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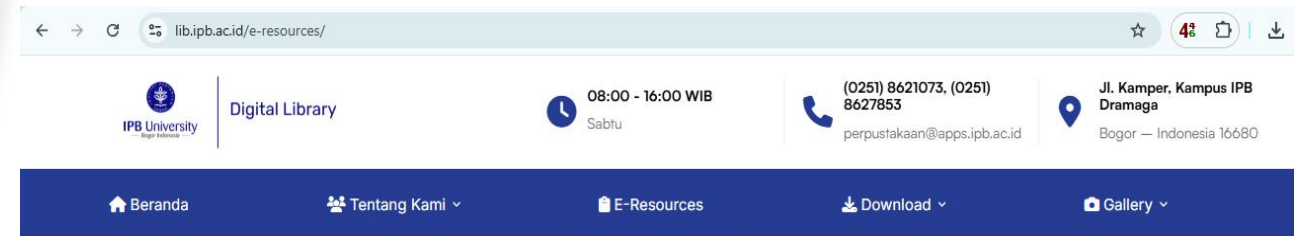
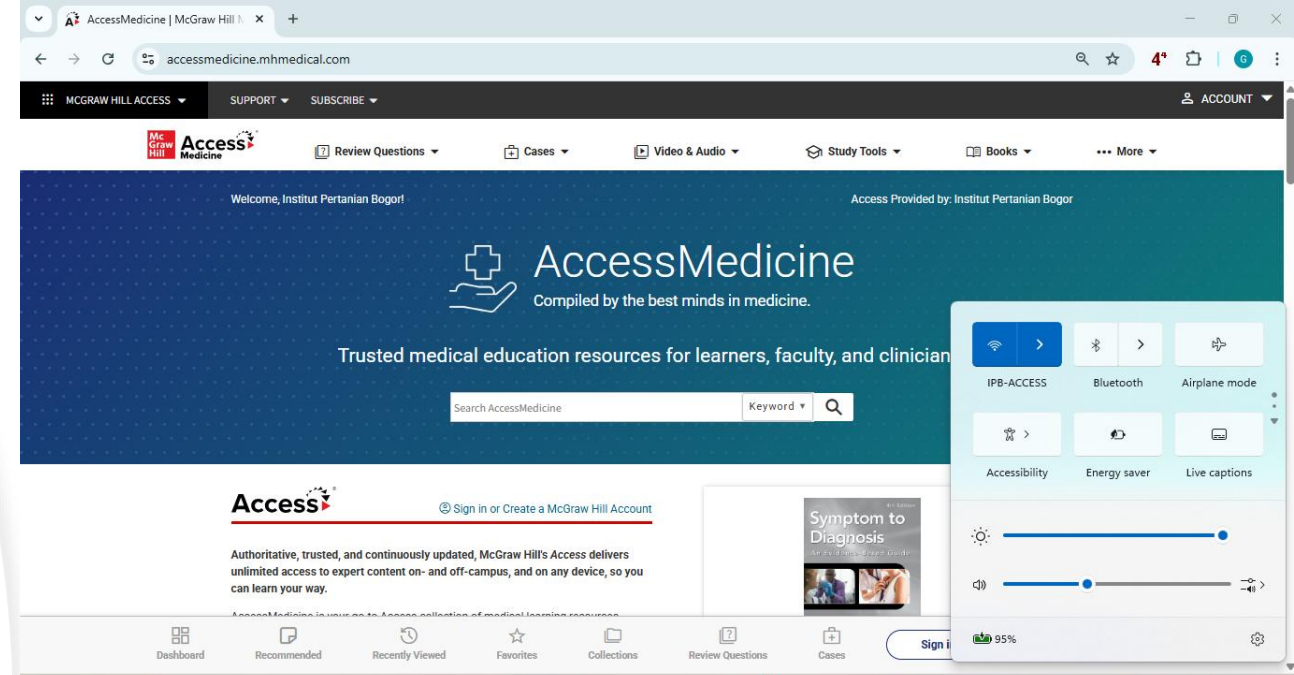


