

KoreaMed Synapse

이미지 요청사항

XMLink 연구개발팀

이남영

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PubMed Central /Synapse 소개

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Henschke, N.
Maier, C.
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- Methods
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Prognosis in patients with recent onset care: inception cohort study

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Accepted April 25, 2008.

Objective To estimate the one year prognosis and identify factors associated with low back pain managed in primary care.

Design Cohort study with one year follow-up.

Setting Primary care clinics in Sydney, Australia.

Participants An inception cohort of 973 consecutive patients with non-specific low back pain of less than two weeks' duration, managed by general practitioners, physiotherapists, and chiropractors.

Main outcome measures Participants completed a baseline questionnaire and were contacted six weeks, 12 months, and 24 months after baseline.

Results

A total of 1254 clinicians in the study region were identified and contacted. Of these, 170 (73 general medical practitioners, 77 physiotherapists, and 20 chiropractors) worked in primary care, agreed to participate, and were trained in the study protocol. The trained clinicians screened 3184 consecutive patients with low back pain from November 2003 to July 2005. Of these, 973 patients (mean age 41 years) had non-specific low back pain of less than two weeks' duration and were thus eligible for the study (fig 1). Figure 1 also shows reasons for ineligibility. Data on individual items of the baseline questionnaire were missing for four participants (0.4%). As few data were missing, we excluded participants from all analyses. The follow-up rate remained above 97% over the 12 month period. Participants for whom we did not have complete follow-up data and who had not reported their low back pain were censored at the time of their last follow-up.

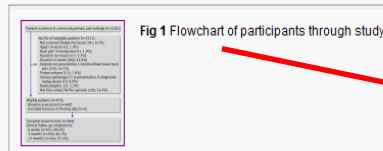


Table 1 shows baseline demographic and clinical features of participants. We used the participants' postcode and data from the Australian census to judge socioeconomic disadvantage: 21.4% in the most disadvantaged quarter, 8.4% in the second quarter, 14.8% in the third quarter, and 55.1% in the least disadvantaged quarter.

Table 1
Baseline characteristics of eligible participants. Figures are numbers (percentages) of patients unless stated otherwise

Characteristic	Number (n)	Percentage (%)
Age (mean)	41	41.0
Male	483	49.6
Female	490	50.4
Duration of pain (mean)	10	10.0
Duration < 2 weeks	973	99.6
Duration > 2 weeks	3	0.4
Episode not preceded by 1 month without lower back pain	320	32.9
Patient refused	174	17.7
Serious pathology (11 at presentation, 8 diagnosed during study)	19	1.9
Radiculopathy	27	2.8
Not first contact for this episode	320	32.9
Eligible patients	973	100.0
Baseline assessment	969	99.6
Excluded because of missing data	4	0.4
Complete baseline data	969	100.0
Clinical follow-up completed at:		
6 weeks	955	98.6
3 months	956	98.7
12 months	944	97.4

There were 770 (79.5%) participants who reported working before the onset of their episode of low back pain. Of these, 291 (37.8% of workers, 30.0% of the total cohort) reported changing their work status as a result of their low back pain. The median time to return to previous work hours after the onset of their low back pain was 14 days (95% confidence interval 11 to 17 days). Kaplan-Meier survival analysis (fig 2, <http://www.bmj.com>) showed that the cumulative probability of returning to pre-back pain work hours was 80% at 12 months.

Click on image to enlarge

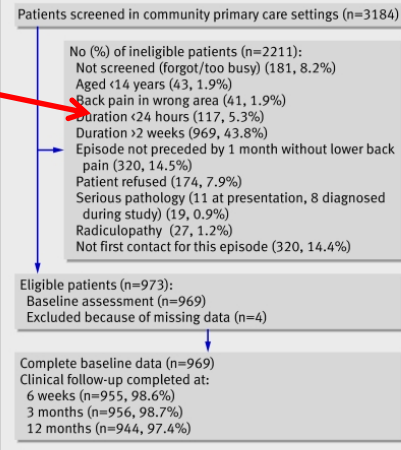


Fig 1 Flowchart of participants through study

Journal List > Available Issues > Table of Contents

Abstract + References | Abs + Fig & Tables

Journal Information

Journal ID (publisher-id): JKNS

ISSN: 1225-8245

ISSN: 1598-7876

Publisher: The Korean Neurosurgical Society

Comparative Analysis of Cervical Lateral Mass Screw Fixation among Three Techniques in the Korean Population: Quantitative Measurements with Reformatted Two Dimensional (2D) Computed Tomography (CT) Images

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Objective

Our purpose of this study is to compare in vivo measurements of cervical lateral mass screw fixation in the Korean population by our designed method for cervical lateral mass screw fixation in the Korean population by quantitative measurement of reformatted two dimensional (2D) computed tomography (CT) images.

Figures



Fig. 1

A cervical spine model showing the trajectory of our modified technique. A : Lateral view of a cervical spine model showing the trajectory of modified technique : in our modified method, the sagittal plane passes through the center of the posterior arch of the spine. B : Posterior view of a cervical spine model showing the trajectory of our technique : in our modified method, the entry point was just 1 mm medial from the midpoint. *the screw fixation equipment is leaned forward to the tip of the spinous process.

