

<<骨骼肌肉系统>>

图书基本信息

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内容概要

《"以器官系统为中心"原版英文教材:骨骼肌肉系统(第2版)》每一章节都是围绕着一个临床病例展开,通过对病人问题的呈现以及解决过程引出对相关知识的探究,从而使与器官系统结构、功能以及疾病相关的重要的基础医学知识得到了完善的整合。

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作者简介

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版权页：插图： Interesting facts NSAIDs and cardiovascular risk Over the past 30 years, the main toxicity concern of NSAIDs has been the upper gastrointestinal toxicity system. However, since 2000 there has been increasing interest in the cardiovascular risk of NSAIDs, particularly the COX-2 selective inhibitor Rofecoxib (Vioxx). This culminated in its international withdrawal from the market. The cardiovascular risk of NSAIDs, whether COX-2-selective or not remains under a cloud. Corticosteroids The corticosteroids (or glucocorticoids) are hormones produced by the adrenal glands. They have potent antiinflammatory and immunosuppressive properties. Their effect in RA, when used at high doses, is dramatic. Corticosteroid analogues have been produced synthetically by chemical modification of the natural hormone cortisol. This has resulted in a range of compounds with varying potencies and differential toxicities. By far the most commonly used compound is prednisone, which is four to five times as potent as cortisol and has less mineralocorticoid activity, resulting in less fluid retention. Prednisone is administered orally and acts rapidly to reduce inflammation, resulting in a lessening of joint swelling, pain and stiffness in RA. They bind to cytoplasmic cortisol receptors and are transported into the nucleus where they interfere with RNA processing of protein molecules. Corticosteroids act on a wide variety of target cells including leukocytes. They inhibit leukocyte chemotaxis (directed motion towards a stimulus), preventing circulating polymorphs, monocytes and lymphocytes from reaching sites of inflammation. They reduce vascular permeability and inhibit the production of cytokines and arachidonic and metabolites, such as prostaglandins and leukotrienes. Despite clinical efficacy, corticosteroids are toxic if used at high doses for prolonged periods. Corticosteroids Case 1.1 Rheumatoid arthritis: 4 Case note: Corticosteroid treatment Despite 2 weeks of complete rest and a course of naproxen, Mrs Gale has only partly improved, remains in pain and cannot function effectively. After a telephone call by her general practitioner to a rheumatologist, she is advised to commence oral prednisone 10mg per day as a morning dose.

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编辑推荐

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