

Scientific American Medicine/Surgery クイック・レファレンス・ガイド 簡易マニュアル 1/3

Deckerでは、Scientific AmericanのMedical Editionとして医学教育に必要な内科及び外科さらには、それぞれの主題に応じた、系統的な教育コンテンツを提供するとともに、概要、診断や手技等を含めたコンテンツを提供させていただきます。

従来の教育コンテンツだけでなく、医師の継続教育のためのコンテンツやテストバンク、教員と学生のミニLMSなどを含む総合的なコンテンツを提供し、施設の必要の応ずる形で、カスタマイズさせていただきます。

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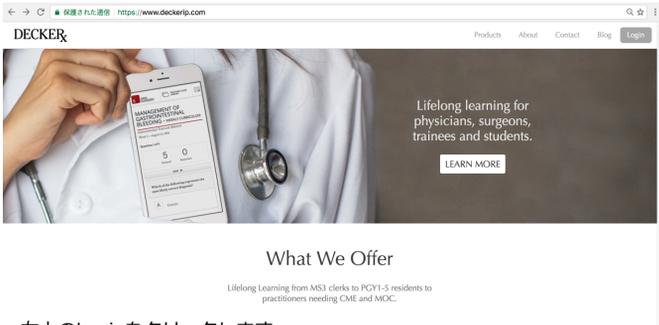
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(継続医学教育や学生の教育に用いる場合は、個人の進捗を図るためにIDとパスワードを要求するケースがあります。)

1.コンテンツへのアクセスについて：

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2.コンテンツ概要

ログインすると利用可能なコンテンツが表示されます。サブジェクトにあわせてコンテンツが提供されます。最終的には、全医学部分野のサブジェクトを網羅する形で提供されますが、全部揃うまでに2-3年かかる予定です。

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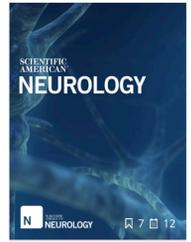
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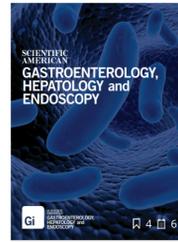
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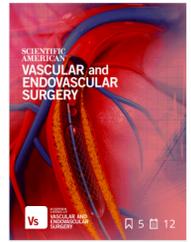
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Scientific American Gastroenterology, Hepatology and Endoscopy

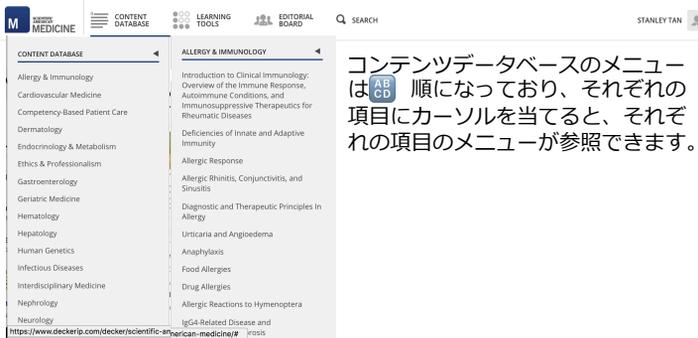
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Scientific American Vascular and Endovascular Surgery

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それぞれの主題別コンテンツは共通の下記のようなメニューで表示されます。赤が外科系、紺が内科系となります。



また、Editorial Boardをクリックすることで編集者の略歴が表示されます。Searchをクリックすることで、コンテンツ内の検索を行います。



それぞれのコンテンツの移動は、名前のところにカーソルを持ってゆくと右のようなメニューが表示されますので、その中で、CHANGE PRODUCTをクリックすることでコンテンツを変更することができます。また、利用が終わりましたら、SIGN OUTをクリックしてください。

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またそれぞれの項目なガイドラインや処置の変更、新しい技術等については、WhatsNewsの項目でアナウンスされます。

3.コンテンツの内容表示

3-1. News表示

コンテンツをクリックすることで、それぞれのサブジェクトについての新しい情報が表示されます。毎週様々なレポートや論文等を提供してゆきます。

WHAT'S NEW IN SCIENTIFIC AMERICAN MEDICINE



January 27th, 2017
January 27, 2017 Updates
WHAT'S NEW THIS WEEK IN SCIENTIFIC AMERICAN MEDICINE
NEPHROLITHIASIS | URINALYSIS ...