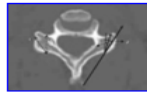


Fig. 2

Reformatted 2D horizontal computed tomography scan image of cervical spine. α : the minimal angle needed to avoid vertebral artery injury. β : the adequate angle for bicortical screw fixation.

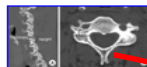


Fig. 3

Reformatted 2D computed tomography scan images of cervical spine. A : A reformatted 2D sagittal plane of cervical spine. B : A reformatted 2D axial plane of cervical spine. Thickness : length of the perpendicular line between dorsal and ventral surface of lateral mass, Height : length of the vertical line between superior and inferior border of lateral mass. w : the widest width of lateral mass.

Tables

Table 1
The safe angle (α) to avoid vertebral artery injury

Table 1

The safe angle (α) to avoid vertebral artery injury

*standard deviation. †result of one way analysis. ‡result of one way analysis with $p < 0.01$

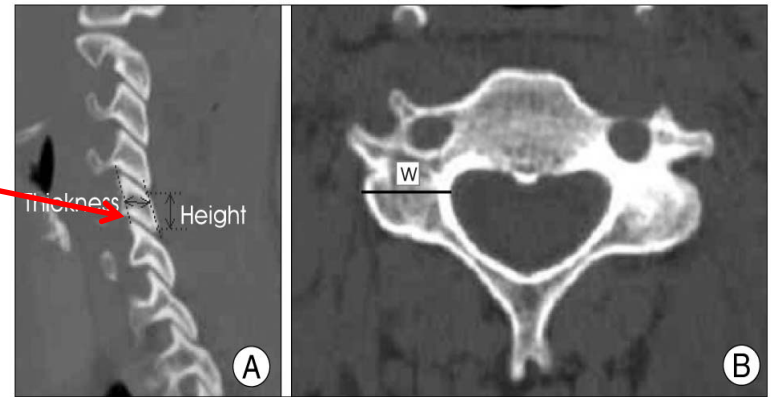


Fig. 3

Reformatted 2D computed tomography scan images of cervical spine. A : A reformatted 2D sagittal plane of midline of cervical lateral mass. Thickness : length of the perpendicular line between dorsal and ventral surface of lateral mass, Height : length of the vertical line between superior and inferior border of lateral mass. B : A reformatted 2D axial plane of cervical spine. w : the widest width of lateral mass.

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 - PMC Agreement 완료: 5종
 - J Korean Med Sci
 - J Korean Neurosurg Soc
 - Korean J Parasitol
 - Korean J Radiol
 - Korean J Ophthalmol

PubMed Central 소개

- TEST 중: 2종

- Yonsei Med J
- J Educ Eval Health Prof

- TEST 준비 중: 3종

- Clin Exp Otorhinolaryngol
- Exp Mol Med
- Korean J Intern Med

Synapse 소개

- 대한의학학술지편집인협의회 (KAMJE)에서 2007년 11월 부터 서비스 시작
- 국내 의학학술지에 대하여 **PMC와 같은 기능을 수행**
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 - Full-text 제공
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 - 논문에 대한 서지정보, 초록, 표와 그림, 참고문헌을 영문으로 구축

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- ▶ Journal of Gynecologic Oncology J Gynecol Oncol | 2005-0380
- ▶ Journal of Korean Endocrine Society J Korean Endocr Soc | 1015-6380
- ▶ Journal of Korean Medical Science J Korean Med Sci | 1011-8934
- ▶ Journal of Korean Neurosurgical Society J Korean Neurosurg Soc | 1225-8245
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- ▶ Journal of the Korean Academy of Nursing J Korean Acad Nurs | 1598-2874
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- ▶ The Journal of the Korean Society for Therapeutic Radiology and Oncology J Korean Soc Ther Radiol Oncol | 1229-8719
- ▶ Journal of the Korean Society of Coloproctology J Korean Soc Coloproctol | 1015-6399
- ▶ Journal of the Korean Society of Pediatric Nephrology J Korean Soc Pediatr Nephrol | 1226-5292
- ▶ The Korean Journal of Cytopathology Korean J Cytopathol | 1017-0391
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- ▶ The Korean Journal of Hepatology Korean J Hepatol | 1226-0479
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- ▶ The Korean Journal of Orthodontics Korean J Orthod | 1225-5610
- ▶ Korean Journal of Otorhinolaryngology - Head and Neck Surgery Korean J Otorhinolaryngol Head and Neck Surg | 1225-035X
- ▶ The Korean Journal of Pain Korean J Pain | 1226-2579
- ▶ The Korean Journal of Parasitology Korean J Parasitol | 0023-4001
- ▶ Korean Journal of Pediatrics Korean J Pediatr | 1738-1061
- ▶ Korean Journal of Radiology Korean J Radiol | 1229-6929
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현재 27종의
학술지가 참여

PMC File Requirements

Image File Requirements

File Format Requirements

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- [Image quality specifications chart](#)

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If equations cannot be encoded in MathML, submit them in TIFF or EPS format as discrete files (i.e., a file containing only the data for one equation). Only when tables cannot be encoded as XML/SGML can they be submitted as graphics. If this method is used, it is critical that the font size in all equations and tables is consistent and [legible](#) throughout all submissions.

