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Chapter 14—

Approach to Acute Arterial Infarct

The following are guidelines for the diagnostic evaluation of children with an acute arterial infarct. Modifications for individual clinical circumstances may be necessary.

General

Obtain a detailed history.

Check for recent head or neck injury; varicella infection in past 12 mo; oral contraceptive use; migraine, amphetamine-cocaine use; tobacco use; history of head or neck irradiation; family history of early (< age 55) stroke, heart attack, lipid problems, leg or lung clots; family history in first degree relatives of diabetes mellitus, deafness, ataxia, or developmental delay (suggestive of metabolic disorders).

P.E: Conduct a detailed neurological examination. Specifically check for carotid or head bruits, skin lesions of neuromusculoskeletal disorders, and clinical signs of cardiac disorders.

Investigations

Conduct an in-depth radiographic assessment of the central nervous system (CNS) including a magnetic resonance imaging study (MRI) in all patients in addition to initial computerized tomography (CT) scan. Preferably use a magnetic resonance angiography (MRA) to assess the circle of Willis, carotid and vertebral arteries at the level of the neck for dissection.

For most patients with arterial infarct, echocardiography is indicated. Other cardiac tests such as transesophageal echo and agitated saline (bubble) echocardiogram may be indicated as determined by the consulting neurologist and cardiologist.

Measure baseline CBC, platelet count, PT and APTT.
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Measure baseline CBC, platelet count, PT and APTT.
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1. Diagnostic Value of White Blood Cell and C-Reactive Protein in Pediatric Appendicitis.
   AN: 11512175
   Subjects: Appendicitis Diagnosis; C-Reactive Protein Analysis; Leukocytes Analysis; Biological Markers Analysis; Child: 6-12 years; Adolescent: 13-18 years; Male; Female
   Academic Journal

   (includes abstract) Cox, Jocelyn; Sevack, Guy; Journal of the Canadian Chiropractic Association, Sep2015; 59(3): 204-209. (6p) (Journal Article - case study, diagnostic images, pictorial) ISSN: 0008-3194 AN: 19833494
   Abstract: Objective: The purpose of this case report is to highlight and emphasize the need for an appropriate and thorough list of differential diagnoses when managing patients, as it is insufficient to assume cases are mechanical, until proven non-mechanical. There are over 250,000 cases of appendicitis annually in the United States. Of those cases, >60% present with classic signs and symptoms of pain in the right lower quadrant, mild fever and nausea. It is standard for patients who present with appendicitis to be managed operatively with a laparoscopic appendectomy within 24 hours, otherwise the risk of complications such as rupture, infection, and even death increases dramatically. Clinical Features: This is a retrospective case report following a 27-year-old male with missed appendicitis, who presented to a chiropractor two weeks after self-diagnosed food poisoning. On assessment, he was tender with resisted lumbar rotation. Psoas Sign, McBurney’s Point, vascular exam, hip exam, were negative. A diagnosis of an abdominal strain was provided. Two weeks later, he returned to the chiropractor without an improvement of symptoms. Intervention & Outcome: The patient was sent to the hospital, where he was provided a diagnosis of missed appendicitis. He required a hemicolectomy due to the associated phlegmonous mass. Summary: When a patient presents to a chiropractic clinic with symptoms of abdominal pain, having a comprehensive list of non-mechanical differential diagnoses as well as mechanical differentials is crucial. Appropriate assessment and management of abdominal cases decreases the risk to patients, as missed diagnoses often require more invasive interventions.
   Subjects: Appendicitis Diagnosis; Diagnostic Errors; Abdominal Pain Etiology; Chiropractic Assessment; Adult: 19-44 years; Male
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3. Effects of Acupuncture on Pain and Inflammation in Pediatric Emergency
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   Evans, Michael M.; Curtin, Marissa; MEDSURG Nursing, Nov/Dec2014 Newsletter, 3-15. (13p) (Journal Article - case study) ISSN: 1092-0811 AN: 107841322
   Subjects: Quality of Health Care; Appendicitis Diagnosis; Diagnosis, Differential; Ovarian Cysts; Adult: 19-44 years; Female
   Cited References: (5)

6. How to improve clinical diagnosis of acute appendicitis in resource limited settings.
Acute Appendicitis: A Case Study Describing Standards of Care

Michael M. Evans and Marissa Curtin

Ms. F, 27, has had diffuse abdominal pain for 12 hours. As the pain worsens and vomiting develops, she goes to the local emergency department (ED). According to Ms. F, her only significant past medical history includes ovarian cysts and asthma. Current medications include an albuterol inhaler as needed (PRN). She also had a laparoscopic removal of a right ovarian cyst five years prior.

