A photograph of a female doctor in a white lab coat and blue surgical mask, wearing glasses and blue gloves, showing a tablet to a female patient. The patient is wearing a beige top and a blue surgical mask. They are sitting at a dark table in a clinical setting. The background is slightly blurred, showing a white wall and some medical equipment.

UpToDate corso avanzato

Chiara Taiana – Sr Customer
Success & Training specialist

marzo 2025

UpToDate®

uno strumento elettronico di supporto alle decisioni cliniche scritto, controllato e aggiornato da medici di fama internazionale e basato sulle migliori evidenze.



UpToDate® Anywhere: supporto alle decisioni cliniche

Panoramica delle funzionalità avanzate:

- cronologia delle ricerche, argomenti più visualizzati, segnalibri
- aggiornamenti agli argomenti consultati, notifiche
- novità nella propria specialità e aggiornamenti sui cambiamenti nella pratica clinica
- bibliografia e link alle fonti
- come porre un quesito agli autori/peer reviewer

Novità per un'individuazione più rapida della risposta al proprio quesito clinico:

- algoritmi/tabelle/immagini, Key Points Panels, Graphical Answers
- come stampare, condividere, utilizzare questi materiali
- indicazioni terapeutiche e dosaggi dei farmaci anche per popolazioni specifiche
- interpretazione dei test genetici e implicazioni per la pratica clinica

- Domande

Alcune funzionalità avanzate in UpToDate



Cronologia delle ricerche, più visualizzati, segnalibri

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Cronologia Più visualizzati Segnalibri

Today

- Prevention of prosthetic joint and other types of orthopedic hardware infection

Yesterday

- Clinical manifestations of hypocalcemia
- Approach to the patient with abnormal liver tests
- Trousseau's sign
- Antimicrobial prophylaxis for orthopedic surgery in adults

March 18, 2025

- Oppositional defiant disorder: Epidemiology, clinical manifestations, course, and diagnosis

ATTENZIONE!
Sono disponibili solo
facendo il login

Alert e notifiche sugli aggiornamenti agli argomenti consultati



Cerca in UpToDate



Guida



CME 165.53

Disconnett

Contenuto Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

[Indietro](#)

Topic Graphics (8)

Outline

SUMMARY AND RECOMMENDATIONS

PRACTICE CHANGING UPDATE

INTRODUCTION

CLINICAL MANIFESTATIONS

Immediate reactions

- Anaphylaxis
 - Incidence
 - Timing
- Mimics of anaphylaxis
 - Vasovagal reactions
 - Anxiety-related symptoms

Delayed vaccine reactions

REACTIONS TO COVID-19 VACCINES

REACTIONS TO VACCINE CONSTITUENTS

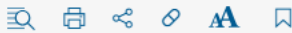
Sources of information

Gelatin

Hen's egg

Cow's milk

Allergic reactions to vaccines



AUTHOR: John M Kelso, MD
SECTION EDITOR: N Franklin Adkinson, Jr, MD
DEPUTY EDITOR: Anna M Feldweg, MD

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Feb 2025**.

This topic last updated: **Feb 16, 2025**.

ATTENZIONE!
Sono disponibili solo
facendo il login

Practice Changing UpDate

ALLERGY AND IMMUNOLOGY (February 2025)

