

올바른 단위, Table, Image 작성 법

한양대학교 의과대학
소화기내과
한 동 수

구체 목표

- SI단위 기술을 설명할 수 있어야 한다.
- 표 작성법을 설명할 수 있어야 한다
- 그림 작성법을 설명할 수 있어야 한다

단 위

SI unit; The international System of Units

- 기본단위

Table 1 - SI base units^[2]

Name	Symbol	Quantity
metre	m	length
kilogram	kg	mass
second	s	time
ampere	A	electric current
kelvin	K	thermodynamic temperature
mole	mol	amount of substance
candela	cd	luminous intensity

- 접두어

Table 2 - SI Prefixes

Name	yotta-	zetta-	exa-	peta-	tera-	giga-	mega-	kilo-	hecto-	deca-
Symbol	Y	Z	E	P	T	G	M	k	h	da
Factor	10^{24}	10^{21}	10^{18}	10^{15}	10^{12}	10^9	10^6	10^3	10^2	10^1
Name	deci-	centi-	milli-	micro-	nano-	pico-	femto-	atto-	zepto-	yocto-
Symbol	d	c	m	μ	n	p	f	a	z	y
Factor	10^{-1}	10^{-2}	10^{-3}	10^{-6}	10^{-9}	10^{-12}	10^{-15}	10^{-18}	10^{-21}	10^{-24}

- 유도단위

- 넓이-제곱미터- m^2

- 부피-세제곱미터- m^3

- 속력,속도-미터 매초- m/s

- 가속도-미터 매초 제곱- m/s^2

- 밀도-킬로그램 매 세제곱미터- kg/m^3

- 농도-몰 매 세제곱미터- mol/m^3

- 광휘도-칸델라 매 제곱미터- cd/m^2

사용 규칙

- 항상 단위는 줄여서 표기한다.
- 단위 표기에는 복수, 단수를 구분하지 않는다.
- 숫자와 단위 사이는 간격을 둔다. 그러나 퍼센트, 각도, °C 등은 붙여 표기한다.
- SI unit과 전통 표기가 같이 통용되는 경우 두 unit을 모두 기술한다.
- 문장 끝을 제외하곤 단위 뒤에 마침표를 사용하지 않는다.
- 수치를 표기할 때는 단위를 생략형으로 사용하지만 수치가 아닌 내용을 표기할 때는 풀어서 쓰도록 한다.
- 수치나 단위가 문장에서 가장 먼저 나올 경우 풀어서 표기한다.

- 표기는 로마체를 사용하고 이탤릭체는 피한다
- 단위는 소문자로 기술하고 고유명사에서 기원한 것은 대문자로 기술한다. 다만 용적을 표시하는 리터(l)의 경우 소문자가 아라비아 ‘1’이나 소문자 ‘l’와 구별되지 않아 나라에 따라 ‘L’로 표기하는 경우가 있다.
- 큰 크기의 숫자를 표기할 경우 천 단위 간격으로 칸을 띠거나逗를 표기할 수 있다.
- 간혹 위첨자나 아래 첨자를 표기할 수 없는 경우 다음과 같이 쓰일 수도 있다. 10^2 는 10^2 또는 10 squared.

A complete blood count revealed a white-cell count of 5400 per cubic millimeter, with a differential count of 69% granulocytes, 16% lymphocytes, 12% monocytes, 2.5% eosinophils, and 0.1% basophils. The hemoglobin level was 12.3 g per deciliter (7.6 mmol per liter), and the platelet count was 212,000 per cubic millimeter. The serum creatinine level was 1.1 mg per deciliter (97.2 μ mol per liter), and the urea nitrogen level was 11 mg per deciliter (3.9 mmol per liter). The results of liver-function tests, the erythrocyte sedimentation rate, and the C-reactive protein level were normal. Testing for HIV was negative. A chest radiograph (Fig. 1) revealed a left lower-lobe cavity with an

Twelve weeks later, the patient presented with massive hemoptysis. Over the preceding 3-week period, hemoptysis (which had transiently resolved after his earlier hospitalization) increased gradually from 5 to 25 ml per day to as much as 200 ml in 1 day. He was readmitted for further treatment. Another chest CT was performed and the results compared with the two previous chest CT scans (obtained 12 and 17 weeks earlier). The rounded opacity in the left lower lobe, noted in the region of the initial fluid-containing cavity, appeared to be unchanged. New cavitary pulmonary nodules as well as irregular hazy opacities (more in the right lung than in the left) were noted. A comparison of the three chest CT scans indicated waxing and waning of individual nodules (Fig. 4).

However, the clinical features can be quite variable. Approximately 85% of diverticulitis involves the sigmoid/descending colon. Seventy percent of patients present with left lower quadrant pain and 25–50% of patients will report having had previous episodes of diverticulitis. Although constipation is present in 50% of patients, 25% to 35% of patients may present with diarrhoea, 20% to 62% may have nausea and vomiting and 10% to 15% may describe urinary symptoms.³⁸

Diverticulosis and therefore diverticulitis are increasing, what consequently increases complication rate. The prevalence of perforated sigmoid in diverticular disease in the western countries has increased from 2.4/100.000 in 1986 to 3.8/100.000 in 2000.¹ Another distressing factor is that during the last 20 years, standardized annual age rates of admission and surgical intervention have increased by 16% from 20.1/100.00 to 23.2/100.000, whereas in-patient and population mortality remained unchanged.²

The major hypothesis concerning the propensity to form diverticula focuses on dietary fibre.^{9, 13, 15} Most studies support a strong inverse relationship between population fibre intake and the prevalence of diverticulosis. One study of approximately 47 000 men found a relative risk of 0.58 for the presence of diverticulosis comparing the quintile with the highest average fibre intake with the quintile with the lowest intake.¹⁵

- A space separates the number and the symbol, e.g. "2.21 kg", "7.3×10² m²", "22 K" . Exceptions are the symbols for plane angular degrees, minutes and seconds (°, ′ and ″), which are placed immediately after the number with no intervening space.
- Symbols for derived units formed from multiple units by multiplication are joined with a space or [centre dot](#) (·), for example "N m" or "N·m".
[\[6\]](#)
- Symbols formed by division of two units are joined with a [solidus](#) (/), or given as a negative [exponent](#). For example, the "metre per second" can be written "m/s", "m s⁻¹", "m·s⁻¹" or A solidus should not be used if the result is ambiguous, i.e. "kg·m⁻¹·s⁻²" is preferable to "kg/m·s²". Many computer users will type the / character provided on American [computer keyboards](#), which in turn produces the Unicode character U+002F, which is named solidus but is distinct from the

참고 자료

- http://en.wikipedia.org/wiki/SI_unit
- <http://www.kamje.or.kr/>

Table작성

Table구성

- 제목
- 종렬소제목(column heading)
- 횡렬소제목(row heading)
- 자료항목(data field)
- 각주(footnote)

Table 구조

Table 2. Resistance of Current BI/NAP1 *Clostridium difficile* Isolates, Current Non-BI/NAP1 Isolates, and Historic BI/NAP1 Isolates to Clindamycin and Fluoroquinolones.*

Antimicrobial Agent	Current BI/NAP1 Isolates (N=24) <i>no. with intermediate resistance or resistant (%)</i> §	Current Non-BI/NAP1 Isolates (N=24) <i>no. with intermediate resistance or resistant (%)</i> §	P Value†	Historic BI/NAP1 Isolates (N=14) <i>no. with intermediate resistance or resistant (%)</i>	P Value‡
Clindamycin	19 (79)	19 (79)	1.0	10 (71)	0.7
Levofloxacin	24 (100)	23 (96)	1.0	14 (100)	
Gatifloxacin	24 (100)	10 (42)	<0.001	0	<0.001
Moxifloxacin	24 (100)	10 (42)	<0.001	0	<0.001

* The fluoroquinolones are levofloxacin, moxifloxacin, and gatifloxacin. Current BI/NAP1 isolates are those obtained since 2001, and historic BI/NAP1 isolates are those obtained before 2001.

† The P value is for the comparison between BI/NAP1 and non-BI/NAP1 isolates.

‡ The P value is for the comparison between current and historic BI/NAP1 isolates.

§ A minimal inhibitory concentration breakpoint of not more than 2 µg per milliliter was used for the definition of susceptibility, on the basis of the recommendations of the Clinical Laboratory Standards Institute for trovafloxacin.

Table legend

Column titles

Table body

Footnotes

Table 1. Changes in the Prevalence of Metronidazole, Clarithromycin, and Amoxicillin Resistance in *Helicobacter pylori** over 10-years

Year of isolation	MTZ resistance		CLA resistance		AMX resistance	
	n	MTZ-R (%)	n	CLA-R (%)	n	AMX-R (%)
1996*	55	41.8	62	1.6	-	-
1997*	63	44.4	63	3.2	-	-
1998*	8	37.5	8	12.5	-	-
1999*	49	44.9	49	12.2	-	-
2000*	42	35.7	42	4.8	-	-
2001	53	40.0	53	11.3	53	18.9
2002-2003	37	37.8	37	29.7	37	18.9
2004-2005	54	33.3	54	16.7	54	-

* MICs of metronidazole are determined by mBMD and E test. MICs of clarithromycin and amoxicillin are determined by mBMD, E test, and disc diffusion test. The resistance breakpoints for metronidazole, clarithromycin, and amoxicillin are defined as $>8 \mu\text{g/mL}$, $>1 \mu\text{g/mL}$ and $\geq 1 \mu\text{g/mL}$, respectively.

N, number of isolates; MTZ-R, proportion of *H. pylori* isolates resistant to metronidazole; CLA-R, proportion of *H. pylori* isolates resistant to clarithromycin; AMX-R, proportion of *H. pylori* isolates resistant to amoxicillin.

* reference 13.

Table 1. Clinical features of abdominal bloating and distension in irritable bowel syndrome (IBS) patients¹⁸

Clinical characteristic	Frequency (%)
Abdomen flat in the morning	69
Worse in evening	73
Improves overnight	80
Better lying down	67
Worse with eating	82
Worse with stress	34
Not related to defecation or flatus	82
More than once a week	86
Rapid onset <10 min	61

Table, title

Table 2. Adverse Events in the Group Given Fluorouracil and Leucovorin (FL) plus Oxaliplatin and the FL Group.*

Adverse Event	FL plus Oxaliplatin (N=1108)			FL (N=1111)			P Value	
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grades 3 and 4
	<i>percent</i>							
Paresthesia†	92.0	12.4	NA	15.6	0.2	NA	<0.001	0.001
Neutropenia	78.9	28.8	12.3	39.9	3.7	1.0	<0.001	<0.001
Thrombocytopenia	77.4	1.5	0.2	19.6	0.2	0.1	0.34	0.41
Anemia	75.6	0.7	0.1	66.1	0.2	0.1	0.05	0.67
Nausea	73.7	4.8	0.3	61.1	1.7	0.7	0.28	NA
Diarrhea	56.3	8.3	2.5	48.1	1.7	0.1	<0.001	<0.001
Vomiting	47.2	5.3	0.5	24.1	1.7	0.1	0.48	0.29
Stomatitis	41.6	2.7	0.0	39.6	2.0	0.2	0.34	0.41
Skin‡	31.5	1.4	0.6	35.5	1.7	0.7	0.05	0.67
Alopecia§	30.2	NA	NA	28.1	NA	NA	0.28	NA
Allergic reaction	10.3	2.3	0.6	1.9	0.1	0.1	<0.001	<0.001
Thrombosis or phlebitis	5.7	1.0	0.2	6.5	1.7	0.1	0.48	0.29
Neutropenia with fever or infection	1.8	1.4	0.4	0.2	0.1	0.1	<0.001	<0.001

1. 이해가 쉽도록 꼭 필요한 것만
2. 제목은 위에, 영문 phrase 형태로
3. 앞에 일련번호를 표기

* Fisher's exact test was used to calculate P values. NA denotes not applicable.

