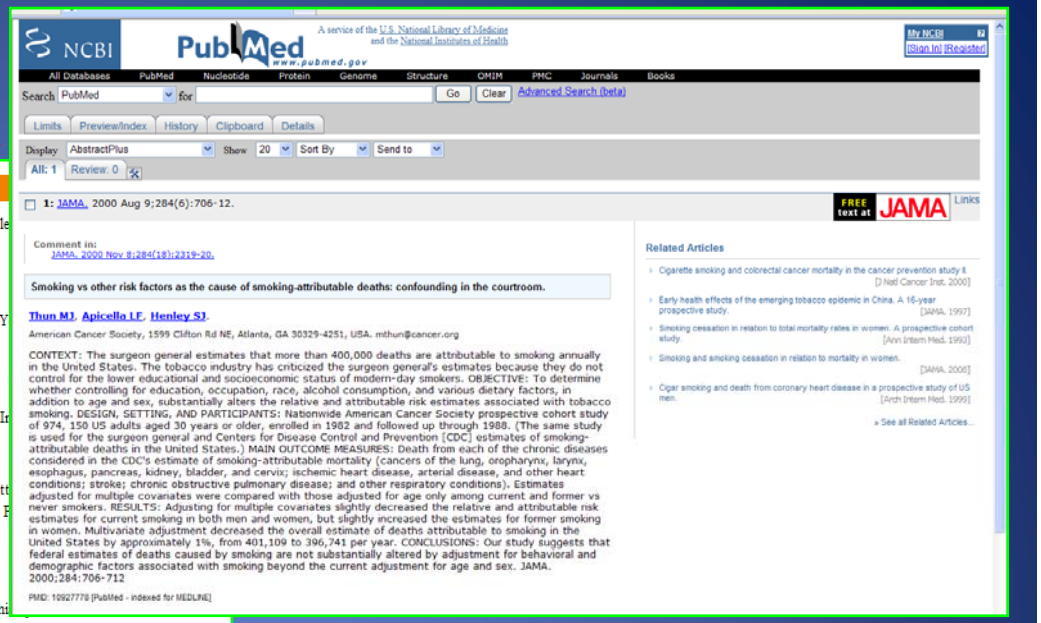

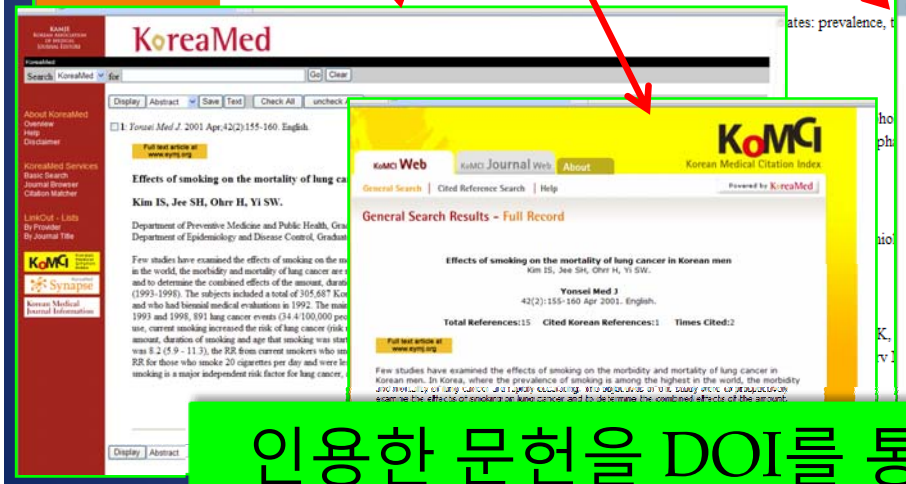

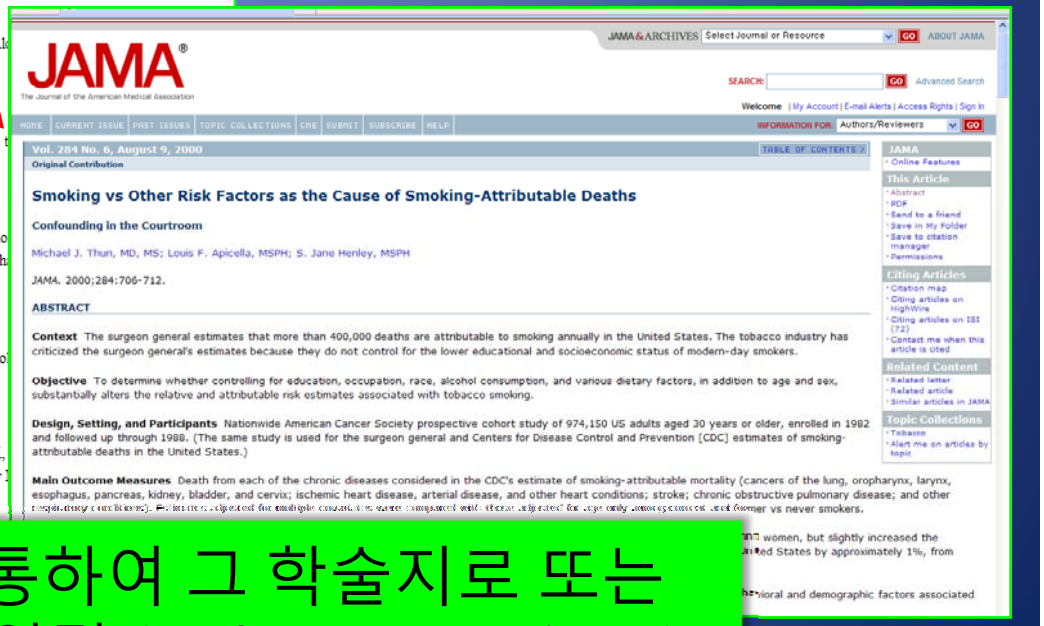

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Assessment of the Accuracy and Precision of Cystatin C-based GFR

Department of Nuclear Medicine[2], Asan Medical Center and University of Ulsan College of Medicine, Seoul, Korea

Email: wkmin@amc.seoul.kr

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The Expression of Heat Shock Protein 60 kDa in Tissues and Cell Lines of Breast Cancer
Byung Chul You, Seung Yeon Park, Young Don Lee, Jung Nam Lee, Yu Jin Hwang[1], Heung Kyu Park
Department of Surgery, Gachon University of Medicine and Science, Incheon, Korea.
Department of [1]Molecular Biology, Gachon University of Medicine and Science, Incheon, Korea.
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Research

Subacromial ultrasound guided or steroid injection for rotator cuff dis randomised double blind study

Ole M Ekeberg, *research fellow* [1], **Erik Bautz-Holter**, *profes*
Tveitå, *research fellow* [1], **Niels G Juel**, *consultant physician*
Kvalheim, *consultant physician* [1], **Jens I Brox**, *consultant p*

[1] Department of Physical Medicine and Rehabilitation, Ulle
Hospital and Medical Faculty, University of Oslo, 0407 Oslo
Department of Orthopaedics, Back Surgery and Physical M
Rehabilitation Section, Rikshospitalet University Hospital a
University of Oslo, 0027 Oslo, [3] Unifob Health, University o

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RESEARCH

Subacromial ultrasound guided or systemic steroid injection for rotator cuff disease: randomised double blind study

Ole M Ekeberg, research fellow,[1] Erik Bautz-Holter, professor,[1] Einar K Tveitå, research fellow,[1] Niels G Juel, consultant physician,[1] Synnøve Kvalheim, consultant physician,[1] Jens I Brox, consultant physician[2,3]

[1]Department of Physical Medicine and Rehabilitation, Ullevål University Hospital and Medical Faculty, University of Oslo, 0407 Oslo, Norway
[2]Department of Orthopaedics, Back Surgery and Physical Medicine and Rehabilitation Section, Rikshospitalet University Hospital and Medical Faculty, University of Oslo, 0027 Oslo
[3]Unifob Health, University of Bergen, Bergen, Norway
Correspondence to: O M Ekeberg
o.m.ekeberg@medisin.uio.no

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ABSTRACT

Objective To compare the effectiveness of ultrasound guided corticosteroid injection in the subacromial bursa with systemic corticosteroid injection in patients with rotator cuff disease.

Design Double blind randomised clinical trial.

Setting Outpatient clinic of a physical medicine and rehabilitation department in Oslo, Norway.

Patients 106 patients with rotator cuff disease lasting at least three months.

Interventions Ultrasound guided corticosteroid and lidocaine injection in the subacromial bursa and lidocaine injection in the gluteal region (local group); corticosteroid and lidocaine injection in the gluteal region and ultrasound guided lidocaine injection in the subacromial bursa (systemic group).

Main outcome measures Difference in improvement in the overall shoulder pain and disability index score after six weeks.

Results Six weeks after the intervention, the mean difference in improvement in overall shoulder pain and disability index score between the local group and the systemic group was −5.2 (95% confidence interval −13.9 to 3.5); it was −4.1 (−12.3 to 4.1, P=0.32) after adjustment for baseline score. A small but statistically significant difference in improvement between groups occurred in favour of the local group for two secondary outcome measures: the Western Ontario rotator cuff index (8.1, 0.7 to 15.6) and change in main complaint (2.0, 0 to 4).