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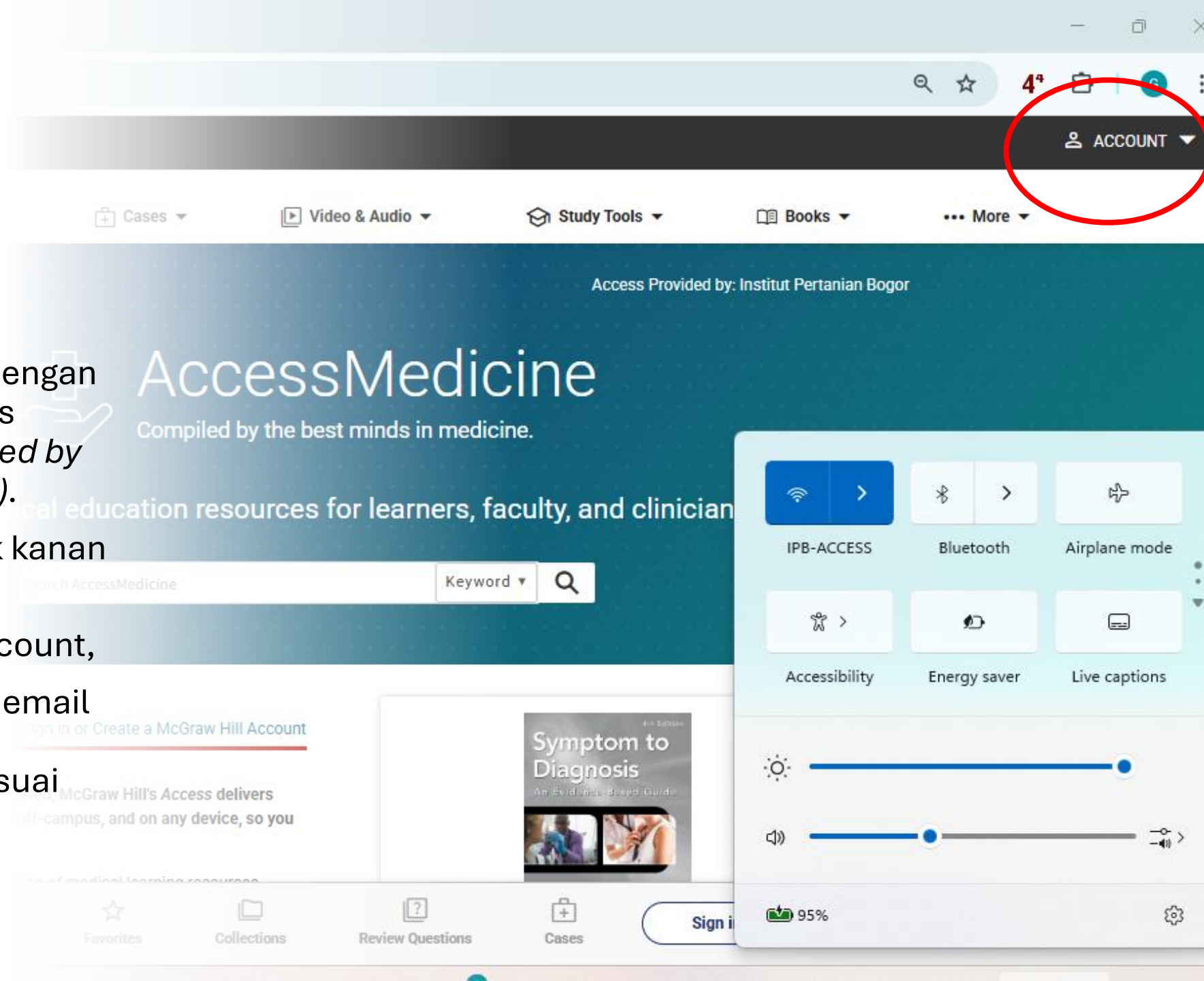