† There are only three grades of paresthesia in version 1 of the Common Toxicity Criteria of the National Cancer Institute.

‡ This category included the hand-foot syndrome.

§ There are only two grades of alopecia in version 1 of the Common Toxicity Criteria of the National Cancer Institute. The incidence of grade 2 alopecia was 5.0 percent in each group.

Table, column heading

Table 2. Adverse Events in the Group Given Fluorouracil and Leucovorin (FL) plus Oxaliplatin and the FL Group.*

Adverse Event	FL plus Oxaliplatin (N=1108)			FL (N=1111)			P Value	
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grades 3 and 4
	<i>percent</i>							
Paresthesia†	92.0	12.4	NA	15.6	0.2	NA	<0.001	0.001
Neutropenia	78.9	28.8	12.3	39.9	3.7	1.0	<0.001	<0.001
Thrombocytopenia	77.4	1.5	0.2	19.0	0.2	0.2	<0.001	0.001
Anemia	75.6	0.7	0.1	66.9	0.3	0.0	<0.001	0.09
Nausea	73.7	4.8					<0.001	
Diarrhea	56.3	8.3					<0.001	
Vomiting	47.2	5.3					<0.001	
Stomatitis	41.6	2.7						0.41
Skin‡	31.5	1.4	0.6	35.5	1.7	0.7	0.05	0.67
Alopecia§	30.2	NA	NA	28.1	NA	NA	0.28	NA
Allergic reaction	10.3	2.3	0.6	1.9	0.1	0.1	<0.001	<0.001
Thrombosis or phlebitis	5.7	1.0	0.2	6.5	1.7	0.1	0.48	0.29
Neutropenia with fever or infection	1.8	1.4	0.4	0.2	0.1	0.1	<0.001	<0.001

1. 가능하면 단위를 통일
2. 세로줄 금지

* Fisher's exact test was used to calculate P values. NA denotes not applicable.

† There are only three grades of paresthesia in version 1 of the Common Toxicity Criteria of the National Cancer Institute.

‡ This category included the hand-foot syndrome.

§ There are only two grades of alopecia in version 1 of the Common Toxicity Criteria of the National Cancer Institute. The incidence of grade 2 alopecia was 5.0 percent in each group.

Table 1. Baseline Demographics

Dose	10 µg/kg (n = 24)	15 µg/kg (n = 8)	Total (N = 32)
Gender			
Male	18	4	22
Female	6	4	10
Median age, y (range)	42 (19–70)	45 (33–70)	43 (19–70)
Extent of disease			
Left-sided	6	3	9
>60 cm	18	5	23
Median days of IV corticosteroids	7	9.5	7
Mean baseline MTWSI score (±SD)	13.0 (2.1)	13.4 (1.5)	13.1 (2.0)
Concomitant medications, n (%) ^a			
Mesalamine	19 (79)	4 (50)	23 (72)
6-mercaptopurine or azathioprine	11 (46)	2 (25)	13 (41)
Enema	2 (8)	0	2 (6)
Mean laboratory values (±SD)			
Hematocrit (%)	36.9 (5.6)	39.2 (4.9)	37.3 (5.5)
White blood count (<i>k</i> /µL)	11.6 (5.9)	10.2 (3.0)	11.3 (5.4)
T-cell subsets, mean cells/µL (±SD)			
CD3 ⁺	1195 (869)	1167 (818)	1189 (842)
CD4 ⁺	694 (505)	569 (342)	666 (471)
CD8 ⁺	479 (451)	577 (503)	501 (454)
Albumin (g/dL)	3.5 (0.6)	3.4 (0.5)	3.5 (0.6)
Erythrocyte sedimentation rate (mm/h)	23.4 (21.2)	25.4 (15)	24 (19)

^aOne patient received prior treatment with infliximab, and one patient received prior treatment with tacrolimus.

Table, row heading

Table 2. Adverse Events in the Group Given Fluorouracil and Leucovorin (FL) plus Oxaliplatin and the FL Group.*

Adverse Event	FL plus Oxaliplatin (N=1108)			FL (N=1111)			P Value	
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grades 3 and 4
	<i>percent</i>							
Paresthesia†	92.0	12.4	NA	15.6				
Neutropenia	78.9	28.8	12.3	39.9				
Thrombocytopenia	77.4	1.5	0.2	19.0	0.2	0.2	<0.001	0.001
Anemia	75.6	0.7	0.1	66.9	0.3	0.0	<0.001	0.09
Nausea	73.7	4.8	0.3	61.1	1.5	0.3	<0.001	<0.001
Diarrhea	56.3	8.3	2.5	48.4	5.1	1.5	<0.001	<0.001
Vomiting	47.2	5.3	0.5	24.0	0.9	0.5	<0.001	<0.001
Stomatitis	41.6	2.7	0.0	39.6	2.0	0.2	0.34	0.41
Skin‡	31.5	1.4	0.6	35.5	1.7	0.7	0.05	0.67
Alopecia§	30.2	NA	NA	28.1	NA	NA	0.28	NA
Allergic reaction	10.3	2.3	0.6	1.9	0.1	0.1	<0.001	<0.001
Thrombosis or phlebitis	5.7	1.0	0.2	6.5	1.7	0.1	0.48	0.29
Neutropenia with fever or infection	1.8	1.4	0.4	0.2	0.1	0.1	<0.001	<0.001

1. 유사 항목끼리 묶어서 표기

* Fisher's exact test was used to calculate P values. NA denotes not applicable.
 † There are only three grades of paresthesia in version 1 of the Common Toxicity Criteria of the National Cancer Institute.
 ‡ This category included the hand-foot syndrome.
 § There are only two grades of alopecia in version 1 of the Common Toxicity Criteria of the National Cancer Institute. The incidence of grade 2 alopecia was 5.0 percent in each group.

Table, data

Table 2. Adverse Events in the Group Given Fluorouracil and Leucovorin (FL) plus Oxaliplatin and the FL Group.*

Adverse Event	FL plus Oxaliplatin (N=1108)			FL (N=1111)			P Value	
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grades 3 and 4
	<i>percent</i>							
Paresthesia†	92.0	12.4	NA	15.6	0.2	NA	<0.001	0.001
Neutropenia	78.9	28.8	12.3	39.9	3.7	1.0	<0.001	<0.001
Thrombocytopenia	77.4	1.5	0.2	19.0	0.2	0.2	<0.001	0.001
Anemia	75.6	0.7	0.1	66.9	0.3	0.0	<0.001	0.09
Nausea	73.7	4.8	0.3	61.1	1.5	0.3	<0.001	<0.001
Diarrhea	56.3	8.3	2.5	48.4	5.1	1.5	<0.001	<0.001
Vomiting	47.2	5.3	0.5	24.0	0.9	0.5	<0.001	<0.001
Stomatitis	41.6	2.7	0.0	39.6	2.0	0.2	0.34	0.41
Skin‡	31.5	1.4	0.6	35.5	1.7	0.7	0.05	0.67
Alopecia§	30.2	NA	NA	28.1	NA	NA	0.28	NA
Allergic reaction	10.3	2.3	0.6	1.9	0.1	0.1	<0.001	<0.001
Thrombosis or phlebitis	5.7	1.0	0.2	6.5	1.7	0.1	0.48	0.29
Neutropenia with fever or infection	1.8	1.4	0.4	0.2	0.1	0.1	<0.001	<0.001

* Fisher's exact test was used to calculate P values. NA denotes not applicable.

† There are only three grades of paresthesia in version 1 of the Common Data Element (CDE) dictionary.

‡ This category included the hand-foot syndrome.

§ There are only two grades of alopecia in version 1 of the CDE dictionary. The incidence of grade 2 alopecia was 5.0 percent in each group.

1. 중앙정렬, 소수점 기준으로 정렬
2. 공란이 없도록
3. 표기 방법을 통일
4. 통계처리 의미를 제시
5. 약어 중복을 피할 것

Table, footnote

Table 2. Adverse Events in the Group Given Fluorouracil and Leucovorin (FL) plus Oxaliplatin and the FL Group.*

Adverse Event	FL plus Oxaliplatin (N=1108)			FL (N=1111)			P Value	
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grades 3 and 4
	<i>percent</i>							
Paresthesia†	92.0	12.4	NA	15.6	0.2	NA	<0.001	0.001
Neutropenia	78.9	28.8	12.3	39.9	3.7	1.0	<0.001	<0.001
Thrombocytopenia	77.4	1.5						
Anemia	75.6	0.7						
Nausea	73.7	4.8						
Diarrhea	56.3	8.3						
Vomiting	47.2	5.3						
Stomatitis	41.6	2.7	0.0	39.6	2.0	0.2	0.34	0.41
Skin‡	31.5	1.4	0.6	35.5	1.7	0.7	0.05	0.67
Alopecia§	30.2	NA	NA	28.1	NA	NA	0.28	NA
Allergic reaction	10.3	2.3	0.6	1.9	0.1	0.1	<0.001	<0.001
Thrombosis or phlebitis	5.7	1.0	0.2	6.5	1.7	0.1	0.48	0.29
Neutropenia with fever or infection	1.8	1.4	0.4	0.2	0.1	0.1	<0.001	<0.001

1. 명료하게 기술, 연구방법 기술할 때 사용
2. 통계처리, 약어 설명, 인용 문헌 언급에 사용
3. 각주 기호 사용

* Fisher's exact test was used to calculate P values. NA denotes not applicable.
 † There are only three grades of paresthesia in version 1 of the Common Toxicity Criteria of the National Cancer Institute.
 ‡ This category included the hand-foot syndrome.
 § There are only two grades of alopecia in version 1 of the Common Toxicity Criteria of the National Cancer Institute. The incidence of grade 2 alopecia was 5.0 percent in each group.

Table작성 원칙

- 독자의 이해가 쉽도록, table만 보고도 내용을 이해할 수 있어야 한다.
- 독자 이해를 위해 영문 phrase형태의 적절한 제목이 필요하다.
- 제목은 항상 본체 위에 위치한다
- 반드시 본문에서 인용되어야 한다
- 본문의 배열 순서와 일치
- 세로선은 사용하지 않는다.
- 가로선은 제목, 데이터, 각주를 구분하는 것이 원칙
- 가능하면 한 쪽 안에 다 수록되도록 한다.

