

# 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  
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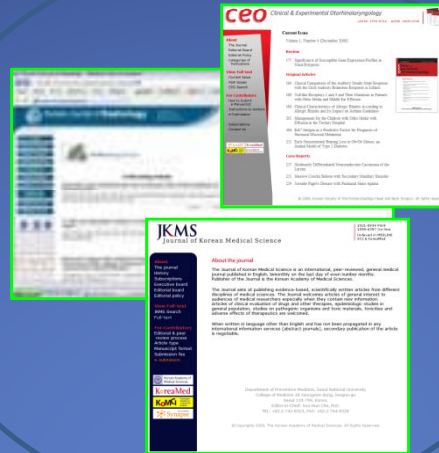
Abstract

Citation index

Full text (e-journal) databases

의학학술지가 교류하여야 할  
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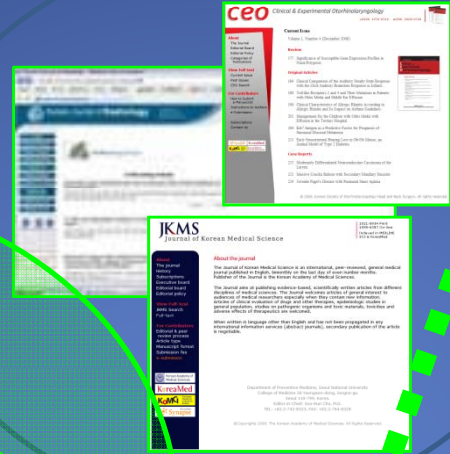
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### Molecular characterization of bacterial endosymbionts of *Acanthamoeba* isolates from infected corneas of Korean patients

Ying-Hua Xuan,<sup>1</sup> Hak Sun Yu,<sup>3</sup> Hae Jin Jeong,<sup>3</sup> Sung-Yong Seol,<sup>2</sup> Dong-Il Chung,<sup>1</sup> and Hyun-Hee Kong<sup>✉1</sup>

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Korean J Parasitol

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Abstract

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### Abstract

The endosymbionts of 4 strains of *Acanthamoeba* (KA/E9, KA/E22, KA/E23, and KA/E21) from the infected corneas of Korean patients were characterized by light and electron microscopic examination, and 16S rDNA sequence analysis. The endosymbionts were distributed randomly throughout the cytoplasm of *Acanthamoeba* isolates. The endosymbionts of KA/E9, KA/E22, and KA/E23 were electron-translucent areas. No lacunae-like structures were observed in the bacterial cell walls of which were studded with host ribosomes. Phylogenetic 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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### Survey for zoonotic liver and intestinal trematode metacercariae in cultured and wild fish in An Giang Province, Vietnam

Received September 28, 2006; Accepted November 15, 2006

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Although Vietnam has a high risk of fish-borne zoonotic trematode infections, the prevalence of these infections in cultured and snakehead production in An Giang Province. A survey for FZTs was carried out in randomly selected cultured and wild fish from the same area were also examined by pepsin digestion to determine the prevalence of metacercariae was 2.6%, of which the prevalence of metacercariae in wild fish was 30.6%, *Procerovum* sp. (5.6%). The prevalence

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Thu ND, Dalsgaard A, Loan LT, Murrell KD.  
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**Prevalence of fishborne zoonotic parasites in important cultured fish species in the Mekong Delta, Vietnam.**  
Thien PC, Dalsgaard A, Thanh BN, Olsen A, Murrell KD.  
Parasitol Res. 2007 Jan;101(5):1277. doi: 10.1007/s00436-007-0633-5.