Egg allergy no longer a concern for any vaccines

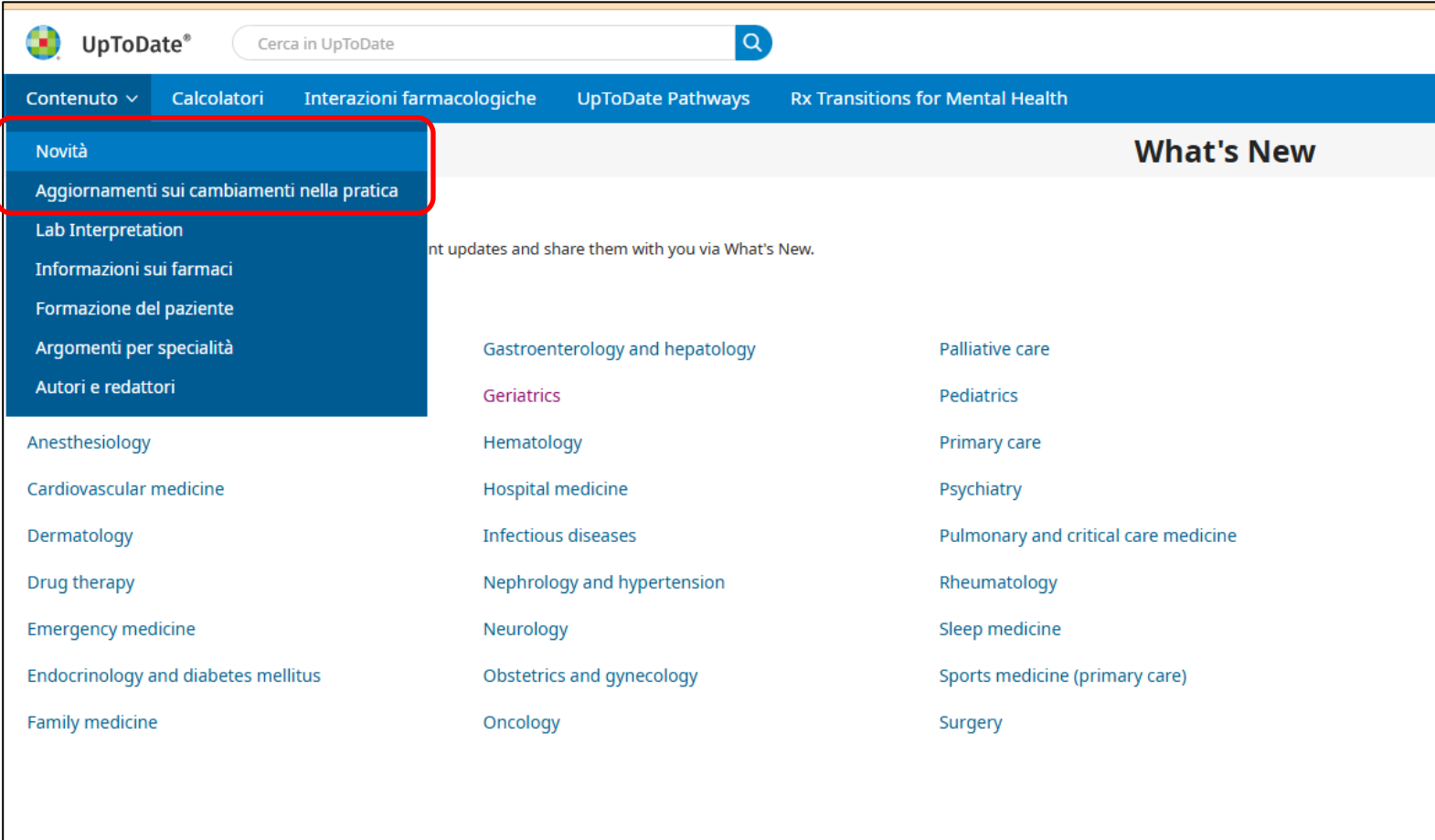
Some vaccines contain trace amounts of egg protein ([table 1](#)), but none contain enough to cause reactions in egg-allergic patients. For the last several years, it has been recommended that patients not be asked about egg allergy prior to receiving influenza vaccine. More recently, data have accumulated to show that egg allergy is similarly not a concern for administration of the [yellow fever vaccine](#). In the largest study to date, 171 children with egg allergy, including 24 percent with a history of anaphylaxis, underwent skin testing with the yellow fever vaccine and then received it regardless of skin test results, with no allergic reactions [1]. Thus, we no longer inquire about egg allergy prior to the administration of any vaccine. Vaccine providers should remain prepared to treat rare allergic reactions that may occur after any vaccine, but no special precautions are necessary for recipients with egg allergy. (See "[Allergic reactions to vaccines](#)", section on 'Hen's egg'.)

INTRODUCTION

Severe allergic reactions to vaccines are rare and difficult to predict. An allergic reaction may be defined as an idiosyncratic reaction that is caused by an immunologic mechanism.

The World Allergy Organization (WAO) has recommended categorizing immunologic reactions to drugs (including vaccines) based upon the timing of the appearance of symptoms [1]. This system defines two general types of reactions: immediate and delayed. This approach is intended to distinguish immunoglobulin E (IgE) mediated (type I immunologic reactions), which account for many immediate reactions, from other types because these reactions occur throughout life, threatening anaphylaxis if the patient is re-exposed ([table 1](#)).

