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- 了解Health & Medical Collection 医学期刊数据库的资源及优势
- · 掌握ProQuest数据库平台的检索技术
- · 熟悉ProQuest平台检索结果的利用方法

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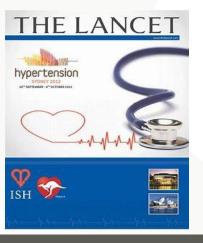
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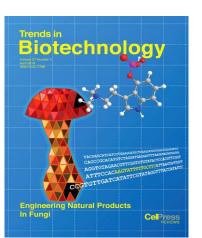
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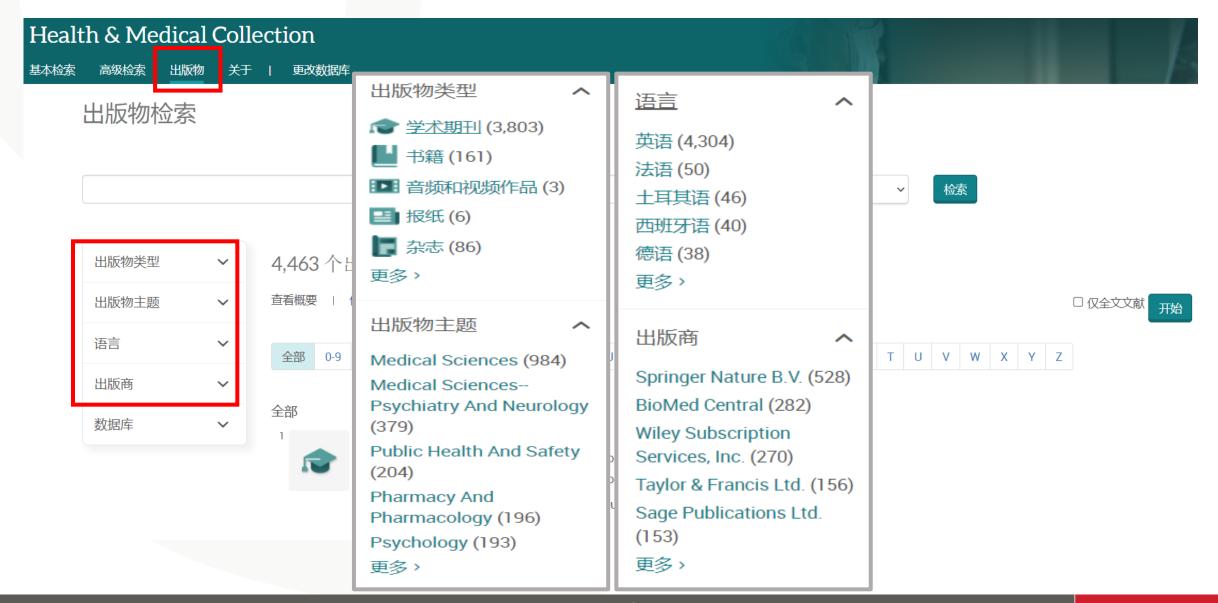
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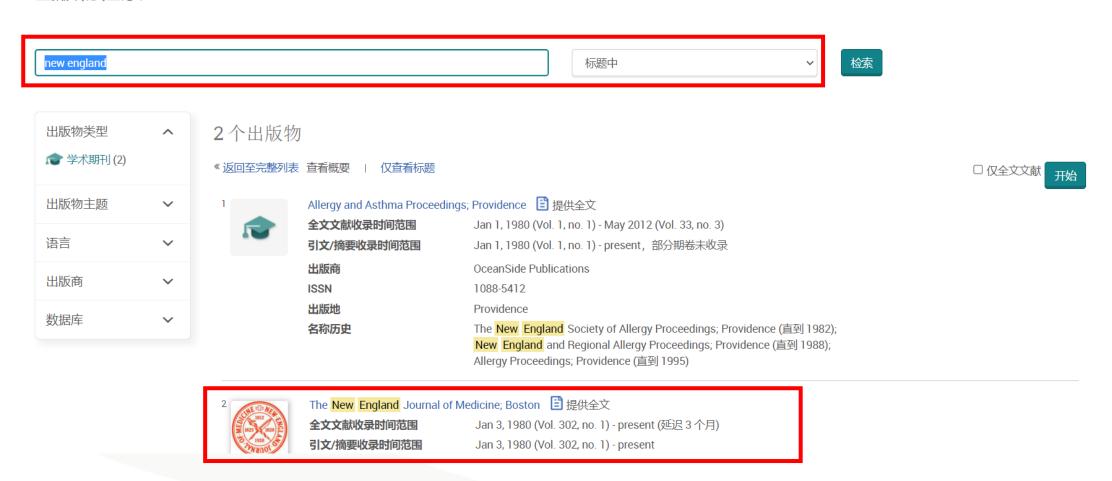


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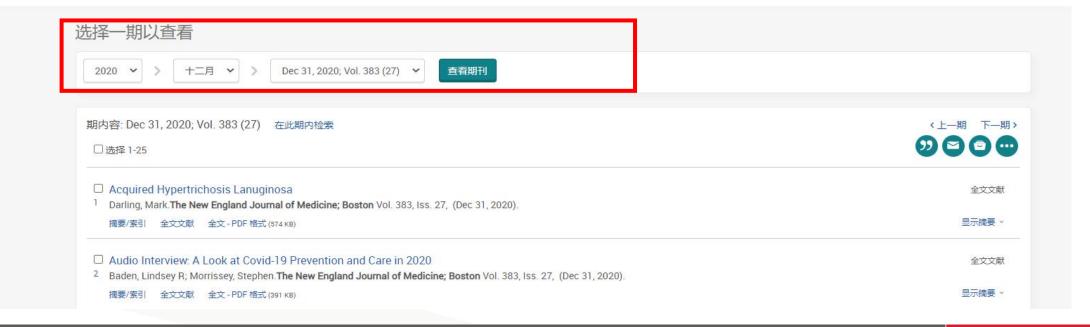
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SARS-CoV-2 immunity: review and applications to phase 3 vaccine candidates

Poland, Gregory A; Ovsyannikova, Inna G; Kenne Iv, Richard B. The Lancet; London Vol. 896, Iss. 10262, (Nov 14, 2020): 1595-1606. DOI:10.1016/S0140-6736(20)32137-1











全文 - PDF 格式 摘要/索引 摘要 翻译~ Summary Understanding immune responses to severe acute respiratory syndrome coronavirus 2 is crucial to understanding disease pathogenesis and the usefulness of bridge therapies, such as hyperimmune globulin and convalescent human plasma, and to developing vaccines, antivirals, and monoclonal antibodies. A mere 11 months ago, the canvas we call COVID-19 was blank. Scientists around the world have worked collaboratively to fill in this blank canvas. In this Review, we discuss what is currently known about human humoral and cellular immune responses to severe acute respiratory syndrome coronavirus 2 and relate this knowledge to the COVID-19 vaccines currently in phase 3 clinical trials. 全文文献 翻译~

Introduction

D:00 /0:00 ■ ±

In the past 18 years, three novel coronaviruses have crossed the species barrier to infect humans and cause human-to-human transmission. In addition, four seasonal human coronaviruses (ie, 229E, NL63, OC43, and HKU1) have been identified as causing up to a third of community-acquired upper respiratory tract infections. Coronaviruses compose a family within the Nidovirales order and replicate by use of a nested set of mRNAs. Although most human coronaviruses have been betacoronaviruses, two of the seasonal viruses (ie, 229E and NL63) are alphacoronaviruses, which shows that both viral

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Can we migrate COVID-19 spreading risk?