Table 2. Resistance of Current BI/NAP1 *Clostridium difficile* Isolates, Current Non-BI/NAP1 Isolates, and Historic BI/NAP1 Isolates to Clindamycin and Fluoroquinolones.*

Antimicrobial Agent	Current BI/NAP1 Isolates (N=24) <i>no. with intermediate resistance or resistant (%)</i> §	Current Non-BI/NAP1 Isolates (N=24) <i>no. with intermediate resistance or resistant (%)</i> §	P Value†	Historic BI/NAP1 Isolates (N=14) <i>no. with intermediate resistance or resistant (%)</i>	P Value‡
Clindamycin	19 (79)	19 (79)	1.0	10 (71)	0.7
Levofloxacin	24 (100)	23 (96)	1.0	14 (100)	1.0
Gatifloxacin	24 (100)	10 (42)	<0.001	0	<0.001
Moxifloxacin	24 (100)	10 (42)	<0.001	0	<0.001

* The fluoroquinolones are levofloxacin, moxifloxacin, and gatifloxacin. Current BI/NAP1 isolates are those obtained since 2001, and historic BI/NAP1 isolates are those obtained before 2001.

† The P value is for the comparison between BI/NAP1 and non-BI/NAP1 isolates.

‡ The P value is for the comparison between current and historic BI/NAP1 isolates.

§ A minimal inhibitory concentration breakpoint of not more than 2 µg per milliliter was used for the definition of susceptibility, on the basis of the recommendations of the Clinical Laboratory Standards Institute for trovafloxacin.

Table 5. Incidences of Immediate Postpolypectomy Bleeding of Colon According to Polyp Size

	Size of Polyp			<i>p</i> -Value
	5–10 mm	11–19 mm	≥20 mm	
Grades of IPPB				<0.001
No bleeding	7,611 (97.7)	1,015 (95.5)	448 (93.3)	
Grade 1–2	169 (2.2)	37 (3.5)	25 (5.2)	
Grade 3–4	13 (0.2)	11 (1.0)	7 (1.5)	

Figure작성원칙

- 결론에 대한 증거를 제시하거나 내용을 강조할 때 사용
- 본문을 읽지 않아도 될 정도로 범례는 상세하게 기술
- 범례는 항상 그림 아래에 위치함
- 각 축에 명확한 설명을 표기
- 한, 두 문장으로 표시 가능하면 본문에서 다룰 것
- 본문에서 항상 순서대로 인용되어야 함
- 가능하면 흑백으로 작성
- 적절한 축단위를 표기
- 종류;
 - 그래프(막대그래프, 빈도표, 분포도, X,Y선 그래프)
 - 사진
 - 도식

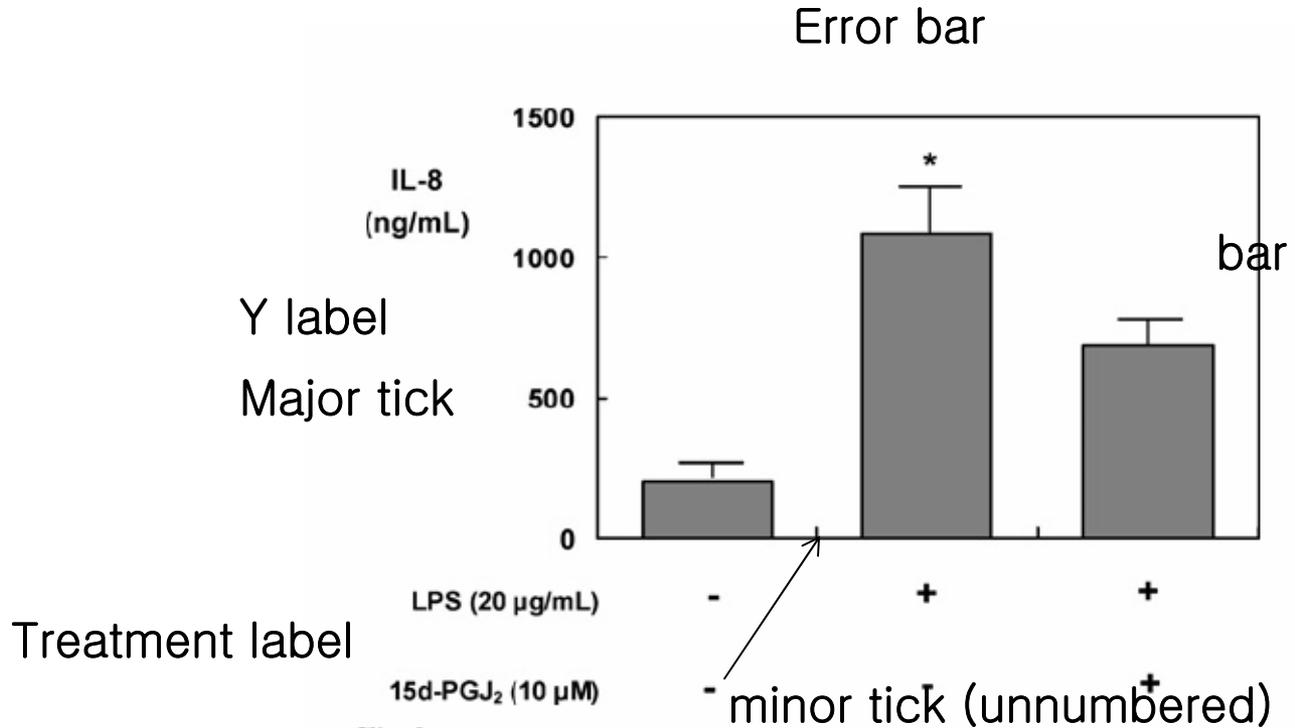


Fig 2. 15d-PGJ₂ stimulation attenuates LPS-induced IL-8 protein secretion. HT-29 cells were stimulated with 20 µg/ml LPS and 10 µM 15d-PGJ₂ or with 20 µg/ml LPS alone for 24 hr. IL-8 protein secretion was determined by ELISA. Two more experiments gave similar results. **P* < 0.05 vs. LPS + 15d-PGJ₂.

Figure legend

빈도표

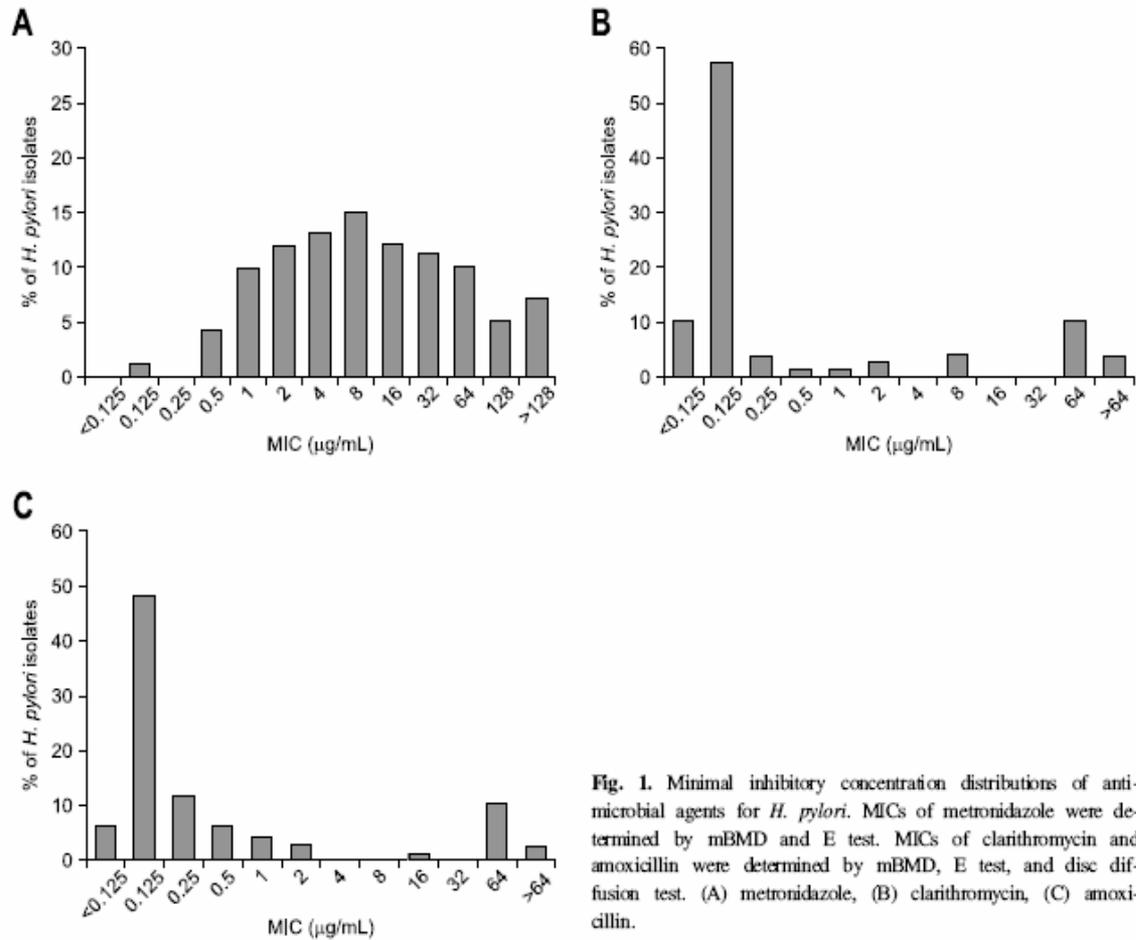


Fig. 1. Minimal inhibitory concentration distributions of antimicrobial agents for *H. pylori*. MICs of metronidazole were determined by mBMD and E test. MICs of clarithromycin and amoxicillin were determined by mBMD, E test, and disc diffusion test. (A) metronidazole, (B) clarithromycin, (C) amoxicillin.

