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NEJM由美国马萨诸塞州医学会 (the Massachusetts Medical Society, MMS)出版发行,拥有 25,000多名医生和学生会员, 致力于为马萨诸塞州的患者和 医生提供教育与支持。该协会 成立于1781年,是美国持续运 作历史最悠久的医学协会。







约翰·柯林斯·沃伦(1778/8/1-1856/5/4),美国外科医生。他 是《新英格兰医学杂志》的创始人之一,也是美国医学协 会的第三任主席。他是哈佛医学院的院长,也是麻省总医 院的创始成员之一。



1846年,他允许威廉·T·G·莫顿(WILLIAM T.G. MORTON)进行一项小手术时进行乙醚麻醉。第一 次公开展示手术麻醉的消息很快传遍了全世界。











- NSCLC 1263 Contemporary Hormonal Contraception
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New England Journal of Medicine Ranks



** Essential Journals Study, The Matalia Group, 2017.





Review evidence

ORIGINAL ARTICLES报道了改善病人护理和临床实践的原创临床研究的科学结果,或提供了有关疾病生物学的新信息。每一个原创性文章都要考虑独创性、质量、强有力的结果和伦理价值。

REVIEW ARTICLES综合了最近的研究和对关键临床概念的新见解,将当前的思考纳入了上下文。具体的临床指导通常包括在内。几乎每周都有新的评论文章发表。





CLINICAL PRACTICE文章首先介绍一个单 一的案例,然后描述诊断过程,治疗策 略,治疗方案,和治疗指南。

CLINICAL PRACTICE Management of Acute Hip Fracture

Mohit Bhandari, M.D., Ph.D., and Marc Swiontkowski, M.D.

4

Key Clinical Points . Audio Full Text

49 References 1 Citing Article Letters 2 Comments

Comments open through November 29, 2017

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This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors' clinical recommendations.

A 65-year-old woman who has been healthy and active presents to the emergency department several hours after a slip and fall. She is unable bear any weight on her right leg and reports that she has pain with any attempt to move. On inspection, her right leg is shortened and e radiograph of her pelvis and hip confirms a nondisplaced fracture of the f

of the radiograph determines that her fracture is located at the base of the called a basicervical fracture) with a more vertically oriented fracture line. managed?

The Clinical Problem

T ORLDWIDE, 4.5 MILLION PEOPLE ARE DISABLED FROM < year, with an expected increase to 21 million persons living v 40 years.¹ Globally, hip fracture ranks among the top 10 caus © 2040, the estimated annual health care costs will reach \$9.8 billion in the ... million in Canada.² However, given that three quarters of the world popul projected that Asian countries will contribute more to the pool of hip fract estimated that by 2050, more than 50% of all osteoporotic fractures will o

November 23, 2017 Metrics

N Engl J Med 2017; 377:2053-2052 DOI: 10.1056/NEI Mcp1611090

Editor

Caren G. Solomon, M.D., M.P.H., Editor

Related Articles

CORRESPONDENCE MAR 8, 2018

Management of Acute Hip Fracture



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治疗方案病例描述

A 32-year-old woman who emigrated from Eastern Europe is evaluated for persistent epigastric pain and bloating. Previous assessments showed a normal complete blood count and comprehensive metabolic panel and a negative result on serologic testing for celiac disease. Serum testing for *Helicobacter pylori* IgG was positive. She was treated with 20 mg of omeprazole, 1 g of amoxicillin, and 500 mg of clarithromycin, each taken twice daily for 10 days, but her symptoms persisted. How would you further evaluate and treat this patient?



The Clinical Problem

ELICOBACTER PYLORI INFECTION IS A COMMON, USUALLY LIFELONG, infection that is found worldwide.¹ Studies suggest that infection rates vary according to geographic region, but the number of infected people has persisted or even increased over the past three decades because of population growth and because of reinfection and recrudescence due to unsuccessful eradication.² A less advantaged socioeconomic status is a risk factor for H. pylori infection² because it is associated with more crowded living conditions that favor intrafamilial transmission.³ Iatrogenic infection by means of endoscopes also occurs.⁴