Chen, Qingyan.

Frontiers of Environmental Science & Engineering; Heidelberg Vol. 15, Iss. 3, (2021).

Acceptability of a COVID-19 vaccine among adults in the United States:

How many people would get vaccinat. Reiter, Paul L; Pennell, Michael L; Katz, Mira

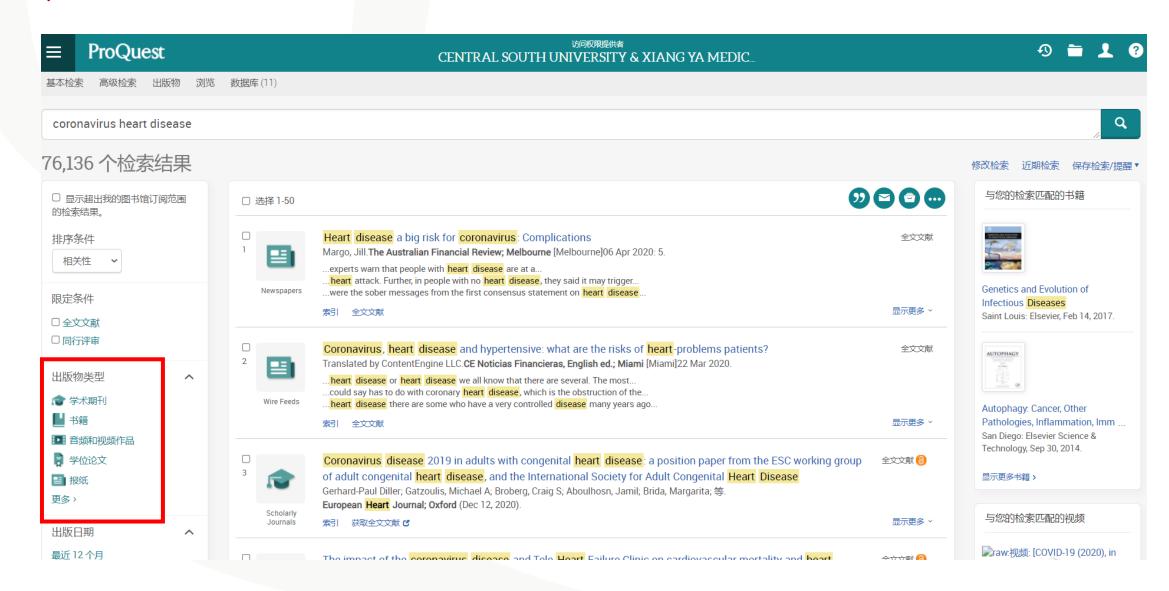
Vaccine; Kidlington Vol. 38, Iss. 42, (Sep 29, 2020): 6500-6507.

Enacting national social distancing policies corresponds with dramatic reduction in COVID19 infection rates

McGrail, Daniel J. Dai, Jianli, McAndrews, Kathleen M; Kalluri, Raghu.

PLoS One; San Francisco Vol. 15, Iss. 7, (Jul. 2020)- 20236610

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COVID-19 and multisystem inflammatory syndrome in children and adolescents



Li Jianq*, Kun Tanq*, Mike Levin, Omar Irfan, Shaun K Morris, Karen Wilson, Jonathan D Klein, Zulfiqar A Bhutta

As severe acute respiratory syndrome coronavirus 2 continues to spread worldwide, there have been increasing Lancet Infect Dis 2020; reports from Europe, North America, Asia, and Latin America describing children and adolescents with COVID-19-associated multisystem inflammatory conditions. However, the association between multisystem inflammatory syndrome in children and COVID-19 is still unknown. We review the epidemiology, causes, clinical features, and current treatment protocols for multisystem inflammatory syndrome in children and adolescents associated with COVID-19. We also discuss the possible underlying pathophysiological mechanisms for COVID-19induced inflammatory processes, which can lead to organ damage in paediatric patients who are severely ill. These insights provide evidence for the need to develop a clear case definition and treatment protocol for this new condition and also shed light on future therapeutic interventions and the potential for vaccine development.

20: e276-88

Published Online August 17, 2020

https://doi.org/10.1016/ \$1473-3099(20)30651-4

For the French translation of the abstract see Online for appendix 1

For the Chinese translation of the abstract see Onlin

Follow-up after discharge from hospital

Paediatric patients diagnosed with MIS-C often require special care and aggressive treatment; however, most patients have shown favourable outcomes (appendix 6 pp 1-2). Children can be discharged from hospital once their inflammatory laboratory markers have normalised; they are afebrile, normotensive, and well hydrated; and they do not require supplementary oxygen. Close followup is very important because the natural history of MIS-C is still unclear; in most centres the follow-up occurs with the child's primary care provider and subspecialists from infectious diseases, rheumatology, cardiology, and haematology. The medium-term to long-term outcomes, such as the sequelae of coronary artery aneurysm formation following MIS-C, remain unknown and represent an important area of future research.



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Epidemiology and Infection

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Clinical characteristics of COVID-19 with cardiac injury: a systematic review and meta-analysis

Linwen Zeng* (a), Shihui Wang* (b), Jianing Cai, Shaoqing Sun, Suhuai Wang, Jingjie Li (b) and Lin Sun

Department of Cardiology, The First Affiliated Hospital of Harbin Medical University, Harbin, Heilongjiang, China

Abstract

Review

*These authors contributed equally to this work.

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Methods

Search strategy and selection criteria

We performed a comprehensive search of literature published between 1 December 2019 and 2 May 2020 on Pubmed, Embase, EuropePMC, medRxiv (https://www.medrxiv.org), SSRN



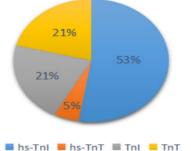


Fig. 1. The proportion of articles classified by diagnostic criteria of cardiac injury.

(https://www.ssrn.com) and CNKI databases using the combination of the following key words: 'COVID-19' or 'SARS-CoV-2' or 'Corona Virus Disease 2019' or 'cardiac injury' or 'myocardial damage' or 'heart disease' or 'cardiac troponin' or 'severity' or 'mortality' or 'ICU'without the limitation on language. After

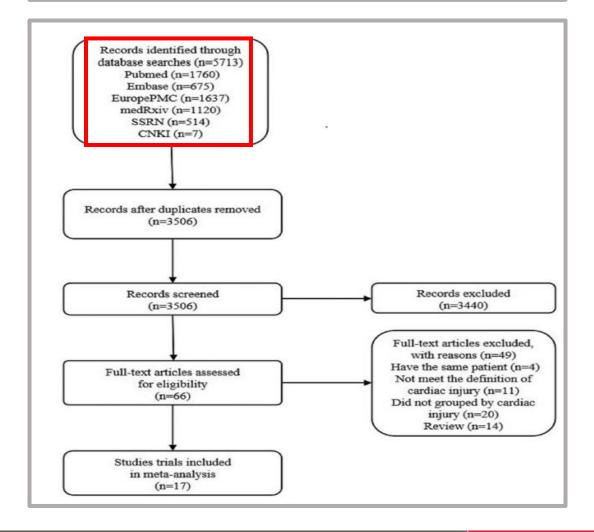
preliminary screening the literature related to the research content of this paper according to their title or abstract, we gave a thorough read of the full text and selected eligible ones to our meta-analysis. In addition, we also reviewed the references, similar documents and cited documents of the included articles to ensure the more comprehensive and accurate results.