- [Suggested Equation Extraction Method](#)
- [PMC Table Specifications](#)
- [PMC Equation Specifications](#)

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typ is NOT to be used with full-text article XML or PDFs, is optional, and indicates one of the following:

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- i inline graphic + alphanumeric identifier
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http://www.pubmedcentral.nih.gov/about/PMC_Filespec.html

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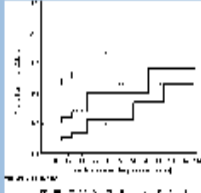
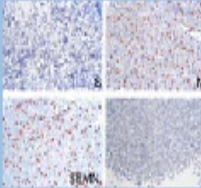
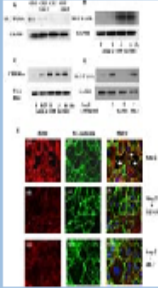
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jkns-41-161-g001.tif, kjo-21-48-i001.tif, ymj-49-530-i001.tif

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- g figure graphic + alphanumeric identifier
- i inline graphic + alphanumeric identifier
- s supplementary data file + alphanumeric identifier
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PMC image quality specifications chart

Image Type	Description	Example	Format	Color Mode	Resolution
Line Art:	An image composed of lines and text, which does not contain tonal or shaded areas		tif or eps	Monochrome 1-bit or RGB	900 - 1200 dpi
Halftone:	A continuous tone photograph, which contains no text		tif	RGB or Grayscale	300 dpi
Combination:	Image contains halftone + text or line art elements		tif or eps	RGB or Grayscale	500 - 900 dpi

그래프가 선으로 이루어져있고, 흑-백 2가지로만 구성된 Figure이나 Table (Monochrome 1-bit 모드)

컬러 사진 Figure (RGB 모드)

회색이 포함된 Figure (Grayscale 모드)

PDF에서 문자가 깨지는 문제

Vol/Iss Pg. No.	File Name	Error
Required Fixes		
Missing Files/Parsing Errors/PMC File compliance		
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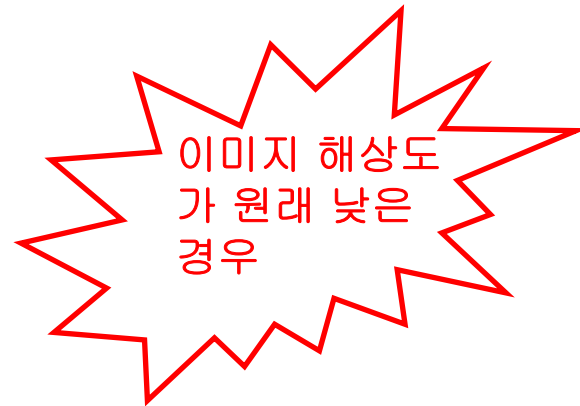
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폰트를 사용한
경우