January 23rd, 2017
January 23, 2017 Updates
WHAT'S NEW THIS WEEK IN SCIENTIFIC AMERICAN MEDICINE
CHRONIC OBSTRUCTIVE PULMONARY DISEASE ...



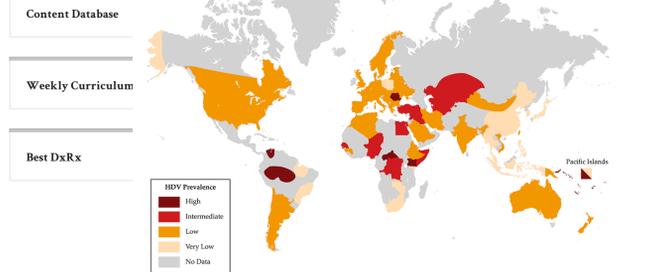
January 19th, 2017
January 19, 2017 Updates
WHAT'S NEW THIS WEEK IN SCIENTIFIC AMERICAN MEDICINE
VIRAL HEPATITIS OTHER THAN A, B, OR C | HER...

[BACK](#)

YOUR PRODL JANUARY 19, 2017 UPDATES

Jan. 19, 2017, 9:41 p.m.

米国および欧州におけるE型肝炎ウイルス



WHAT'S NEW THIS WEEK IN SCIENTIFIC AMERICAN MEDICINE:

[VIRAL HEPATITIS OTHER THAN A, B, OR C | HEREDITARY HEMOCHROMATOSIS](#)

FEATURED THIS WEEK

HEPATOLOGY

[Viral Hepatitis Other than A, B, or C](#)

NADEEM ANWAR, MD
KENNETH E. SHERMAN, MD, PhD
University of Cincinnati College of Medicine, Cincinnati, OH

3-2. フルテキスト表示

目次をクリックすると最初に抄録(Abstacts)が表示され、フルテキストが表示されます。フルテキストに利用されているTeaching Slideもコピーで利用も可能です。また、利用者は、PDF等でダウンロードしてご利用いただくこともできます。最後にレファレンスが表示されます。

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Geriatric Assessment

Given that function represents the integration of the effects of multiple factors, it is important to perform a comprehensive assessment of the key domains in older patients' lives. These domains—physical, cognitive, social, and medical—impact older adults' function in significant and often overlapping ways.

KEY DOMAINS

Physical Domain

The physical domain involves physiologic changes that come about as a part of normal aging, as well as problems that are not a normal part of aging but occur with increasing frequency with age. This section addresses changes in sensory function that impact older adults' daily lives as well as the ability of the examiner to conduct effective assessments [see Table 3]. Many of these changes are related to geriatric syndromes or medical problems that are prevalent with aging. For more information on geriatric syndromes or complex medical issues that are prevalent in older adults, please search the publication.

Table 3. Common Changes with Aging

System	Changes with Aging
Vision	Presbyopia, vitreous detachment, decreased frequency of vision-impairing eye disease (age-related macular degeneration, cataracts, glaucoma, diabetic retinopathy)
Hearing	Presbycusis; cerumen impaction
Taste	Decline in proprioception acuity
Smell	Decline in taste perception; medications-induced dysgeusia; oral neoplasia
Smell	Increasing prevalence of loss of smell

INTRODUCTION TO CLINICAL IMMUNOLOGY: OVERVIEW OF THE IMMUNE RESPONSE, AUTOIMMUNE CONDITIONS, AND IMMUNOSUPPRESSIVE THERAPEUTICS FOR RHEUMATIC DISEASES