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The inclusion criteria were as follows: (1) patients included in each study were all diagnosed with COVID-19 infection and were divided into cardiac injury group and non-cardiac injury group; (2) cardiac injury was diagnosed on admission; (3) the following indicators of cardiac injury and non-injury patients were counted: age, gender, abnormal laboratory indicators, the number of patients with comorbidities such as hypertension and diabetes, with clinical complications such as AKI, ARDS and arrhythmia, with the needs for mechanical ventilation, ICU transfer and with death; (4) the sample size >20 (5) studies if they had a cohort or case—control designs. Cardiac injury was defined consistent with selected studies as hypersensitive troponin or troponin greater than the 99th-percentile upper reference limit, as per the manufacturer's indications.

The criteria for exclusion were as follows: (1) the same patients were enrolled in different studies; (2) individual case reports, reviews and editorials; (3) myocardial injury is not defined as a reference value for hypersensitive troponin or troponin above the upper 99th percentile; (4) does not meet the criteria for the

ation of the following key words: 'COVID-19' or 'SARS-CoV-2' or 'Corona Virus Disease 2019' or 'cardiac injury' or 'myocardial damage' or 'heart disease' or 'cardiac troponin' or 'severity' or 'mortality' or 'ICU'without the limitation on language. After







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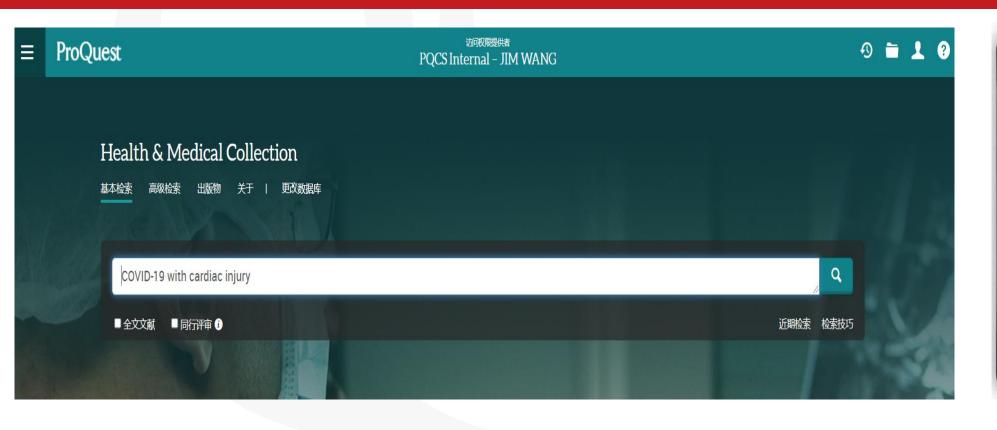
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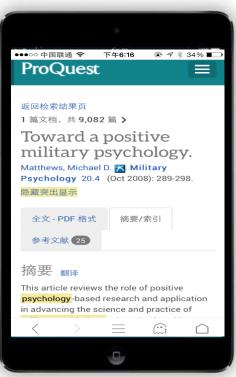
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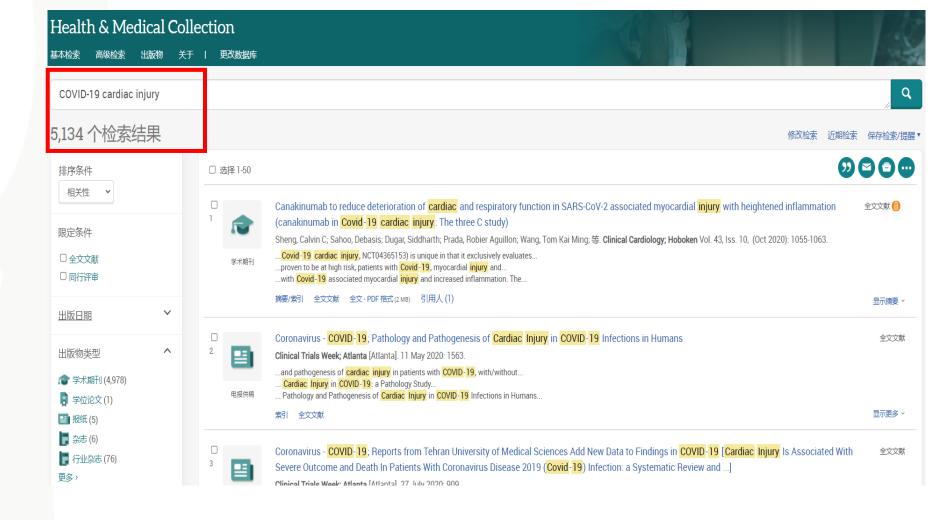
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(In this study, we carried out a systematic analysis of clinical characteristics in COVID-19 patients to determine potential risk factors for cardiac injury complicated COVID-19 virus infection.)