Conclusions No important differences in short term outcomes were found between local ultrasound guided corticosteroid injection and systemic corticosteroid injection in rotator cuff disease.

Trial registration Clinical trials NCT00640575.

INTRODUCTION

Shoulder pain is a common medical problem; impingement syndrome or rotator cuff disease is the most frequent diagnosis.[1,2] The exact source and mechanisms of pain in rotator cuff disease are not known.[3] Histopathology studies reveal mainly degenerative changes of the rotator cuff tendons.[4] Inflammatory mediators, free nerve endings, and nociceptive agents have been found in the subacromial bursa,[5,6] but other factors may contribute to pain and dysfunction.

Non-operative treatment for rotator cuff disease primarily consists of active physiotherapy, which may be supplemented with non-steroidal anti-inflammatory drugs, steroid injections, and electrotherapy.[3] Active physiotherapy has been reported to be superior to placebo and equivalent to surgery at long term follow-up.[7,8] Despite extensive research, evidence for the effectiveness of steroid injections for rotator cuff disease is unconvincing. Conclusions of systematic reviews and meta-analyses are inconsistent and hampered by small sample sizes, variable methodological quality, and heterogeneity of the included studies.[9-11]

Corticosteroids are potent anti-inflammatory and pain modulating drugs with both systemic and local effects. The precise mechanism of local corticosteroid injections is not well understood. Possible therapeutic mechanisms include anti-inflammatory effects, relaxation of reflex muscle spasm, influence of local tissue metabolism, pain relief, mechanical improvement, and placebo effect.[12]

Thirty per cent to 80% of subacromial injections are reported to reach the subacromial bursa or the subacromial space when a blind injection technique is used.[13] High frequency ultrasonography is a safe, accurate, readily available technique for guiding musculoskeletal aspiration and infiltration that ensures correct placement of the needle and delivery of the drug. Some studies have reported better short term improvement in patients when the injection has been placed accurately into an anatomical site or in the subacromial bursa.[14,15] Valtonen reported that gluteal and subacromial corticosteroid injections significantly, and equally, improved supraspinatus tendonitis compared with placebo.[16] Recently, two small randomised trials reported that ultrasonographically guided injections were significantly more effective than blind injections for short term pain relief and improved function.[17,18] The participants were not blinded for treatment group in these two studies, which raises the possibility of a bias favouring ultrasound guided injections.

To investigate the importance of placement of corticosteroid injections in patients with rotator cuff disease, we did a randomised controlled study comparing the effectiveness of a systemic corticosteroid