Helicobacter pylori Infection

- Testing for H. pylori is recommended in patients with peptic ulcer disease, gastric cancer, or gastric mucosa–associated lymphoid tissue lymphoma (MALToma). Other recommended indications for testing include dyspepsia, prolonged use of nonsteroidal antiinflammatory drugs or aspirin, unexplained iron-deficiency anemia, and immune thrombocytopenia.
- Testing for H. pylori can be performed directly on biopsy specimens obtained during endoscopy or performed by means of the stool antigen test or urea breath test. Proton-pump inhibitors (PPIs) interfere with the detection of bacteria and must be discontinued before any testing is performed.
- Several regimens are considered to be acceptable for initial treatment. The presence of an allergy to penicillin, previous exposure to macrolides, and high levels of macrolide resistance where the patient lives or has lived (if information is known) are relevant in choosing a regimen.
- After treatment, it is essential to document clearance of the infection, typically by means of a stool antigen test or urea breath test performed 1 month after the completion of antibiotic therapy (again, while the patient is not taking a PPI).
- Should retreatment be indicated, a different regimen that avoids repetitive use of the same antibiotic agents is recommended.

什么情况下需要进行幽 门螺杆菌检查

如何进行幽门螺旋杆菌 检查

几种初步治疗方案

治疗后需要再次检查

再次治疗注意事项

Conclusions and Recommendations

The patient in the vignette received a diagnosis of H. pylori infection that was made on the basis of IgG serologic testing. More-specific testing, with the use of stool antigen or urea breath testing, would have been preferred to determine whether she had active infection. She i ameliorate her https://www.nejm.org/doi/full/10.1056/NEJMcp1710945

and reconcision and races of Autoria

结论和建议

Because of cost and ease, I would recommend a stool antigen test to confirm the presence of active infection and the failure of the clarithromycin-based treatment. If the test results are positive, a different treatment regimen would be indicated. Failure of the initial clarithromycin-based regimen would not be surprising because the patient is from Eastern Europe, an area that has a clarithromycin resistance level of 15 to 40%.⁴² I would recommend treatment with bismuth-based quadruple therapy for 10 to 14 days, with a subsequent test performed 4 weeks after the completion of treatment (including the use of a PPI) to confirm eradication.

s of a small, rando he incidence and s

reatment for H. pyla ion and an increas r assess the effects





QUICK TAKE每周短视频,以吸引人的 动画格式呈现重要文章的亮点。这些 简短的视频提供一个简洁,创新的方 式来理解重要的新研究发现,帮助进 行医疗实践和病人护理。

RESIDENT E-BULLETIN 住院医师电子简 报,每周发送电子邮件,其中包含两篇 对教学特别有价值的文章摘要。在我们 的博客 NOW @ NEJM 中,针对 NEJM 内 容的临床意义及激发讨论的问题,给出 了简要见解。



Suminino, a vascular endothelial growth factor receptor tyrosine kinase inhibitor, is a standard of care for first-line treatment of advanced renal-cell carcinoma.

How does the combination of nivolumab plus ipilimumab compare to sunitinib for previously untreated advanced renal-cell carcinoma?

Quick Take

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QUICK TAKE

A Shorter Regimen for Tuberculosis

MDR tuberculosis is considerably more difficult to treat than drug-susceptible TB, especially in resource-poor settings. Is there a way to achieve treatment success more easily than the course recommended in the 2011 WHO guidelines? New research findings are summarized in a short video.

Video Summary of

ORIGINAL ARTICLE MAR 28, 2019

A Trial of a Shorter Regimen for Rifampin-Resistant Tuberculosis

A. J. Nunn and Others

Embolism during Pregnancy

March 28, 2019 DOI: 10.1056/NEJMdo005489 Chinese Translation 中文翻译



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https://www.nejm.org/do/10.1056/NEJMdo005489/full/





VIDEOS IN CLINICAL MEDICINE临床医

学视频提供观看常见的临床程序。 这些视频经过同行评审并采用章节 介绍帮助大家查阅方便,提供了对 制剂、设备等程序的简要回顾。还 可下载 PDF 版本的程序摘要。有超 过80个视频可观看,并且还在不断 更新。





部分视频列表

- Placing a Lumbar Epidural Catheter
- Monitoring Neuromuscular Function
- Carotid Sinus Massage
- Use of Pressure Transducers
- Clinical Examination of the Shoulder
- Managing Procedural Anxiety in Children
- Transfusion of Red Cells
- Removal of Foreign Bodies from the Ear and Nose
- Insertion of an Intracranial-Pressure Monitor
- Examination of the Retina
- Noninvasive Positive-Pressure Ventilation
- Treatment of Hematoma of the Nasal Septum

- 放置腰椎硬膜外导管
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- 使用压力传感器
- 肩部临床检查
- 处理儿童焦虑情绪
- 红细胞输注
- 移除耳鼻异物
- 插入鼻内压力监测器
- 视网膜检查
- 无创正压通气
- 鼻中隔血肿治疗

The following text summarizes information provided in the video.