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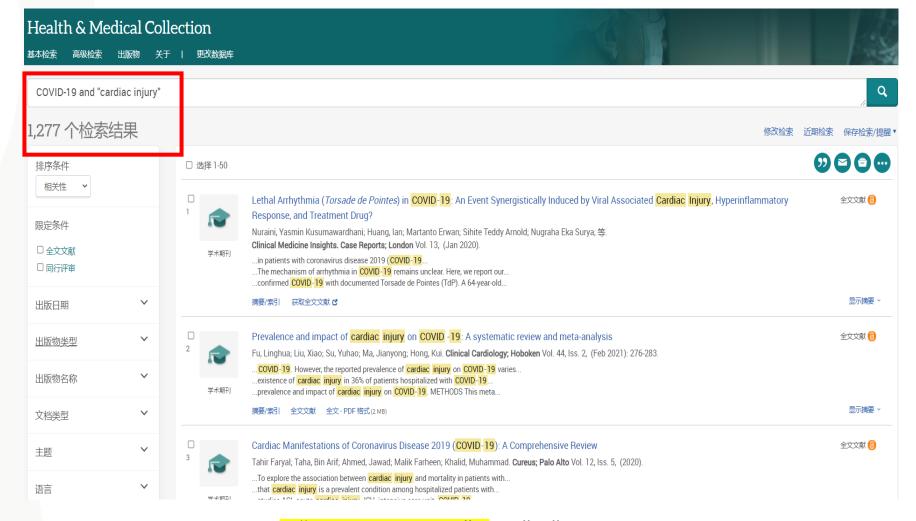
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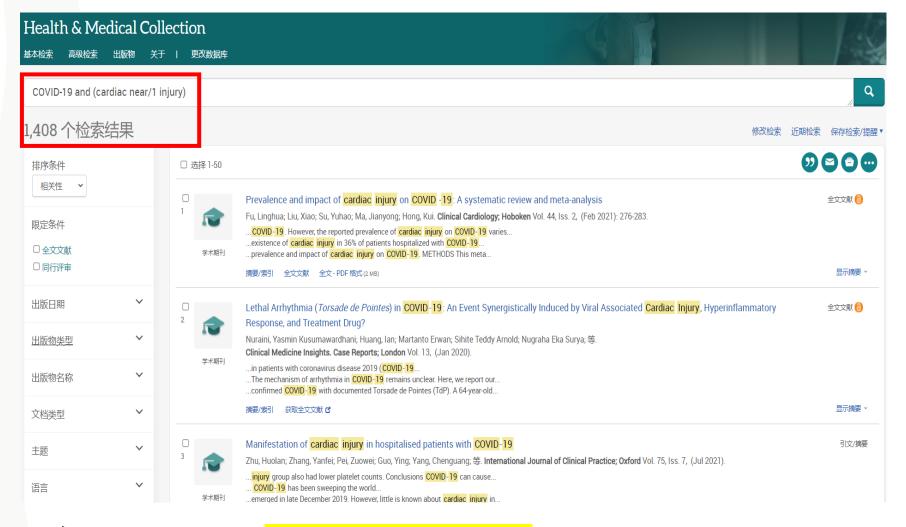
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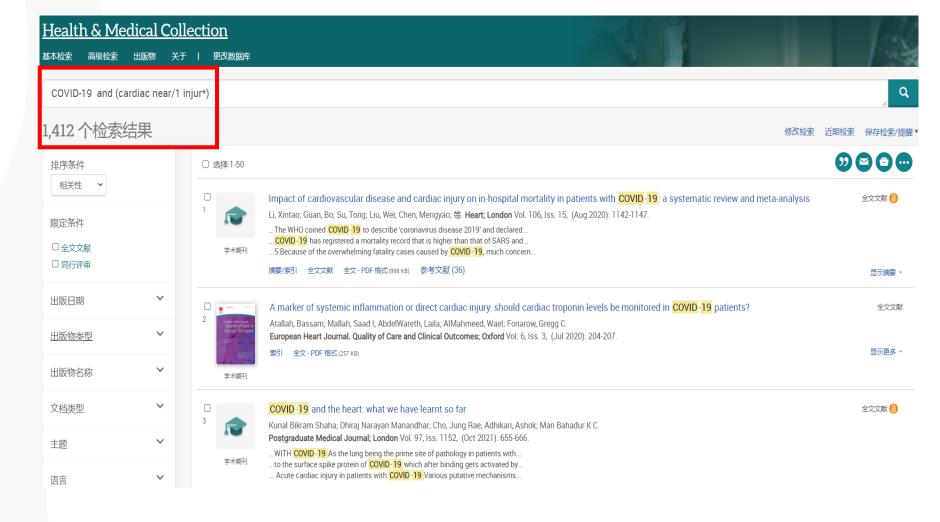
检索COVID-19 and (cardiac near/1 injury) 加位置算符,可提升相关性, near/1,表示允许两个词之间最大词间距为1个单词,可命中Cardiac myocardial injury 等

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检索COVID-19 and (cardiac near/1 injur*) 加*表示词根相同词尾不同词的通配, injur* 可以检索到更多相关结果, 可同时命中 injured、injuring等

概念解析综述文献可用于概念解析

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Review

*These authors contributed equally to this work.

Clinical characteristics of COVID-19 with cardiac injury: a systematic review and meta-analysis

Linwen Zeng* , Shihui Wang* , Jianing Cai, Shaoqing Sun, Suhuai Wang, Jingjie Li and Lin Sun

Department of Cardiology, The First Affiliated Hospital of Harbin Medical University, Harbin, Heilongjiang, China

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(COVID-19 or SARS-CoV-2 or "Corona Virus

Disease 2019") AND ("cardiac injury" OR

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OR "cardiac troponin" OR severity or

mortality or ICU)

完善概念解析

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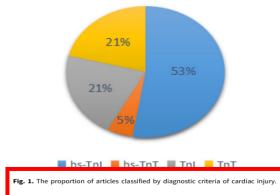
Coronavirus 2" or ((coronavirus or "corona virus" or

ncov) near/1 2019)) and (((cardiac or myocardial or heart)

near/1 (disease or injury or failure or damage or troponin)) or

cardiology or myocarditis)

2 Linwen Zeng et al.



(https://www.ssrn.com) and CNKI databases using the combination of the following key words: 'COVID-19' or 'SARS-CoV-2' or 'Corona Virus Disease 2019' or 'cardiac injury' or 'myocardial damage' or 'heart disease' or 'cardiac troponin' or 'severity' or 'mortality' or 'ICU'without the limitation on language. After

preliminary screening the literature related to the research content of this paper according to their title or abstract, we gave a thorough read of the full text and selected eligible ones to our meta-analysis. In addition, we also reviewed the references, similar documents and cited documents of the included articles to ensure the more comprehensive and accurate results.