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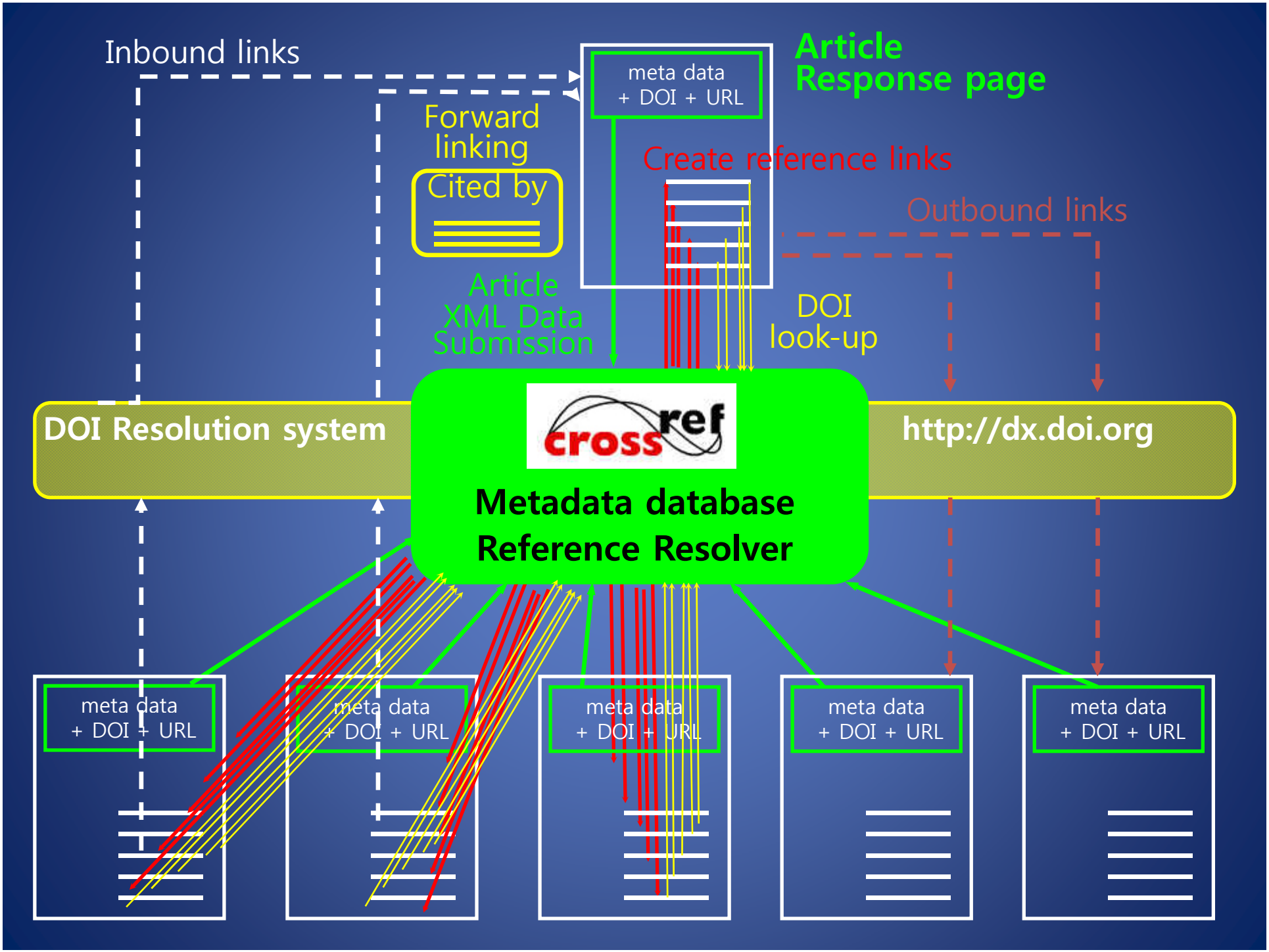
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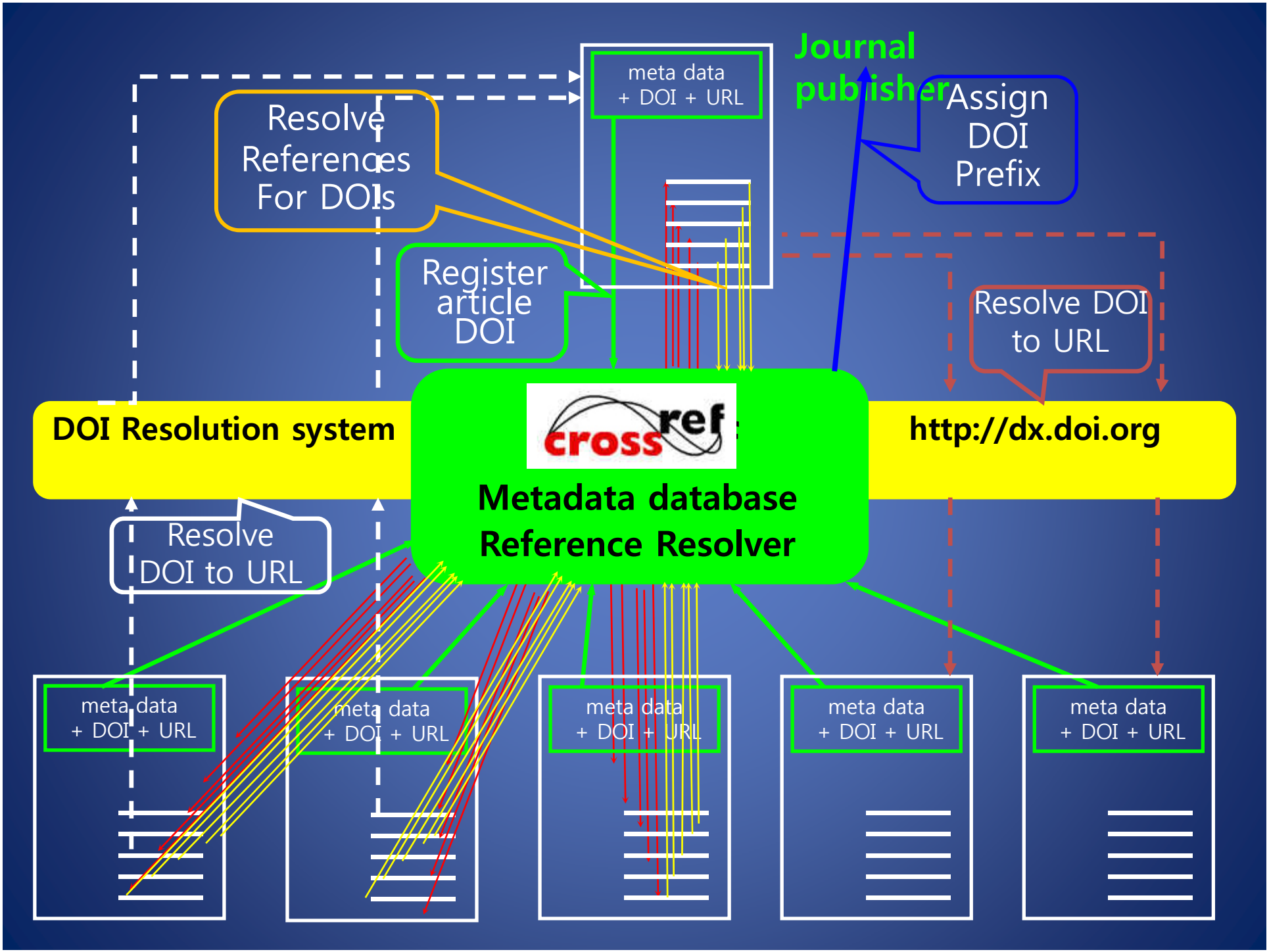
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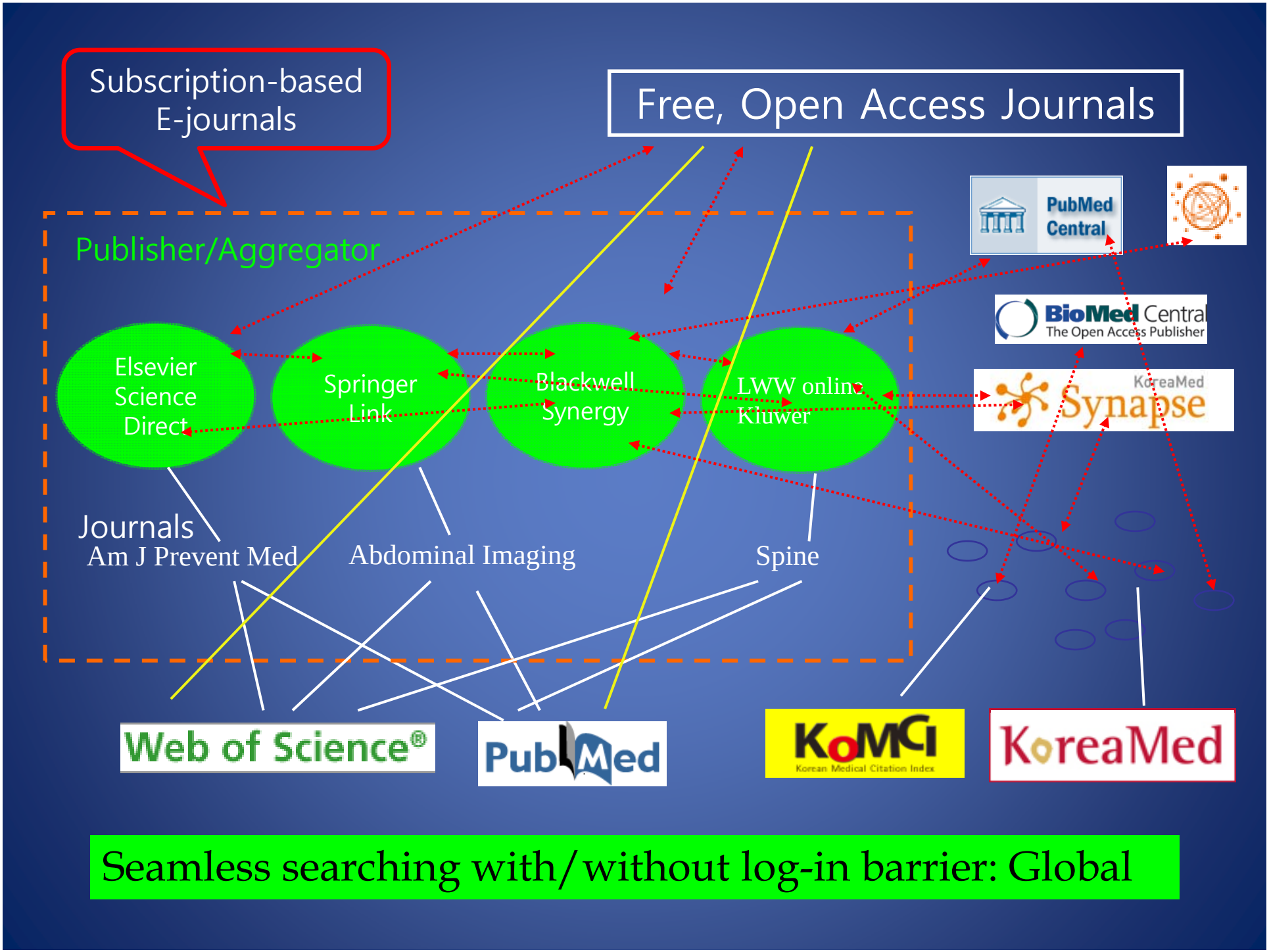
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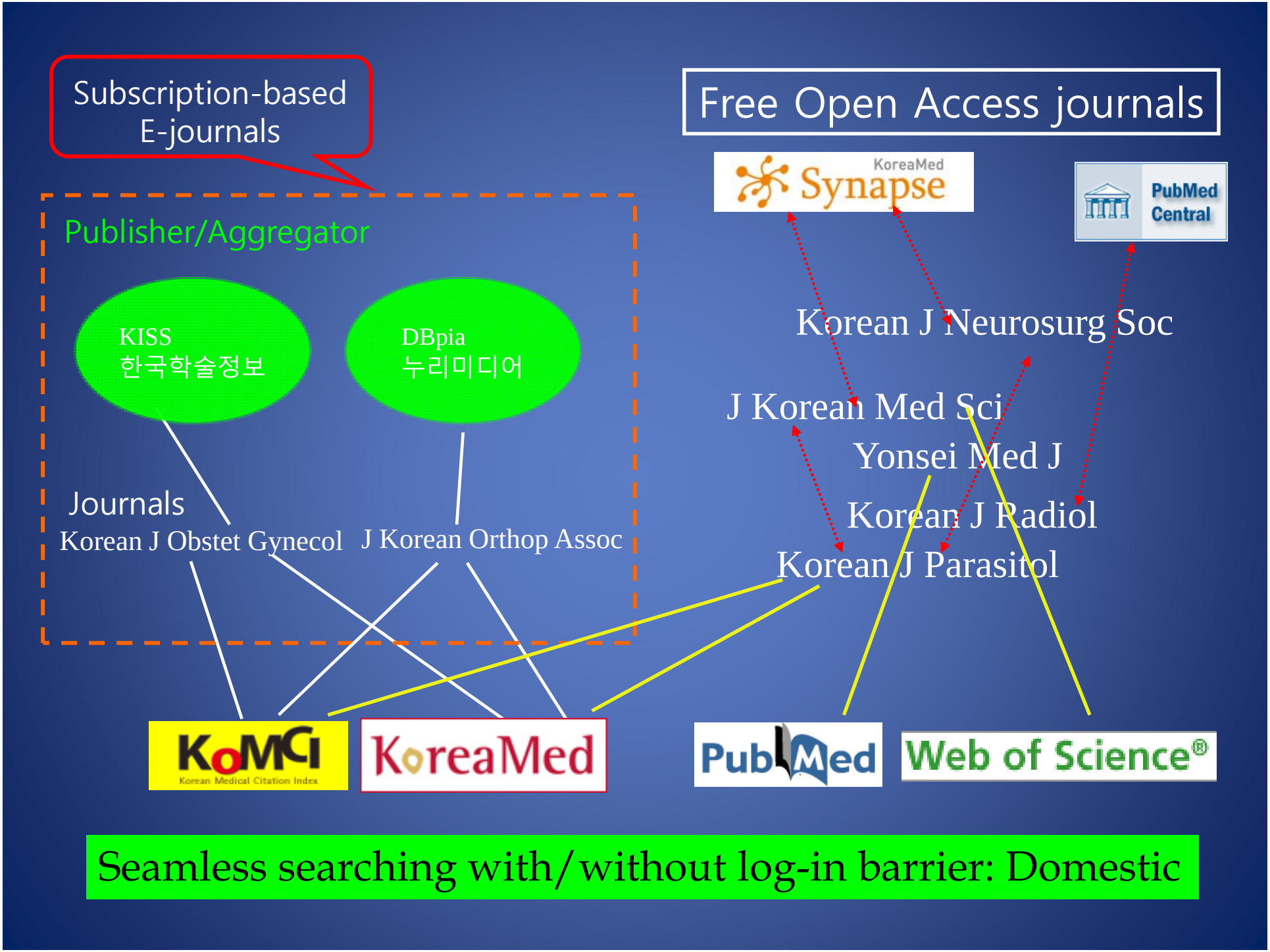
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Hospital and Medical Faculty, University of Oslo, 0027 Oslo
[3]Unifob Health, University of Bergen, Bergen, Norway
Correspondence to: O M Ekeberg
o.m.ekeberg@medisin.uio.no