Novità nella propria specialità e Aggiornamenti sui cambiamenti nella pratica clinica (Practice Changing updates)



The screenshot shows the UpToDate website interface. At the top, there is a search bar with the text 'Cerca in UpToDate' and a magnifying glass icon. Below the search bar is a navigation menu with the following items: 'Contenuto', 'Calcolatori', 'Interazioni farmacologiche', 'UpToDate Pathways', and 'Rx Transitions for Mental Health'. The 'Contenuto' menu is expanded, showing a list of options: 'Novità', 'Aggiornamenti sui cambiamenti nella pratica', 'Lab Interpretation', 'Informazioni sui farmaci', 'Formazione del paziente', 'Argomenti per specialità', and 'Autori e redattori'. The 'Aggiornamenti sui cambiamenti nella pratica' option is highlighted with a red rectangular box. Below the menu, the 'What's New' section is visible, displaying a grid of medical specialties. The specialties listed are: Gastroenterology and hepatology, Palliative care, Geriatrics, Pediatrics, Hematology, Primary care, Hospital medicine, Psychiatry, Infectious diseases, Pulmonary and critical care medicine, Nephrology and hypertension, Rheumatology, Neurology, Sleep medicine, Obstetrics and gynecology, Sports medicine (primary care), and Oncology, Surgery.

Nel menu **CONTENUTO**, troviamo:

Novità – con la sintesi delle novità più importanti per specialità (e il link per approfondimenti)

Aggiornamenti sui cambiamenti nella pratica clinica – Aggiornamenti e raccomandazioni che si ritiene possano cambiare la pratica clinica. Sono in ordine cronologico inverso (dalla più recente)

[Video UpToDate: Novità e Aggiornamenti sui cambiamenti nella pratica clinica](#)

Bibliografia e link alle fonti

Preference for concurrent rather than sequential treatment — We suggest that treatment start concurrently with chemotherapy during cycle 1 or 2. However, initiation of chemotherapy should not be delayed to accommodate delivery of RT with cycle 1.

Sequential, concurrent, and alternating approaches integrating chemotherapy and thoracic RT have all been studied in trials demonstrating a survival benefit for chemoradiation over chemotherapy [54-57]. Sequential therapy refers to treatment with one modality at a time, while concurrent therapy indicates that chemotherapy and thoracic RT are delivered simultaneously. Alternating therapy refers to delivery of thoracic RT on days when chemotherapy is not given, in such a fashion that the timing of the next chemotherapy cycle is not altered. In this treatment scheme, thoracic RT is necessarily delivered as a split course.

The concurrent and alternating approaches are intuitively appealing because they enable delivery of multiple chemotherapy cycles without interruption. Insofar as SCLC is a systemic disease, the optimal delivery of systemic treatment is crucial. However, concurrent or alternating regimens have been associated with more toxicity (myelosuppression, esophagitis, pneumonitis) when compared with sequential treatment [36]. This increased toxicity is considered acceptable based on improved outcomes with concurrent regimens [58].

1.

1. Numeri tra parentesi nel testo

Limited-stage small cell lung cancer: Initial management

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2. Referenze complete con abstracts e link PubMed

→ REFERENCES

1. Gaspar LE, Gay EG, Crawford J, et al. Limited-stage small-cell lung cancer (stages I-III): observations from the National Cancer Data Base. *Clin Lung Cancer* 2005; 6:355.
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7. Mountain CF. Clinical biology of small cell carcinoma: relationship to surgical therapy. *Semin Oncol* 1978; 5:272.

Come porre un quesito rispetto ad un argomento/farmaco/immagine

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro **Approach to the adult patient with malabsorption**

Topic Graphics (5)

Outline

- SUMMARY AND RECOMMENDATIONS
- INTRODUCTION
- TERMINOLOGY
 - Definitions
 - Classification
- CLINICAL MANIFESTATIONS
 - Clinical presentation
 - Laboratory findings
- INITIAL EVALUATION
 - History and physical examination
 - Routine laboratory tests
 - Blood tests
 - Stool tests for fat malabsorption
- ADDITIONAL EVALUATION TO DETERMINE THE UNDERLYING ETIOLOGY
 - Approach
 - Laboratory tests
 - Endoscopy with biopsy
 - Imaging
 - Small bowel

Valutare ☆☆☆☆ **Topic Feedback**

Author: Joel B Mason, MD
Section Editor: David Seres, MD
Deputy Editor: Claire Meyer, MD

All topics are updated as new evidence becomes available. Literature review current through: **Feb 2025**. This topic last updated: **Apr 27, 2023**.

INTRODUCTION

Intestinal malabsorption can arise from a wide variety of defects in luminal and brush border [1]. Furthermore, one or more mechanisms may exist concurrently. Although chronic malabsorption is a frequent feature, so it warrants consideration of malabsorption as the underlying cause of the underlying pathophysiology and may be quite different depending on the etiology of the underlying disease process causing the malabsorption.

This topic will review the clinical features and laboratory tools that can help establish the diagnosis. The clinical features and laboratory tools that can help establish the diagnosis of adult with chronic diarrhea are discussed in detail separately. (See "Overview of nutritional deficiencies in adults" and "Approach to the adult with chronic diarrhea in resource-abundant settings".)