이미지 해상도 문제

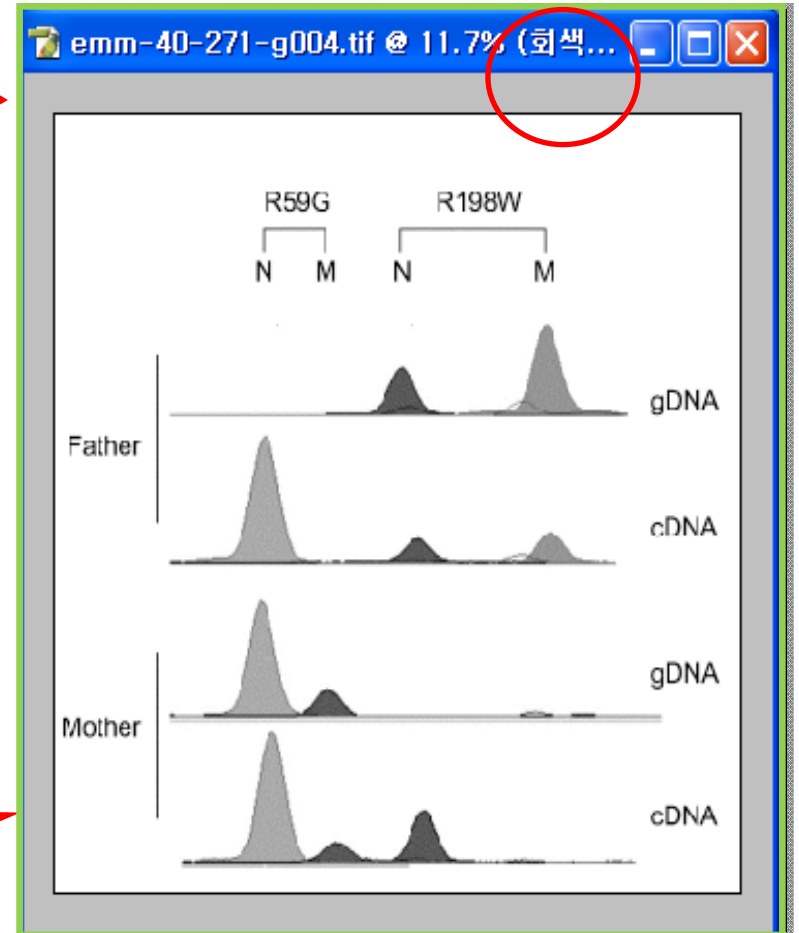
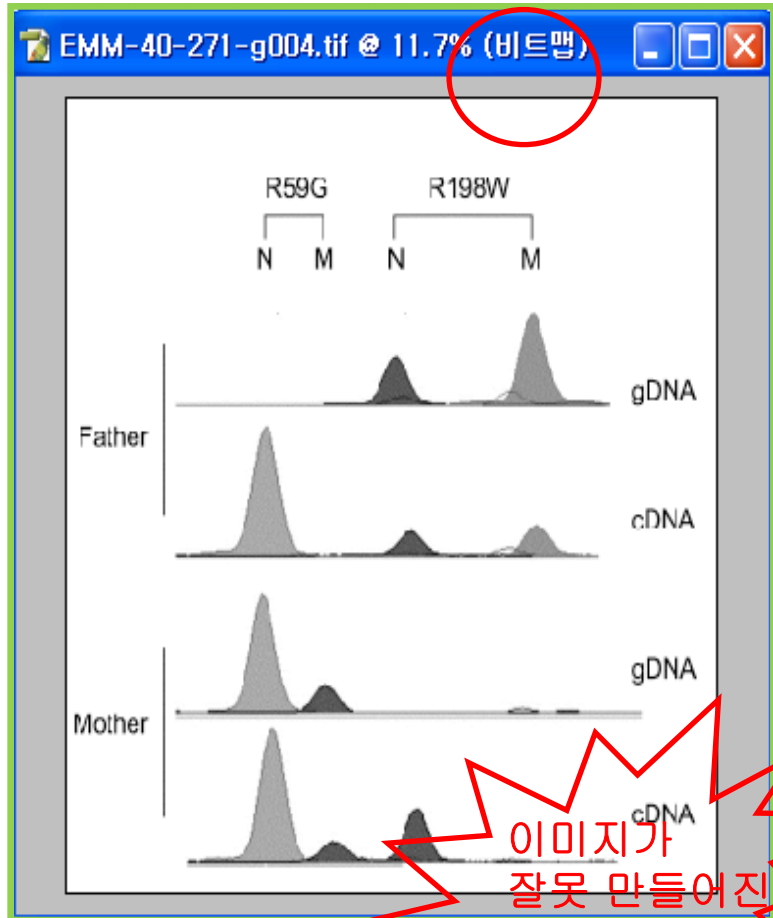
21(1) 21(2) 21(3) ↵	Multiple image files↵	Some images were submitted below intended display size; some images submitted at <u>lower resolution</u> than desirable.↵ Please refer to the PMC file specifications for more information about image file format requirements:↵ http://www.pubmedcentral.nih.gov/about/PMC_Filespec.html ↵
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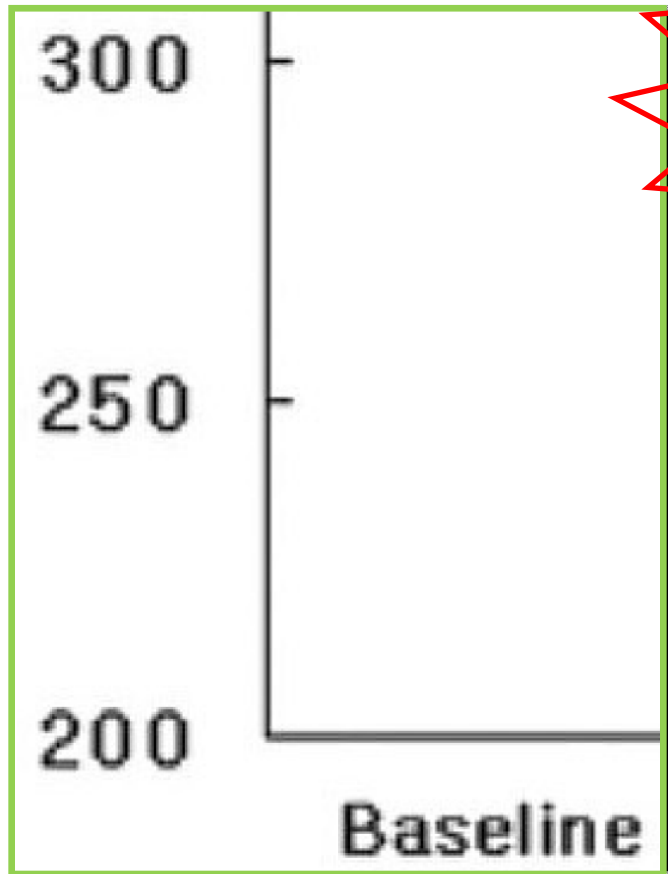
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이미지가
잘못 만들어진
경우