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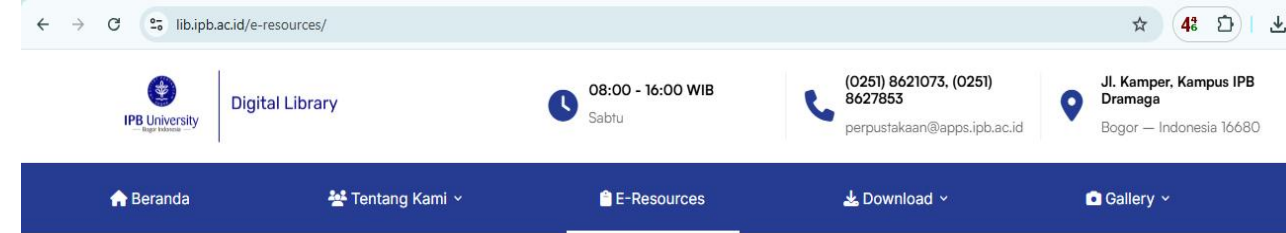
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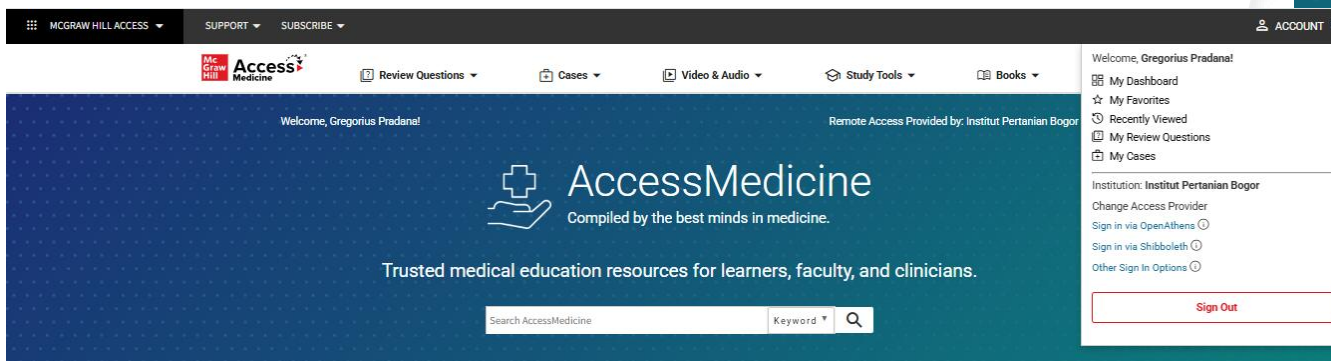
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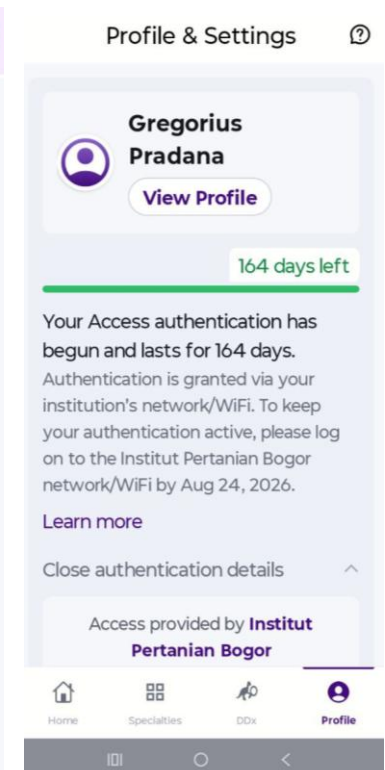
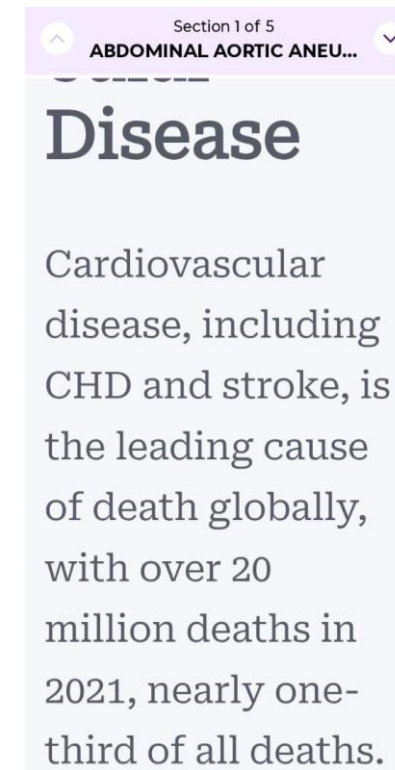