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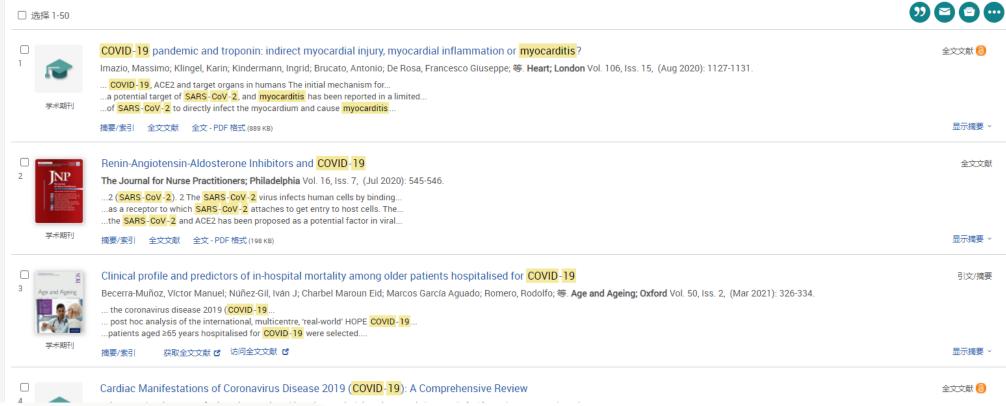
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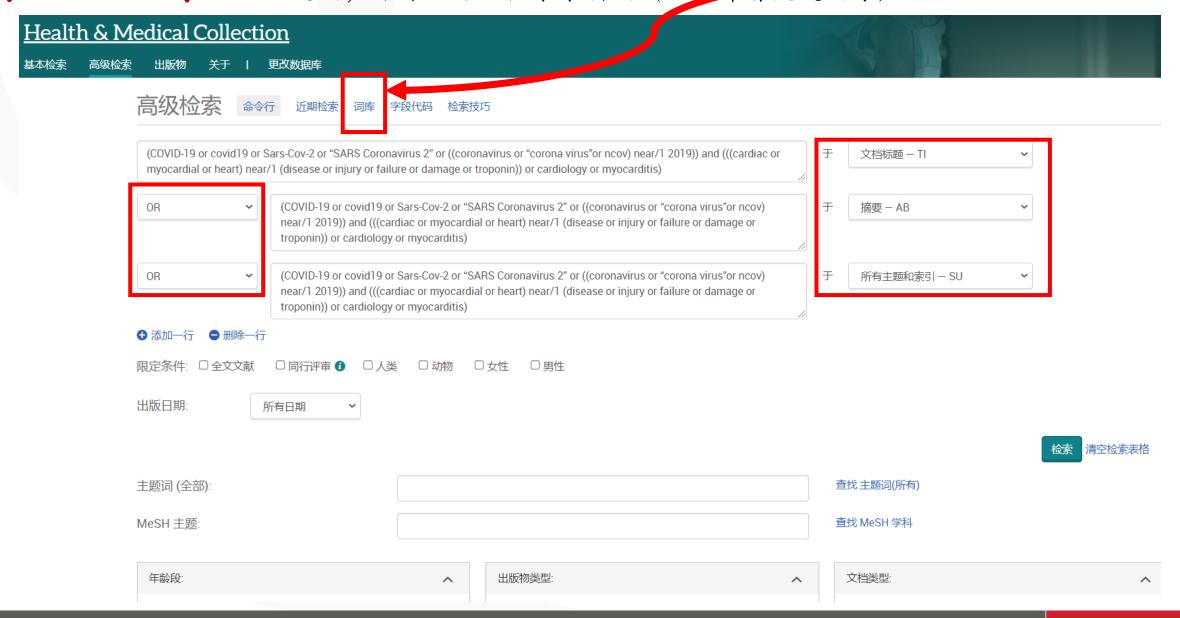
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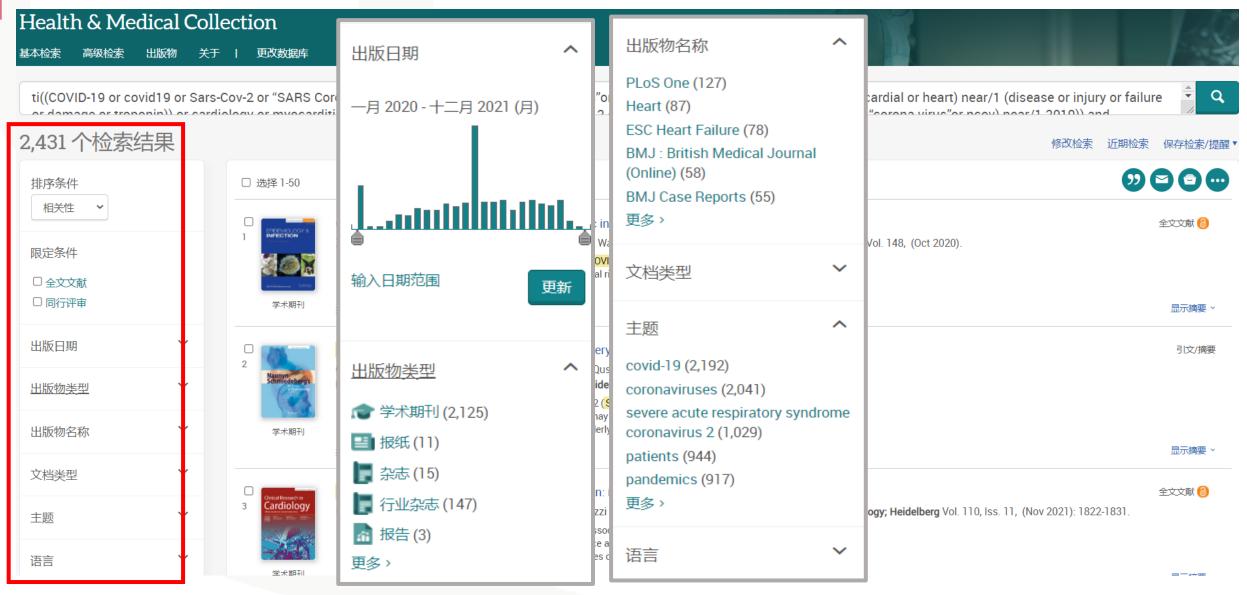


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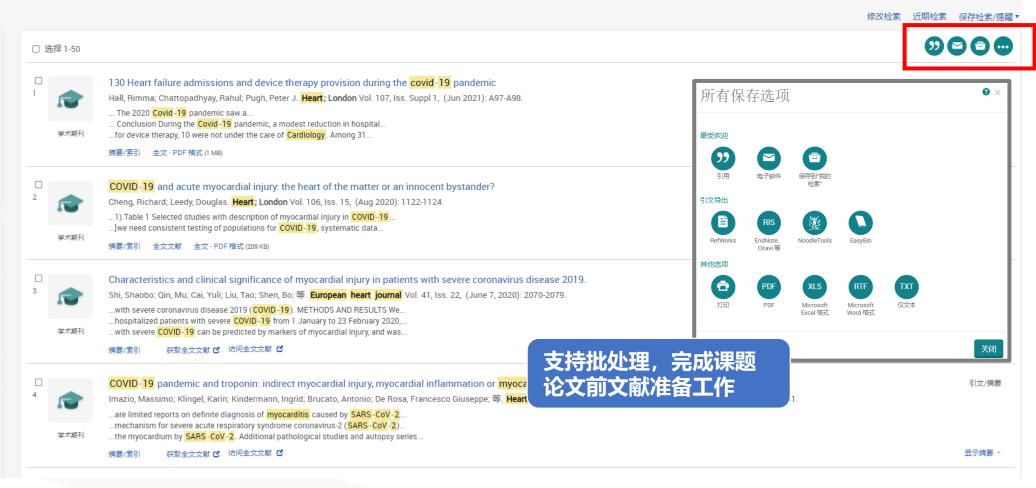
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文献筛选报告

Evolution of Management and Outcomes of Patients with Myocardial Injury During the COVID-19 Pandemic

出版物信息: The American Journal of Cardiology; New York Vol. 157, (Oct 15, 2021): 42-47.

摘要 (ENGLISH)

Cardiac involvement in coronavirus disease 2019 (COVID-19) has been established. This is manifested by troponin elevation and associated with worse patient prognosis. We evaluated whether patient outcomes improved as experience accumulated during the pandemic. We analyzed COVID-19-positive patients with myocardial injury (defined as troponin elevation) who presented to the MedStar Health system (11 hospitals in Washington, DC, and Maryland) during the "Early Phase" of the pandemic (March 1 - June 30, 2020) and compared their characteristics and outcomes to the COVID-19-positive patients with the presence of troponin elevation in the "Later Phase" of the pandemic (October 1, 2020 – January 31, 2021). The cohort included 788 COVID-19-positive admitted patients for whom troponin was elevated, 167 during the "Early Phase" and 621 during the "Later Phase." Maximum troponin-l in the "Early Phase" was 13.46±34.72 ng/mL versus 11.21±20.57 ng/mL in the "Later Phase" (p = 0.553). In-hospital mortality was significantly higher in the "Later Phase" (50.3% vs. 24.6%; p<0.001), as were incidence of intensive-care-unit admission (77.8% vs. 46.1%; p<0.001) and need for mechanical ventilation (61.7% versus 28%; p<0.001). In addition, more "Early Phase" patients underwent coronary angiography (6% vs. 2.3%; p=0.013). Finally, 3% of "Early Phase" and 0.8% of "Later Phase" patients underwent percutaneous coronary intervention (p=0.025). In conclusion, treatment outcomes have significantly improved since the beginning of the pandemic in COVID-19-positive patients with troponin elevation. This may be attributed to awareness, severity of the disease, improvements in therapies, and provider experience