제출된 이미지의 원본 해상도가 낮은 경우

포토샵에서 이미지의 해상도를 높이는 것은 의미 없음

Synapse File Requirements

Figures

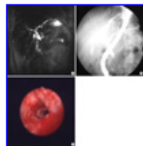


Fig. 1
Studies of a 59-yr-old male patient. While radiologic findings suggested a malignant distal common bile duct stricture, PTCS and biopsy findings revealed a benign stricture. (A) MRCP image showing abrupt and asymmetric narrowings. (B) ERCP image showing abrupt and asymmetric narrowings. (C) PTCS image showing no tumor vessel or mucosal abnormality.

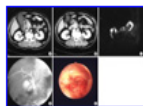


Fig. 2
Studies of a 64-yr-old male patient. While radiologic findings suggested a benign stricture, PTCS imaging showed hyperemic mucosa and tumor vessels, and PTCS-guided biopsy data revealed an adenocarcinoma. (A, B) CT image showing no wall thickening or enhancement. (C) MRCP image showing gradual narrowing and symmetric narrowing. (D) Percutaneous transhepatic cholangiogram image showing gradual narrowing and smooth narrowing. (E) PTCS image showing hyperemic mucosa and tumor vessels in the distal common bile duct.

Tables

	Malignant group (n=35)	Benign group (n=60)
Age (yr)	66±9.8	61±10.5
Gender (M:F)	22:13	45:15
Clinical manifestation		
Jaundice	26	10
Abdominal pain	5	26
Fever	3	7
Imaging abnormality*	1	16
Previous operation history		
Biliary tract surgery	3	28
Stomach surgery	10	22
None	23	18

Table 1
Baseline characteristic in the malignant and benign groups

* , Distal common bile duct stricture was found by radiologic imaging on health inspection.

	Malignant group (n=35)	Benign group (n=60)	P
AST (U/L)	100±20.3	100±15.5	0.76
ALT (U/L)	100±20.3	100±15.5	0.80
GGT (U/L)	100±20.3	100±15.5	0.80
CEA (ng/mL)	100±20.3	100±15.5	0.80
CA 19-9 (U/mL)	100±20.3	100±15.5	0.80
CA 125 (U/mL)	100±20.3	100±15.5	0.80
CA 15-3 (U/mL)	100±20.3	100±15.5	0.80

Table 2
Initial laboratory results in malignant and benign groups

AST, aspartate transaminase; ALT, alkaline transaminase; GGT, gamma glutamyl transpeptidase; CEA, carcinoembryonic antigen.

Table 1
Baseline characteristic in the malignant and benign groups

	Malignant group (n=35)	Benign group (n=60)
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J Korean Med Sci. 2008 Aug;23(4):579-585.
doi: 10.3346/jkms.2008.23.4.579

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Synapse에 보내야 할 파일

- Images

- Figures와 Tables

- Large (jpg, 원본크기, 해상도 145 dpi)

- Thumbnail (jpg, 해상도 72 dpi, width 100 pixel)

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- 긋혀야 할 것

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Online early
publication


이미지가 없는 경우


Figures

 **Figure 1**
Tc^{99m}-sestamibi scan shows increased uptake in the right parathyroid region.

 **Figure 2**
Abdomen CT demonstrates edematous pancreas with peripancreatic fluid collection.

 **Figure 3**
Abdomen CT scan demonstrates left adrenal mass which is about 3.1 × 4.3 cm sized, well-marginated & homogeneous soft-tissue mass.

 **Figure 4**
Abdominal CT scan demonstrates about 3.2 cm sized, well-marginated & round soft-tissue mass in left side of cul-de-sac, normal uterus & ovaries.

 **Figure 5**
(A) Gross appearance of the parathyroid adenoma. (B) Microscopic finding of the parathyroid adenoma. Parathyroid adenoma is composed of solid sheet-like, acinar, follicle-like arrangement of parathyroid chief cells. There are normal parathyroidal glands within the fibrous capsular stroma (H & E stain, ×100).

KoreaMed Synapse - Achitasin&MindMap


http://synapse.koreamed.org/ViewImage.php?Type=F&aid=1981&id=F2&afn=8_JKES_22_5_353&fn-jkes-22-353-g

파일(F) 편집(E) 보기(V) 즐겨찾기(A) 도구(T) 도움말(H)

KoreaMed Synapse

KoreaMed Synapse Journal of Korean Endocrine Society www.endocrinology.or.kr/journal/