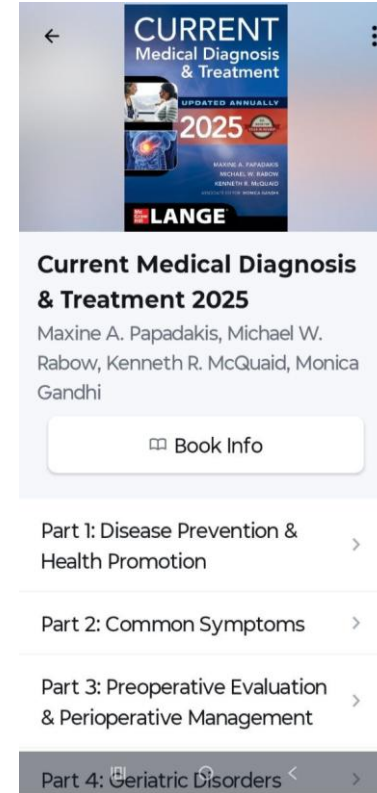
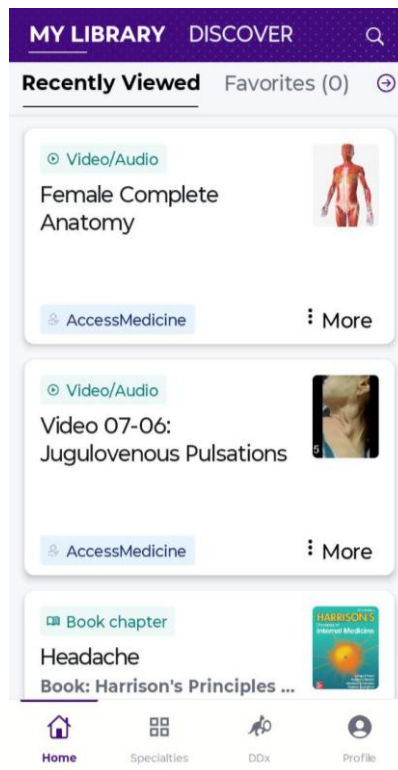
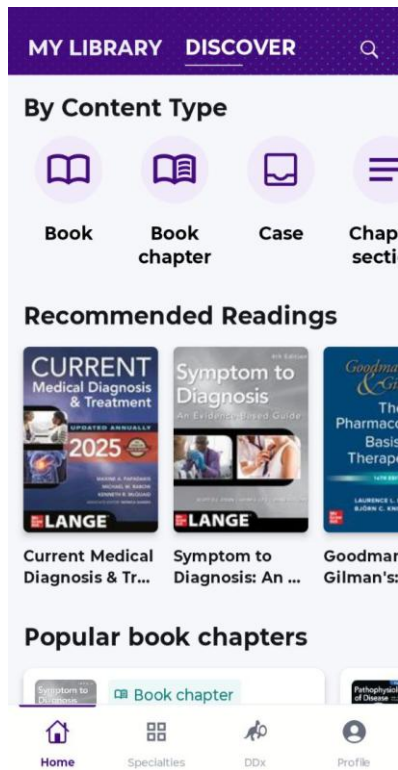
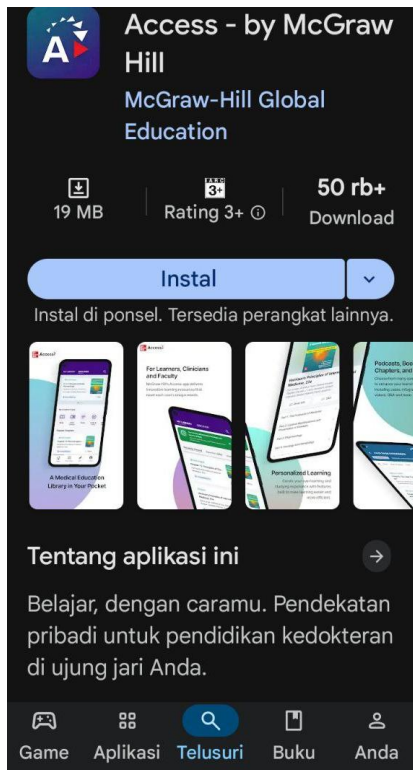
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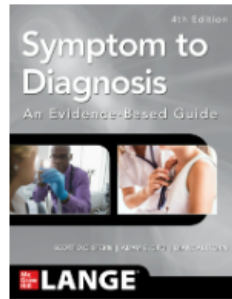
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Acknowledgments