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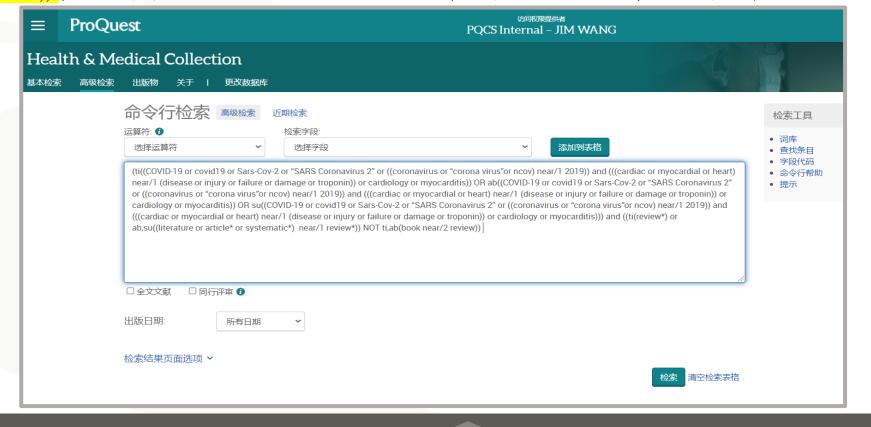
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Pandemics; Coronaviruses; Angiography; Calcium-binding protein; Ventilation; Mortality; Heart diseases; Troponin: COVID-19: Viral diseases: Medical imaging: Patients: Coronary artery disease: Injury analysis 地点: United States -- US Evolution of Management and Outcomes of Patients with Myocardial Injury During the COVID-19 Pandemic 出版物名称: The American Journal of Cardiology; New York 157 42-47 出版年份: 2021 出版日期: Oct 15, 2021 出版商: Elsevier Limited 出版地: New York 出版物国家/地区: United Kingdom, New York 出版物主题: Medical Sciences--Cardiovascular Diseases ISSN: 0002914 9 e-ISSN: 18791913 来源类型: 学术期刊 出版物语言: English

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(ti((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis)) OR ab((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis)) OR su((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis))) and ((ti(review*) or ab,su((literature or article* or systematic*) near/1 review*)) NOT ti,ab(book near/2 review)), 该检索策略增加了在标题、文摘和主题中检索综述相关信息,同时排除掉book review这类型文献





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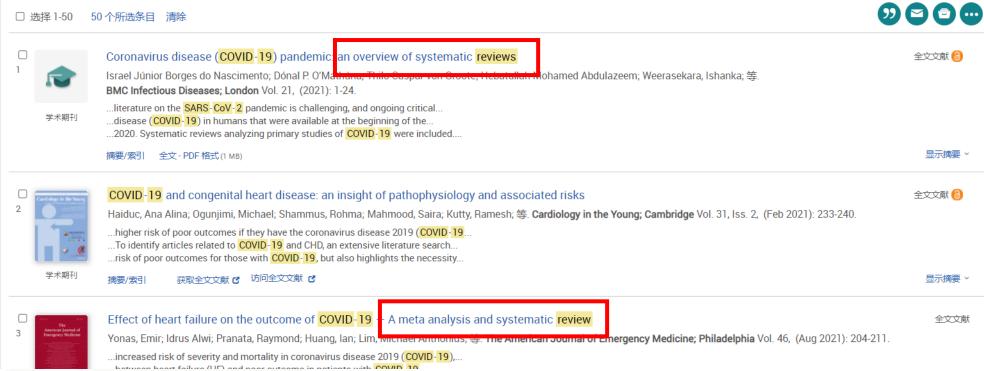


近期检索 保存检索/提醒



188 个检索结果





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Epidemiology and Infection

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Clinical characteristics of COVID-19 with cardiac injury: a systematic review and meta-analysis

Linwen Zeng* (a), Shihui Wang* (b), Jianing Cai, Shaoqing Sun, Suhuai Wang, Jingiie Li (b) and Lin Sun

Department of Cardiology, The First Affiliated Hospital of Harbin Medical University, Harbin, Heilongjiang, China

Abstract

Review

*These authors contributed equally to this work.

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Methods

Search strategy and selection criteria

We performed a comprehensive search of literature published between 1 December 2019 and 2 May 2020 on Pubmed, Embase, EuropePMC, medRxiv (https://www.medrxiv.org), SSRN

Linwen Zeng et al.

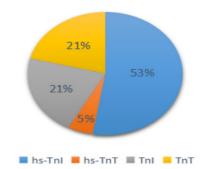


Fig. 1. The proportion of articles classified by diagnostic criteria of cardiac injury.

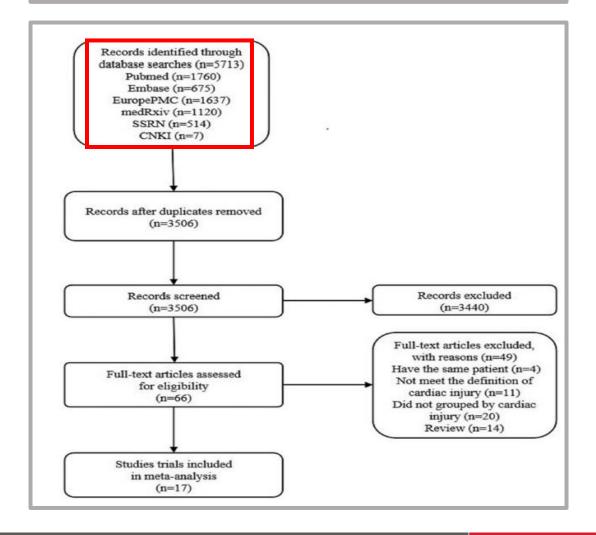
(https://www.ssrn.com) and CNKI databases using the combination of the following key words: 'COVID-19' or 'SARS-CoV-2' or 'Corona Virus Disease 2019' or 'cardiac injury' or 'myocardial damage' or 'heart disease' or 'cardiac troponin' or 'severity' or 'mortality' or 'ICU'without the limitation on language. After

preliminary screening the literature related to the research content of this paper according to their title or abstract, we gave a thorough read of the full text and selected eligible ones to our meta-analysis. In addition, we also reviewed the references, similar documents and cited documents of the included articles to ensure the more comprehensive and accurate results.

The inclusion criteria were as follows: (1) patients included in each study were all diagnosed with COVID-19 infection and were divided into cardiac injury group and non-cardiac injury group; (2) cardiac injury was diagnosed on admission; (3) the following indicators of cardiac injury and non-injury patients were counted: age, gender, abnormal laboratory indicators, the number of patients with comorbidities such as hypertension and diabetes, with clinical complications such as AKI, ARDS and arrhythmia, with the needs for mechanical ventilation, ICU transfer and with death; (4) the sample size >20 (5) studies if they had a cohort or case—control designs. Cardiac injury was defined consistent with selected studies as hypersensitive troponin or troponin greater than the 99th-percentile upper reference limit, as per the manufacturer's indications.