Steven K. Lundy, PhD, Alison Gizinski, MD, David A. Fox, MD

[Teaching Slides](#) [PDF](#)

Abstract

The immune system is a complex network of cells and mediators that must balance the task of protecting the host from invasive threats. From a clinical perspective, many diseases and conditions have an obvious link to improper functioning of the immune system, and insufficient immune responses can lead to uncontrolled acute and chronic infections. The immune system may also be important in tumor surveillance and control, cardiovascular disease, health complications related to obesity, neuromuscular diseases, depression, and dementia. Thus, a working knowledge of the role of immunity in disease processes is becoming increasingly important in almost all aspects of clinical practice. This review provides an overview of the immune response and discusses immune cell populations and major branches of immunity, compartmentalization and specialized immune niches, antigen recognition in innate and adaptive immunity, immune tolerance toward self antigens, inflammation and innate immune responses, adaptive immune responses and helper T (Th) cell subsets, components of the immune response that are important targets of treatment in

WHAT'S NEW

IMPORTANT ADVANCES

May 01, 2016

Interleukin (IL)-17A is the most important isoform of IL-17, and a monoclonal antibody that neutralizes this cytokine, secukinumab, has recently been FDA approved for use in psoriasis, psoriatic arthritis, and ankylosing spondylitis. IL-17 is important in host defense against *Candida* and some bacteria, and vigilant monitoring for infections is important in patients who receive either this antibody or other biologics. Neutralization of IL-17 has been reported to

Navigation

3-3. レファレンス表示

それぞれのレファレンスはGuideline, Meta Analysis, Clinical Trial, Reviewsにより色分けをして表示されます。

[Guidelines](#) [EBM](#) [Reviews](#) [Teaching Slides](#) [PDF](#)

References

■ Guidelines ■ Meta Analysis ■ Clinical Trials ■ Reviews

- Freifeld AG, Bow EJ, Sepkowitz KA, et al. Clinical practice guideline for the use of antimicrobial agents in neutropenic patients with cancer: 2010 update by the Infectious Diseases Society of America. *Clin Infect Dis* 2011;52:e56–93.
- National Comprehensive Cancer Network. Prevention and treatment of cancer-related infections. Fort Washington (PA): National Comprehensive Cancer Network; 2015.
- Bodey GP, Buckley M, Sathe YS, Freireich EJ. Quantitative relationships between circulating leukocytes and infection in patients with acute leukemia. *Ann Intern Med* 1966; 64:328–40.
- Aquino VM, Herrera L, Sandler ES, Buchanan GR. Feasibility of oral ciprofloxacin for the outpatient management of febrile neutropenia in select-ed children with cancer. *Cancer* 2000;88:1710–4.
- Buchanan GR. Approach to treatment of the febrile cancer patient with low-risk neutropenia. *Hematol Oncol Clin North Am* 1993;7:919–35.
- Paganini H, Rodriguez-Brieschke T, Zubizarreta P, et al. Oral ciprofloxacin in the management of children with cancer with low risk febrile neutropenia. *Cancer* 2001;91: 1563–7.
- Klastersky J, Paesmans M, Rubenstein EB, et al. The Multinational Association for Supportive Care in Cancer risk index: a multinational scoring system for identifying low-risk febrile neutropenic cancer patients. *J Clin Oncol* 2000;18:3038–51.
- Carmona-Bayonas A, Jimenez-Fonseca P, Virizueta Echaburu J, et al. Prediction of serious complications in patients with seemingly stable febrile neutropenia: validation of the Clinical Index of Stable Febrile Neutropenia in a prospective cohort of patients from the FINITE study. *J Clin Oncol* 2015;33:465–71.
- Hughes WT, Armstrong D, Bodey GP, et al. 2002 guidelines for the use of antimicrobial agents in neutropenic patients with cancer. *Clin Infect Dis* 2002;34:730–51.