Symptom to Diagnosis: An Evidence-Based Guide, 4e

Scott D.C. Stern, Adam S. Cifu, Diane Altkorn

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S2D: THE SYMPTOM TO DIAGNOSIS PODCAST

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Chapter 1-4: The Role of Diagnostic Testing

Chapter 1-5: The Threshold Model: Concepts

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Chapter 6-1: Approach to the Patient with Anemia - Case 1

Jeremy Smith

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INTRODUCTION



Drugs are the cornerstone of modern therapeutics. Nevertheless, it is well recognized among health care providers and the lay community that the outcome of drug therapy varies widely among individuals. While this variability has been perceived as an unpredictable, and therefore inevitable, accompaniment of drug therapy, this is not the case.

CHIEF COMPLAINT



PATIENT 1

Mrs. A is a 48-year-old white woman who has had fatigue for 2 months due to anemia.



What is the differential diagnosis of anemia? How would you frame the differential?

**Unduh pdf
bab
tertentu.**

Jeremy Smith

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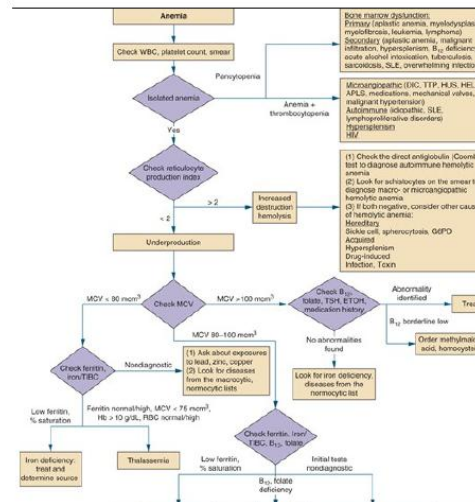
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Chapter 6-1: Approach to the Patient with Anemia - Case 1

Jeremy Smith

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AMA Citation
 Smith J. Approach to the Patient with Anemia - Case 1. In: Stern SC, Cifu AS, Altkorn D. eds. *Symptom to Diagnosis: An Evidence-Based Guide, 4e*. McGraw-Hill Education; 2020. Accessed March 15, 2026. <https://accessmedicine.mhmedical.com/content.aspx?bookid=2715§ionid=249058425>

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 Smith J (2020). Approach to the patient with anemia - case 1. Stern S.C., & Cifu A.S., & Altkorn D(Eds.), *Symptom to Diagnosis: An Evidence-Based Guide, 4e*. McGraw-Hill Education. <https://accessmedicine.mhmedical.com/content.aspx?bookid=2715§ionid=249058425>

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 Smith, Jeremy. "Approach to the Patient with Anemia - Case 1." *Symptom to Diagnosis: An Evidence-Based Guide, 4e* Eds. Scott D.C. Stern, et al. McGraw-Hill Education, 2020, <https://accessmedicine.mhmedical.com/content.aspx?bookid=2715§ionid=249058425>.

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Anaplasmosis

by Onyema Ogbuagu

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Acute Pharyngitis

Etiology

Acute pharyngitis is commonly caused by viral infections, with the most common being rhinovirus, coronavirus, adenovirus, and influenza A and B viruses. Bacterial causes include group A streptococcus, group B streptococcus, and group D streptococcus.