Ms. F informs the ED nurse that the onset of pain has increased and became more severe over the past 12 hours; vomiting began about six hours ago and is described as biliary in nature. She has taken no medication for her symptoms and has only used a heating pad to help relieve the pain in her abdomen. You instruct Ms. F about not using a heating pad because she may have appendicitis and a heating pad increases the risk of perforation (Black & Hawks, 2009; Lewis, Dirksem, Heitkemper, Bucher, & Cameron, 2011; National Digestive Diseases Information Clearinghouse [NDDIC], 2012). Upon exam, Ms. F rates her pain at 10 out of 10 on the pain scale throughout her abdomen, with tenderness and guarding noted upon palpation. The patient also has positive psoas and obturator signs. She has hypoactive bowel sounds in all four quadrants. Ms. F is febrile with a temperature of 101 degrees Fahrenheit per rectum with a pulse of 130 and respiration of 22. Ms. F has diffuse peritoneal signs, and a CT scan reveals an acute appendiceal mass with appendicitis. Ongoing investigations include a complete blood count (CBC) and comprehensive metabolic panel (CMP).

Ongoing Interventions
Ms. F is able to tolerate small amounts of water without nausea or vomiting. She is receiving intravenous fluids consisting of normal saline (500 mL/hr) with a dextrose of 5% and normal saline at 1 mL/kg of body weight per hour. The patient is nil per os (NPO) until a NG tube is in place. The NG tube is ordered to allow for the suction of gastric contents and administration of intravenous fluids and medication. A nasogastric (NG) tube is placed and suctioned to decrease the volume in the abdomen and lessen the risk of perforation. The patient is monitored for signs of peritonitis such as distended abdomen, rebound tenderness, guarding, involuntary movements of the abdominal muscles, and shock (Black & Hawks, 2009; Lewis et al., 2011; Vallerand, Sanoski, & DeGlin, 2011). In addition, prophylactic antibiotics are ordered to prevent the spread of infection. A complete blood count (CBC) and comprehensive metabolic panel (CMP) are ordered to be completed each morning. The patient is monitored for changes in bowel sounds and the development of other signs of peritonitis such as abdominal distention, rebound tenderness, involuntary movements, and changes in vital signs.

Volume 23 – Number 6

References:
Black & Hawks, 2009; Lewis et al., 2011; Vallerand, Sanoski, & DeGlin, 2011.
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EVIDENCE-BASED CARE SHEET

Breast Cancer in Older Women

What We Know

- The number of older women who are diagnosed with breast cancer (BC) is increasing dramatically as the population ages. Evidence of best practices for the screening and treatment management of older women with BC is limited, older women are underrepresented in clinical trials, and health insurance programs in some countries exclude women who are ≥ 70 years of age from receiving aggressive treatment for BC. Therefore, while recommendations for the management of older women with BC exist, these guidelines are generally based on lower-level evidence or extrapolated from research done in younger women with BC.¹,²,⁶,⁸,¹₂,¹₄,¹₆

  - Nearly half of BC diagnoses and more than half of BC deaths occur among women who are ≥ 65 years of age, and the highest incidence occurs in women who are 75–79 years of age.³,⁸,¹₂,¹⁶ Although there has been substantial improvement in overall BC survival rates in recent years, improvement in survival of older women with BC has been modest and women who are > 65 years of age account for 60% of BC-related deaths.¹,²,⁶,⁸,¹₂,¹²
  - The 5-year BC survival rate is 89% in women who are 40–49 years of age and 69% in women who are ≥ 80 years of age.⁶

  - Screening mammography (SM) is the most effective method for early BC detection and, in combination with prompt treatment, significantly reduces BC mortality. However, the optimum interval for SM in older women is unknown and recommendations vary among worldwide health organizations.⁶,⁸

  - Many current United States guidelines recommend SM for women who are over 65 years of age who have no clinically significant comorbid conditions, but make no
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Alzheimer's Disease

Description/Etiology
Alzheimer's disease (AD) is an incurable, progressive dementia characterized by cognitive deficits in language, speech, memory, and the ability to perform motor skills. It causes significant impairment in social and occupational functioning that presents serious difficulties to the patient and family members. Although disease progression is variable, due to the associated neurodegenerative complications, AD is always fatal.