IMPORTANT ADVANCES

Jun 01, 2016

Notably, in the last few years, at least two new oral targeted therapies have been approved by the Food and Drug Administration to treat chronic lymphocytic leukemia and certain types of non-Hodgkin lymphomas, including ibrutinib and idelalisib. Based on the B cell immunosuppressive mechanism of these drugs, infectious complications might be expected with clinical use. However, there has been limited clinical experience to date, with no specific infectious complications identified with ibrutinib. In contrast, idelalisib, when combined with other cancer treatments, has been linked to an increased risk of death and serious adverse events in clinical trials, most of which have been attributed to opportunistic infections.

4. Learning Tools

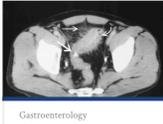
4-1. Teaching Slide Library

各サブジェクト毎に様々なスライドがご利用いただけます。

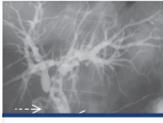
TEACHING SLIDE LIBRARY



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Appendicitis



Gastroenterology
Diverticulosis, Diverticulitis, and Appendicitis



Gastroenterology
Enteric and Parenteral Nutrition

FILTER BY SECTION

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ALLERGY & IMMUNOLOGY

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MENSES AND FERTILITY

MOVEMENT DISORDERS

NEPHROLOGY

NEUROLOGIC INFECTIOUS DL...

NEUROLOGIC SYMPTOMS

4. Learning Tools

4-2. Weekly Curriculum

Junior向けSenior向けのそれぞれの問題を用意し、1週間

毎にテストを受け、習熟度を確かめることができます。

これらのテストは、スマホやモバイル端末でも利用できます。



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JUNIOR

SENIOR

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ADRENAL INSUFFICIENCY - WEEKLY CURRICULUM

Endocrinology & Metabolism

Week 31 - January 30th, 2017

Question 1 of 5

A 35-year-old woman presents to clinic with several months of worsening fatigue, weakness, anorexia, weight loss, and lightheadedness. She has no past medical history and takes no medications. Her family medical history is unremarkable. She is a teacher and has never traveled outside the United States. Her vital signs are as follows: temperature 37°C (98.6°C), heart rate 110 beats/min, blood pressure 90/70 mm Hg sitting and 70/60 mm Hg standing, respiratory rate 18 breaths/min, and 95% oxygen saturation on room air. On examination, she is pale appearing and has darkened skin over her arms. A cardiovascular examination is significant for tachycardia. The rest of her physical examination is normal. Laboratory results are pending.

Which of the following represents the most likely underlying cause of this patient's disease?

A

Autoimmune destruction of the adrenal cortex

Answer A is correct.

Goal: To review the pathogenesis and clinical presentation of primary adrenal insufficiency

The patient described in the above case has adrenal insufficiency. This can be primary (dysfunction/destruction of the adrenal glands), secondary (decreased signal from the pituitary to the adrenal glands), or tertiary (decreased signal from the hypothalamus). The clinical symptoms (other than the hyperpigmentation) would be the same for all of these; however, the past historical context is important in distinguishing these. Since the symptoms are subacute/chronic in onset and the patient has no past medical or medication history (namely no past exposure to exogenous steroids), this most likely represents primary adrenal insufficiency. Additionally, since the patient has never traveled outside the United States, tuberculosis as the cause of her adrenal insufficiency is unlikely. Primary adrenal insufficiency results from the destruction of the adrenal cortex [see Table 1 in the text for causes]. The most common cause worldwide is tuberculosis, but the most common cause in the industrialized countries is idiopathic or autoimmune adrenal destruction. Skin hyperpigmentation, particularly of the extensor surfaces, is often associated with autoimmune-mediated adrenal destruction.