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rehabilitation department in Oslo, Norway.
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 BACKGROUND: Aspirin is the most common drug used for the prevention of arterial thrombosis. However,
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resistance to improve clinical outcome. We analyzed the changes of platelet reactivity before and after
aspirin treatment. We also investigated the incidence and influencing factors of aspirin resistance in
Korean.
 METHODS: We tested platelet function in 198 patients who had been treated with aspirin in a Korean
university hospital, and 59 of these patients were tested for platelet function before and after aspirin
treatment. We also analyzed platelet reactivity in 136 patients who had not been treated with aspirin.
Platelet function was tested using the VerifyNow Aspirin Assay (Accumetrics, USA). Platelet reactivity
was expressed as aspirin reaction unit (ARU) and &amp;gt; or =550 ARU was defined as aspirin resistance.
 RESULTS: Platelet reactivity of 136 patients who had not been treated with aspirin was 632.2+/-46.3 ARU
(mean+/-SD) (range, 462-675). Platelet reactivity of 198 patients who had been treated with aspirin was
472.5+/-60.0 (338-666) ARU, and 10.1% of patients were aspirin-resistant. The difference of platelet
reactivity before and after aspirin treatment was 128.3+/-68.7 (-40-248) ARU. Hb level was lower and
platelet count was higher in aspirin-resistant group than in aspirin-sensitive group (P&amp;lt;0.05).
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was expressed as aspirin reaction unit (ARU) and &amp;gt; or =550 ARU was defined as aspirin resistance.
 RESULTS: Platelet reactivity of 136 patients who had not been treated with aspirin was 632.2+/-46.3 ARU
(mean+/-SD) (range, 462-675). Platelet reactivity of 198 patients who had been treated with aspirin was
472.5+/-60.0 (338-666) ARU, and 10.1% of patients were aspirin-resistant. The difference of platelet
reactivity before and after aspirin treatment was 128.3+/-68.7 (-40-248) ARU. Hb level was lower and
platelet count was higher in aspirin-resistant group than in aspirin-sensitive group (P&amp;lt;0.05).
 CONCLUSIONS: We demonstrated the distribution of platelet reactivity before and after aspirin treatment
using the VerifyNow Aspirin Assay. The incidence of aspirin resistance was 10.1%, and low Hb level and
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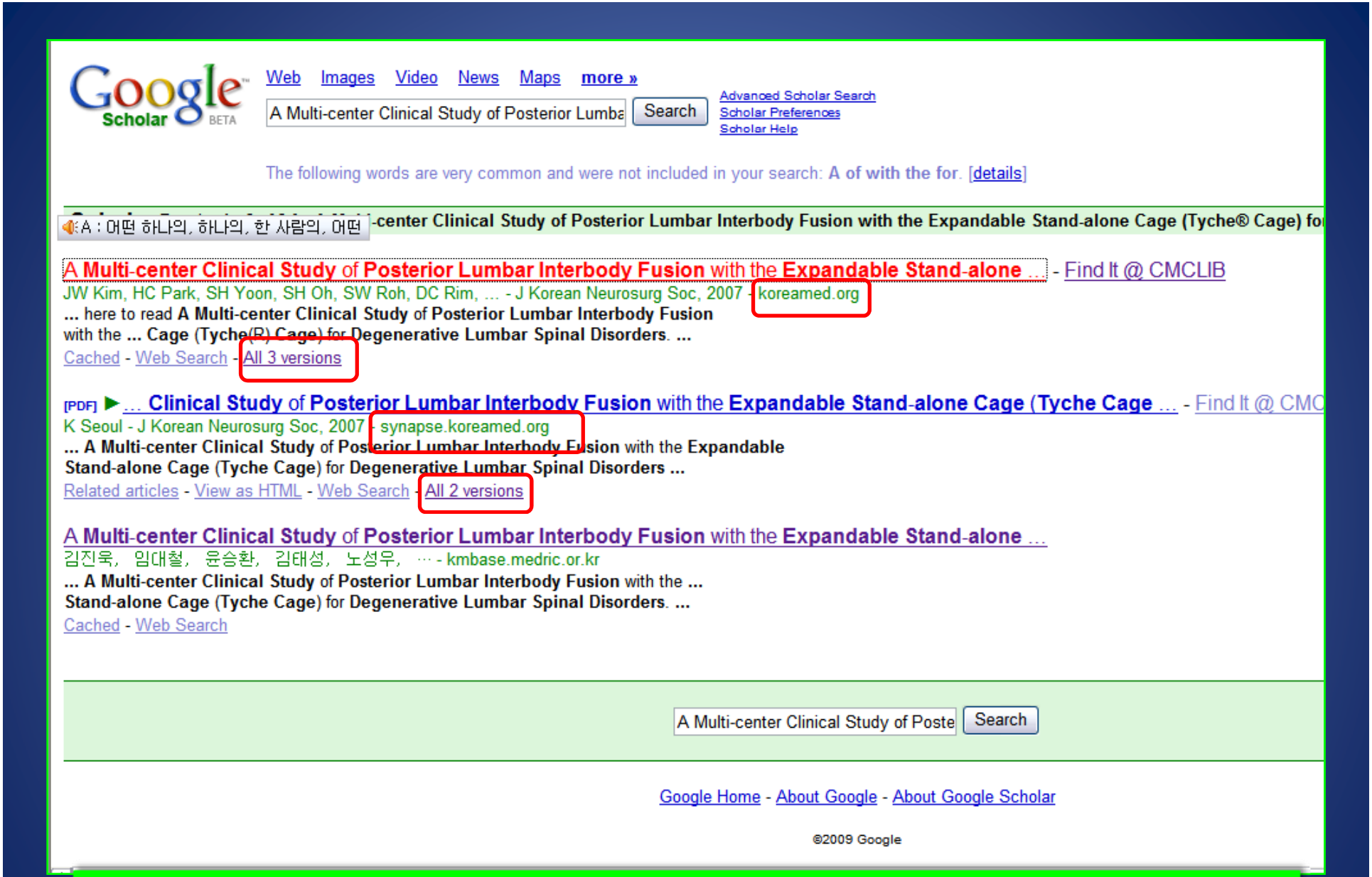

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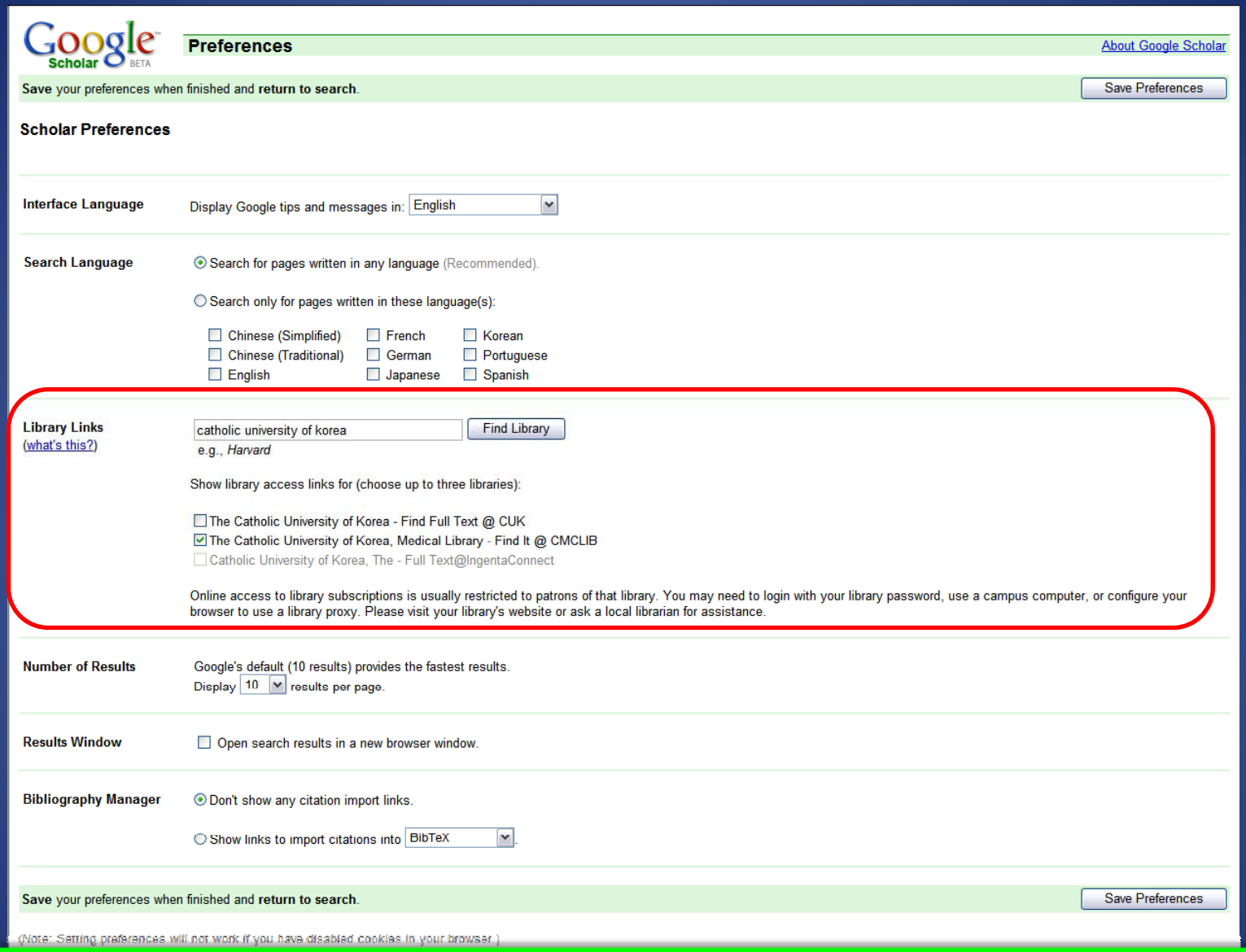