TERMINOLOGY

Definitions

- Malabsorption refers to impaired transport of nutrients across the apical membrane (phase) that impede the transfer of nutrients into the systemic circulation are malabsorption.
- Maldigestion refers to impaired digestion of nutrients within the intestinal lumen by mucosal epithelial cells (eg, lactose maldigestion).

Topic/Drug Feedback

1 of 10 | Esporta in Power Point | Stampa | Condividi | Segnalibro | Valutare ☆☆☆☆ **Feedback**

The decision to intubate

100%

```
graph TD
    Q1[Is there failure of airway maintenance or protection?] -- Yes --> A1[Intubate]
    Q1 -- No --> Q2[Is there failure of oxygenation or ventilation?]
    Q2 -- Yes --> A2[NIPPV candidate?]
    Q2 -- No --> Q3[Does the anticipated clinical course require intubation?]
    A2 -- Yes --> Q4[Success?]
    A2 -- No --> A3[Intubate]
    Q3 -- Yes --> A4[Intubate]
    Q3 -- No --> A5[Observe]
    Q4 -- Yes --> A6[Observe]
    Q4 -- No --> A7[Intubate]
```

Graphic 68216 Version 3.0

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Graphic Feedback

Novità per un'individuazione immediata
della risposta ad un quesito clinico in
UpToDate



Come individuare rapidamente una risposta 1/3

UpToDate® profilassi antibiotica per interventi ortopedici

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro Tutti gli argomenti Adulto Pediatrico Paziente **Immagini**

Risultati per **profilassi antibiotica per interventi ortopedici**

Antimicrobial prophylaxis for orthopedic surgery in adults

Nature of operation	Common pathogens	Prophylaxis	Recommended antimicrobials	Usual adult dose	Duration
• Clean operations involving head, neck, or foot with no penetration of foreign material		None			
• Spinal procedures	Staphylococcus aureus	None	Cefazolin	1-2g IV	2 hours
• Hip fracture repair	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Hip total joint replacement	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Total joint replacement	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Revision of orthopedic hardware used for treatment of open orthopedic fractures	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Hip revision	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Knee revision	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours
• Hip revision	Staphylococcus aureus, coagulase negative staphylococci, and other gram-positive organisms	Open or closed	Cefazolin	1-2g IV	24 hours

Duration of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Initial selection of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Antimicrobial prophylaxis for orthopedic surgery in adults

Duration of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Initial selection of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Choice of intrapartum antibiotic prophylaxis against GBS

Midshaft clavicle fracture triage and referral

Filtro Immagini:
per accedere ad oltre
39.000 immagini:
tabelle, algoritmi, foto,
video, audio...

Come individuare rapidamente una risposta 2/3

UpToDate® faringite streptococcica vs virale

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro Tutti gli argomenti Adulto Pediatrico Paziente Immagini

Risultati per **faringite streptococcica vs virale**

Evaluation of acute pharyngitis in adults

... symptoms of **viral pharyngitis** broadly overlap with **pharyngitis** caused by important treatable causes, such as group A **Streptococcus** (GAS). Using a systematic approach to diagnosis can help reduce inappropriate ...

Identifying patients with other respiratory viral syndromes

Epstein-Barr virus and other herpes viruses

Summary and recommendations

Distinguishing viral from streptococcal pharyngitis in adults

Group A streptococcal tonsillopharyngitis in children and adolescents: Clinical features and diagnosis

... antibiotics to children with **viral pharyngitis** (most children with **pharyngitis**). The diagnosis of **GAS pharyngitis** is supported by a positive microbiologic... Group A **Streptococcus** (GAS), also known as **Streptococcus pyogenes**, is the most common cause of bacterial **pharyngitis** in children and adolescents. The clinical features and diagnosis of **GAS pharyngitis** in children...