This Article | Aims and Scope | Info for Authors | Submission

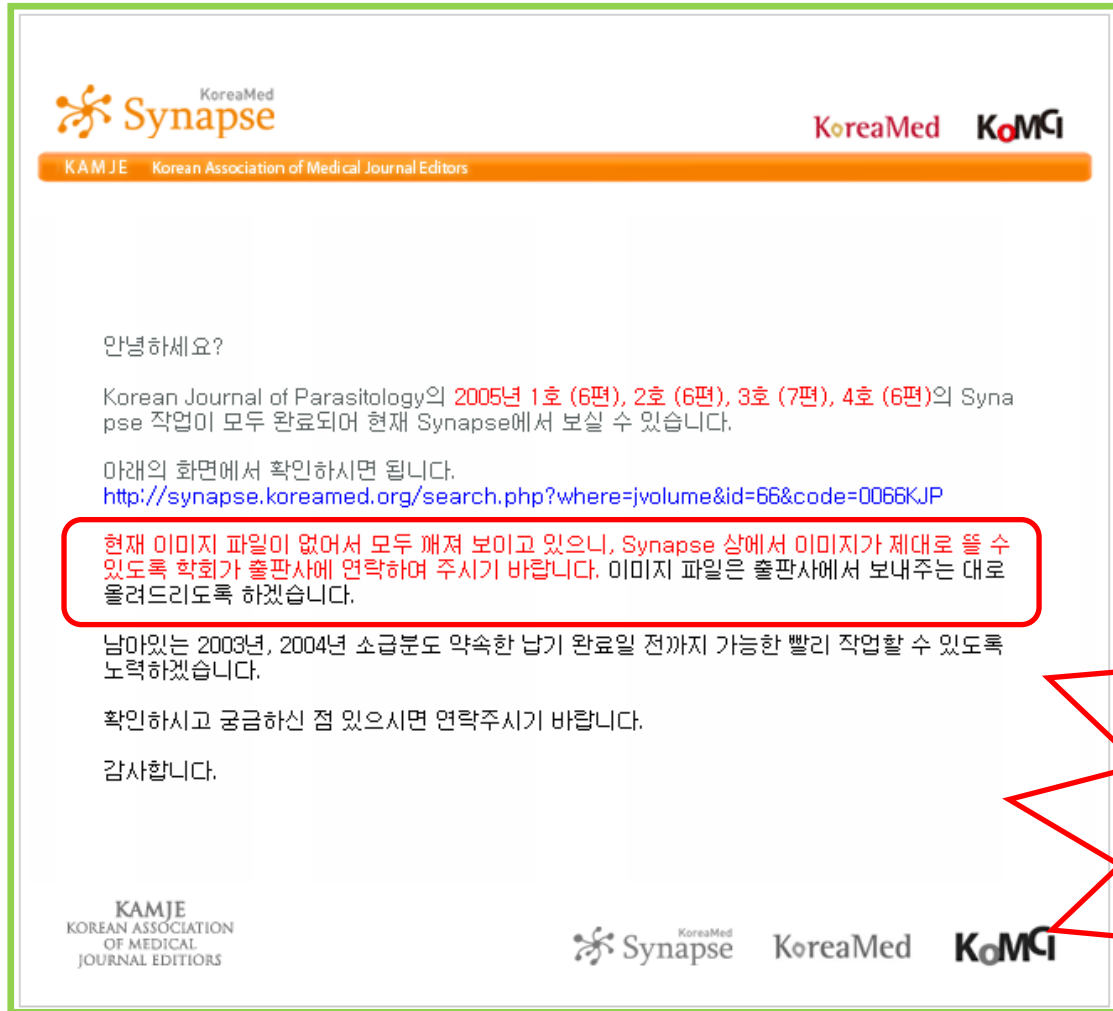
 **Figure 2**
Abdomen CT demonstrates edematous pancreas with peripancreatic fluid collection.

J Korean Endocr Soc. 2007 Oct;22(5):353-358.
doi: 10.3803/jkes.2007.22.5.353

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Synapse 작업 완료 후 보내는 e-mail



The screenshot shows an email header with the Synapse logo and KAMJE (Korean Association of Medical Journal Editors) information. The main body of the email contains a greeting, a notice about the submission of the Korean Journal of Parasitology (issues 1, 2, 3, and 4 of 2005), and a link to a search page. A red-bordered box highlights a note about missing image files. The email concludes with a request for contact if needed and a thank you.

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아래의 화면에서 확인하시면 됩니다.
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현재 이미지 파일이 없어서 모두 깨져 보이고 있으니, Synapse 상에서 이미지가 제대로 뜰 수 있도록 학회가 출판사에 연락하여 주시기 바랍니다. 이미지 파일은 출판사에서 보내주는 대로 올려드리도록 하겠습니다.

남아있는 2003년, 2004년 소급분도 약속한 납기 완료일 전까지 가능한 빨리 작업할 수 있도록 노력하겠습니다.

확인하시고 궁금하신 점 있으시면 연락주시기 바랍니다.