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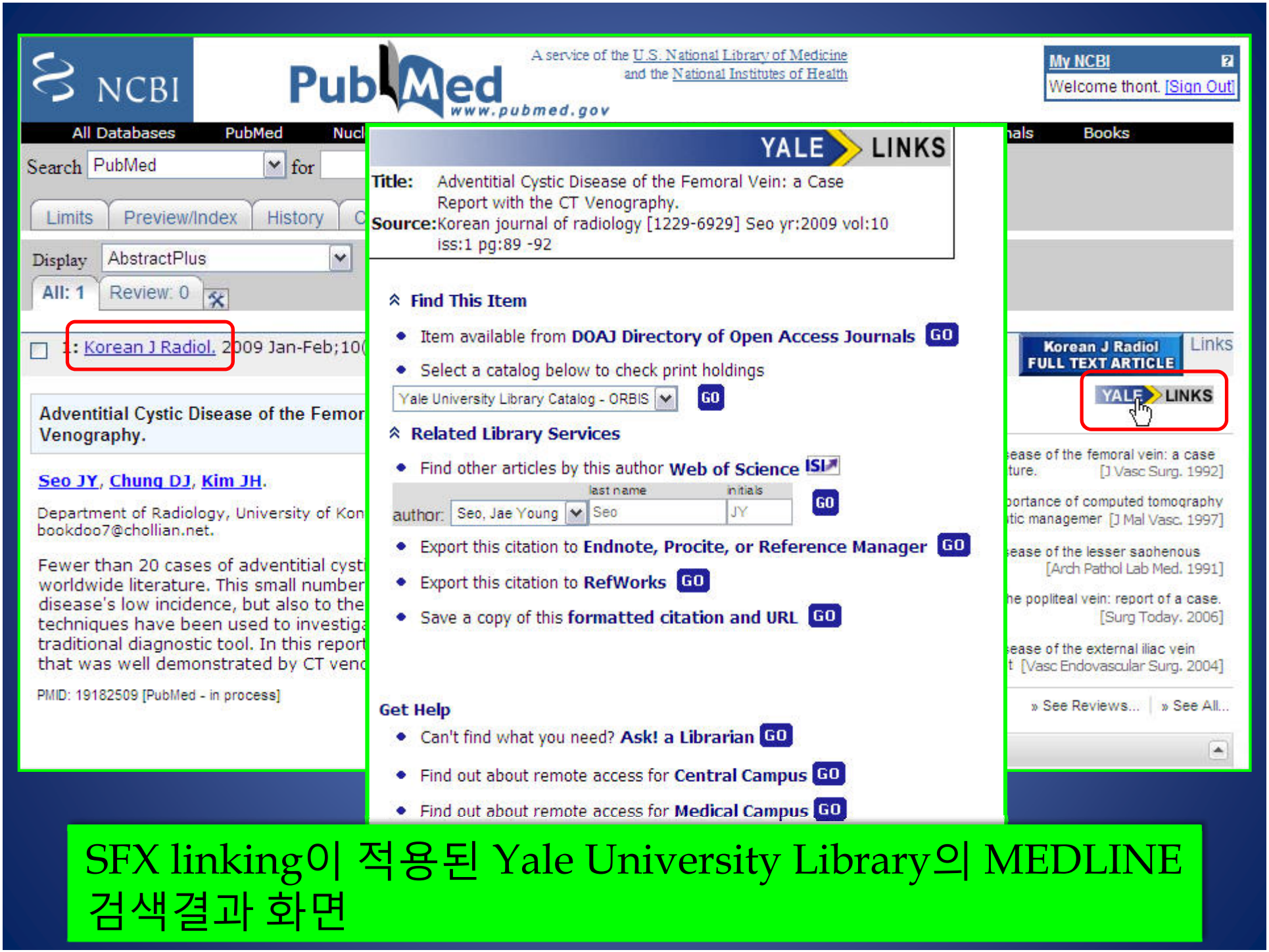

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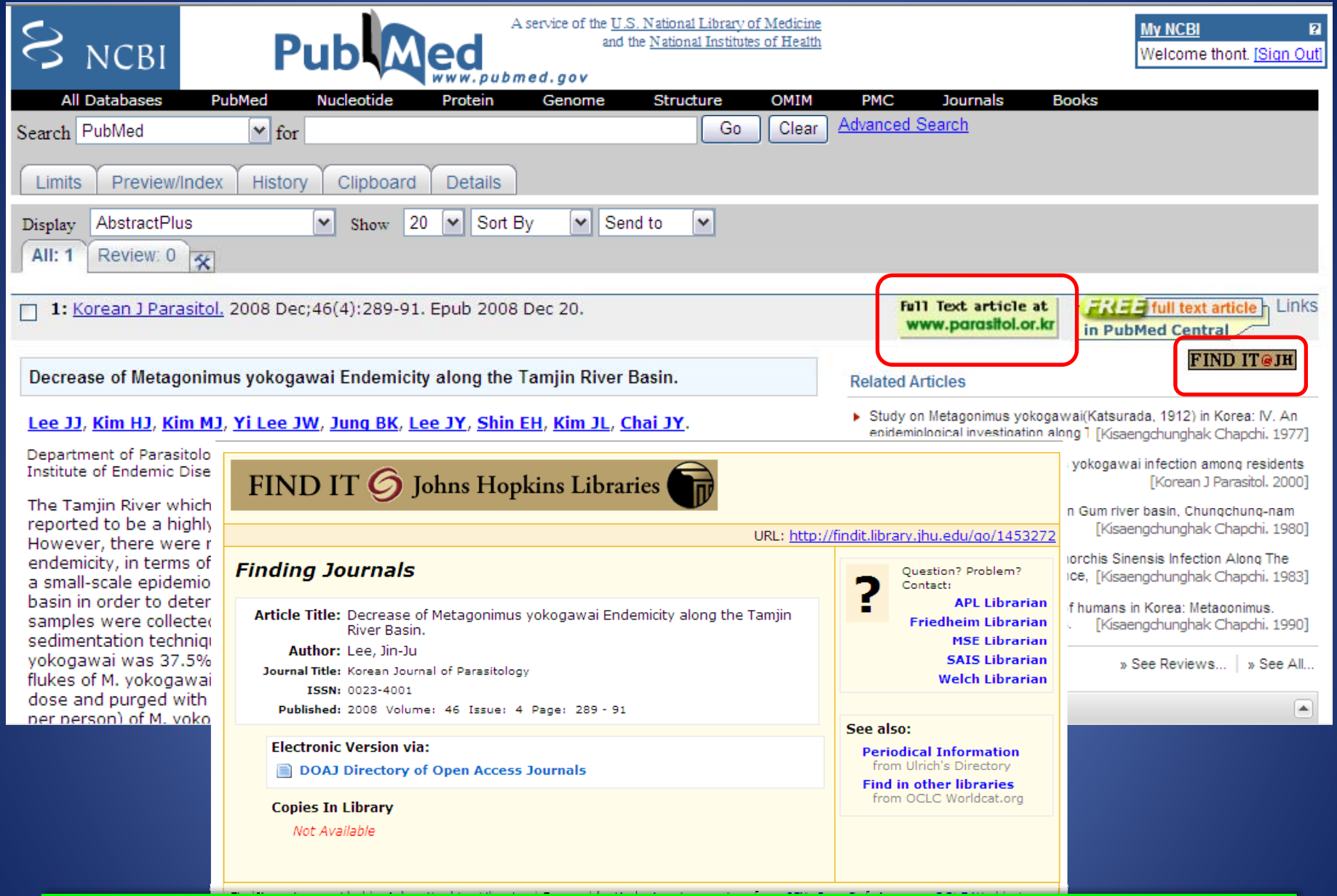