Other infectious causes of pharyngitis

Noninfectious causes of pharyngitis

Summary and recommendations

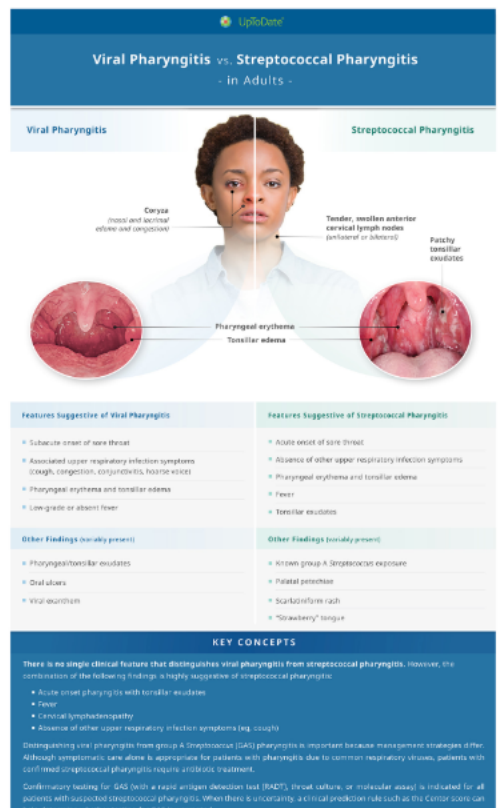
Group B streptococcal infections in nonpregnant adults

... emerged as the most common underlying conditions in patients with invasive **GBS infection**. Malignancy, human immunodeficiency **virus** (HIV) infection, and advanced hepatic and renal disease have been identified ...

Summary and recommendations

Graphical Answers

Distinguishing viral pharyngitis from streptococcal pharyngitis in adults



Features Suggestive of Viral Pharyngitis	Features Suggestive of Streptococcal Pharyngitis
<ul style="list-style-type: none">Subacute onset of sore throatAssociated upper respiratory infection symptoms (cough, congestion, conjunctivitis, hoarse voice)Pharyngeal erythema and tonsillar edemaLow-grade or absent fever	<ul style="list-style-type: none">Acute onset of sore throatAbsence of other upper respiratory infection symptomsPharyngeal erythema and tonsillar edemaFeverTonsillar exudates
Other Findings (usually present) <ul style="list-style-type: none">Pharyngeal/tonsillar exudatesOral ulcersViral exanthem	Other Findings (usually present) <ul style="list-style-type: none">Known group A Streptococcus exposurePalatal petechiaeScarletiform rash"Strawberry" tongue

KEY CONCEPTS

There is no single clinical feature that distinguishes viral pharyngitis from streptococcal pharyngitis. However, the combination of the following findings is highly suggestive of streptococcal pharyngitis:

- Acute onset pharyngitis with tonsillar exudates
- Fever
- Cervical lymphadenopathy
- Absence of other upper respiratory infection symptoms (eg, cough)

Distinguishing viral pharyngitis from group A Streptococcus (GAS) pharyngitis is important because many generic strategies of the. Although symptomatic care alone is appropriate for patients with pharyngitis due to common respiratory viruses, patients with confirmed streptococcal pharyngitis require antibiotic treatment.

Confirmatory testing for GAS (with a rapid antigen detection test [RADT], throat culture, or molecular assay) is indicated for all patients with suspected streptococcal pharyngitis. When there is uncertainty, a critical prediction rule (such as the Centor score) can help determine whether testing for GAS is warranted.

Graphical Answers:
Appaiono automaticamente tra i risultati della ricerca e aiutano a distinguere condizioni/patologi e spesso confuse.

Come individuare rapidamente una risposta 3/3

UpToDate® faringite streptococcica trattamento

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for M

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **faringite streptococcica trattamento**

KEY POINTS: ✔ Contributors

Pharyngitis caused by group A *Streptococcus* (GAS)

Epidemiology Clinical features Diagnosis **Treatment**

Whom to treat ^

We recommend antibiotic treatment for any patient with symptomatic pharyngitis or tonsillopharyngitis who has a positive microbiologic test (ie, nucleic acid amplification test [NAAT], rapid antigen test, or culture) for GAS ([algorithm 2](#) and [table 3](#)) (**Grade 1A**).

(See "Treatment and prevention of streptococcal pharyngitis in adults and children", section on 'Whom to treat'.)

Preferred treatment for adults ▾

Preferred treatment for children and adolescents ▾

History of acute rheumatic fever ▾

Alternatives for patients who cannot tolerate penicillin ▾

Follow-up test of cure ▾

Treatment of streptococcal pharyngitis in children and adults

Feedback

KEY POINTS Panel:
Appaiono tra i risultati della ricerca e permettono di mettere a fuoco subito i punti chiave

Come inviare, stampare, condividere clinical topics e immagini

< Indietro

Percutaneous mitral balloon commissurotomy in adults

Topic Graphics (12)

Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

USE

- Rheumatic MS
- Selective use for congenital MS
- Not used for MAC

Authors: John D Carroll, MD, Aken Desai, MD
Section Editor: Catherine M Otto, MD
Deputy Editor: Susan B Yeon, MD, JD

Contributor Disclosures

All topics are updated as new evidence becomes available and our peer review process is complete.