분포도

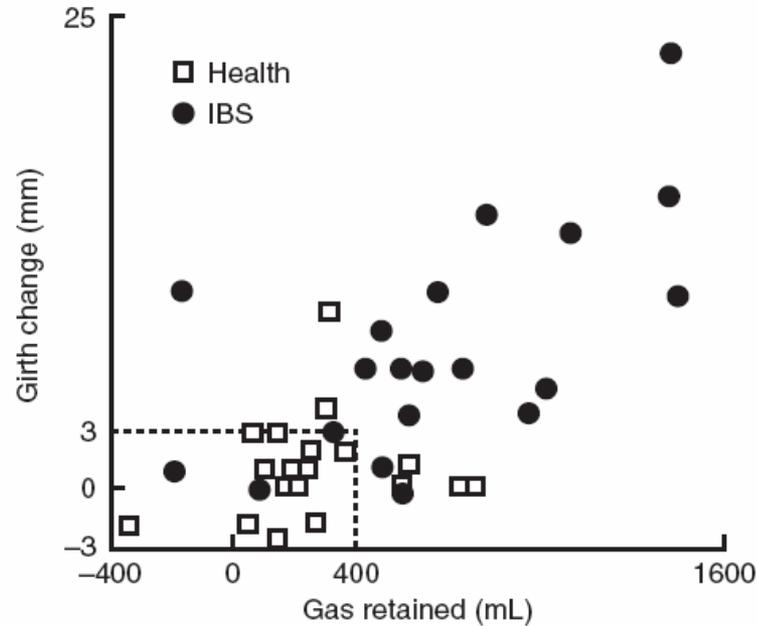
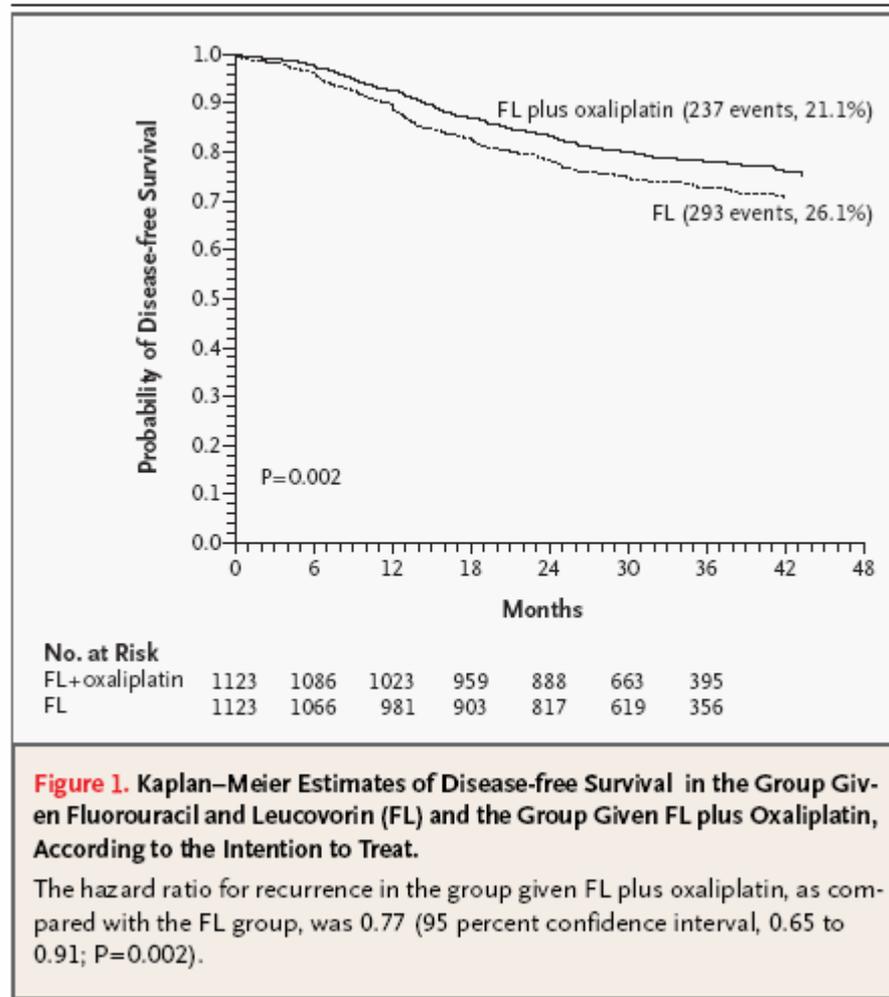
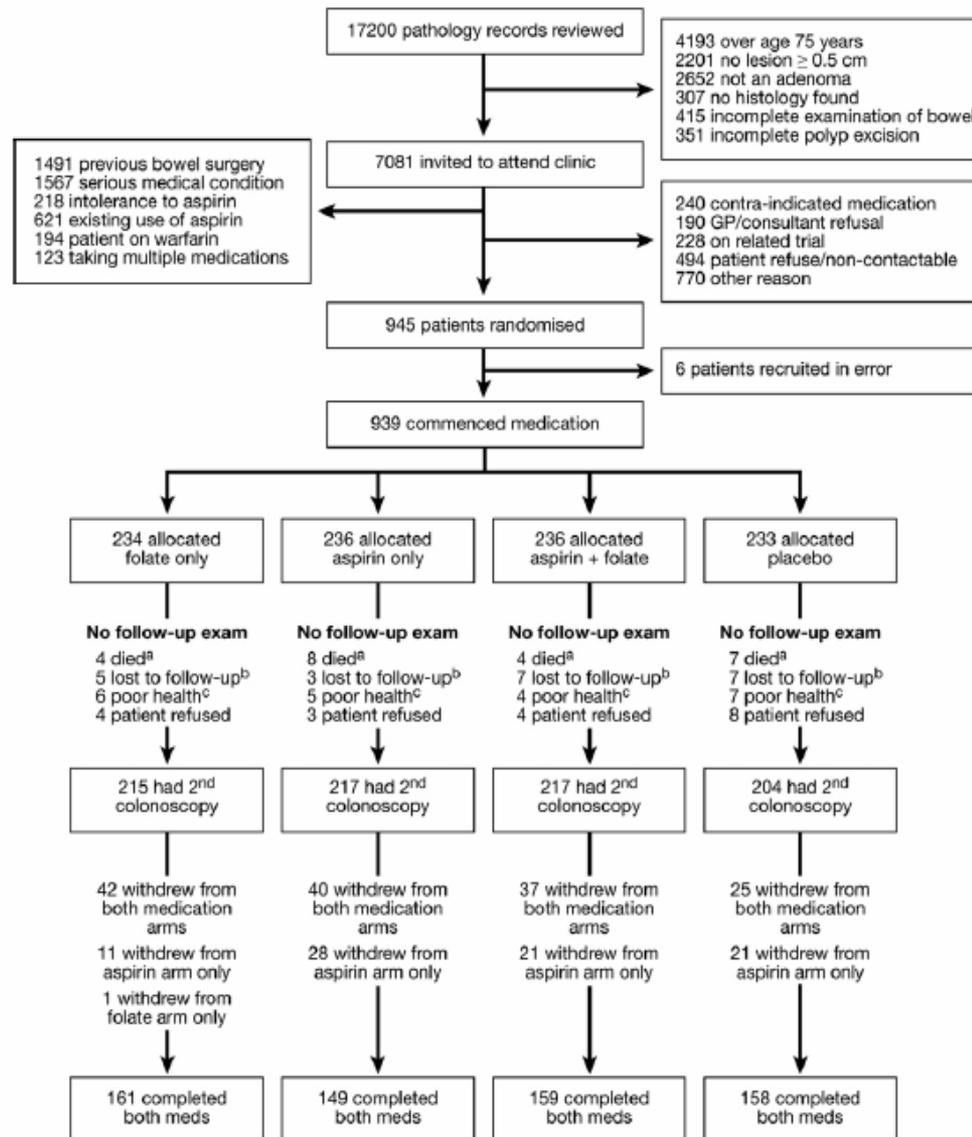


Figure 2. Change in abdominal girth following infusion of a physiological gas mixture (Nitrogen, Oxygen and CO₂) in irritable bowel syndrome (IBS) patients and healthy volunteers. Note IBS patients retained significantly more gas compared with healthy volunteers with higher symptom score of pain and bloating.¹

X, Y선 그래프





^a All except 4 of the n=23 deaths occurred after withdrawal from study medication

^b Patients lost to follow-up after previously having withdrawn from medication

^c Includes clinician refusal of follow-up exam for medical reasons

Figure 1. Flow diagram of ukCAP trial recruitment.

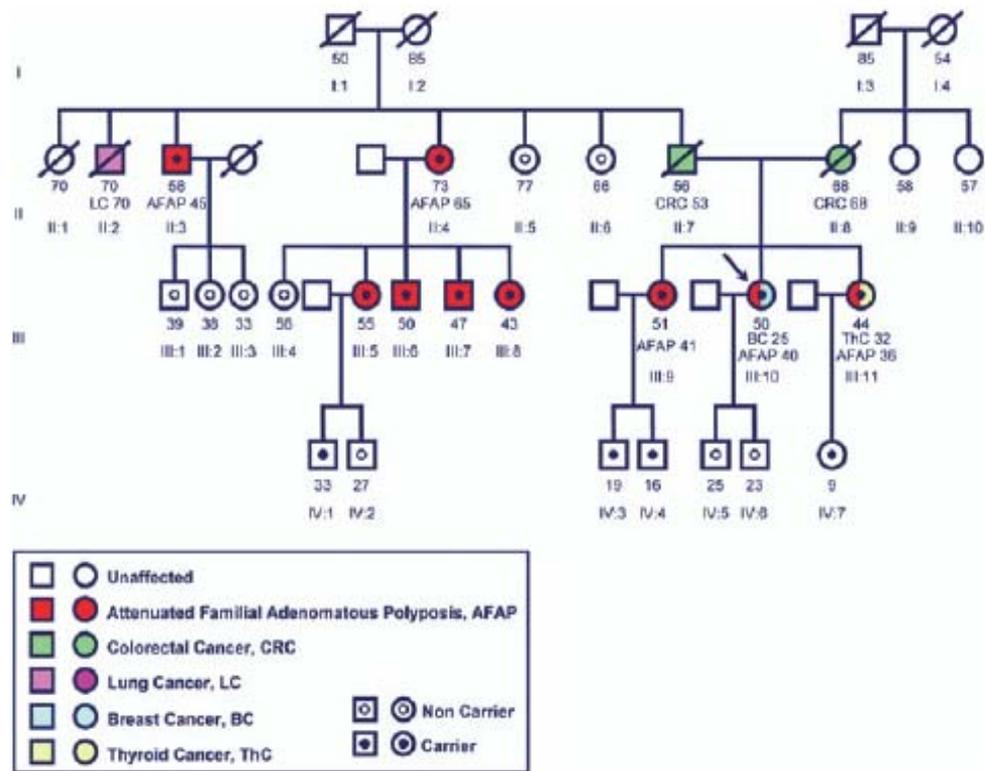
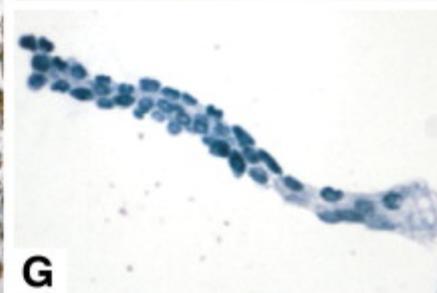
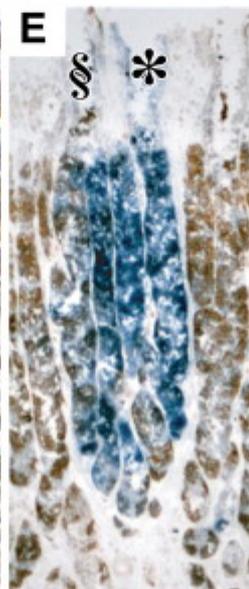
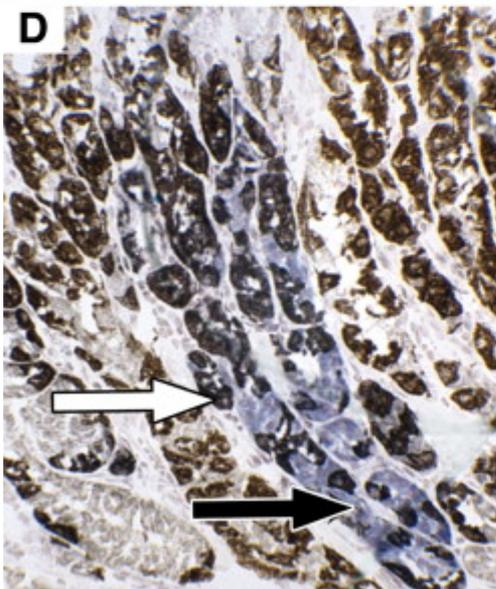
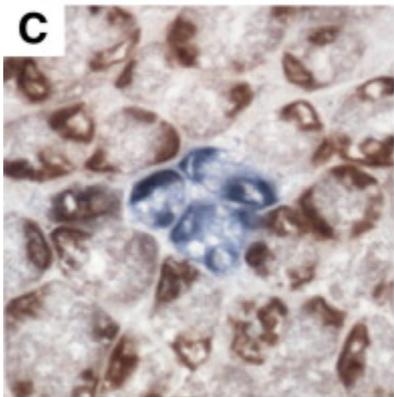
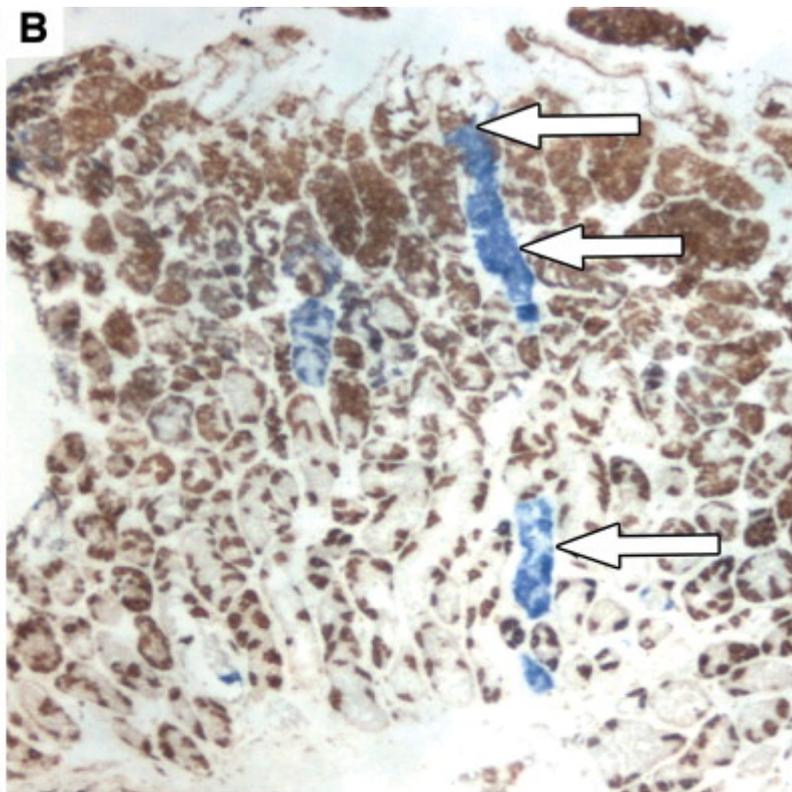
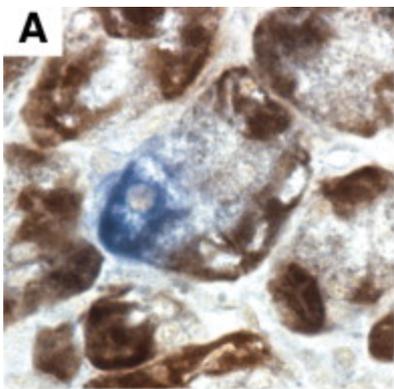