**Prevalence of Zoonotic Trematodes in Fish from a Vietnamese Fish-Farming Community.**  
Chi TT, Dalsgaard A, Turnbull JF, Tuan PA, Darwin Murrell K.  
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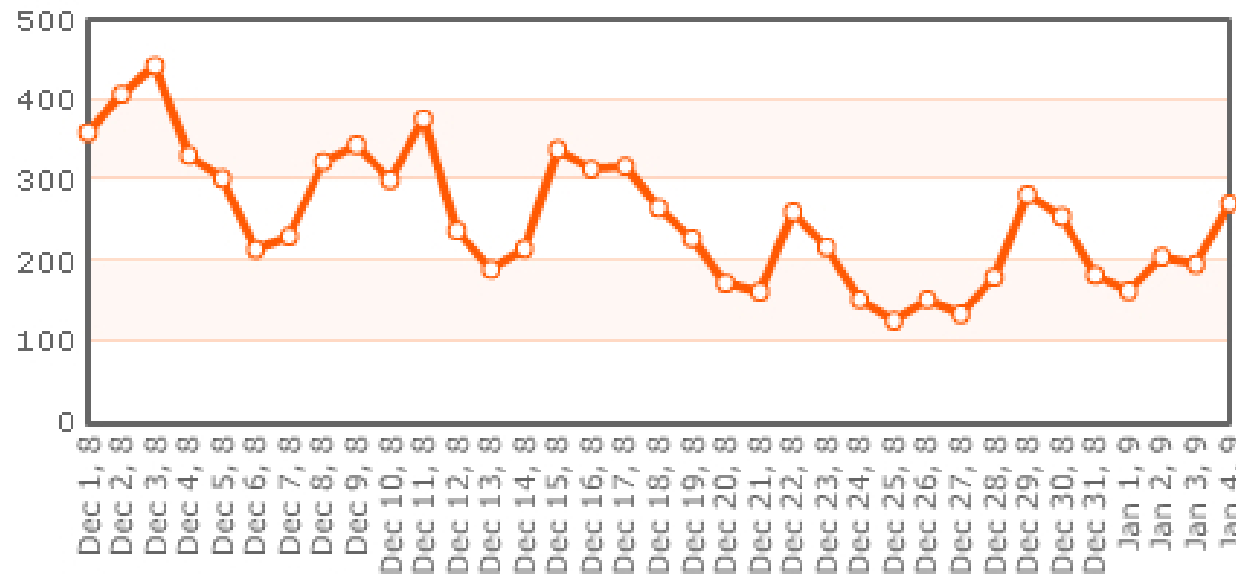
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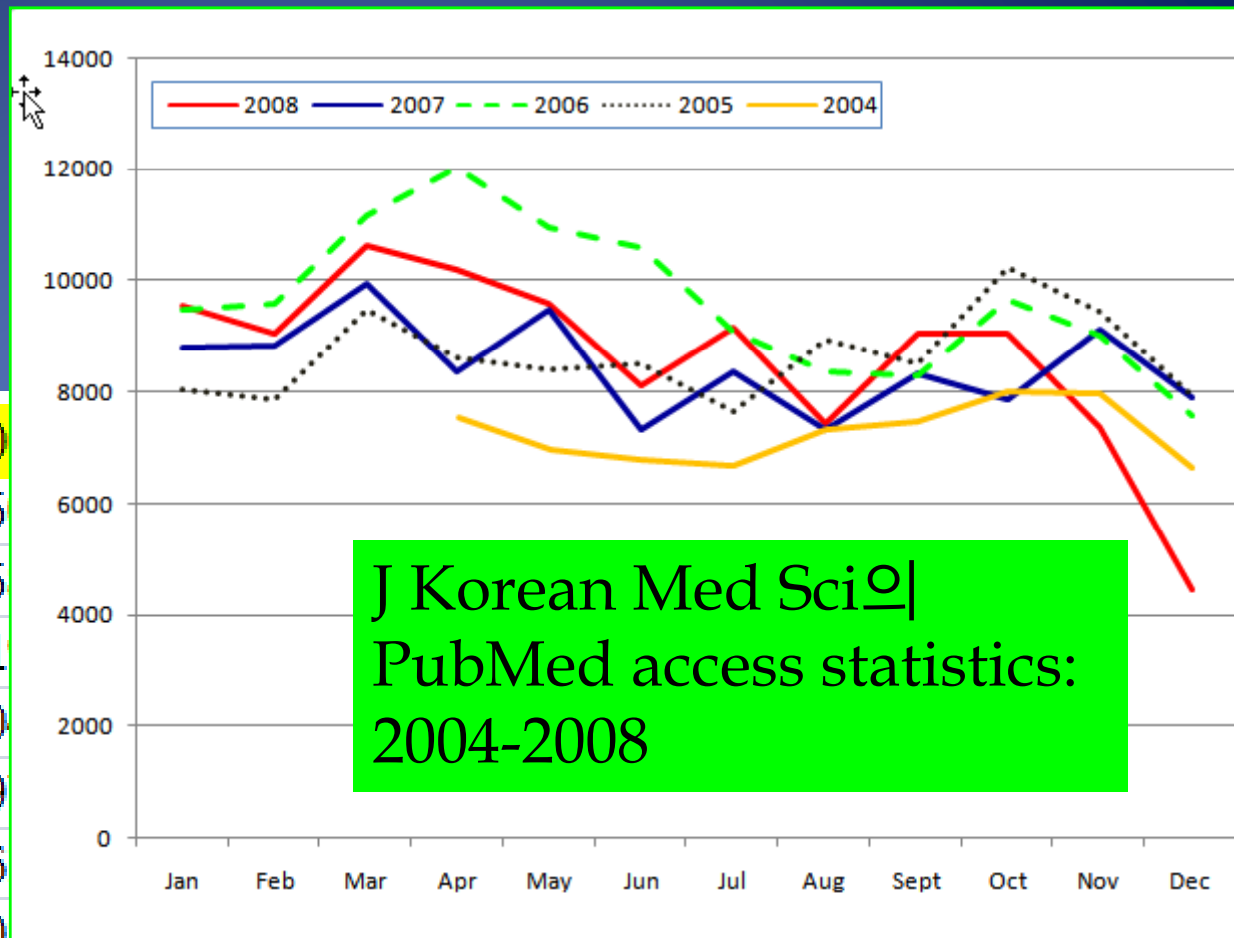
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				147	76	0	38	261
				108	43	0	11	162
				105	46	0	22	173
				150	49	0	29	228
				165	64	0	37	266
				187	79	0	52	318
				211	77	0	26	314
				210	80	0	48	338
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2008-12-06	106	166	167	135	38	0	42	215
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
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*Faris Q. Alenzi, Saleh M. Al-Ghamdi, Waleed G. Tamimi, Abdulaziz M. Al-Sebiyani, Iman M. El-Nashar, Iman El-Tounsi, Mohammad S. Bamaga, Maher M. Al-Enazi, Ali S. Al-Amri, and Iman H. Al-Sheikh*