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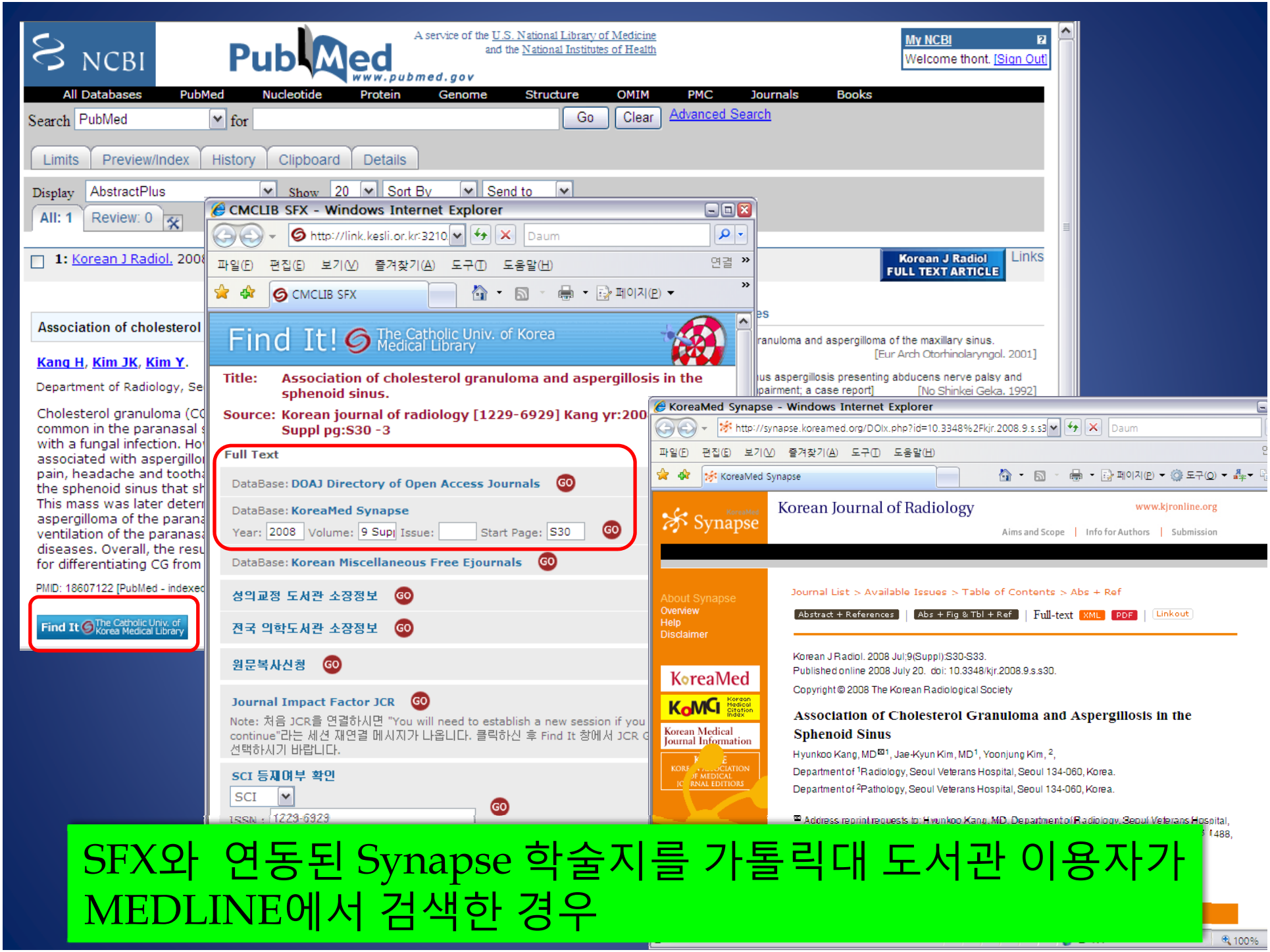

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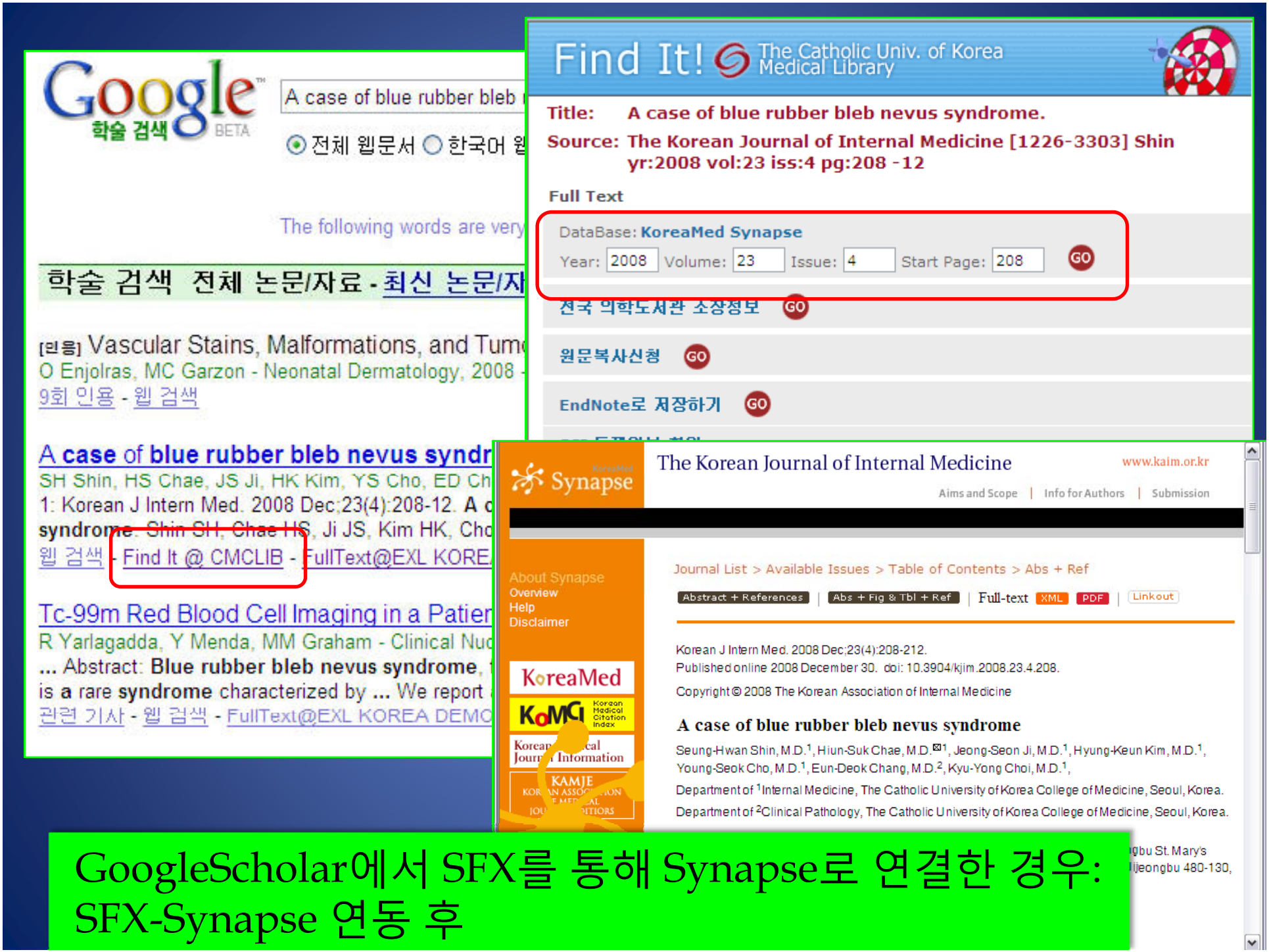