OVERVIEW

Shoulder pain leads many patients to see a primary care physician. Obtaining a focused history and performing a proper examination of the shoulder facilitate diagnosis and treatment. This video reviews the anatomy of the shoulder, common shoulder injuries, and the procedures for obtaining the patient's history and performing a physical examination of the shoulder.

ANATOMY

A thorough understanding of the anatomy of the shoulder is crucial for a good clinical examination. The major anatomical landmarks of the shoulder include the clavicle, the acromion, the acromioclavicular joint, the humerus, the subacromial space, the rotator cuff (including the supraspinatus, infraspinatus, and teres minor on the posterior

2.1 1.1 1.1 1

Figure 1.



Greater Tubercle.

识别标志和条件

IMAGES IN CLINICAL MEDICINE展

示常见临床表现的突出范例,并 随附文字,每周发布两张影像。 IMAGE CHALLENGE识图达人有助 于提高诊断技能。每次识图达人 都是经典的NEJM 医学影像,要 求观看人作出诊断或回答问题。



IMAGE CHALLENGE



A 2-year-old boy who was born at full term and had been delivered with the assistance of forceps presented to the otolaryngology clinic with an 18-month history of flushing on his right cheek that appeared when he ate. Flushing appeared when he ate strawberries in the clinic and was not associated with pain, pruritus, sweating, or respiratory symptoms. The findings from the remainder of the examination were normal. What is the underlying condition?

Frey's syndrome	61%
Food allergy	16%
Rosacea	10%
Autonomic epilepsy	7%
Carcinoid syndrome	7%

Pr Dr.	Ibrahem Nofal – Feb 22, 2019	Appendicitis I think appendicitis complicated by perforation because there isnt electrolyte imbalance .	
bec	MOHAMED THAQIF IMTIAZ Feb 17, 2019	PR BLEED WONDERING WHY NO EARLY COLONOSCOPY.	
V S resi	SAMEER KAUL, - MD Feb 05, 2019	Crohns Disease Flare Up Appears to be a flare-up of Crohn's disease possibly by increased consumption of starchy food(being an athlete). Starchy meals are known to increase the growth of gut flora. During a flare, the G.I inflammation can be severe enough to warrant hospitalization.	?
anc wei hot	Ali Hami 👻 Jan 26, 2019	Crohn's disease Hx backs to 20 days is relatively long for appendicitis although the right side abdominal pains, fever, tenderness and the toxic symptoms later are all could be a feature of AA	





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ORIGINAL ARTICLE

Angiotensin II for the Treatment of Vasodilatory Shock

Ashish Khanna, M.D., Shane W. English, M.D., Xueyuan S. Wang, M.D., Kealy Ham, M.D., James Tumlin, M.D., Harold Szerlip, M.D., Laurence W. Busse, M.D., Laith Altaweel, M.D., Timothy E. Albertson, M.D., M.P.H., Ph.D., Caleb Mackey, M.D., Michael T. McCurdy, M.D., David W. Boldt, M.D., Stefan Chock, M.D., Paul J. Young, M.B., Ch.B., Ph.D., Kenneth Krell, M.D., Richard G. Wunderink, M.D., Marlies Ostermann, M.D., Ph.D., Raghavan Murugan, M.D., Michelle N. Gong, M.D., Rakshit Panwar, M.D., Johanna Hästbacka, M.D., Ph.D., Raphael Favory, M.D., Ph.D., Balasubramanian Venkatesh, M.D., B. Taylor Thompson, M.D., Rinaldo Bellomo, M.D., Jeffrey Jensen, B.S., Stew Kroll, M.A., Lakhmir S. Chawla, M.D., George F. Tidmarsh, M.D., Ph.D., and Adam M. Deane, M.D., for the ATHOS-3 Investigators^{*} N Engl J Med 2017; 377:419-430 [August 3, 2017] DOI: 10.1056/NEJMoa1704154



Comments open through August 9, 2017

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Videos in Clinical Medicine



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Ultrasound Guidance for Pleural-Catheter Placement

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Downing J.G. | N Engl J Med 1953; 249:976-988

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REVIEW ARTICLE PRIMARY CARE FREE PREVIEW

Cutaneous Squamous-Cell Carcinoma

Murad Alam, M.D., and Désirée Ratner, M.D.