Figure 1. Pedigree of the Spanish AFAP family in whom the *APC* N1026S missense variant was identified. The *arrow* indicates the index case. Ages, cancer type, age at diagnosis, and mutation status are shown. For more details see Supplementary File 1. *White*, unaffected; *red*, AFAP; *green*, CRC; *purple*, lung cancer (LC); *blue*, breast cancer (BC); *yellow*, thyroid cancer (ThC).



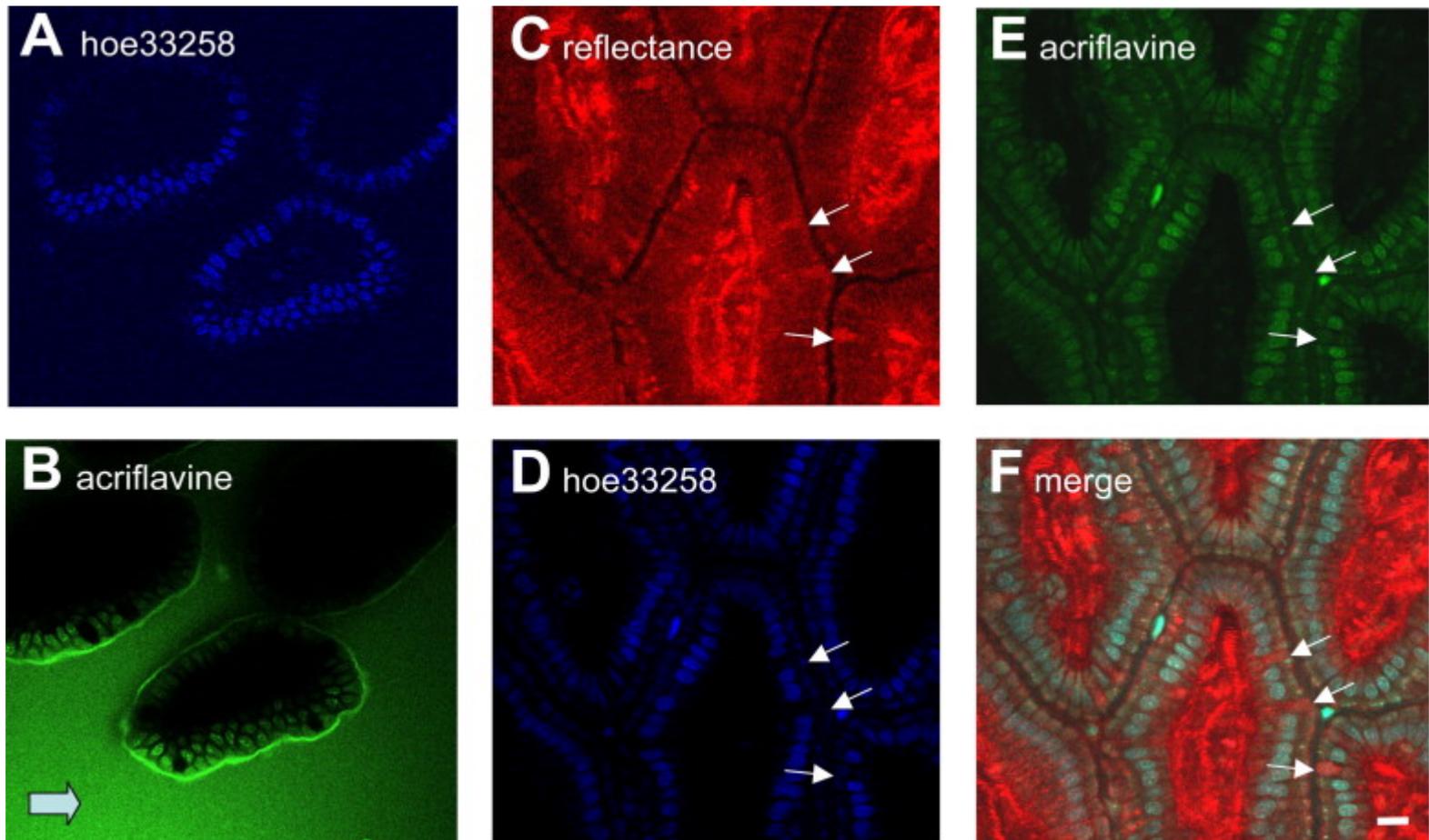


Figure 1 Colocalization of acriflavine with nuclear stain. Living mouse small intestine was stained with dyes and visualized by 2-photon microscopy as described in Patients and Methods. All images were collected simultaneously in response to 810-nm excitation. Images of (A and D) Hoechst 33258 (435–485 nm), (B and E) acriflavine (500–530 nm), and (C) confocal reflectance are overlaid in panel F. Arrows indicate epithelial gaps lacking nuclei, and the *arrowhead* indicates the intervillous (extracellular) space containing 0.5 mmol/L acriflavine. *Bar* = 20 μ m.

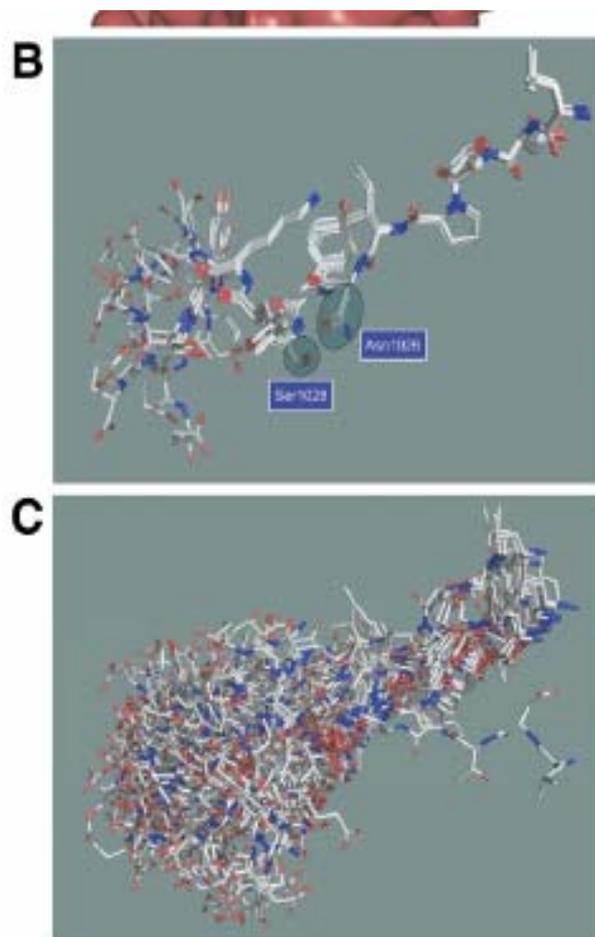


Figure 4. (A) Detail of the interaction between the most populated cluster generated by AutoDock for the WT peptide (green) and the radiograph-calculated structure (yellow) of the same peptide with β -catenin (surface representation). The root mean square deviation was of 0.42 Å between both structures, revealing that redocking was successful and that the parameters used were reasonable. (B) The high degree of overlapping of the 7 multiclusters obtained for the WT indicates the convergence of the model in its interaction with β -catenin. The close proximity of Asn1026 and Ser1028 explains why the side chains of these 2 residues form a hydrogen bond. (C) No consensus structure for the mutant N1026S peptide in its interaction with β -catenin is obtained, probably because of the conformational flexibility induced by the mutation.