History

• Sore throat (painful swallowing)

• Fever (usually < 101°F)

• Headache

• Tender lymph nodes in the neck

Physical Examination

• Erythema of the pharynx

• Tonsillar enlargement and exudate

• Tender lymph nodes in the neck

Diagnosis & Management

Diagnosis

• Rapid streptococcal antigen testing

• Throat culture

Management

• Supportive care (analgesics, hydration)

• Antibiotics (penicillin V or amoxicillin for group A streptococcus)

Anaplasmosis

Anaplasma phagocytophilum is a member of the Rickettsiaceae family that causes human granulocytic anaplasmosis (HGA).

Etiology

• Obligate intracellular bacterium

• Transmitted by the black-legged tick (Ixodes scapularis)

History

• Fever

• Headache

• Myalgias

• Thrombocytopenia

Physical Examination

• Erythema

• Tender lymph nodes

Diagnosis

• Blood smear (marginal platelets, leukopenia)

• PCR

• Serology (IFA, Western blot)

Management

• Doxycycline

• Supportive care



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Episode 127: A 65-Year-Old Male with a Spot on His Foot
Author(s): Charles Wiener, MD, Catherine Handy, MD
 7 mins, 15 secs
 This episode presents a 65 year old man with a new pigmented lesion on the sole of his foot. The discussion focuses on the differential diagnosis.

Episode 28: A 63-Year-Old with a Skin Lesion
Author(s): Charles Wiener, MD, Cathy Handy, MD
 5 mins, 24 secs

Episode 80: A 28-Year-Old with an Episodic Rash
Author(s): Char Cathy Handy, M
 6 mins, 59 secs

Episode 80: A 28-Year-Old with an Episodic Rash
 Series: Harrison's Podclass - Episode: 80

0:04 6:59

Transcript

Episode 80: A 28-Year-Old with an Episodic Rash

[upbeat intro music] [Dr. Handy] Hi, welcome to Harrison's Podclass, where we discuss important concepts in internal medicine. I'm Cathy Handy. [Dr. Wiener] And I'm Charlie Wiener, and we're coming to you from the Johns Hopkins School of Medicine. [Dr. Handy] Hey everyone, welcome back. Today's episode is a 28-year-old with an episodic rash. [Dr. Wiener] Okay, Cathy.

Today's patient is a 28-year-old woman who seeks evaluation for recurring episodes of a rash and she tells you that she's "allergic to cold weather." [Dr. Handy chuckles] Is this case about me? Just kidding. I don't mind the cold, but sometimes I would probably say that I am also allergic to cold weather. But there are many possibilities here so getting back to the case, in addition to skin findings, many people can get bronchospasm or asthma from inhaling cold air, but why don't you tell us more about what she's experiencing with?

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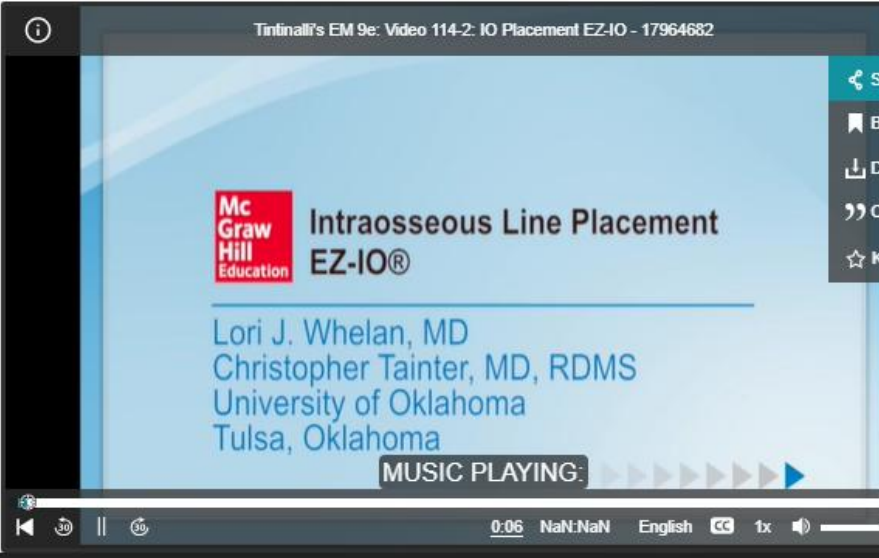
> Emergency Medicine



Video 01-02: Lateral Canthotomy and Cantholysis
3 mins, 52 secs

Potentially eyesight-saving procedure described in this minute video.