The criteria for exclusion were as follows: (1) the same patients were enrolled in different studies; (2) individual case reports, reviews and editorials; (3) myocardial injury is not defined as a reference value for hypersensitive troponin or troponin above the upper 99th percentile; (4) does not meet the criteria for the

ation of the following key words: 'COVID-19' or 'SARS-CoV-2' or 'Corona Virus Disease 2019' or 'cardiac injury' or 'myocardial damage' or 'heart disease' or 'cardiac troponin' or 'severity' or 'mortality' or 'ICU'without the limitation on language. After

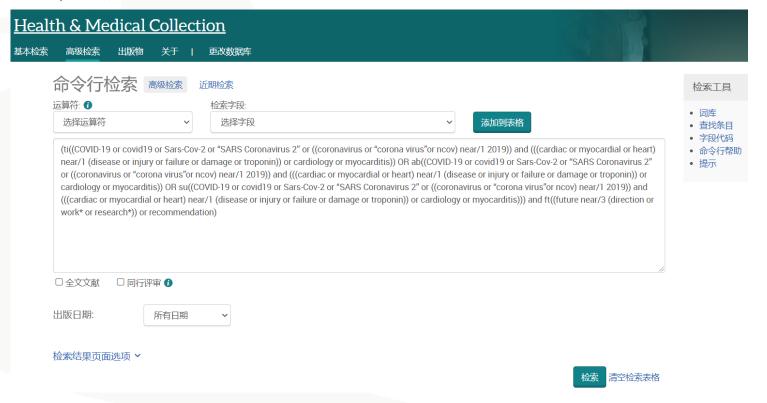






检索举例:检索研究建议

(ti((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis)) OR ab((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis)) OR su((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1 (disease or injury or failure or damage or troponin)) or cardiology or myocarditis))) and ft((future near/3 (direction or work* or research*)) or recommendation), 该检索策略增加了在全文中检索研究建议



文中研究建议

Health & Medical Collection

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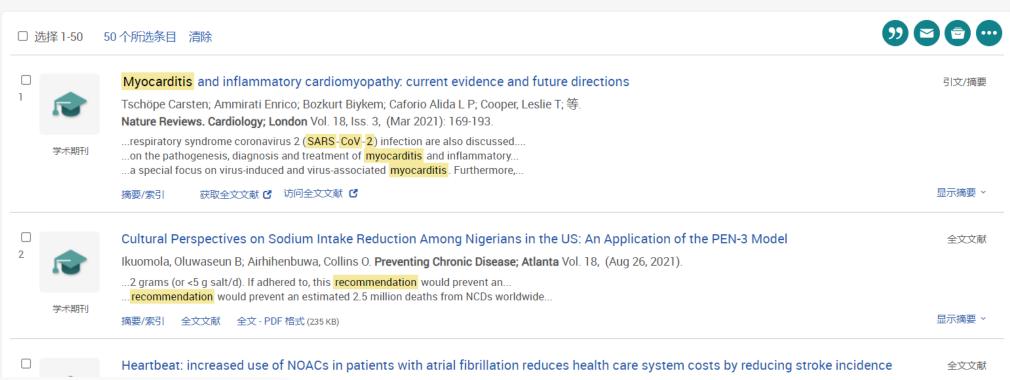
(ti((COVID-19 or covid19 or Sars-Cov-2 or "SARS Coronavirus 2" or ((coronavirus or "corona virus" or ncov) near/1 2019)) and (((cardiac or myocardial or heart) near/1



保存检索/提醒 🔻

734 个检索结果





文中研究建议

Cardiovascular disease and COVID-19: implications for prevention, surveillance and treatment

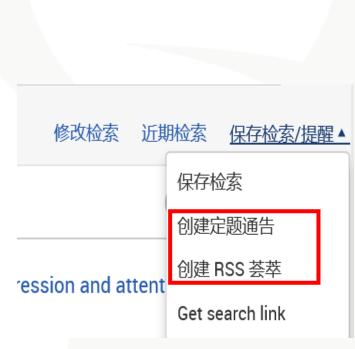
Chatterjee, Neal A; Cheng, Richard K.Heart; London Vol. 106, Iss. 15, (Aug 2020): 1119-1121. DOI:10.1136/heartjnl-2020-317110

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es highlight important differences e prevalence and control of cardioılar risk factors between China and regions of the world, including the For example, while the prevalence TN and dyslipidaemia were lower in a compared with the USA, treatment control of these factors were substanlower in China (eg, HTN control vs 50% in China vs US). In addition, I was more likely to cluster with other ovascular and metabolic risk factors hina when compared with the USA. e epidemiological differences have r implications for the generaliseability e findings of this study.6 For example, the higher rates of risk-factor clusg, it is not clear if CVD or subtypes VD as a single risk factor carries the prognostic implications in other ns of the world. Likewise, the marked bility in both treatment and control

med analyses, future efforts should focus on employing systematic and harmonised definitions of CVD in patients with COVID-19. Finally, in addition to the variability in phenotyping CVD, there remains similar heterogeneity in the adjudication of cardiovascular outcomes in COVID-19. While endpoints such as all cause mortality are of value, future work delineating both mode of death (respiratory, cardiovascular) as well as specific cardiovascular outcomes (heart failure, malignant brady-arrhythmia or tachyarrhythmia, acute coronary syndrome, myocarditis) will be key to inform both surveillance and therapeutic strategies. Certain risks, such as arrhythmic sudden death, may accrue during the convalescent phase of COVID-19 and studies examining longitudinal outcomes in patients with CVD will be important to understand both the mechanisms and timeline of risk.

定题/RSS - 自动获取新增匹配记录



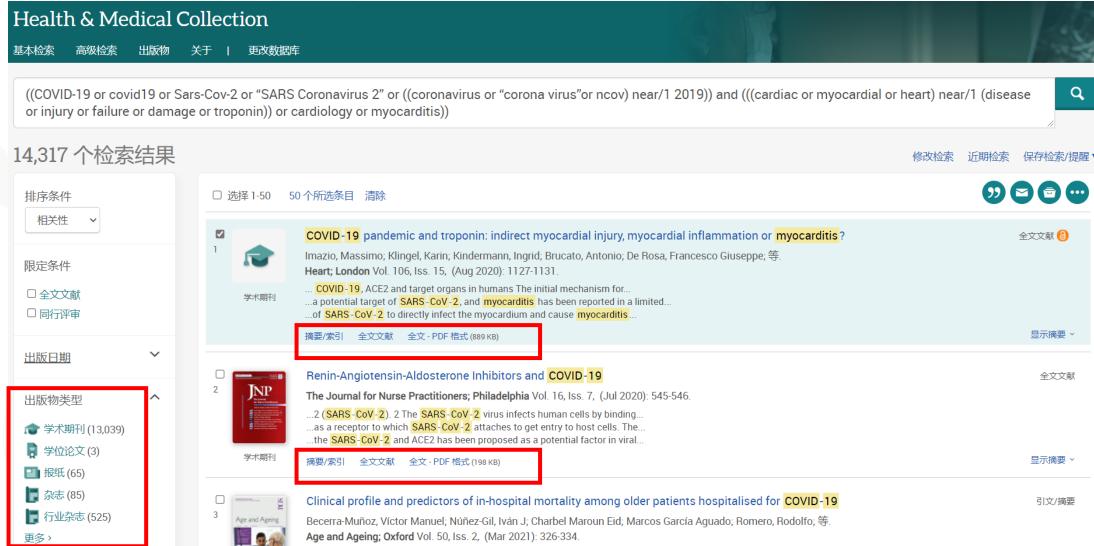




讲座内容

- 1. 资源介绍
- 2. 检索功能
- 3. 检索结果

检索结果页 - 多种类型学术资源



注: 全文期刊数据库,但部分文献仅收录了文摘/索引。记录显示内容包括文摘/索引,全文文献 (HTML), PDF全文,引用人,参考文献。注:各记录显示的内容会有差异。