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- **Medicine in the Days of the Pharaohs.** By *Bruno Halioua, Bernard Ziskind, and M.B. DeBevoise (Translator)*
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**Abukhdeir AM, Vitolo MI, Argani P, De Marzo AM, Karakas B, Konishi H, Gustin JP, Lauring J, Garay JP, Pendleton C, Konishi Y, Blair BG, Brenner K, Garrett-Mayer E, Carraway H, Bachman KE, Park BH.**

The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Department of Oncology, Johns Hopkins University School of Medicine, Baltimore, MD 21231, USA.

Tamoxifen is widely used for the treatment of hormonally responsive breast cancers. However, some resistant breast cancers develop a growth proliferative response to this drug, as evidenced by tumor regression upon its withdrawal. To elucidate the molecular mediators of this paradox, tissue samples from a patient with tamoxifen-stimulated breast cancer were analyzed. These studies revealed that loss of the cyclin-dependent kinase inhibitor p21 was associated with a tamoxifen growth-inducing phenotype. Immortalized human breast epithelial cells with somatic deletion of the p21 gene were then generated and displayed a growth proliferative response to tamoxifen, whereas p21 wild-type cells demonstrated growth inhibition upon tamoxifen exposure. Molecular and biochemical analyses revealed that loss of p21's cyclin-dependent kinase inhibitory property results in hyperphosphorylation of estrogen receptor- $\alpha$ , with subsequent increased gene expression of estrogen receptor-regulated genes. These data reveal a previously uncharacterized molecular mechanism of tamoxifen resistance and have potential clinical implications for the management of tamoxifen-resistant breast cancers.

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Tamoxifen-stimulated growth of breast cancer due to p21 loss

Abde M. Abukhdeir<sup>1</sup>, Michele I. Vitolo<sup>1</sup>, Pedram Argani<sup>2</sup>, Angelo M. De Marzo<sup>3</sup>, Bedri Karakas<sup>4</sup>, Hiroyuki Konishi<sup>5</sup>, John P. Gustin<sup>1</sup>, Josh Lauring<sup>6</sup>, Joseph P. Garay<sup>7</sup>, Courtney Pendleton<sup>8</sup>, Yuko Konishi<sup>9</sup>, Brian G. Blair<sup>10</sup>, Keith Brenner<sup>11</sup>, Elizabeth Garrett-Mayer<sup>12</sup>, Hetty Carraway<sup>13</sup>, Kurtis E. Bachman<sup>14</sup>, and Ben Ho Park<sup>15</sup>

Communicated by Bert Vogelstein, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD, November 16, 2007 (received for review October 15, 2007)

**Abstract**

Tamoxifen is widely used for the treatment of hormonally responsive breast cancers. However, some resistant breast cancers develop a growth proliferative response to this drug, as evidenced by tumor regression upon its withdrawal. To elucidate the molecular mediators of this paradox, tissue samples from a patient with tamoxifen-stimulated breast cancer were analyzed. These studies revealed that loss of the cyclin-dependent kinase inhibitor p21 was associated with a tamoxifen growth-inducing phenotype. Immortalized human breast epithelial cells with somatic deletion of the p21 gene were then generated and displayed a growth proliferative response to tamoxifen, whereas p21 wild-type cells demonstrated growth inhibition upon tamoxifen exposure. Molecular and biochemical analyses revealed that loss of p21's cyclin-dependent kinase inhibitory property results in hyperphosphorylation of estrogen receptor- $\alpha$ , with subsequent increased gene expression of estrogen receptor-regulated genes. These data reveal a previously uncharacterized molecular mechanism of tamoxifen resistance and have potential clinical implications for the management of tamoxifen-resistant breast cancers.

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**Weekly Low-Dose Docetaxel for Salvage Chemotherapy in Pretreated Elderly or Poor Performance Status Patients with Non-small Cell Lung Cancer.**

Lee KW, Lim JH, Kim JH, Lee CT, Lee JS.

Department of Internal Medicine, Seoul National University, Bundang Hospital, Seoul National University College of Medicine, Seongnam, Korea. jslee@snubh.org  
Department of Internal Medicine, Inha University Hospital, Incheon, Korea.