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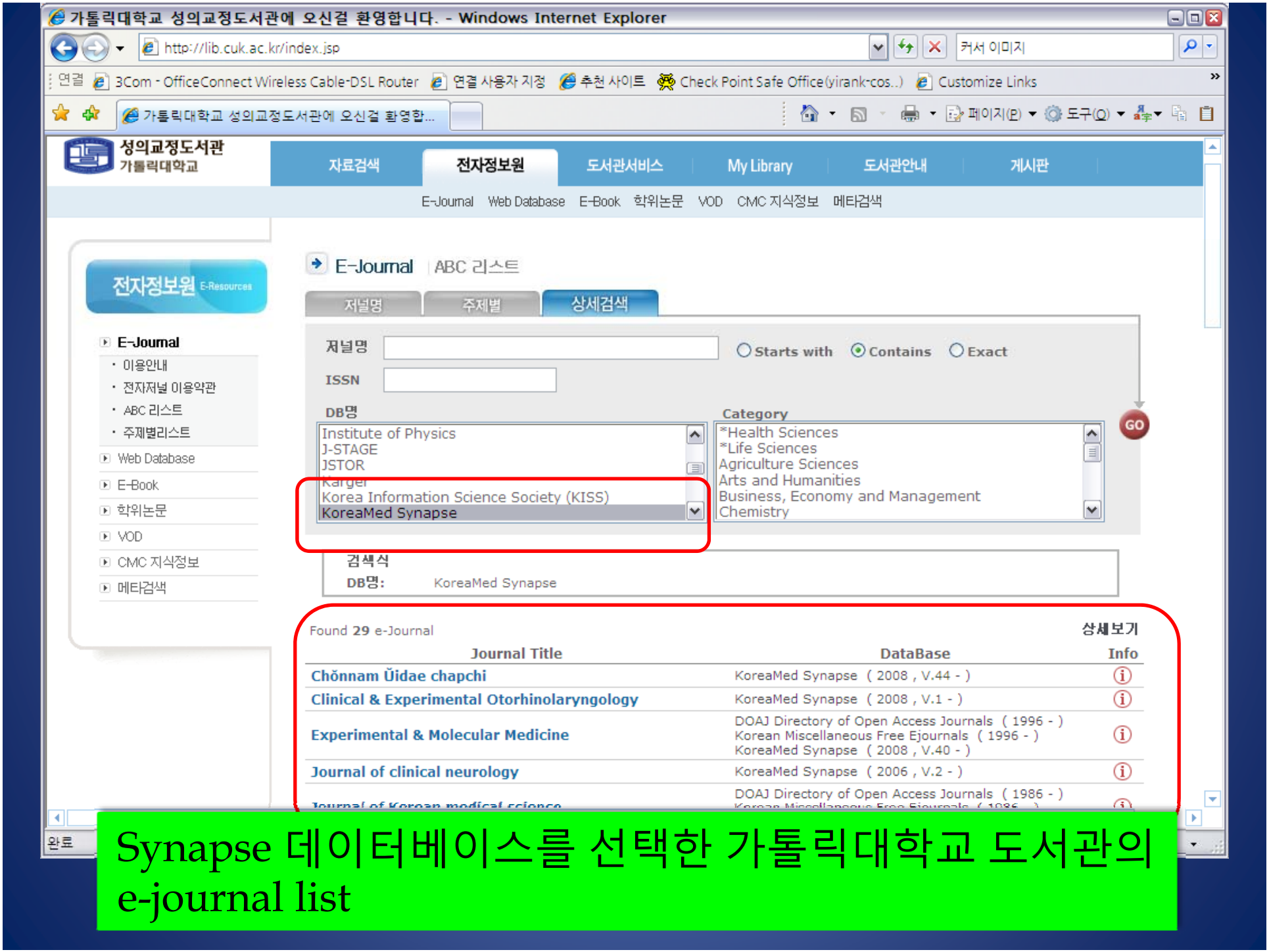

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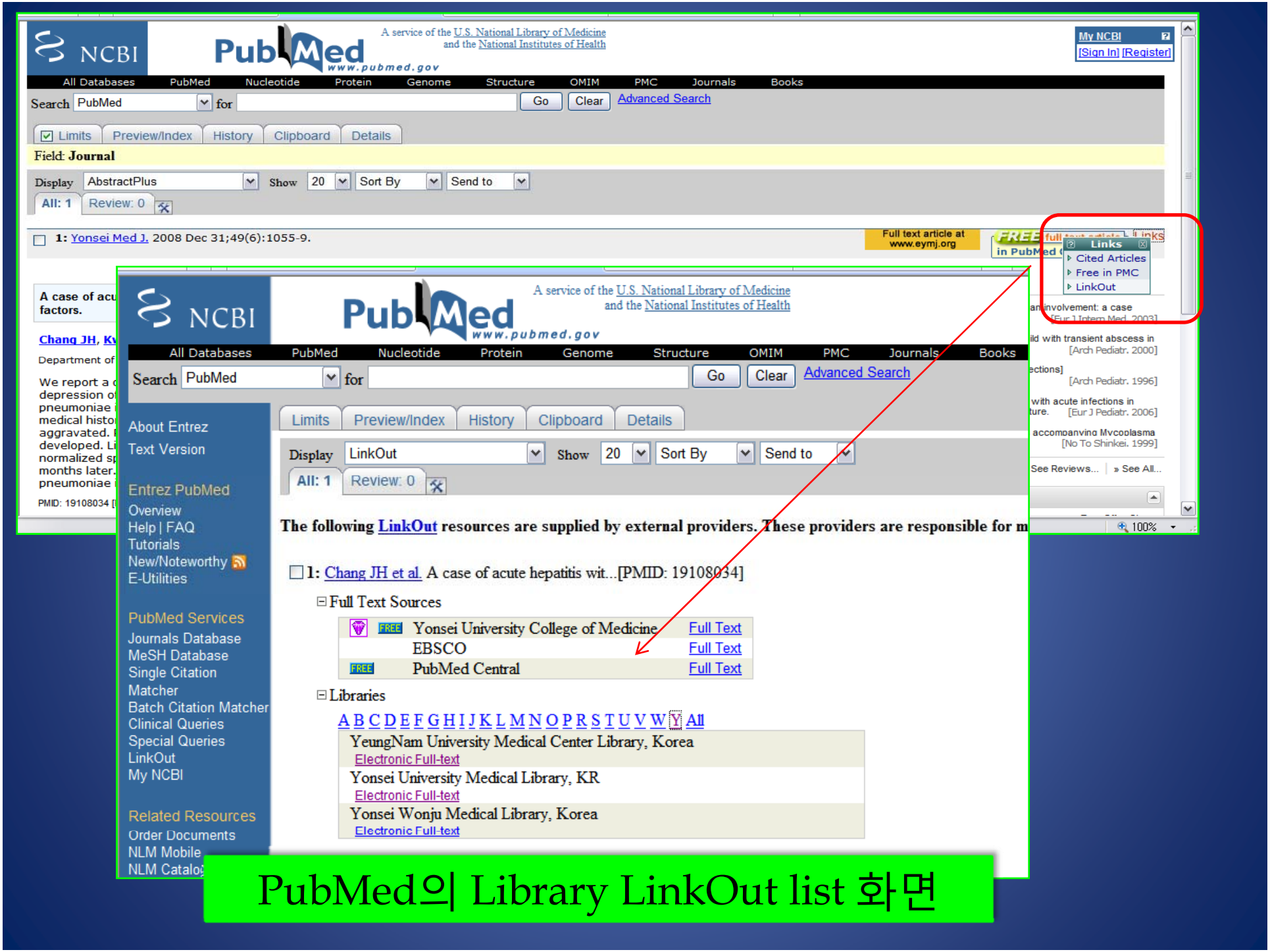

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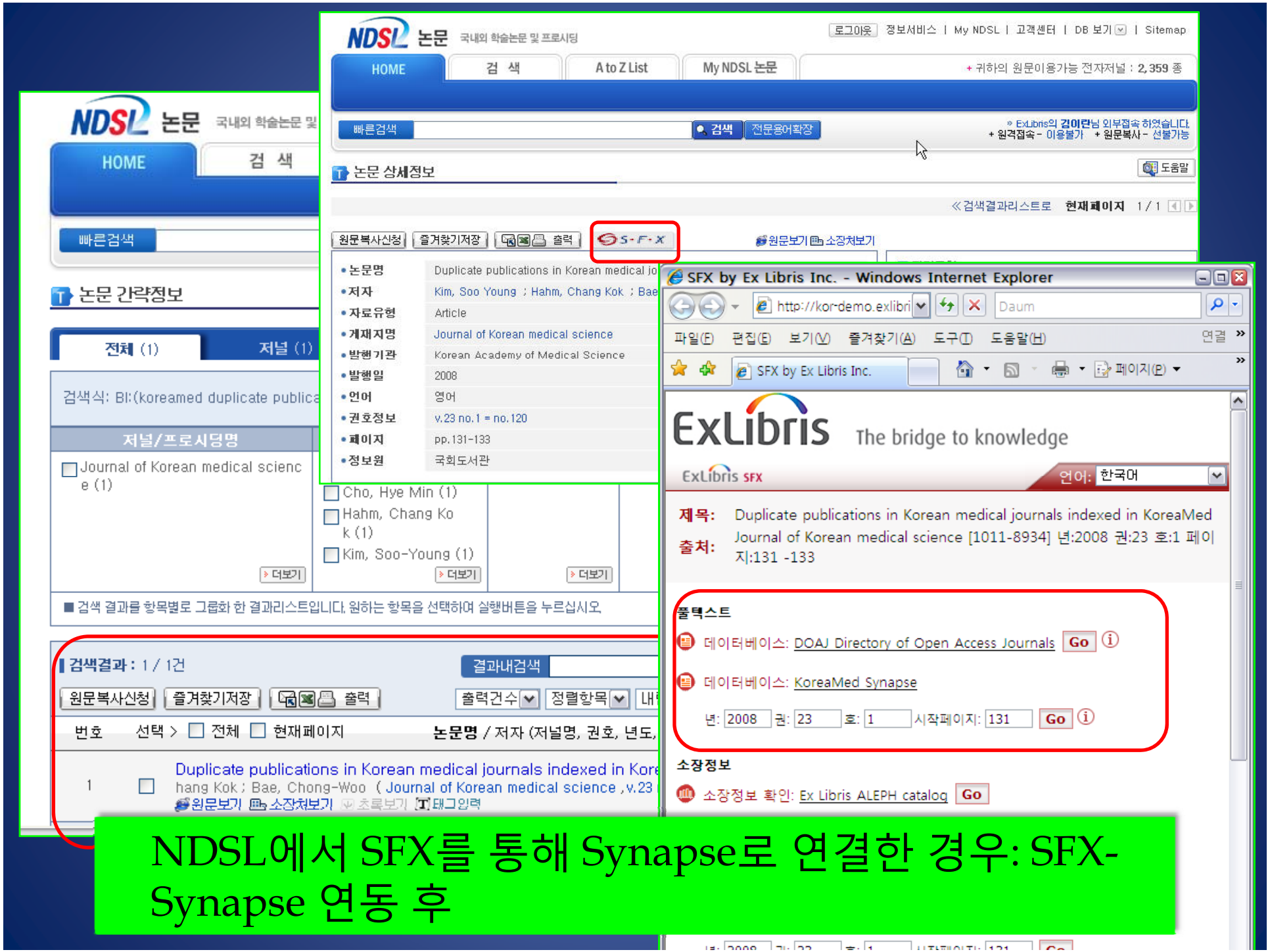