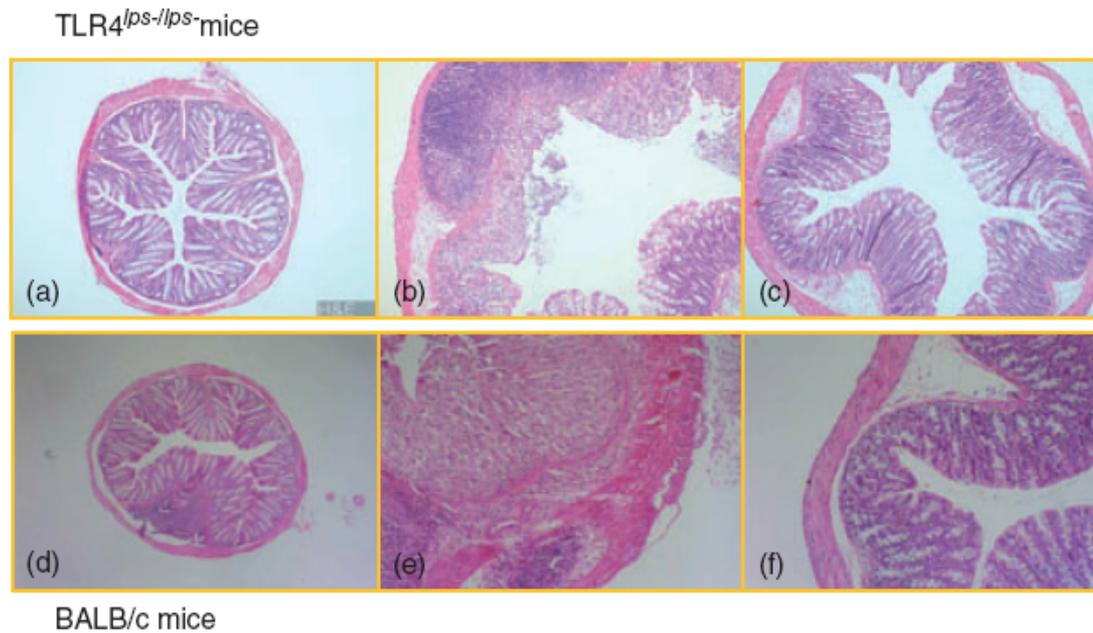


Fig. 2. Microscopic evaluation of dextran sulphate sodium (DSS)-induced colitis in mice with or without *Lactobacillus casei*-pretreatment. (a, d) Photomicrograph ($\times 100$) of a haematoxylin and eosin-stained (H&E) paraffin section of a representative colon from Toll-like receptor (TLR)-4^{lps-/lps-} and wild-type (WT) mice without DSS-colitis, respectively. (b, e) Photomicrograph ($\times 100$) of an H&E-stained paraffin section of a representative colon from non-pretreated TLR-4^{lps-/lps-} and WT mice after induction of DSS-colitis, respectively. Severe neutrophil and mononuclear cell infiltrate and disruption of the normal crypt architecture with epithelial crypt ulceration and loss of goblet cells is evident. (c, f) Photomicrograph ($\times 100$) of an H&E-stained paraffin section of a representative colon from *L. casei*-pretreated TLR-4^{lps-/lps-} and WT mice after induction of DSS-colitis, respectively. Only small scattered areas of cellular infiltration are present.

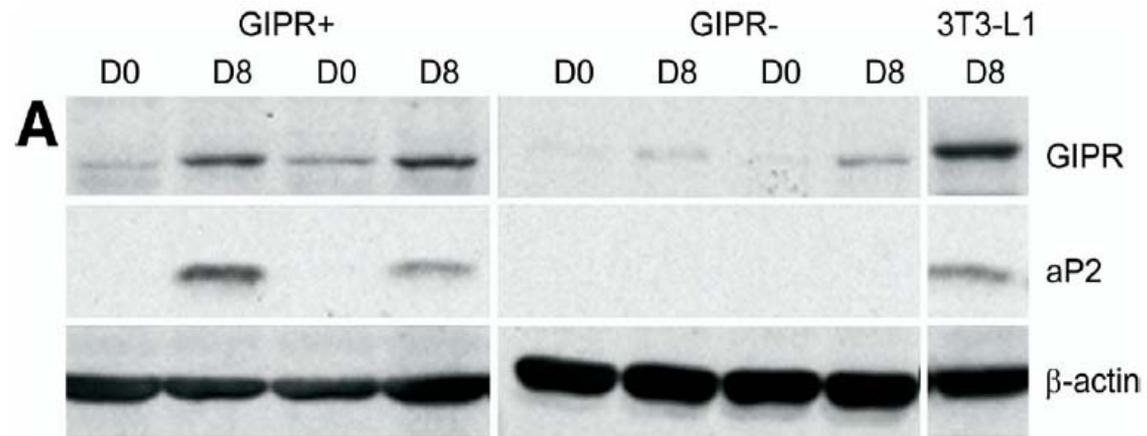


Figure 3. Effect of GIPR on preadipocyte differentiation. GIPR expression was repressed (GIPR-) by stably transfecting GIPR short hairpin RNA into 3T3-L1 preadipocytes. (A) Cells were harvested on day 0 (D0) and day 8 (D8), and the expression of GIPR, aP2, and β -actin protein was analyzed. (B) Oil-Red-O staining was performed on day 8 for parental 3T3-L1, negative control (GIPR+), and 2 GIPR short hairpin RNA (GIPR-) clones.

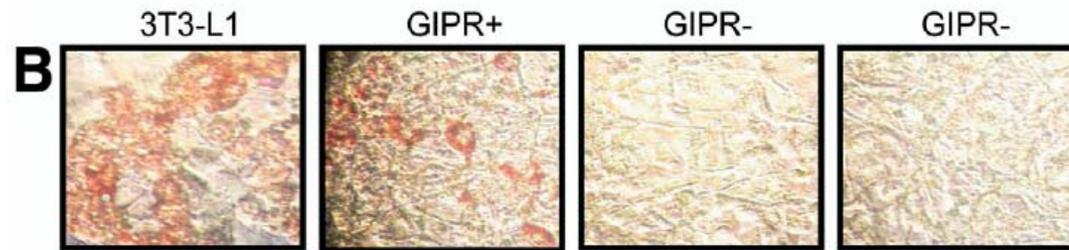
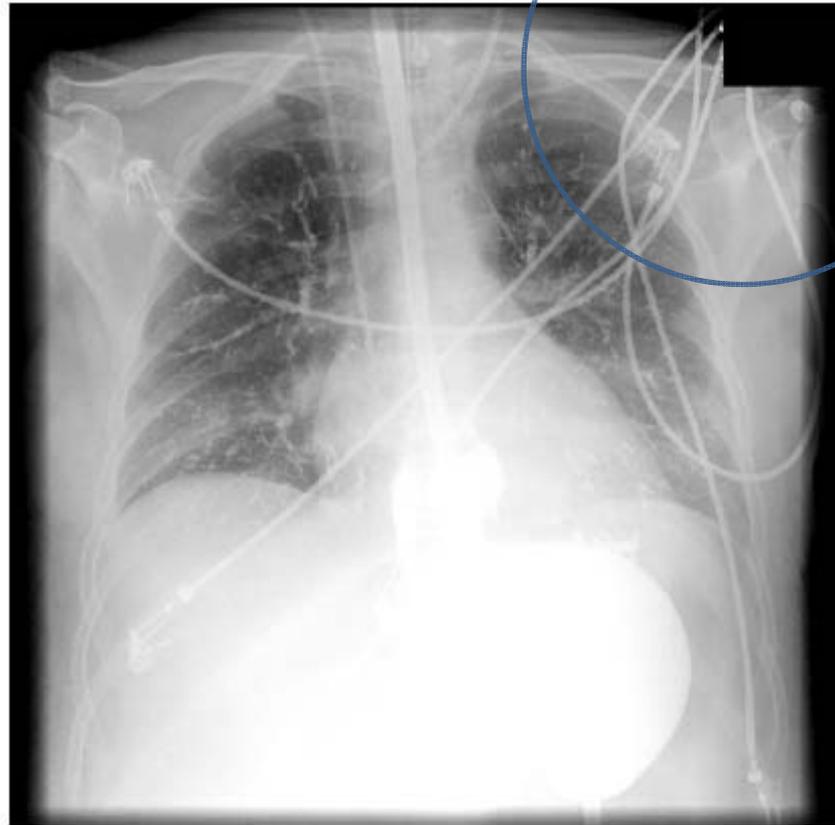


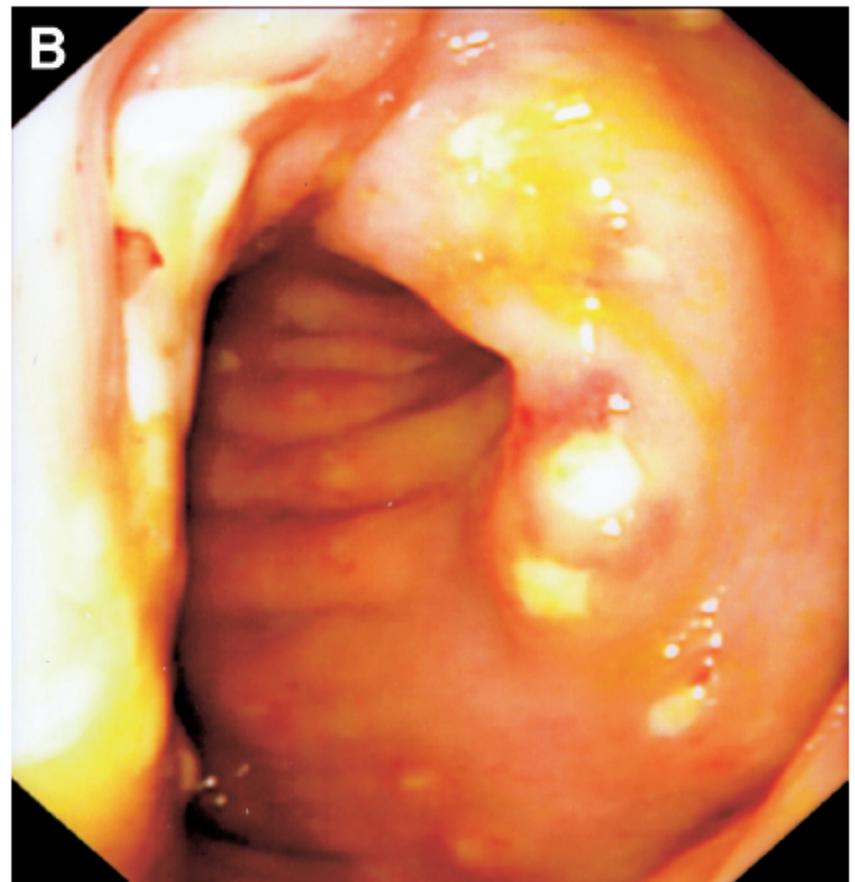
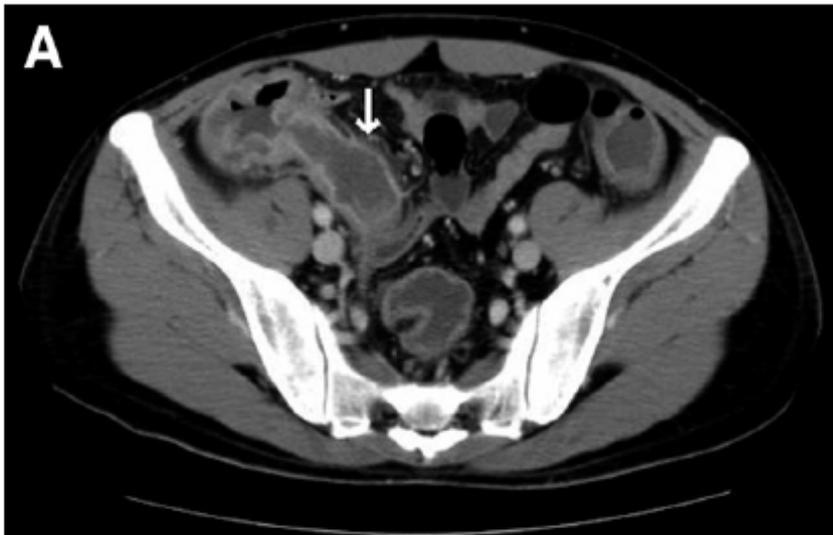
Image 2



Clinical Challenges and Images in GI

David A. Katzka and David L. Jaffe, Section Editors

Image 1



Figures

Images: Images can be clinical, pathologic (gross or microscopic), endoscopic, or radiographic. They should be of high quality (300 dpi or greater, clear, and in good focus) and illustrate well the diagnosis.

