Disease Summaries - A to Z

# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

AAT deficiency
abdominal aortic aneurysm (AAA)
abdominal discomfort
abdominal pain
abnormal uterine bleeding
Abortion
abruptio placenta (placental abruption)
absence epilepsy
absorptive hypercalciuria
acanthosis nigricans
Accurate measurement of carotid stenosis
ACE inhibitors
ACE inhibitors for congestive heart failure
acetaminophen poisoning
achalasia
Achilles tendinopathy
Achilles tendon rupture
achondroplasia
acne
Disease Summaries - By Category

- Cardiovascular Disease Prevention
- Cardiovascular Disorders
- Common Healthcare Topics
- Contraception
- Dermatology
- Diagnostic testing
- Disorders of Leucocytes and Immune System
- Drugs
- Endocrine and Metabolic Disorders
- Gastrointestinal Disorders
- Genetic and Developmental Disorders
- Hematopoietic Disorders
- Individual studies
- Infections
- Male Genital Disorders
- Miscellaneous
- Musculoskeletal Disorders
- Musculoskeletal Disorders (Focal)
- Neurologic Disorders
- Obstetric and Gynecologic Conditions
Disease Summaries - By Category

- Cardiovascular Disease Prevention
- Cardiovascular Disorders
  - Disorders of Lipid Metabolism
  - Heart
  - Syncope
  - Vascular System
- Common Healthcare Topics
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- Male Genital Disorders
- Miscellaneous
Disease Summaries - By Category

- Cardiovascular Disease Prevention
- Cardiovascular Disorders
  - Disorders of Lipid Metabolism
    - familial dysbeta1ipoproteinemia (DBL)
    - familial hypercholesterolemia
    - high-density lipoprotein (HDL) deficiency
    - hypercholesterolemia
    - hypertriglyceridemia
    - Lipoprotein lipase (LPL) deficiency
    - mixed hyperlipidemia
- Heart
- Syncope
- Vascular System
- Common Healthcare Topics
- Contraception
- Dermatology
- Diagnostic testing
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Updated 10/1/2004 08:21 PM: Mayo Clin Proc PDF link added
continued peer review
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topical application of povidone-iodine associated with rapid crusting and pain resolution in case report (Lancet 2004 Aug 7)

Click the blue triangles to expand sections

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Diagnosis

Making the diagnosis:

- usually diagnosed clinically
  - in large series using expert opinion and clinical course as gold standard, 38 (7%) of 505 cases diagnosed clinically by general practitioners in Iceland were incorrect, most incorrect diagnoses were likely due to herpes simplex infections (Eur J Gen Pract 1996 Mar;2:12 in Journal Club on the Web 1996 May 9)
  - Tzanek smear showing multinucleated giant cells can be done, but laboratory expertise is limited and this test has a low sensitivity and specificity
  - viral culture would provide definitive diagnosis, but results are delayed
  - DNA specific testing available in some centers

Rule out:

- when pain occurs before (or without) lesions, many other causes of pain must be considered, such as cholecystitis, pleuritis, cardiac ischemia, diabetic painful neuropathy
- for vesicular or papular lesions - contact dermatitis, herpes simplex (typically not dermatomal), coxsackievirus infection, bullous impetigo, spider or insect bite or sting

Tests to order:

- testing should be reserved for rare cases when diagnostic certainty is clearly important, as clinical diagnosis almost always made easily (only 7% error rate in Iceland)

Recommended Testing from UPCMD.com:
Recommended Testing from UPCMD.com:

**Initial Testing**
- Direct Fluorescent Antibody Test (DFA)
- Polymerase Chain Reaction (PCR)

**Confirmatory Testing**
- Viral Shell Vial Culture/Viral Tissue Culture

**Monitoring Testing**
- No tests recommended

*Further details from UPCMD.com*

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**Blood tests:**
- serology not useful during acute symptoms, but can provide retrospective diagnosis

**Other diagnostic testing:**
- Tzanek smear, from scrapings of base of vesicle, may show multinucleated giant cells, but does not differentiate varicella from herpes simplex
Recommended Testing from UPCMD.com:

**Initial Testing**
- Direct Fluorescent Antibody Test (DFA)
- Polymerase Chain Reaction (PCR)

**Confirmatory Testing**
- Viral Shell Vial Culture/Viral Tissue Culture

**Monitoring Testing**
- No tests recommended

Further details from UPCMD.com

**Direct Fluorescent Antibody Test (DFA) [CPT-87206]**

Source: Fresh vesicle/lesions, epithelial cells from the base of the vesicles; minimum 2-3 fresh vesicles.