Although docetaxel monotherapy has shown clinical benefits for previously treated patients with advanced non-small cell lung cancer (NSCLC), the efficacy of salvage docetaxel chemotherapy for elderly patients or patients with poor performance status (PS) is controversial. Therefore, we conducted a phase II trial to evaluate the safety and efficacy of weekly low-dose docetaxel monotherapy in these patients. Forty NSCLC patients, who had been previously treated with one or more chemotherapy regimens, received docetaxel at a dose of 25 mg/m<sup>2</sup> weekly on days 1, 8, and 15 of a 28-day cycle. All patients were > or =65 yr or had a PS of grade 2 in the cases of <65 yr. Weekly low-dose docetaxel was well-tolerated. Grade 3/4 non-hematologic toxicities were rare; fatigue in 3 patients (8%), anorexia in 3 patients (8%) and stomatitis in 2 patients (5%). Grade 3/4 neutropenia was noted in only one patient (3%). By intent-to-treat analysis, nine patients (23%) had partial responses and eleven patients (28%) demonstrated stable disease. The median progression-free survival and overall survival were 9.9 weeks and 37.7 weeks, respectively. Weekly low-dose docetaxel therapy provides a reasonable

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**Weekly Low-Dose Docetaxel for Salvage Chemotherapy in Pretreated Elderly or Poor Performance Status Patients with Non-small Cell Lung Cancer**

Keun Wook Lee, Joo Han Lim, Jee Hyun Kim, Choon Taek Lee, Jong Seok Lee

Department of Internal Medicine, Seoul National University, Bundang Hospital, Seoul National University College of Medicine, Seongnam, Korea. jslee@snubh.org,  
Department of Internal Medicine, Inha University Hospital, Incheon, Korea.

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**Malondialdehyde, Glutathione, and Nitric Oxide Levels in Toxoplasma gondii Seropositive Patients.**

**Karaman U, Celik T, Kiran TR, Colak C, Daldal NU.**

Inonu University School of Medicine, Department of Parasitology, Malatya, Turkey.

The aim of this study was to investigate the difference in the serum malondialdehyde (MDA), glutathione (GSH), and nitric oxide (NO) levels between normal and *T. gondii*-infected patients. To this end, MDA, GSH, and NO levels in the sera of 37 seropositive patients and 40 participants in the control group were evaluated. In Toxoplasma ELISA, IgG results of the patient group were 1,013.0 +/- 543.8 in optical density (mean +/- SD). A statistically significant difference was found between patients and the control group in terms of MDA, GSH, and NO levels. A statistically significant difference was found between patients and the control group in terms of MDA, GSH, and NO levels. A statistically significant difference was found between patients and the control group in terms of MDA, GSH, and NO levels. A statistically significant difference was found between patients and the control group in terms of MDA, GSH, and NO levels.

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**Malondialdehyde, Glutathione, and Nitric Oxide Levels in Toxoplasma gondii Seropositive Patients**

Ulku Karaman<sup>1</sup>, Tuncay Çelik<sup>2,1</sup>, Tugba Raika Kiran<sup>2</sup>, Cemil Colak<sup>3</sup>, Nilgun Uflet Daldal<sup>1</sup>.

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**Abstract**

The aim of this study was to investigate the difference in the serum malondialdehyde (MDA), glutathione (GSH), and nitric oxide (NO) levels between normal and *T. gondii*-infected patients. To this end, MDA, GSH, and NO levels in the sera of 37 seropositive patients and 40 participants in the control group were evaluated. In Toxoplasma ELISA, IgG results of the patient group were 1,013.0 ± 543.8 in optical density

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**Malondialdehyde, Glutathione, and Nitric Oxide Levels in Toxoplasma gondii Seropositive Patients**

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Received May 6, 2008; Accepted November 5, 2008.

**Abstract**

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Affiliation	<sup>1</sup> Division of Child & Adolescent Psychiatry, Department of Neuropsychiatry, Seoul National University Hospital, Seoul, Korea <sup>2</sup> Department of Nuclear Medicine, Seoul National University Hospital, Seoul, Korea
Abstract	The regional cerebral blood flow (rCBF) responses to methylphenidate (MPH) treatment were examined in children with attention deficit/hyperactivity disorder (ADHD). Thirty-two male children, diagnosed with ADHD by the DSM-IV diagnostic criteria, other behavioral assessment scales and neuropsychological battery, were studied using <sup>99m</sup> Tc-HMPAO-single photon emission computed tomography (SPECT). Subjects were studied before and after MPH treatment. First, using an image subtraction method, we obtained a NDR parametric image of each patient and found increased cerebral blood flow in the frontal lobes, caudate nuclei and thalamic areas after treatment. When the changes in SPECT and clinical response were compared, the matching rate, sensitivity and specificity were 71.1, 80.0 and 79.2%, respectively. Anatomically defined regions of interest (ROIs) along the orbitomeatal line (OML) were used. The OML region of interest normalized to the caudate nucleus was used in the left and right prefrontal areas, and significant increases in rCBF after MPH treatment could affect the function of the fronto-striatal system. The anatomical site of ADHD and

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**Smoking vs other risk factors as the cause of smoking-attributable deaths: confounding in the courtroom.**