Line art and graphs: Graphs, charts, and other line art may be reformatted and/or redrawn by our Medical Illustration Department, if needed, for consistency with the overall style of the AGA Institute journals. Please be sure that any graphs or line art you submit are at a resolution of at least 150 dpi so that they are readable to reviewers.

Photographs: Photographs of identifiable patients must be accompanied by written permission to publish from the patient.

Figure legends: Please do not embed or flatten the text into the image files. Figure legends should be typed and submitted in .rtf (rich text format). This text will be reformatted in the style of the AGA Institute journals.

Figure legends: Please do not embed or flatten the text into the image files. Figure legends should be typed and submitted in .rtf (rich text format). This text will be reformatted in the style of the AGA Institute journals.

Accepted figure file formats: We support the following among dozens of file formats: .bmp, .gif, .jpg, .pbm, .pcx, .png, .tif, .eps, .xbm, .psd, and .tga files. When sending image files, please do not embed them in Word. You may submit mixed file formats (image1.jpg, image2.tif, image3.eps, etc.).

Preferred figure file formats: .tiff, .psd and .jpg. If you have created Photoshop image files containing separate layers with arrows or text, please send us the layered files (unflattened).

Image file formats not supported at this time: ChemDraw, CorelDraw, Canvas, FreeHand, Excel, SigmaPlot, QuarkXPress, and Equation Editor. You may export image files from these programs as PDF, Jpeg, or other acceptable file formats.

오류 찾기 1.

Table 3. Comparison of Liver Function Test before and after Adefovir Medication

	Median±SD (range)	p-value
On recurrence		
AST (IU/L)	82.5±118 (20-372)	
ALT (IU/L)	117±158 (14-509)	
Total bilirubin (mg/dL)	1.0±0.24 (0.8-1.6)	
Lamivudine therapy (before adefovir medication)		
AST	86±80 (27-249)	0.666
ALT	140±103 (25-310)	0.480
Total bilirubin	1.1±2.7 (0.8-10.5)	0.591
After adefovir medication		
AST	26±11.7 (21-55)	0.003
ALT	28±22.3 (12-93)	0.005
Total bilirubin	1.1±0.3 (0.7-1.9)	0.757

Table 5. Polytomous Logistic Regression between Degree of Dysplasia of the Colorectal Adenoma and Cancer and Intake of Vegetables and Fruits in Female Subjects

Variables	Adenoma								Cancer	
	Total		Mild dysplasia		Moderate dysplasia		Severe dysplasia		No.	OR (95% CI)
	No.	OR (95% CI)*	No.	OR (95% CI)	No.	OR (95% CI)	No.	OR (95% CI)		
Green & yellow vegetable 1 (fresh)										
Low	81421	1.00	37	1.00	31	1.00	13	1.00	36	1.00
Medium	1271038	0.84 (0.60-1.19)	57	0.82 (0.52-1.30)	55	0.95 (0.65-1.35)	14	0.51 (0.23-1.13)	32	0.54 (0.32-0.93)
High	23166	0.76 (0.42-1.38)	12	1.80 (0.53-2.21)	8	0.83 (0.36-1.92)	2	0.48 (0.10-2.21)	4	0.45 (0.15-1.36)
Green & yellow vegetable 2 (fresh)										
Low	29180	1.00	11	1.00	15	1.00	3	1.00	12	1.00
Medium	1531182	0.96 (0.61-1.50)	74	1.20 (0.61-2.34)	58	0.70 (0.38-1.30)	20	1.33 (0.38-4.61)	46	0.79 (0.38-1.57)
High	23137	1.21 (0.64-2.28)	10	1.30 (0.51-3.33)	10	1.05 (0.44-2.52)	2	1.18 (0.19-7.48)	6	0.89 (0.31-2.57)
Green & yellow vegetable 1 (boiling)										
Low	26183	1.00	12	1.00	11	1.00	3	1.00	10	1.00
Medium	1641087	1.53 (0.91-2.58)	77	1.36 (0.71-2.59)	64	1.46 (0.71-2.99)	21	1.36 (0.40-4.67)	54	1.35 (0.32-5.70)
High	39340	1.23 (0.66-2.27)	21	1.11 (0.52-2.39)	15	1.06 (0.45-2.49)	3	0.60 (0.12-3.08)	9	0.80 (0.30-2.11)
Green & yellow vegetable 2 (boiling)										
Low	37164	1.00	15	1.00	11	1.00	11	1.00	10	1.00
Medium	1361080	0.56 (0.37-0.86)	67	0.67 (0.37-1.23)	55	0.82 (0.40-1.69)	12	0.61 (0.07-0.38)	49	0.91 (0.42-1.95)
High	46318	0.62 (0.37-1.04)	19	0.58 (0.28-1.23)	21	1.06 (0.47-2.39)	6	0.29 (0.10-0.82)	16	1.17 (0.49-2.81)
Light color 1 (fresh)										
Low	51563	1.00	26	1.00	19	1.00	4	1.00	20	1.00
Medium	93719	0.98 (0.67-1.43)	46	0.96 (0.57-1.61)	36	1.02 (0.57-1.83)	11	1.42 (0.45-4.53)	26	0.71 (0.38-1.32)
High	11187	0.99 (0.48-2.02)	6	1.11 (0.43-2.90)	4	0.94 (0.30-2.90)	1	1.17 (0.13-10.8)	2	0.52 (0.11-2.35)
Light color 2 (fresh)										
Low	33235	1.00	15	1.00	14	1.00	4	1.00	11	1.00
Medium	58433	0.98 (0.61-1.58)	31	1.23 (0.64-2.39)	22	0.84 (0.40-1.73)	5	0.66 (0.17-2.54)	11	0.60 (0.24-1.50)
High	10105	0.70 (0.32-1.50)	5	0.83 (0.29-2.41)	5	0.75 (0.25-2.25)	0	-	4	0.97 (0.28-3.35)
Light color 1 (boiling)										
Low	23184	1.00	8	1.00	10	1.00	5	1.00	10	1.00
Medium	1361005	0.93 (0.57-1.53)	63	1.18 (0.55-2.55)	54	0.92 (0.44-1.93)	18	0.55 (0.20-1.53)	45	0.62 (0.30-1.30)
High	50300	0.61 (0.61-1.85)	26	1.48 (0.64-3.42)	20	1.07 (0.46-2.49)	3	0.29 (0.07-1.26)	10	0.46 (0.18-1.16)
Light color 2 (boiling)										
Low	69388	1.00	35	1.00	23	1.00	11	1.00	26	1.00
Medium	1371042	1.01 (0.70-1.45)	63	0.81 (0.51-1.27)	55	1.14 (0.67-1.95)	18	0.73 (0.33-1.59)	41	0.89 (0.51-1.54)
High	26213	0.94 (0.53-1.68)	9	0.54 (0.24-1.21)	15	1.58 (0.77-3.25)	1	0.21 (0.03-1.67)	6	0.71 (0.27-1.83)
Fruits 1										
Low	43200	1.00	23	1.00	19	1.00	1	1.00	16	1.00
Medium	1561032	0.79 (0.51-1.23)	72	0.77 (0.45-1.32)	59	0.69 (0.39-1.24)	24	5.96 (0.79-45.1)	43	0.83 (0.43-1.60)
High	34402	0.48 (0.26-0.88)	12	0.43 (0.20-0.94)	16	0.66 (0.31-1.39)	5	4.13 (0.46-37.2)	14	1.13 (0.49-2.61)
Fruits 2										
Low	68342	1.00	28	1.00	32	1.00	8	1.00	24	1.00
Medium	124965	0.86 (0.60-1.24)	67	1.12 (0.69-1.81)	38	0.99 (0.35-0.99)	18	1.06 (0.44-2.50)	35	0.83 (0.47-1.47)
High	42432	0.72 (0.44-1.17)	12	0.53 (0.25-1.10)	25	0.92 (0.49-1.70)	4	0.56 (0.15-2.06)	15	1.14 (0.54-2.40)
Soybeans										
Low	35268	1.00	15	1.00	15	1.00	5	1.00	11	1.00
Medium	140962	1.05 (0.69-1.59)	63	1.09 (0.60-1.99)	56	0.98 (0.53-1.84)	19	0.99 (0.36-2.73)	44	1.20 (0.58-2.48)
High	61427	0.90 (0.52-1.55)	30	1.14 (0.54-2.45)	24	0.73 (0.32-1.67)	7	0.71 (0.18-2.83)	20	1.36 (0.54-3.42)
Soybean milk										
Low	10100	1.00	6	1.00	4	1.00	0	1.00	7	1.00
Medium	25155	1.59 (0.65-3.86)	12	1.37 (0.48-3.87)	11	2.67 (0.70-10.1)	2	-	1	0.12 (0.01-1.15)
High	3136	0.39 (0.04-3.35)	1	0.54 (0.06-4.80)	2	2.39 (0.36-15.9)	0	-	2	0.54 (0.05-6.56)
Soybean cond										
Low	74475	1.00	34	1.00	26	1.00	14	1.00	23	1.00
Medium	110781	1.13 (0.81-1.60)	51	1.17 (0.72-1.89)	47	1.39 (0.82-2.37)	10	0.52 (0.22-1.22)	35	1.44 (0.80-2.58)
High	46310	1.26 (0.82-1.94)	20	1.34 (0.67-2.28)	20	1.54 (0.80-2.94)	6	0.82 (0.30-2.28)	9	1.02 (0.44-2.38)
Mushrooms										
Low	33249	1.00	16	1.00	11	1.00	6	1.00	14	1.00
Medium	113926	1.04 (0.68-1.61)	51	1.00 (0.55-1.82)	48	1.28 (0.70-2.33)	12	0.67 (0.24-1.84)	36	0.97 (0.48-1.93)
High	15120	1.18 (0.99-2.36)	5	0.91 (0.31-2.65)	6	1.21 (0.41-3.56)	4	1.97 (0.50-7.78)	2	0.54 (0.11-2.57)
Kimchi										
Low	87426	1.00	42	1.00	32	1.00	12	1.00	26	1.00
Medium	1501232	0.76 (0.56-1.03)	69	0.72 (0.47-1.09)	62	0.88 (0.55-1.41)	18	0.62 (0.29-1.33)	49	0.99 (0.59-1.68)

* Odds ratios (OR) and 95% confidence interval (CI) adjusted for age, smoking, body mass index, education, a total energy intake.

* Classified with quartile according to nutrient intake level of control group, and Low means 1st quartile and High means 4th quartile.

Table 2. Univariate Analysis of Parameters Associated with Success and Failure of *H. pylori* Eradication

Parameter	UBT test		p value	
	Successful eradication (n=98) No. (%)	Failed eradication (n=18) No. (%)		
CYP2C19 genotype	homo Ems	42 (84.0)	8 (16.0)	0.7671
	hetero Ems	40 (87.0)	6 (13.0)	
	PMs	16 (80.0)	4 (20.0)	
Gender	M	68 (80.0)	17 (20.0)	0.0392
	F	30 (96.8)	1 (3.2)	
Smoking	Non-smoker	60 (92.3)	5 (7.7)	0.0096
	smoker	38 (74.5)	13 (25.5)	
Age (yr)*		49.2 ± 12.9	41.3 ± 11.8	0.0166
Diagnostic	DU	59 (81.9)	13 (18.1)	0.2430
	GU	34 (91.9)	3 (8.1)	
	DU+GU	5 (71.4)	2 (28.6)	

UBT, urea breath test; homo Ems, homozygous extensive metabolizers; hetero Ems, heterozygous extensive metabolizers; PM, poor metabolizers; DU, duodenal ulcer; GU, gastric ulcer.