Literature review current through: **Feb 2025**.
This topic last updated: **Jun 28, 2024**.

Clinical topics: possono essere stampati e condivisi per e-mail. Si può mettere un segnalibro

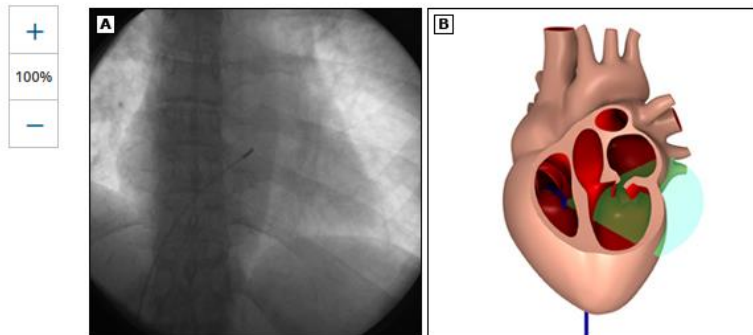
Share

3 of 10

Esporta in Power Point | Stampa | Condividi | Segnalibro

Valutare ☆☆☆☆☆ Feedback

Intracardiac echocardiography



(A) The radiograph shows an intracardiac ultrasound catheter in the right ventricle pointed at the mitral valve. (B) The right panel shows a 3-dimensional model of the heart and intracardiac echocardiography (ICE) catheter with an imaging plane.

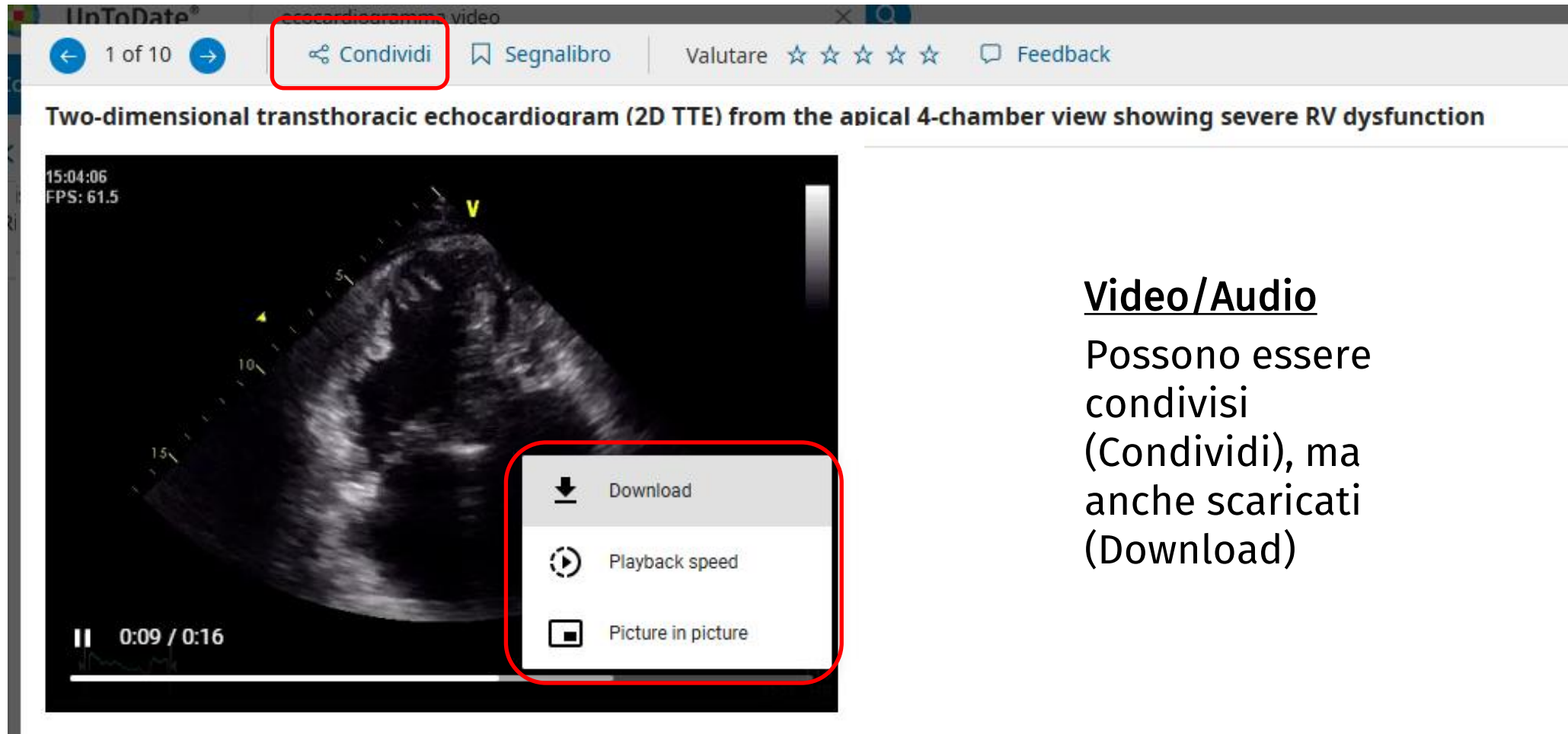
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Immagini:

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«Condividi» funziona anche verso chi non ha UpToDate.
Si può mettere il segnalibro

Come inviare, scaricare, condividere video/audio



The screenshot shows a video player interface. At the top, there is a navigation bar with a back arrow, "1 of 10", a forward arrow, a "Condividi" button (highlighted with a red box), a "Segnalibro" button, a "Valutare" section with five stars, and a "Feedback" button. Below the navigation bar is the video title: "Two-dimensional transthoracic echocardiogram (2D TTE) from the apical 4-chamber view showing severe RV dysfunction". The video player itself shows a grayscale echocardiogram with a yellow 'V' label and a yellow arrow. In the top left corner of the video frame, it displays "15:04:06" and "FPS: 61.5". At the bottom left, there is a play/pause button and a progress bar showing "0:09 / 0:16". A context menu is open over the video, with three options: "Download" (with a download icon), "Playback speed" (with a play speed icon), and "Picture in picture" (with a picture-in-picture icon). This menu is also highlighted with a red box.

Video/Audio

Possono essere condivisi (Condividi), ma anche scaricati (Download)

indicazioni terapeutiche e dosaggi dei farmaci

< Indietro

Brand Names

Canada

Pharmacologic Category

Dosing

Adult

- Adult Dosing

- Kidney Impairment

- Liver Impairment

- Obesity

- Older Adult

Pediatric

- Pediatric Dosing

- Kidney Impairment

- Liver Impairment

Adverse Reactions

Adverse Reactions (Significant)

Meropenem: Drug information

Continuous infusion method (off-label): **IV:** 2 g every 8 hours over 8 hours or 3 g every 12 hours over 12 hours (Ref). May give a loading dose of 1 to 2 g over 30 minutes, especially when rapid attainment of therapeutic drug concentrations is desired (eg, sepsis) (Ref).

Expand All

Anthrax, systemic, treatment

Anthrax, systemic (including meningitis), treatment (off-label use):

Note: Consult public health officials for event-specific recommendations.

IV: 2 g every 8 hours, in combination with other appropriate agents for ≥ 2 weeks; duration may be shortened and patient transitioned to oral therapy based on response and clinical judgment (Ref). Some experts suggest ≥ 3 weeks of IV combination therapy for patients with meningitis (Ref). After aerosol exposure, transition patients who are immunocompromised from treatment to postexposure prophylaxis; combined duration should total 60 days. **Note:** Administer antitoxin in addition to antibiotics for systemic anthrax (Ref).

Bloodstream infection

Cystic fibrosis, acute pulmonary exacerbation

indicazioni terapeutiche e dosaggi dei farmaci anche per condizioni/popolazioni specifiche (anziano... obesità, gravidanza, allattamento...)

< Indietro

Meropenem: Drug information



Brand Names

Canada

Pharmacologic Category

Dosing

Adult

- Adult Dosing
 - **Kidney Impairment**
 - Liver Impairment
 - Obesity
 - Older Adult
- Pediatric
- Pediatric Dosing
 - Kidney Impairment
 - Liver Impairment

Dosage adjustment for concomitant therapy: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

→ **Dosing: Kidney Impairment: Adult**

The renal dosing recommendations are based upon the best available evidence and clinical expertise. Senior Editorial Team: Bruce Mueller, PharmD, FCCP, FASN, FNKF; Jason Roberts, PhD, BPharm (Hons), B App Sc, FSHP, FISAC; Michael Heung, MD, MS.