**Thun MJ, Apicella LE, Henley SJ.**  
American Cancer Society, 1599 Clifton Rd NE, Atlanta, GA 30329-4251, USA. [mthun@cancer.org](mailto:mthun@cancer.org)

CONTEXT: The surgeon general estimates that more than 400,000 deaths are attributable to smoking annually in the United States. The tobacco industry has criticized the surgeon general's estimates because they do not control for the lower educational and socioeconomic status of modern-day smokers. OBJECTIVE: To determine whether controlling for education, occupation, race, alcohol consumption, and various dietary factors, in addition to age and sex, substantially alters the relative and attributable risk estimates associated with tobacco smoking. DESIGN, SETTING, AND PARTICIPANTS: Nationwide American Cancer Society prospective cohort study of 974,150 US adults aged 30 years or older, enrolled in 1982 and followed up through 1988. (The same study is used for the surgeon general and Centers for Disease Control and Prevention [CDC] estimates of smoking-attributable deaths in the United States.) MAIN OUTCOME MEASURES: Death from each of the chronic diseases considered in the CDC's estimate of smoking-attributable mortality (cancers of the lung, oropharynx, larynx, esophagus, pancreas, kidney, bladder, and cervix; ischemic heart disease, arterial disease, and other heart conditions; stroke; chronic obstructive pulmonary disease; and other respiratory conditions). Estimates adjusted for multiple covariates were compared with those adjusted for age only among current and former vs never smokers. RESULTS: Adjusting for multiple covariates slightly decreased the relative and attributable risk estimates for current smoking in both men and women, but slightly increased the estimates for former smoking in women. Multivariate adjustment decreased the overall estimate of deaths attributable to smoking in the United States by approximately 1%, from 401,109 to 396,741 per year. CONCLUSIONS: Our study suggests that federal estimates of deaths caused by smoking are not substantially altered by adjustment for behavioral and demographic factors associated with smoking beyond the current adjustment for age and sex. *JAMA*. 2000;284:706-712.

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**Effects of smoking on the mortality of lung cancer in Korean men.**  
**Kim IS, Jee SH, Ohn H, Yi SW.**  
Department of Preventive Medicine and Public Health, Gyeongsang National University School of Medicine, Department of Epidemiology and Disease Control, Gyeongsang National University School of Medicine, Jinju, Korea.

ABSTRACT

Several studies have examined the effects of smoking on the morbidity and mortality of lung cancer and on the combined effects of the amount, duration (1993-1998). The subjects included a total of 305,687 Korean men and women who had been medical examinations in 1992. The mean age was 47.5 years (range, 19-85 years). The mean duration of smoking was 11.3 years. The mean number of cigarettes smoked per day was 10.9. Current smoking increased the risk of lung cancer (risk ratio, 2.2; 95% confidence interval, 1.9-2.5). The risk of lung cancer was also increased in former smokers who had quit smoking for 10 years or more. The risk of lung cancer was also increased in former smokers who had quit smoking for 10 years or more. The risk of lung cancer was also increased in former smokers who had quit smoking for 10 years or more. The risk of lung cancer was also increased in former smokers who had quit smoking for 10 years or more.

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**Smoking vs Other Risk Factors as the Cause of Smoking-Attributable Deaths**

**Confounding in the Courtroom**

Michael J. Thun, MD, MS; Louis F. Apicella, MSPH; S. Jane Henley, MSPH

*JAMA*. 2000;284:706-712.

**ABSTRACT**

**Context** The surgeon general estimates that more than 400,000 deaths are attributable to smoking annually in the United States. The tobacco industry has criticized the surgeon general's estimates because they do not control for the lower educational and socioeconomic status of modern-day smokers.

**Objective** To determine whether controlling for education, occupation, race, alcohol consumption, and various dietary factors, in addition to age and sex, substantially alters the relative and attributable risk estimates associated with tobacco smoking.

**Design, Setting, and Participants** Nationwide American Cancer Society prospective cohort study of 974,150 US adults aged 30 years or older, enrolled in 1982 and followed up through 1988. (The same study is used for the surgeon general and Centers for Disease Control and Prevention [CDC] estimates of smoking-attributable deaths in the United States.)

**Main Outcome Measures** Death from each of the chronic diseases considered in the CDC's estimate of smoking-attributable mortality (cancers of the lung, oropharynx, larynx, esophagus, pancreas, kidney, bladder, and cervix; ischemic heart disease, arterial disease, and other heart conditions; stroke; chronic obstructive pulmonary disease; and other respiratory conditions). Estimates adjusted for multiple covariates were compared with those adjusted for age only among current and former vs never smokers.

RESULTS: Adjusting for multiple covariates slightly decreased the relative and attributable risk estimates for current smoking in both men and women, but slightly increased the estimates for former smoking in women. Multivariate adjustment decreased the overall estimate of deaths attributable to smoking in the United States by approximately 1%, from 401,109 to 396,741 per year. CONCLUSIONS: Our study suggests that federal estimates of deaths caused by smoking are not substantially altered by adjustment for behavioral and demographic factors associated with smoking beyond the current adjustment for age and sex.