Changes in brain structure and function characteristic of AD include amyloid plaques (i.e., deposits of β-amyloid protein), neurofibrillary tangles (i.e., abnormal collections of twisted protein threads inside neurons), synapse deterioration, and brain cell death, particularly in the frontal and temporal lobes. Production of neurotransmitters (e.g., acetylcholine) is decreased. The etiology of AD is unknown, but various factors might contribute to the pathogenesis of AD; these include aberrant iron deposition, oxidative stress, mitochondrial insufficiency, calcium homeostasis, neuro-inflammatory responses, cerebrovascular ischemia, and altered glucose and insulin metabolism. In addition, genetic mutations—including mutations of the amyloid precursor protein (APP), presenilin 1 (PSEN1), presenilin 2 (PSEN2), and apolipoprotein E (APOE) genes—have been identified as causing AD.

There are no definitive diagnostic imaging or laboratory tests for AD; diagnosis is confirmed only upon autopsy. The National Institute on Aging and Alzheimer's Association's criteria for diagnosis of probable AD are as follows:

» The patient meets the diagnostic criteria for dementia—including decline from previous level of functioning, impaired ability to function at work or at usual activities, detection and diagnosis of cognitive impairment by a combination of history from the patient or a reliable informant and bedside mental status exam or neuropsychological testing, and two or more additional symptoms (e.g., impaired ability to acquire and recall new information, poor judgment or impaired reasoning, impaired visuospatial skills, impaired language function, personality or behavior changes); these signs and symptoms must not be caused

Authors
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This session examines the joints between the occipital bone and C1 and C2, the superiormost cervical vertebrae.

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In this session we'll examine the joints of the vertebral column and the ligaments that support these joints.

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In this session we will explore some of the key anatomical relationships of the thoracic walls. The organs of the thorax are not the focus of this session, but we'll keep some of them in the picture to help start to build your understanding of how they fit. Some key structures are the sternum, vertebrae, and ribs.
This is a great tool to learn the various parts of the human body.
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Effectiveness of paracervical block for pain relief in women undergoing hysterosalpingography
Role of hysterosalpingography and diagnostic laparoscopy in infertility

Paminder Kaur Sachdeva and Navdeep Kaur


DOI: http://dx.doi.org/10.18293/2320-1770.ijrcog20163836

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Abstract:

Background: Infertility is one of the commonest problems encountered in gynecology. Improved familiarity with and access to infertility services among the affluent and better educated patients probably accounts for their greater use of the medical resources. The two most important diagnostic procedures which are used for evaluation of infertility are hysterosalpingography (HSG) and laparoscopy.

Methods: The present study was conducted on 50 patients with infertility after meeting inclusion criteria in the Department of Obstetrics and Gynaecology and Department of Radio-diagnosis, in Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Ambala over a period of 16 months. All the patients were examined by HSG as part of their routine infertility evaluation three months after HSG, status were assessed by laparoscopy. All the data collected were presented in terms of frequencies and percentage. Chi-square and p value were calculated in excel. P <0.05 was considered statistically significant.

Results: The study included 50 female patients with infertility. Among them 34 (68%) patients belonged to primary infertility and 16 (32%) belongs to secondary infertility. 58% of patients were in the age group between 20-25 years, 29% in between 26-30 and 14% with age above 30 years. Maximum number of cases 29 (58%) had duration of infertility between 1-5 years. Of the 50 patients,
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2. Mental health training program for community mental health staff in Guangzhou, China: effects on knowledge of mental illness and stigma.
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3. Indian Psychiatric Society multicentric study on assessment of health-care needs of patients with severe mental illnesses.
   By: Glover, Sandeep; Avasthi, Ajit; Shah, Sandip; Ladakwala, Bhavesh; Chakraborty, Kaustav; Nebbiuni, Naresh; Kallivallil, Roy Abraham; Dalai, Pranob K.; Sinha, Nishant; Khalikar, Praveen; Mukerjee, Diwa G.; Thara, R.; Behere, Prakash; Chauhan, Nidhi; Thirunavukarasu, M.; Malhotra, Sameer. Indian Journal of Psychiatry. Jan-Mar 2015, Vol. 57 Issue 1, p43-50. 8p. DOI: 10.4103/0019-5545.148520.
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2. Texas Plans to Execute a Schizophrenic Man Who Tried to Subpoena Jesus.

3. Effects of structured vocational services on job-search success in ex-offender veterans with mental illness: 3-month follow-up.
The Association of Pain Severity and Pain Interference Levels with Abuse Experiences and Mental Health Symptoms Among 300 Mothers: Baseline Data Analysis for a 7-year Prospective Study.