Tintinalli's EM 9e: Video 114-2: IO Placement EZ-IO - 17964682



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Intravenous Line Placement EZ-IO®

Lori J. Whelan, MD
Christopher Tainter, MD, RDMS
University of Oklahoma
Tulsa, Oklahoma

MUSIC PLAYING

Transcript
Segments

Tintinalli's EM 9e: Video 114-2: IO Placement EZ-IO - 17964682

1:

[00:00] MUSIC PLAYING

2: Introduction

[00:07] MUSIC PLAYING Intravenous needle insertion is a simple emergency procedure, which will enable you to obtain access in any patient in which vascular access is medically necessary but is unobtainable or delayed.

3: Contraindications

[00:20] MUSIC PLAYING Contraindications include infection at the insertion site, excessive tissue, or absence of adequate landmarks. Presence of a prosthetic limb or joint, previous intravenous access in the same bone in the past 48 hours, and the presence of fracture anywhere along the bone.

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All Case Resources

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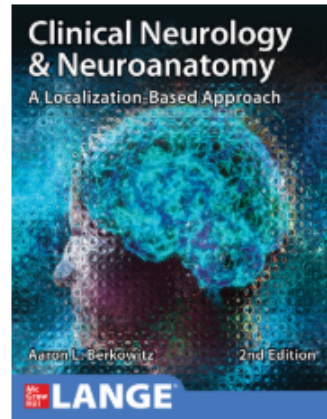
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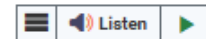
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Localization of weakness > Case 1

☆ iew

Authors: Aaron L. Berkowitz

Case Discussion of Localization Diagnosis Localization Teaching Points



This patient has sudden-onset left-sided weakness involving the lower face, arm, and leg and slurred speech.

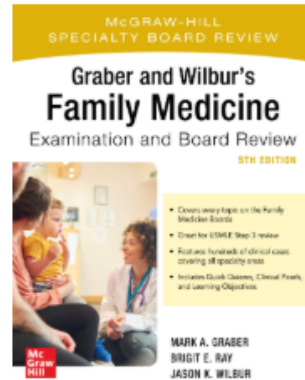
Weakness is caused by a lesion along the motor pathway, from brain to muscle (see [Figure 4-1](#) and the associated [video](#)).

Pattern of Weakness

First, the pattern of weakness should be determined (see [Figure 4-3](#)). In this case, the patient has weakness on one entire side of the body (*hemiparesis*). Unilateral weakness affecting both the upper extremity and lower extremity suggests a lesion in the central nervous system (CNS) since it would be highly improbable to affect all the roots, peripheral nerves, or muscles on only one side of the body with no findings on the other side of the body.

Weakness on the entire left side of the body suggests a lesion of the right cerebral hemisphere, right brainstem, or left spinal cord, since the corticospinal tract controlling the left side of the body travels in the right cerebral hemisphere and right anterior brainstem, and then crosses at the cervicomedullary junction to descend on the left side of the spinal cord (see [Figure 4-1](#) and the associated [video](#)).

Facial Weakness



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Authors: Olivia E. Bailey; Sarah L. Miller; Mark A. Graber

Case Tips Objectives Quick Quiz

Case

Question 1 of 4

You get a call from a panicked mother because her 4-year-old drank a bottle of children's Tylenol. She found the empty bottle in her child's bed after a nap, and her child had been in bed for 90 minutes. She thinks there were about 3 ounces of liquid left in the bottle. She is about 35 minutes from the hospital. She states her child weighs 15 kg.