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[15] F.V. Flynn, Assessment of renal function: selected developments, *Clin. Biochem.* 23 (1990), pp. 49–53.

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[21] S.H. Lee, G.Y. Ahn, O.Y. Jeong, Y.J. Park, S.J. Jang et al., The relation between serum cystatin C for the evaluation of renal function in patients with chronic kidney disease, *Korean J. Lab. Med.* 70 (2006), pp. 681–686.

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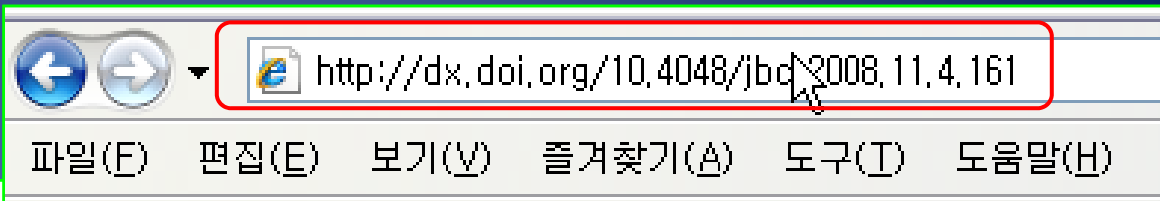
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**Assessment of the Accuracy and Precision of Cystatin C-based GFR**  
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Received August 23, 2006; Accepted December 14, 2006.

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J Breast Cancer. 2008 Dec;11(4):161-171.  
Published online 2008 December 31. doi: 10.4048/jbc.2008.11.4.161.  
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### The Expression of Heat Shock Protein 60 kDa in Tissues and Cell Lines of Breast Cancer

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Department of Surgery, Gachon University of Medicine and Science, Incheon, Korea.  
Department of <sup>1</sup>Molecular Biology, Gachon University of Medicine and Science, Incheon, Korea.

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Received Jan 14, 2009

#### Purpose

Breast cancer has been a leading cause of cancer death in Europe and Korea and respectively are diagnosed by pathologists. In recent years, researchers have made significant progress in understanding the molecular biology of breast cancer. In particular, the role of molecular chaperone proteins with breast cancer. In this study, we investigated the expression of heat shock protein 60 kDa in tissues and cell lines of breast cancer.

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Research

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

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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.<sup>1,2</sup> The exact source and mechanisms of pain in rotator cuff disease are not known.<sup>3</sup> Histopathology studies reveal mainly degenerative changes of the rotator cuff tendons.<sup>4</sup> Inflammatory mediators, free nerve endings, and nociceptive agents have been found in the subacromial bursa,<sup>5,6</sup> 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.<sup>7</sup> Active physiotherapy has been reported to be superior to placebo and equivalent to surgery at long term follow-up.<sup>7,8</sup> 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.<sup>9-11</sup>

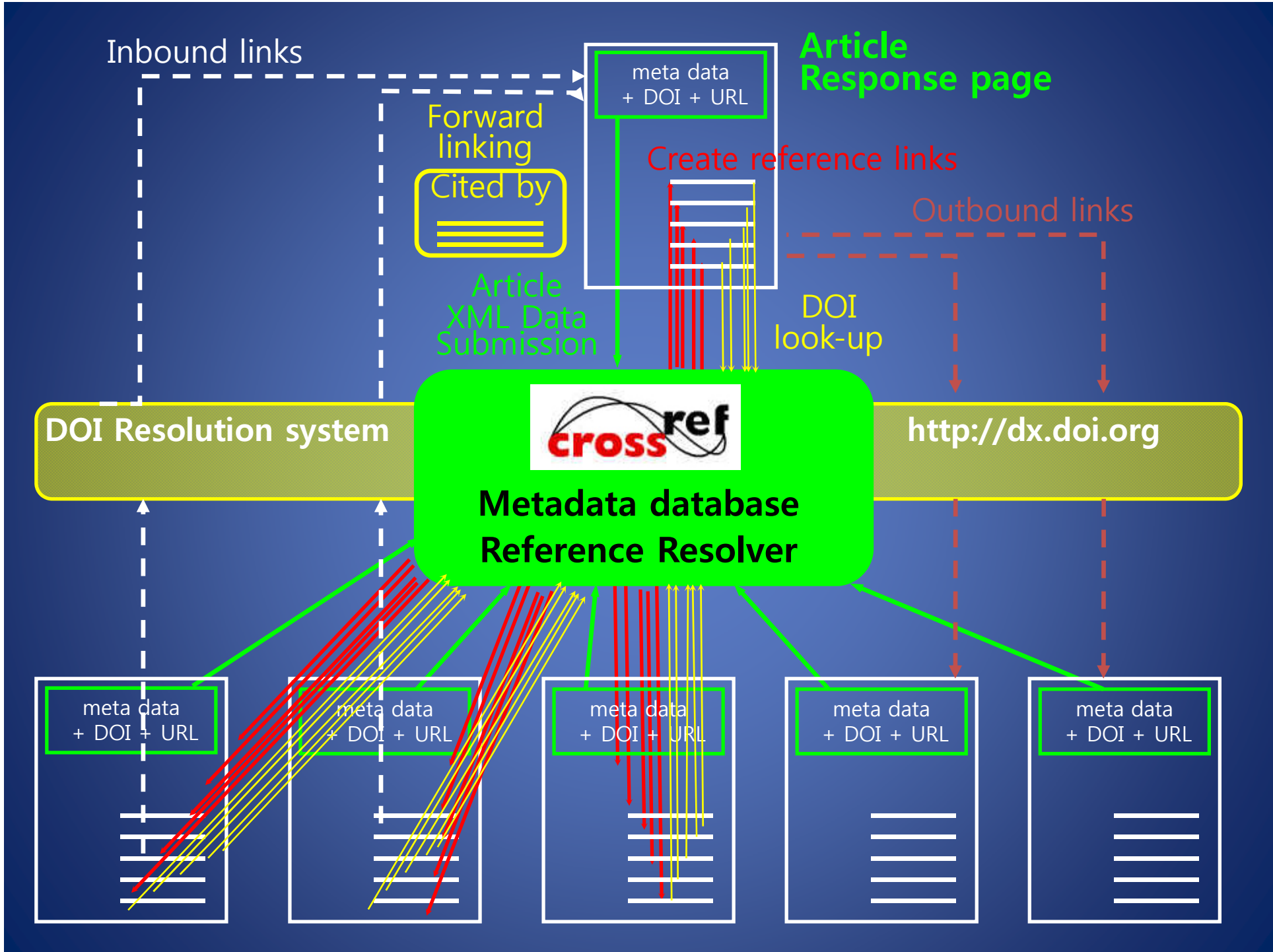
Corticosteroids are potent anti-inflammatory and pain modulating drugs with both systemic and local effects. The precise mechanism of local corticosteroid injections is not well understood. Possible therapeutic mechanisms include anti-inflammatory effects, relaxation of reflex muscle spasm, influence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