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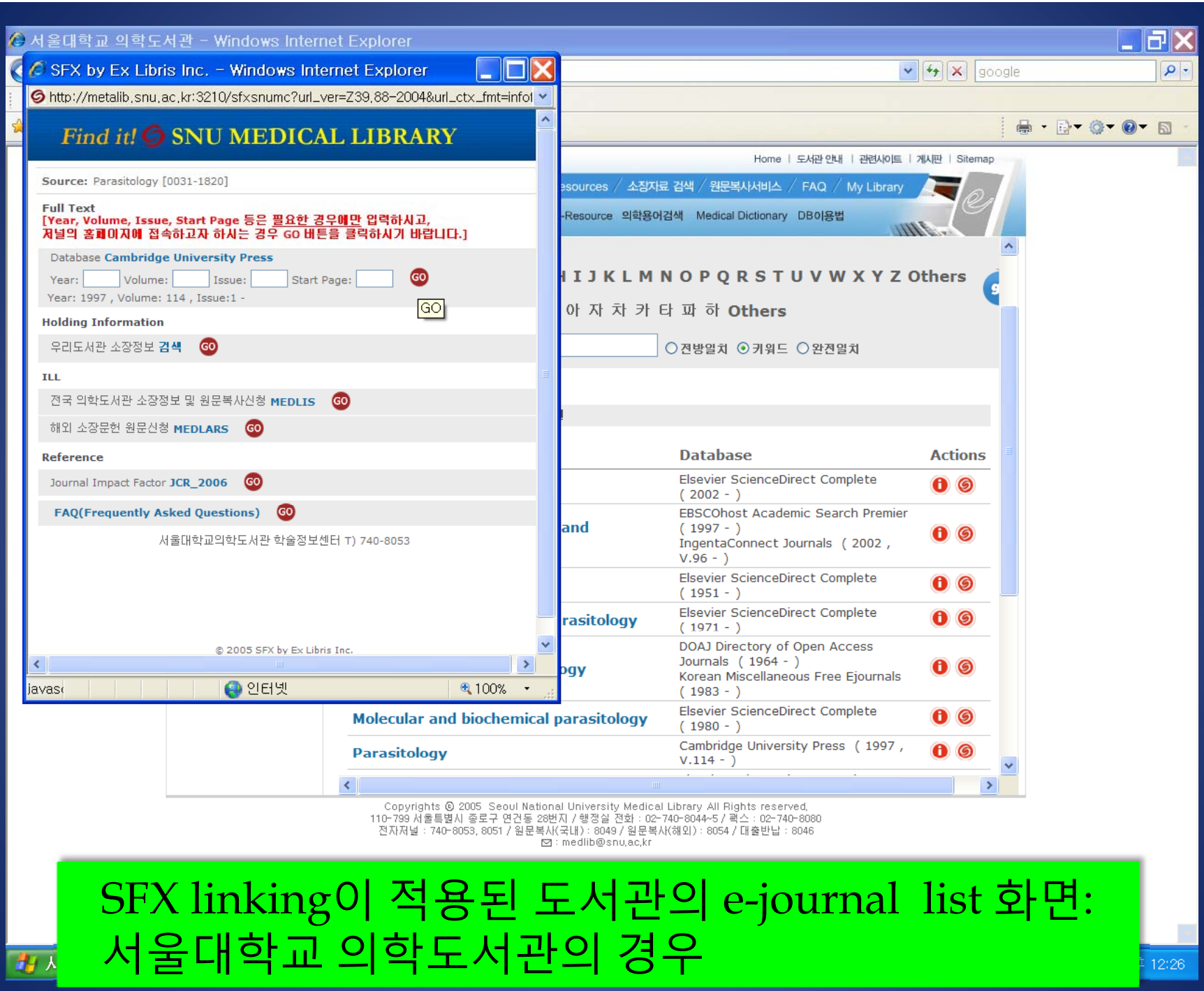

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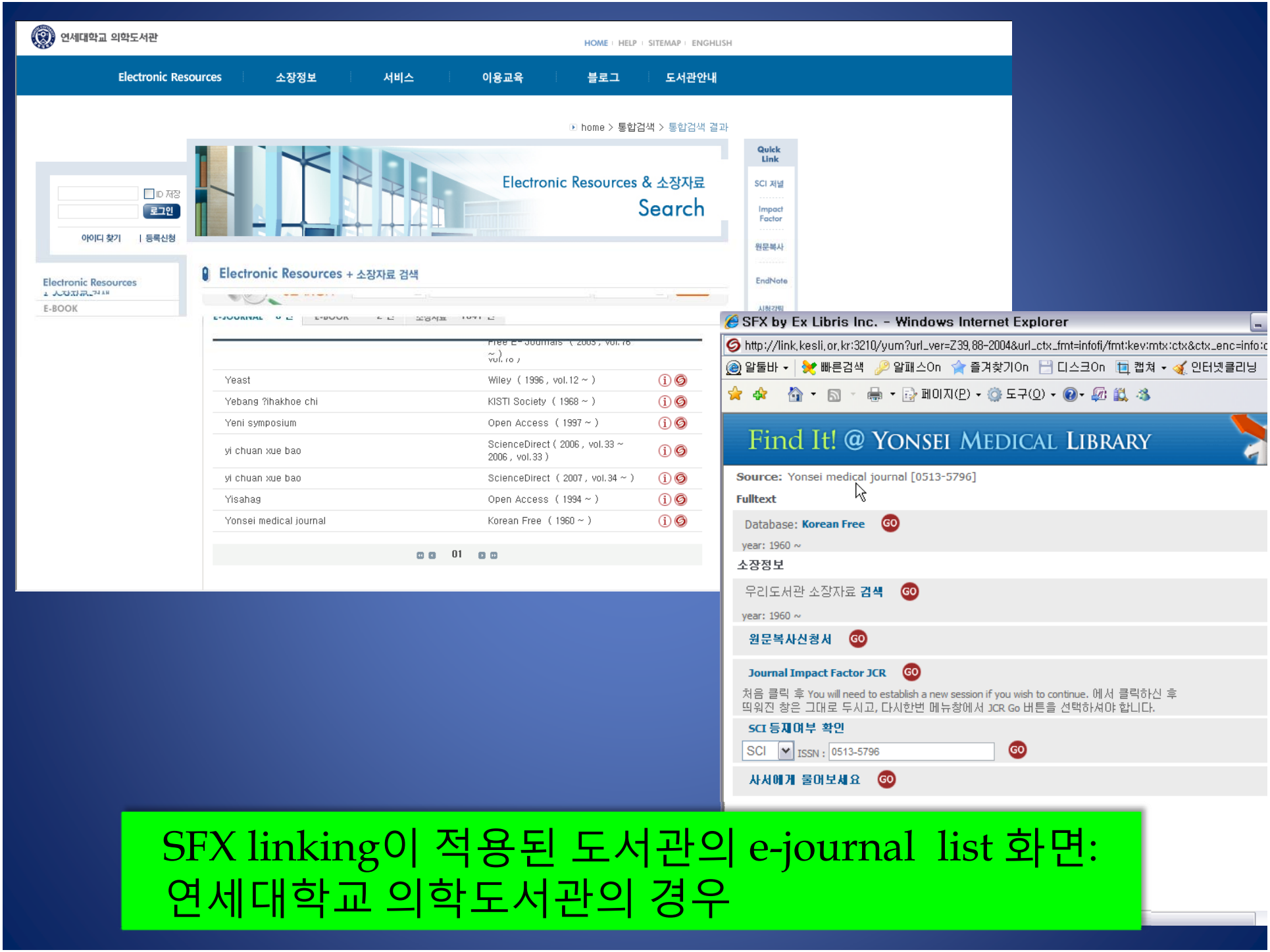

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