检索结果 - 记录详情

全文文献 | Scholarly Journals Myocarditis in a 16-year-old b Gnecchi, Massimiliano; Moretti, Francesco; Bassi, Emilio Mari 直接将引文复制到您的论文中 The Lancet; London Vol. 395, Iss. 10242, (Jun 27, 2020): e1 AMA - American Medical Association, 10th Edition 检索 ProQuest... 全文文献 全文 - PDF 格式 摘要/索引 1. Gnecchi M, Moretti F, Bassi EM, et al. Myocarditis in a 16-year-old boy positive for 相关条目 摘要 \wedge SARS-CoV-2. The Lancet. 2020;395(10242). https://search.proquest.com/scholarlyjournals/myocarditis-16-year-old-boy-positive-sars-cov-2/docview/2424143484/se-翻译~ 2?accountid=42594, doi: http://dx.doi.ora/10.1016/S0140-6736(20)31307-6. Football causes orbital trapdoor Investigations showed raised high-sensitivity cardiac tropo fracture with restricted eye dehydrogenase (276-0 U/L) concentrations (appendix). The reaccoste count was 12 13 x 105 per L, the neutrophil count was 10 04 x lymphocyte count was 0.78 × 109 per L. We gave the boy aspirin to relieve his pain and transferred him to the coronary care unit with a working diagnosis of movement acute myocarditis. Paediatric patients reporting chest pain and other features suggestive of acute myocarditis—with or without respiratory symptoms— Kemps, Paul Geraeds; Michaël Herman should, we believe, also be tested for SARS-CoV-2 (video). The Lancet; London Vol. 395, Iss. 10221, (Feb 1, 2020): 370. 2019 novel coronavirus of pneumonia 全文文献 in Wuhan, China: emerging attack 翻译~ and management strategies She, Jun; Jiang Jinjun; Ye, Ling; Hu, Lijuan; 开启检索词导航 Bai Chunxue; 等. Clinical and Translational Medicine; ▶ 0:00 /0:00 🖜 👱 Heidelberg Vol. 9, Iss. 1, (Dec 2020). A 16-year-old boy was admitted to our emergency department, in Lombardy, complaining of intense pain in his chest-radiating to his left arm-which had Clinical Picture: Systemic lupus started 1 h earlier. The day before he had a fever of 38.3°C that decreased after 100 mg of nimesulide. He reported no other symptoms, no medical history. erythematosus and blood type and no contact with anyone with confirmed COVID-19. Nakamura, Norio; Fujita, Takeshi; Nakamura, We found his vital signs to be normal apart from his temperature which was raised at 38-5°C. On auscultation of the patient's chest, we heard normal heart Masayuki; Shimada, Michiko; et al. The Lancet; London Vol. 368, Iss. 9540, (Sep. sounds, no pericardial rub, and no abnormal respiratory signs. We found no lymphadenopathy, no rash, and no areas of localised tenderness on the chest 16-Sep 22, 2006): 1022. wall. An electrocardiogram (ECG) showed inferolateral ST-segment elevation (figure) and a transthoracic echocardiography showed hypokinesia of the inferior and inferolateral segments of the left ventricle, with a preserved ejection fraction of 52%; no pericardial effusion was seen. Investigations showed raised Pediatric myocarditis: presenting high-sensitivity cardiac troponin I (9449 ng/L), creatine phosphokinase (671.0 U/L), C-reactive protein (32.5 mg/L), and lactate dehydrogenase (276.0 U/L)

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concentrations (appendix). The leucocyte count was 12.75×10^9 per l. the neutrophil count was 10.04×10^9 per l. and the lymphocyte count was 12.75×10^9 per l.

clinical characteristics

检索结果 - 摘要/索引

Myocarditis in a 16-year-old boy positive for SARS-CoV-2 Gnecchi, Massimiliano; Moretti, Francesco; Bassi, Emilio Maria; Leonardi, Sergio; Totaro, Rossana; \(\xi\). The Lancet; London Vol. 395, Iss. 10242, (Jun 27, 2020): e116. DOI:10.1016/S0140-6736(20)31307-6		作者	Gnecchi, Massimiliano ¹ ; Moretti, Francesco ¹ ; Bassi, Emilio Maria ² ; Leonardi, Sergio ¹ ; Totaro, Rossana ³ ; Perotti, Luciano ⁴ ; Zuccaro, Valentina ⁵ ; Perlini, Stefano ⁶ ; Preda, Lorenzo ⁷ ; Baldanti, Fausto ⁸ ; Bruno, Raffaele ⁹ ; Visconti, Luigi Oltrona	
瘤要/索引 指要/索引 Investigations showed raised high-sensitivity cardiac troponin I (9449 ng/L), creatine phosphokinase (671·0 U/L), C-reactive dehydrogenase (276·0 U/L) concentrations (appendix). The leucocyte count was 12·75×109 per L, the neutrophil count was lymphocyte count was 0·78×109 per L. We gave the boy aspirin to relieve his pain and transferred him to the coronary care acute myocarditis. Paediatric patients reporting chest pain and other features suggestive of acute myocarditis—with or wi should, we believe, also be tested for SARS-CoV-2 (video).		s 10-04×109 per L, and the	Coronary Care Unit and Laboratory of Clinical and Experimental Cardiology, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy; Department of Molecular Medicine, Cardiology Unit, University of Pavia, Pavia, Italy Radiology Unit, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy Coronary Care Unit and Laboratory of Clinical and Experimental Cardiology, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy Apaesthesia and Resuscitation Unit, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy	
			Medical Sciences	
索引	索引		01406736	
Severe acute Heart diseas Electrocardio Creatine; Fever; Pain; L-Lactate del Leukocytes;	Aspirin;	e-ISSN	1474547X	
	Creatine kinase; Severe acute respiratory syndrome coronavirus 2; Heart diseases; Electrocardiography; Creatine; Fever; Pain; L-Lactate dehydrogenase; Leukocytes; C-reactive protein; COVID-19;	来源类型	Scholarly Journals	
		出版物语言	English	
		文档类型	Journal Article	
		DOI	http://dx.doi.org/10.1016/S0140-6736(20)31307-6	
		ProQuest 文档 ID	2424143484	

检索结果 - 工具栏

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检索结果页



注:支持批量处理检索结果









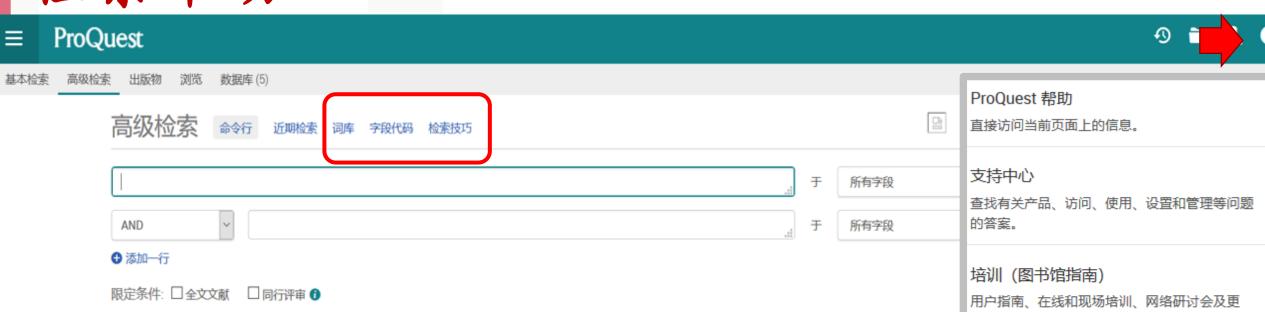
讲座小结

通过本讲座可学习到

- 了解Health & Medical Collection 医学期刊数据库的资源 及优势
- · 掌握ProQuest数据库平台的检索技术
- ·熟悉ProQuest平台检索结果的利用方法

支持和服务

检索帮助



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- 字段代码: 获取可检字段信息及使用说明

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