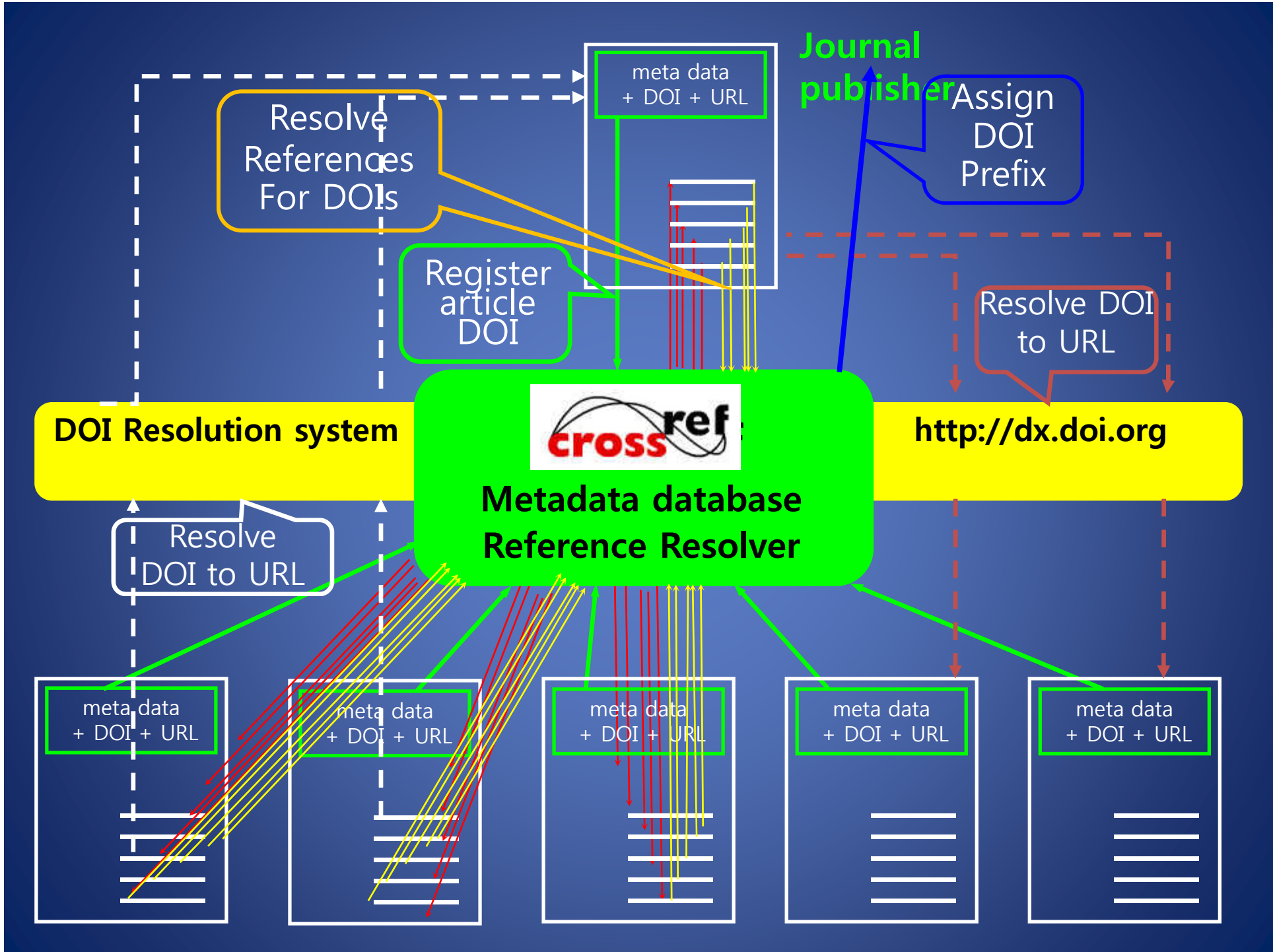
Thirty per cent to 80% of subacromial injections are reported to reach the subacromial bursa or the subacromial space when a blind injection technique is used.<sup>13</sup> High frequency ultrasonography is a safe, accurate, readily available technique for guiding musculoskeletal aspiration and infiltration 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.<sup>14,15</sup> Valtonen reported that gluteal and subacromial corticosteroid injections significantly, and equally, improved supraspinatus tendonitis compared with placebo.<sup>16</sup> 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.<sup>17,18</sup> 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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RESEARCH