Your advice to her is:

- ☐ A Induce vomiting to reduce acetaminophen absorption
- ☐ B Have the child eat to slow absorption and proceed directly to the hospital
- ☐ C Proceed to the hospital
- ☐ D Breathe deeply and calm down; the amount of acetaminophen this child could have ingested is harmless

Submit & View Answer

Submit & View Next Question

Next Question

You will be able to view all answers at the end of your quiz.

The correct answer is C. You answered B.

Explanation:

The correct answer is "C." Proceed to the hospital. "A" is incorrect for a couple of reasons. After 90 minutes, it is not likely that there is significant medication left in the stomach and induced vomiting can lead to aspiration (this is true of liquids and pills). "B" is incorrect because you do not want to delay definitive treatment. "D" is incorrect as this patient may have ingested up to 3 oz (90 mL) of 160 mg/5 mL solution (total dose of 2880 mg or 192 mg/kg).

73% of users answered correctly.

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 - Hirschsprung Disease
 - Diverticulosis and Diverticulitis
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 - Colonic Polyps
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 - Disorders of the Appendix
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A200

A200 Lice Treatment Kit

Abacavir Sulfate (Systemic)

Abacavir Sulfate Tablets

Abaloparatide (Systemic)

Abatacept (Systemic)

Abbreviations List

Abelcet

Abemaciclib (Systemic)

A200 Lice Kill

Abacavir Sulfate

Abacavir Sulfate

Abaloparatide

Abatacept

Abbreviation I

Abecma

Abemaciclib

Abilify

Adefovir (Systemic)

Boxed Warning

Introduction

Uses

Dosage and Administration

Cautions

Drug Interactions

Pharmacokinetics

Stability

Actions and Spectrum

Advice to Patients

Preparations

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Boxed Warning

- Severe acute exacerbations of hepatitis reported in patients who have discontinued HBV therapy, including adefovir.^{1,29} (See Exacerbation of Hepatitis under Cautions.) Closely monitor hepatic function in patients who discontinue HBV therapy; if appropriate, resumption of therapy may be warranted.^{1,29}
- In patients at risk of or having underlying renal dysfunction, chronic administration of adefovir may result in nephrotoxicity.^{1,29} Closely monitor renal function in such patients;^{1,29} dosage adjustments may be required.^{1,29}
- HIV resistance may emerge in chronic HBV patients receiving HBV treatment who have unrecognized or untreated HIV infection.^{1,29} (See HBV-infected Individuals Coinfected with HIV under Cautions.)
- Lactic acidosis and severe hepatomegaly with steatosis (including fatalities) reported in patients receiving nucleoside analogs alone or in conjunction with antiretrovirals.^{1,29} (See Lactic Acidosis and Severe Hepatomegaly with Steatosis under Cautions.)

Introduction

Antiviral; acyclic nucleotide.^{1,29}

Uses

Chronic HBV Infection

Treatment of chronic HBV infection in adults and adolescents ≥12 years of age with evidence of active HBV replication and either persistent elevations in serum aminotransferases (ALT or AST) or histologic evidence of active disease.^{1,29}

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Higher ultra-processed food intake in young children is associated with adverse early behavioural outcomes

Editors and Contributors

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Annotate

Higher ultra-processed food intake in young children is associated with adverse early behavioural outcomes

by Siwen Liu, Simon Pan

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1. Higher ultra-processed food consumption in children at age 3 was associated with adverse behavioural and emotional symptoms at age 5.

Evidence Rating Level: 2 (Good)

UPF has been linked to adverse health outcomes, behaviour, and mental health outcomes in adults and adolescents. The relationship between UPF intake and behavioural development during early childhood is unclear. This study thus examined the associations between preschool UPF intake and behavioural outcomes. This prospective cohort study analyzed data from the CHILD Cohort Study between September 2011 to April 2018. Canadian children from singleton births, gestational age of at least 34 weeks and 4 days, and who had no congenital abnormalities were included. UPF uptake was assessed at age 3 years by a 112-

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