This article has no abstract; the first 100 words appear below.

Nonmelanoma skin cancer is the most common cancer in the United States, with over 1.3 million cases expected to occur in the year 2001. Approximately 80 percent of nonmelanoma skin cancers are basal-cell carcinomas, and 20 percent are squamous-cell carcinomas.¹ Squamous-cell carcinoma is the second most common cancer among whites.² Unlike almost all basal-cell carcinomas, cutaneous squamous-cell carcinomas are associated with a substantial risk of metastasis.IncidenceIn 1994 in the United States, the lifetime risk of squamous-cell carcinoma was 9 to 14 percent among men and 4 to 9 percent among women.³ Although it is known that this neoplasm . . .

March 29, 2001

N Engl J Med 2001; 344:975-983 DOI: 10.1056/NEJM200103293441306

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INFORMING PRACTICE

June 10, 2014

Exemestane for Premenopausal Breast Cancer

William J. Gradishar, MD reviewing Pagani O et al. N Engl J Med 2014 Jun 1.

Outcomes were significantly improved with adjuvant exemestane versus tamoxifen in hormone-receptorpositive patients treated with ovarian function suppression.

Premenopausal women with early-stage, hormone-receptor-positive breast cancer will receive a recommendation of tamoxifen for at least 5 years and as long as 10 years. But whether adding ovarian function suppression (OFS) to tamoxifen or using an aromatase inhibitor (AI) with OFS offers an advantage in terms of recurrence or survival in this patient population has not been defined.

Investigators have now conducted two randomized, phase III trials (TEXT and SOFT) to compare tamoxifen plus OFS versus an AI (exemestane) plus OFS in 4690 premenopausal women with hormone-receptorpositive early breast cancer (median age, 43; 42% with node-positive disease; 57% received adjuvant chemotherapy).

After a median follow-up of 68 months, 5-year disease-free survival was significantly better with exemestane than with tamoxifen (91.1% vs. 87.3%; hazard ratio, 0.72 for disease recurrence, second invasive cancer, or death; *P*<0.001), as was the rate of freedom from breast cancer at 5 years (92.8% vs. 88.8%; HR, 0.66 for recurrence; *P*<0.001). Overall survival was similar between the groups.

COMMENT

These results suggest that exemestane plus OFS may be another option for young patients with hormone-sensitive breast cancer. Of note, the magnitude of benefit derived in this trial from an AI (plus OFS) is similar to the benefit seen in large adjuvant trials of postmenopausal patients comparing tamoxifen with an AI. Not answered by this analysis is whether these results are superior to 10 years of tamoxifen therapy or to 5 years of tamoxifen followed by an AI in patients who become postmenopausal. The potential benefit of adding OFS to endocrine therapy versus tamoxifen alone will be answered by the SOFT trial, perhaps as early as later this year. The adverse-effect profile of an AI in this young population is similar to that observed in older, postmenopausal patients, but whether acceptance will be equivalent in younger patients will require a careful analysis of compliance. Also of note, many patients in these trials did not receive chemotherapy and yet had an excellent prognosis with endocrine therapy alone. This finding emphasizes that not all premenopausal women require chemotherapy.

Editor Disclosures at Time of Publication

CITATION(S):

Pagani O et al. Adjuvant exemestane with ovarian suppression in premenopausal breast cancer. N Engl J Med 2014 Jun 1; [e-pub ahead of print]. (http://dx.doi.org/10.1056/NEJMoa1404037)





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Innovations in Care Delivery

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China's Changing Health Care: Global Lessons at Scale

Jiahui Health, Shanghai April 26, 2019 1:00pm-5:00pm ET

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by AMY COMPTON-PHILLIPS



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