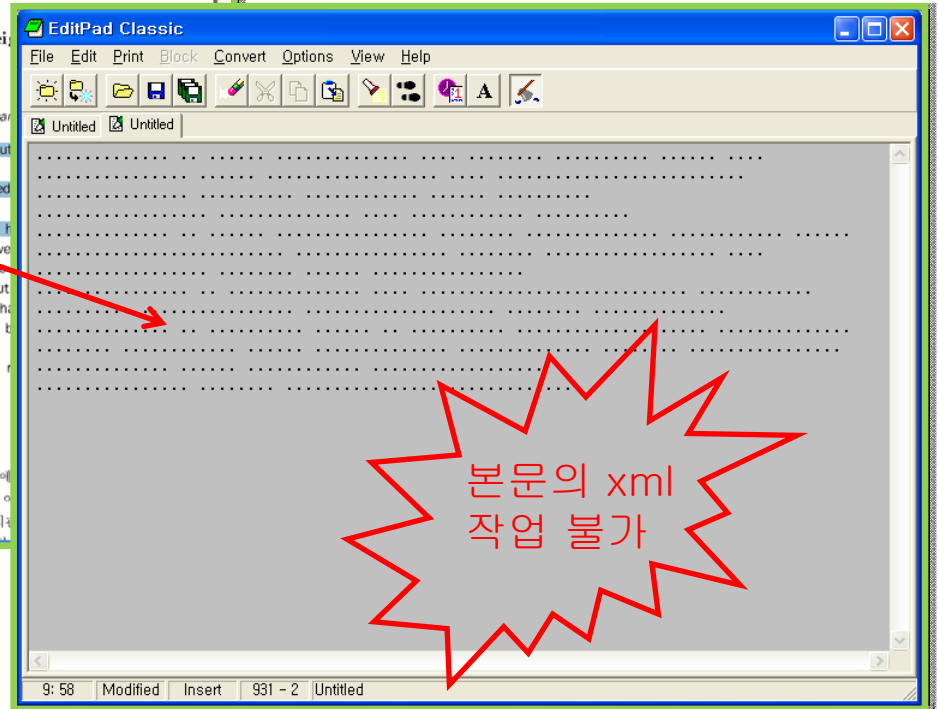
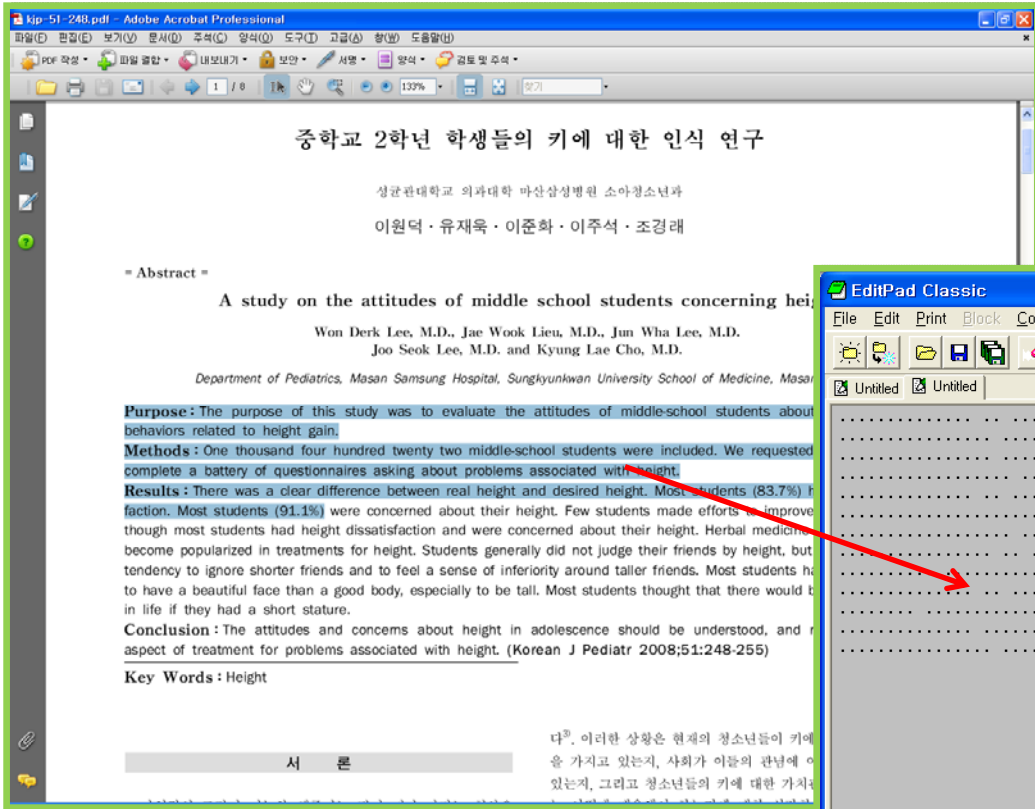
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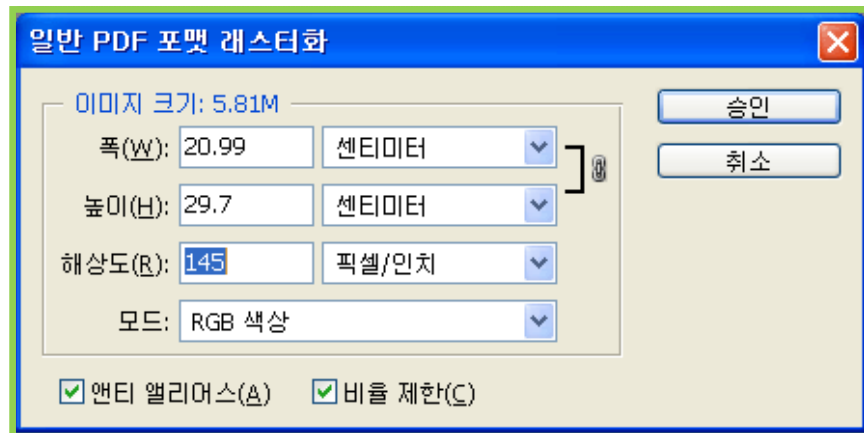
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크히지 않는 PDF