By: Symes, Lene; McFarlane, Judith; Nava, Angeles; Gilroy, Heidi; Maddoux, John. *Issues in Mental Health Nursing*. Jan 2013, Vol. 34 Issue 1, p2-16. 15p. Abstract: Women who experience interpersonal violence are at increased risk for anxiety, depression, posttraumatic stress symptoms, and chronic pain and other physical disorders. Although the effects of mental health disorders on women’s functioning and well-being are well established, less is known about the effects of pain. We examined participants’ (n = 300 mothers) experiences of pain severity and pain interference. Higher levels of pain severity and pain interference were significantly associated with anxiety, PTSD, and depression symptoms. Mental health symptoms compounded by pain, may leave abused women less able to access resources or practice safety behaviors to protect themselves and their children. [ABSTRACT FROM AUTHOR] DOI: 10.3109/01612840.2012.709916. (AN: 84676527)

Subjects: CHRONIC pain -- Psychological aspects; ABUSED women -- Psychology; ANALYSIS of covariance; ANALYSIS of variance; CHI-squared test; CORRELATION (Statistics); DISTRESS (Psychology); INTERVIEWING; LONGITUDINAL method; MENTAL illness; MOTHERs -- Psychology; PSYCHOLOGICAL tests; QUESTIONNAIRES; RESEARCH -- Finance; SCALES (Weighing instruments); SEX crimes; SOCIAL networks; PAIN measurement; SEVERITY of illness index; DESCRIPTIVE statistics; TEXAS; Scale and Balance Manufacturing; All other general-purpose machinery manufacturing; Other Individual and Family Services

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The Association of Pain Severity and Pain Interference Levels with Abuse Experiences and Mental Health Symptoms Among 300 Mothers: Baseline Data Analysis for a 7-year Prospective Study

Lone Symes, PhD, RN, Judith McFarlane, Dr. PH, FAAN, Angeles Nava, PhD, Heidi Gilroy, MS, and John Maddoux, MA
Texas Woman's University, College of Nursing, Houston, Texas, USA

Women who experience interpersonal violence are at increased risk for anxiety, depression, posttraumatic stress symptoms, and chronic pain and other physical disorders. Although the effects of mental health disorders on women's functioning and well-being are well established, less is known about the effects of pain. We examined participants' (n = 300 mothers) experiences of pain severity and pain interference. Higher levels of pain severity and pain interference were significantly associated with anxiety, PTSD, and depression symptoms. Mental health symptoms compounded by pain may have led women less able to access resources or practice safety behaviors to protect themselves and their children.

Women survivors of interpersonal violence (IPV) are more likely than other women to suffer from chronic pain and other physical and psychological illnesses. Recent studies support this conclusion across nations and ethnic groups. Ellisberg et al. (2008), in a report of the World Health Organization's (WHO) multi-country study of women's health and domestic violence against women, wrote that of the 10,585 ever-partnered women participants, 15% to 71% (varied by site) reported that they had experienced physical or sexual abuse. Women who had a history of abuse were significantly more likely to report that their or more times. Ellisberg et al. noted that because of the cross-sectional study design, the findings do not identify whether the onset of the health symptoms preceded the assaults. Nevertheless, they argue that because of the strength and consistency of some associations, the injuries that resulted from the abuse, and because they did not consider lifetime abuse but only recent health symptoms, the likelihood that the health symptoms are the result of the abuse is strengthened. Ellisberg et al. conclude that the WHO study findings demonstrate an urgent need to address partner violence at national and international levels because the relationship between partner violence and reported ill health is consistent across cultures and has related high costs in human suffering and health expenditures.

Bossoni et al. (2009) completed telephone surveys to determine the women's abuse status and then, using the women's U.S. health plan medical records, compared the health information for those abused in the past year (n = 242) with those who were never abused (n = 1686). After controlling for age, they found that women reporting abuse had a greater relative risk for psychological/mental problems, musculoskeletal problems, female reproductive disorders, acute respiratory tract infections, peptic ulcer disease, chest pain, abdominal pain...
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**Full Text:**

**Background:** The Pediatric Evaluation of Disability Inventory-Computer Adaptive Test (PEDI-CAT) is a new clinical assessment for children and youth from birth through 20 years of age.

**Objective:** To determine the discriminant validity of the PEDI-CAT according to the Gross Motor Function Classification System (GMFCS) and Manual Ability Classification System (MACS) in children with cerebral palsy (CP).

**Design:** A prospective convenience cross-sectional sample of 101 school-age children with CP was stratified by GMFCS level.

**Methods:** Participants were excluded if they underwent recent surgery (<6 months). Receiver operating characteristics curve analysis was used to quantify the discriminant validity of the PEDI-CAT domains to distinguish the level of independence in fine and gross motor function. General linear modeling was used to assess discriminant ability across all GMFCS and MACS levels.

**Results:** Mean age was 11 years, 11 months (SD 3.7). Mobility and Daily Activities domains exhibited
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