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

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Correspondence to: O M Ekeberg  
[o.m.ekeberg@medisin.uio.no](mailto:o.m.ekeberg@medisin.uio.no)

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rehabilitation department in Oslo, Norway.

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      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 <math>\geq 550</math> 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<math><0.05</math>).
      CONCLUSIONS: We demonstrated the distribution of platelet reactivity before and after aspirin treatment
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      <Affiliation>Department of Laboratory Medicine, Hallym University College of Medicine, Chuncheon, Korea.
      lyoungk@hallym.or.kr</Affiliation>
    </AuthorList>
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      BACKGROUND: Aspirin is the most common drug used for the prevention of arterial thrombosis. However,
      platelet responsiveness to aspirin is variable among individuals and it is important to detect aspirin
      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 <math>\geq 550</math> 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<math><0.05</math>).
      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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Adventitial Cystic Disease of the Femoral Vein with the CT Venography.

Seo JY, Chung DJ, Kim JH.

Department of Radiology, University of Konkuk, Seoul, Korea. bookdoo7@chollian.net.

Fewer than 20 cases of adventitial cystic disease have been reported in the worldwide literature. This small number of cases is due to the disease's low incidence, but also to the fact that few techniques have been used to investigate the disease. In this report, we describe a case of adventitial cystic disease of the femoral vein that was well demonstrated by CT venography.

PMID: 19182509 [PubMed - in process]

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Lee JJ, Kim HJ, Kim MJ, Yi Lee JW, Jung BK, Lee JY, Shin EH, Kim JL, Chai JY.

Department of Parasitology  
Institute of Endemic Diseases

The Tamjin River which reported to be a highly endemicity, in terms of a small-scale epidemic basin in order to determine samples were collected (sedimentation technique yokogawai was 37.5% flukes of M. yokogawai dose and purged with per person) of M. yoko

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- Title:** Association of Cholesterol Granuloma and Aspergillosis in the Sphenoid Sinus
- Authors:** Hyunkoo Kang, MD<sup>1</sup>, Jae-Kyun Kim, MD<sup>1</sup>, Yoonjung Kim, <sup>2</sup>
- Departments:** Department of <sup>1</sup>Radiology, Seoul Veterans Hospital, Seoul 134-060, Korea. Department of <sup>2</sup>Pathology, Seoul Veterans Hospital, Seoul 134-060, Korea.

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Seung-Hwan Shin, M.D.<sup>1</sup>, Hyeon-Suk Chae, M.D.<sup>1</sup>, Jeong-Seon Ji, M.D.<sup>1</sup>, Hyung-Keun Kim, M.D.<sup>1</sup>, Young-Seok Cho, M.D.<sup>1</sup>, Eun-Deok Chang, M.D.<sup>2</sup>, Kyu-Yong Choi, M.D.<sup>1</sup>  
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DB명

Institute of Physics  
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KoreaMed Synapse

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검색식

DB명: KoreaMed Synapse

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• 논문명 Duplicate publications in Korean medical journals indexed in KoreaMed

• 저자 Kim, Soo Young ; Hahm, Chang Kok ; Bae, Chong-woo

• 자료유형 Article

• 게재지명 Journal of Korean medical science

• 발행기관 Korean Academy of Medical Science

• 발행일 2008

• 언어 영어

• 권호정보 v.23 no.1 = no.120

• 페이지 pp.131-133

• 정보원 국회도서관

Cho, Hye Min (1) 더보기

Hahm, Chang Kok (1) 더보기

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줄 텍스트

- 데이터베이스: DOAJ Directory of Open Access Journals Go i
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