Large 이미지 만들기

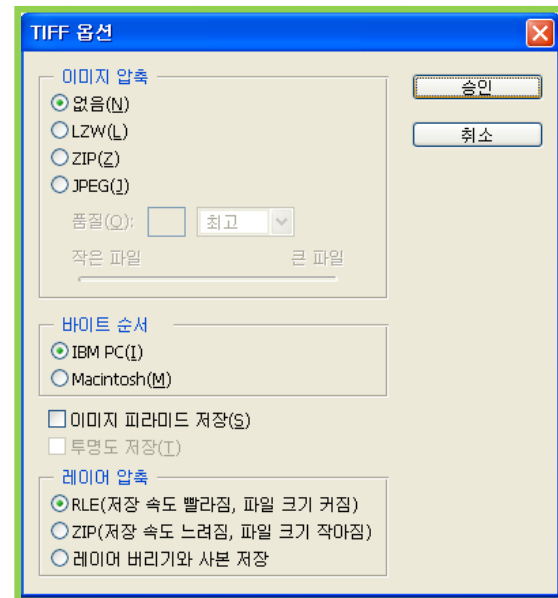
- PDF 파일을 포토샵에서 연다.
- 폭 (W) / 높이 (H)는 그대로 유지하고 해상도는 145 dpi, 모드는 RGB로 선택한다.



Large 이미지 만들기

- Label 과 Caption 및 foot-note 등은 모두 제외하고 표 혹은 그림만 선택하여 잘라내기 하여 배경으로 이미지 병합(Flatten Image)을 한 후, 압축 없이 저장한다.

	FFS	No. of patients (%)	Dead (%)	Alive (%)	Hazard ratio
Disease related mortality	0	10 (37)	0 (0)	10 (100)	*
	1	8 (30)	1 (12.5)	7 (87.5)	1.0
	2	9 (33)	3 (33.3)	6 (66.6)	2.66
	Total	27	4 (14.8)	23 (85.1)	-
All mortality	0	10 (37)	2 (20)	8 (80)	1.0
	1	8 (30)	2 (25)	6 (75)	1.25
	2	9 (33)	4 (44.4)	5 (55.6)	2.22
	Total	27	8 (29.6)	19 (71.4)	-

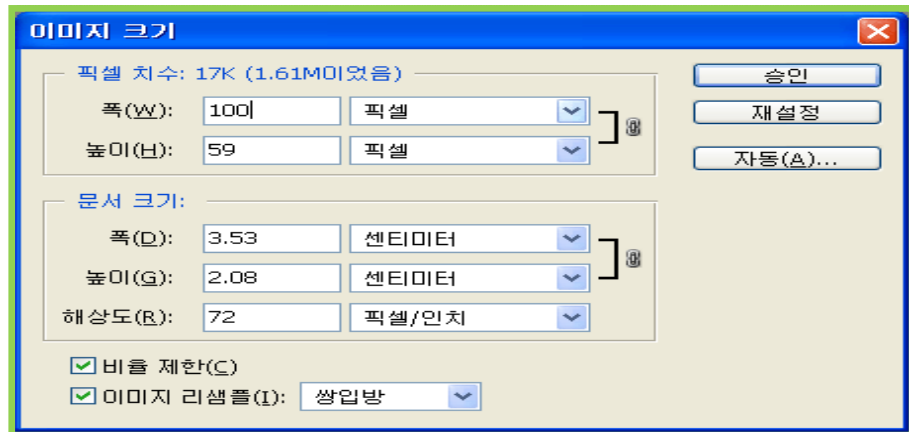


- 파일명은 저널약어-권-논문시작페이지- figure번호(g001) or Table 번호(i001)-I(영문소문자 "I") 형식으로 저장한다.

jkns-41-161-g001-I.jpg

Thumbnail 이미지 만들기

- 만들어진 Synapse Large 이미지에서 해상도는 72 dpi, 폭(W)은 100으로 설정한다. (이미지 설정 전에 비율제한에 꼭 체크한다)



- 파일명은 저널약어-권-논문시작페이지- figure번호(g001) or Table 번호(i001).jpg 형식으로 jpg 이미지로 저장한다.

jkns-41-161-g001.jpg

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