Altered kidney function: IV:

Meropenem Dose Adjustments in Kidney Impairment^{a,b}

CrCl (mL/minute)	If the usual recommended dose is 1 g every 8 hours ^c	If the usual recommended dose is 2 g every 8 hours ^c
>50 to <130	No dosage adjustment necessary	No dosage adjustment necessary
>25 to ≤50	1 g every 12 hours	2 g every 12 hours

Interpretazione dei test genetici e implicazioni per la pratica clinica

Si può effettuare una ricerca per gene/variante oppure per condizione

UpToDate® HFE

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **hfe**

- [HFE and other hemochromatosis genes](#)
- [Clinical manifestations and diagnosis of hereditary hemochromatosis](#)
- [Gene test interpretation: HFE \(hereditary hemochromatosis gene\)](#)
- [Management and prognosis of hereditary hemochromatosis](#)
- [Approach to the patient with suspected iron overload](#)
- [Regulation of iron balance](#)

UpToDate® dislipidemia familiare

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **dislipidemia familiare**

Inherited disorders of LDL-cholesterol metabolism other than familial hypercholesterolemia

...(and 70 percent of those with a **lipid abnormality**) had a **familial disorder**. In the great majority of patients, **inheritance** is polygenic and the expression of **dyslipidemia** is strongly influenced by factors ...

Familial combined hyperlipidemia

Testing

Summary and recommendations

- Genetic causes of hypercholesterolemia
- Normal values for lipid levels

Familial hypercholesterolemia in adults: Overview

... heterozygous **familial hypercholesterolemia (FH)** can be made with **genetic** testing or clinical criteria. A causative mutation in the LDLR, APOB, or PCSK9 gene(s) secures this diagnosis. When **genetic** testing ...

Genetic considerations

UpToDate® brca2 positivo gravidanza

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **brca2 positivo gravidanza**

Cancer risks in BRCA1/2 carriers

... expected to have an impact only against ER-**positive** tumors, and **BRCA2**-associated tumor. We suggest that all carriers undergo rrBSO ...

[Cancer risks in BRCA1/2 carriers](#)

- Bilateral salpingo-oophorectomy
- Summary and recommendations

Prospettiva paziente



UpToDate®

prospettiva del paziente



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< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **prospettiva del paziente**

[Patient perspective: Parkinson disease](#)

[Patient perspective: Iron deficiency anemia](#)

[Patient perspective: Managing pain during labor and delivery](#)

[Patient perspective: Pregnancy loss](#)

[Patient perspective: Sickle cell disease](#)

[Patient perspective: Systemic lupus erythematosus](#)

[Patient perspective: Peripheral artery disease](#)

[Patient perspective: An artist with essential tremor](#)

[Overview of clinical practice guidelines](#)

Incorporating patient perspectives

Summary and recommendations

[Patient perspective: Pediatric stroke](#)

[Patient perspective: von Willebrand disease](#)

...understand it is not the physician choice to have so little time with their patients, but from the **patient perspective**, the reason doesn't matter as much as the need to be heard and have their concerns validated...

Advocacy and lessons learned

[Patient perspective: Restless legs syndrome first apparent during pregnancy](#)

...augmentation, with discomfort occurring earlier in the day and in both legs . Augmentation changes a **patient view** of what once may have been their miracle drug. Doctors didn't really know about the long-term...

Augmentation

[Patient perspective: Essential tremor with onset in childhood](#)

... e altri ancora

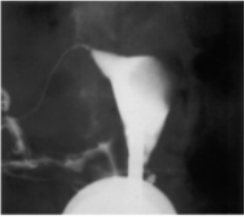
Contenuti radiologici avanzati

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< Indietro Hysterosalpingography

Topic Graphics (36)

Hysterosalpingogram showing a filling defect in the left cornual area

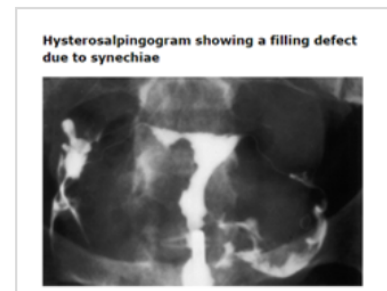
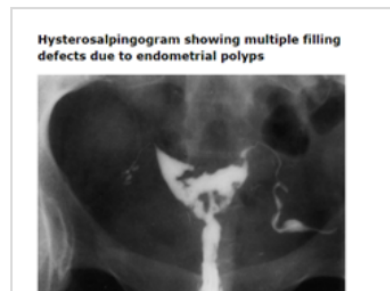


It proved to be a superimposed gas bubble from the bowel over the uterine shadow.

Hysterosalpingogram showing a filling defect in the left cornual area

Per esempio, un ginecologo può cercare approfondimenti su un'isterosalpingografia (HSG), uno studio di imaging spesso utilizzato per le pazienti che hanno problemi di fertilità. UpToDate offre un argomento sull'HSG e una revisione aggiuntiva da parte dei radiologi può contribuire a garantire che i medici ricevano il livello di supporto necessario.

Diagnostic Images



Grazie!

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