テストには、詳細な患者のバックグラウンド情報が表示されますので、これらを利用して、翻訳して、学生に問題を出してなぜそのような結論になったのか等の回答を書かせることもできます。

4. Learning Tools

4-3. Best DXRX(SAMで提供)

鍵となる臨床上的特徴を捉えどのように診断すると良いか、鑑別診断、診断のためのテスト、最良の治療法、Reference等含めてご提供させていただいております。

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4. Learning Tools

4-3. Best DXRX(SAMで提供)

ビデオコンテンツも含まれます。

PARKINSON DISEASE

Jason S. Hawley, MD, Bradley J. Robottom, MD, William J. Weiner, MD

Definition/Key Clinical Features

Clinical manifestations [see Video]

- Progressive symptoms, often over years
- Variable combination of asymmetric rest tremor, bradykinesia, and rigidity.
- Facial hypomimia
 - Decreased blinking and masking of facial expression
- Rest tremor of upper extremities
 - Usually more pronounced on one body side
 - Can be lessened with action
 - Can continue through action, but diminish at endpoints
- Kinetic component can be significant
 - Movement on one side can activate rigidity and tremor on opposite side
- Gait
 - Can be well preserved at first, with good amplitude of steps

Differential Diagnosis

Best Tests

Best Therapy*

Best References

4-4. Video Library(SAS等で提供)

VIDEO LIBRARY

Laparoscopic Resection For Diverticular Disease

Laparoscopic Right Colectomy

Laparoscopic Splenectomy

Percutaneous Tracheostomy

Peroral Endoscopic Myotomy

Robotic Pancreatic Resection

Totally Extra-Peritoneal Laparoscopy

Veress Needle Access

LAPAROSCOPIC SPLENECTOMY

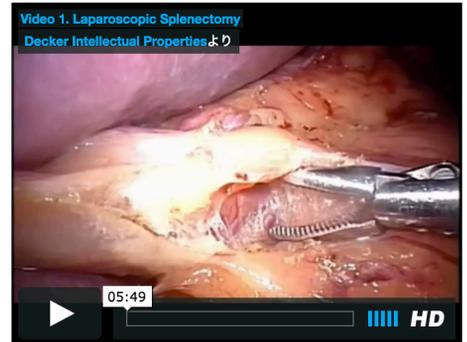
B. Todd Heniford, MD, FACS, Kent W. Kerker, MD, FACS, Bindhu Oommen, MD, MPH, Ian A. Villanueva, MD, FACS

Step 1: Patient Positioning and Trocar Placement

The patient is secured in a right lateral decubitus position on a beanbag with axillary rolls in place [see Video 1]. All extremities are carefully secured and padded. The umbilicus is positioned at the break in the table so that flexing the table increases the working space between the costal margin and iliac crest. The surgeon and assistant stand on the anterior/abdominal side of the patient and direct their attention to a single video monitor placed over the patient's left shoulder for ergonomic in-line operating. Reverse Trendelenburg positioning allows gravity not only to expose retroperitoneal attachments of the spleen but also to keep the operating field clear by allowing irrigation or blood loss to accumulate in the pelvis. Three left subcostal trocars are optimally positioned 4 cm below the inferior tip of the spleen parallel to the left costal margin but within reach of the diaphragm. If the spleen is extremely large, the trocars may have to be placed substantially more inferiorly than normal, creating the need for an additional port posteriorly. This trocar allows for lateral retraction of the spleen and can facilitate access to the diaphragmatic attachments. The middle trocar is placed first using either an open cut-down technique or an optical trocar. Additional ports are placed under laparoscopic guidance. A 30° or 45° laparoscope should be used to ensure adequate visualization. Visualization and efficiency are optimized by exchanging the camera between the medial and lateral ports while the surgeon operates with both hands.

Surgery版では、手術の手法をビデオで解説したコンテンツも多く収録しております。

このようなビデオ等も医学教育のためにご利用ください。



Our institution's preferred approach for laparoscopic splenectomy is particularly well suited for patients with splenomegaly. Supermassive spleens (> 22 cm in craniocaudal