*Mean ± SD.

nition, pollutants).^{1,4}

The proton pump inhibitors such as omeprazole, esomeprazole, lansoprazole, and pantoprazole are known to undergo extensive hepatic biotransformation. In the liver, they are metabolized to a varying degree by several cytochrome

P450 (CYP) isoenzymes which are further categorized into subfamilies of related polymorphic gene products.¹ The principal isoenzymes involved in the metabolism of PPIs are CYP2C19 and CYP3A4. Of these, minor mutation in CYP2C19 affects activities of the drugs and, thereby the

Table 3. Multiple Logistic Regression Analysis on Parameters Associated with Success and Failure of *H. pylori* Eradication

Parameter	UBT test		p value	
	Successful eradication (n=98) No. (%)	Failed eradication (n=18) No. (%)		
CYP2C19 genotype	homo Ems	42 (84.0)	8 (16.0)	0.7671
	hetero Ems	40 (87.0)	6 (13.0)	
	PMs	16 (80.0)	4 (20.0)	
Gender	M	68 (80.0)	17 (20.0)	0.0392
	F	30 (96.8)	1 (3.2)	
Smoking	Non-smoker	60 (92.3)	5 (7.7)	0.0096
	smoker	38 (74.5)	13 (25.5)	
Age (yr)*		49.2 ± 12.9	41.3 ± 11.8	0.0166
Diagnostic	DU	59 (81.9)	13 (18.1)	0.2430
	GU	34 (91.9)	3 (8.1)	
	DU+GU	5 (71.4)	2 (28.6)	

UBT, urea breath test; homo Ems, homozygous extensive metabolizers; hetero Ems, heterozygous extensive metabolizers; PM, poor metabolizers; DU, duodenal ulcer; GU, gastric ulcer.

*Mean ± SD.

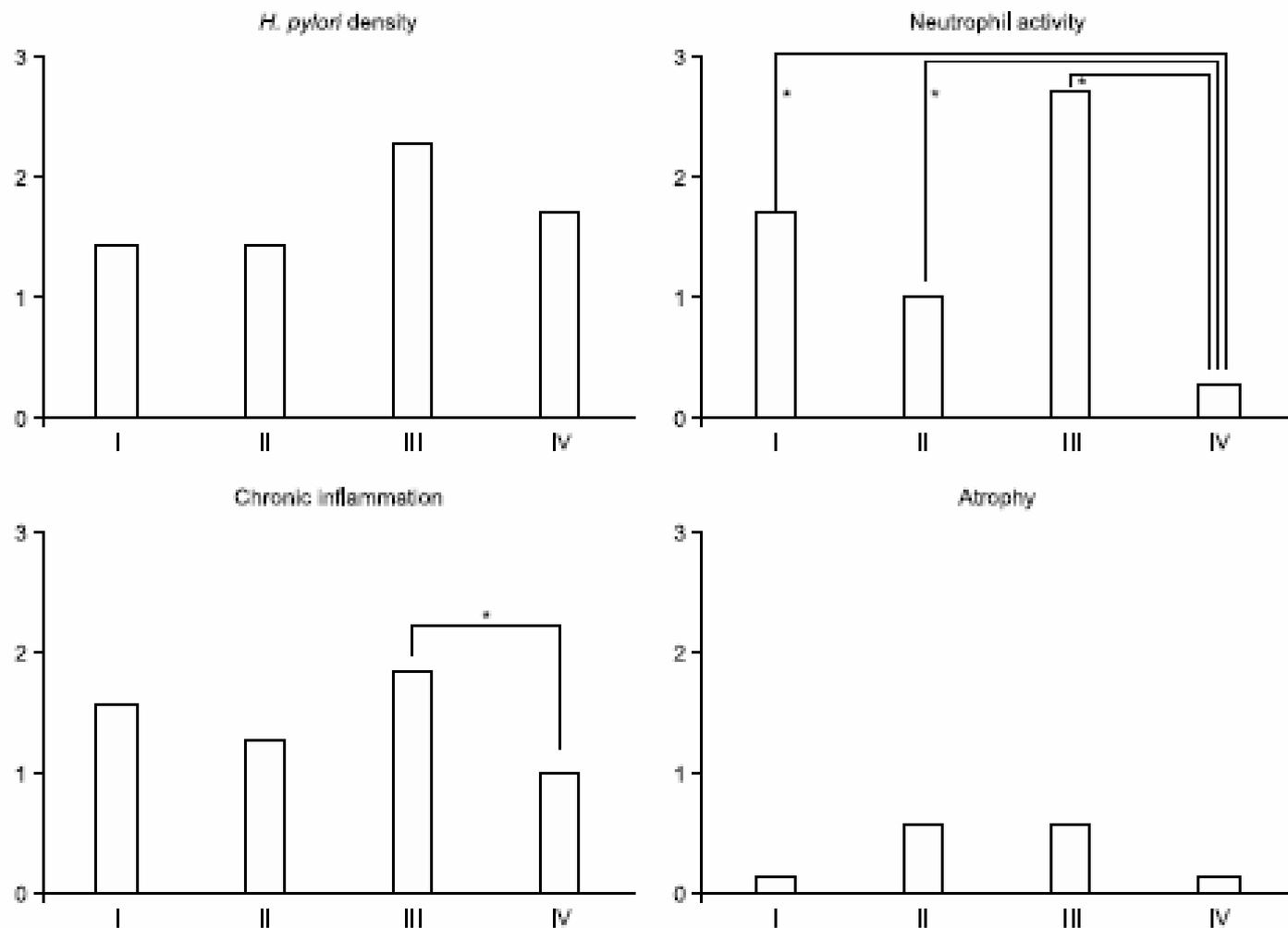


Fig. 3. The *H. pylori* density and the degree of inflammation of the body mucosa in each group. The degree of infiltration of polymorphonuclear neutrophils is significantly lower in group IV compared to other groups. The degree of monocyte infiltration is also significantly lower in group IV than group III.

* $p < 0.05$.

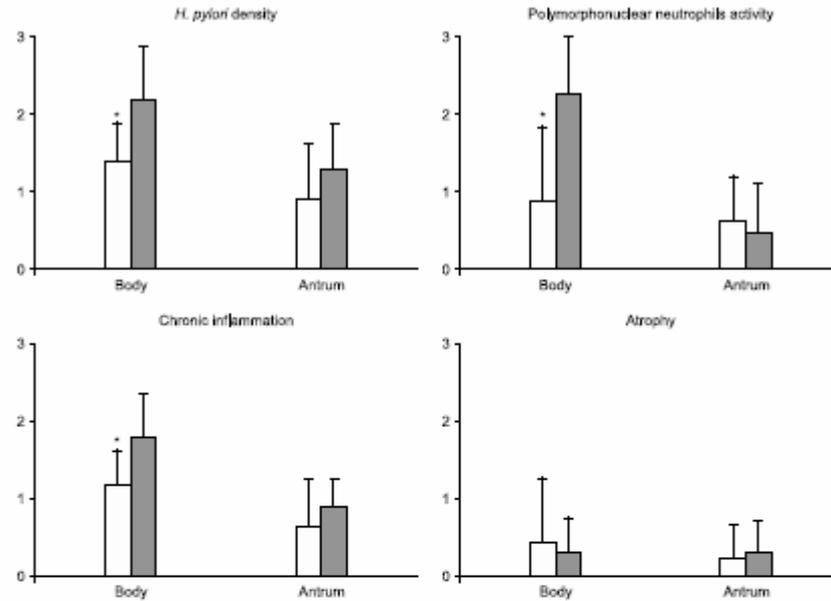


Fig. 4. The comparison of *H. pylori* density and the degree of inflammation in high (white) and low acidity (black) group in the body, the high acidity group represents lower *H. pylori* density, polymorphonuclear neutrophils activity, and chronic inflammation compared with those of low acidity group.
* $p < 0.05$.

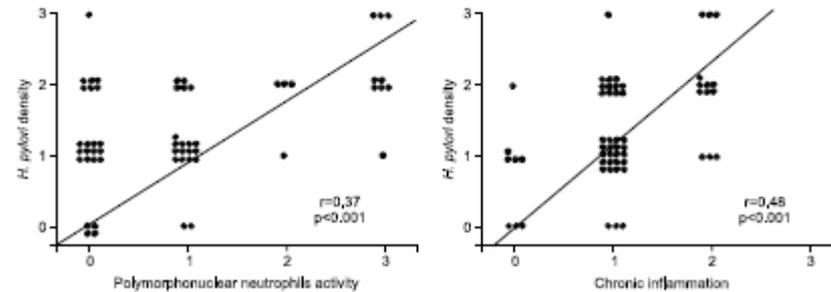


Fig. 5. The density of *H. pylori* significantly correlates with the degree of polymorphonuclear neutrophils and chronic inflammatory cells infiltration in the *H. pylori*-infected mice.

위산 분비를 억제한 후 위내 *H. felis*의 분포를 조사한 결과 omeprazole 투여 전에 비해 투여 후 전정부의 *H. felis*는 감소하고 산분비 영역인 체부의 *H. felis*는 증가하였다.⁵ 십이

지장배양 및 역류식도염 환자에서 omeprazole 투여한 후 전정부와 체부의 *H. pylori*는 감소하였고, 체부의 *H. pylori*는 증가하였으며, 염증 정도도 *H. pylori* 밀도 변화와 같이 변하

Constructing tables

DO include a caption and column headings that contain enough information for the reader to understand the table without reference to the text. The caption should be at the head of the table.

DO organize the table so that like elements read down, not across.

DO present the data in a table or in the text, but never present the same data in both forms.

DO choose units of measurement so as to avoid the use of an excessive number of digits.

DON'T include tables that are not referred to in the text.

DON'T be tempted to 'dress up' your report by presenting data in the form of tables or figures that could easily be replaced by a sentence or two of text. Whenever a table or columns within a table can be readily put into words, do it.

DON'T include columns of data that contain the same value throughout. If the value is important to the table include it in the caption or as a footnote to the table.

DON'T use vertical lines to separate columns unless absolutely necessary.

When constructing figures

DO include a legend describing the figure. It should be succinct yet provide sufficient information for the reader to interpret the figure without reference to the text. The legend should be below the figure. DO provide each axis with a brief but informative title (including units of measurement).

DON'T include figures that are not referred to in the text, usually in the text of the results section.

DON'T be tempted to 'dress up' your report by presenting data in the form of figures that could easily be replaced by a sentence or two of text.

DON'T fill the entire A4 page with the graph leaving little room for axis numeration, axis titles and the caption. The entire figure should lie within reasonable margins (say 3 cm margin on the left side, 2 cm margins on the top, bottom and right side of the page).

DON'T extend the axes very far beyond the range of the data. For example, if the data range between 0 and 78, the axis should extend no further than a value of 80.

DON'T use colour, unless absolutely necessary. It is very expensive, and the costs are usually passed on to the author. Colour in figures may look good in an assignment or thesis, but it means redrawing in preparation for publication.