Handling: Unroof vesicles and vigorously swab the base of the lesion to collect a large amount of epithelial cells. Place on 2 (preferably 3) double ringed slides. Special handling: For transport delay, air dry and fix the slides by flooding with acetone for 1-2 minutes. Drain, air dry, and send to the laboratory in a protective cardboard slide container.

**Polymerase Chain Reaction (PCR) [CPT-87532]**
zoster

Updated 10/17/2004 03:21 PM: Mayo Clin Proc PDF link added continued peer review
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topical application of povidone-iodine associated with rapid crusting and pain resolution in case report (Lancet 2004 Aug)

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Treatment Overview:

- zoster is self-limited and usually resolves without complications; treatment goals are to reduce symptoms, speed rash resolution and prevent complications
- treatments that may reduce acute pain
  - corticosteroids may reduce acute zoster pain and improve quality of life at 1 month ([level 2 [mid-level evidence]], but have no benefit for postherpetic neuralgia
  - other treatments that may reduce acute pain ([level 3 [lacking direct evidence]]) include cool compresses, camphorated oil, analgesics, tricyclic antidepressants
- limited evidence that any treatments prevent postherpetic neuralgia, but famciclovir, valacyclovir or amitriptyline may be considered
- antiviral treatment
  - antiviral treatments achieve modest reduction in time to full healing of rash if started within 3 days of initial rash (e.g. full crusting may occur in 10 days without antiviral agent and 8 days with antiviral agent)
  - antiviral agents should be strongly considered in ophthalmic zoster, disseminated zoster, and ill severely immunocompromised patients
  - antiviral treatment options
    - valacyclovir (Valtrex) 1 g PO tid for 7 days $118.69
    - famciclovir (Famvir) 500 mg PO tid for 7 days $154.91
    - acyclovir (Zovirax) 800 mg PO 5x/day for 7-10 days $184.82, generic $42.56
    - Reference - The Medical Letter 2002 Feb 4;44(1123):9
  - parenteral antiviral agents indicated for some cases of ophthalmic zoster, immunocompromised hosts, and disseminated zoster
    - in immunocompromised host, acyclovir (Zovirax) 10 mg/kg (500 mg/m^2 in children) IV bolus
**Medications:**

- Analgesics or **tricyclic antidepressants** for acute pain
- Antiviral treatment
  - Useful for hastening of healing of acute zoster (modest benefit)
  - Valacyclovir and famciclovir also have been shown to reduce duration of postherpetic neuralgia in randomized trials, but most patients (especially those aged < 50) do not develop postherpetic neuralgia
  - Ophthamalic zoster should be treated with oral antiviral agents in consultation with ophthalmology consultants
    - Famciclovir 500 mg PO tid and acyclovir 800 mg PO 5 times daily for 7 days had equivalent efficacy in randomized trial of 454 patients with ophthalmic zoster of trigeminal nerve, 58% of both groups had one or more ocular manifestations over 6 months (Br J Ophthalmol 2001 May;85(5):576)
    - Valacyclovir 1,000 mg PO bid and acyclovir 800 mg PO 5 times daily for 7 days had equivalent efficacy in randomized trial of 110 immunocompetent patients with herpes zoster ophthalmicus diagnosed within 72 hours of skin eruption (Ophthalmology 2000 Aug;107(8):1507)
  - Oral antiviral therapy associated with lower complication rate in patients with acute herpes zoster ophthalmicus; retrospective study comparing 202 such patients treated with oral antivirals vs. 121 who were not, 0 vs. 3.3% had neurotrophic keratitis (p = 0.02, NNT 30), 2.1% vs. 8.9% had adverse outcome (visual acuity 20/200 or worse, trichiasis, or surgery for eyelid malposition) at 5-10 years (p = 0.009, NNT 15) (Arch Ophthalmol 2003 Mar;121(3):385 in Global Family Doctor 2003 Mar 13)
    - For localized zoster in immunocompetent adults (start within 48-72 hours of onset of rash)
  - Valacyclovir (Valtrex) 1 g PO tid for 7 days
Tricyclic antidepressants (TCAs)

- general information
  - previous response to TCA or family history of TCA efficacy may be predictive of benefit
  - in elderly start low, go slow
  - terminal insomnia disappears first, predicts response
  - do not use if suicidal or sedating
  - monitor blood level
  - cardiovascular problems most dangerous but uncommon
  - contraindication - preexisting block
  - agents with more anticholinergic effects relatively contraindicated in narrow-angle glaucoma or BPH, recent myocardial infarction, active seizure disorder
  - choice based on mix of sedation, anticholinergic and orthostatic hypotension acceptable to patient
  - before beginning TCA treatment - checklist for contraindications: ECG for BBB or prolonged PR, LFTs, tonometry or screen for glaucoma, sitting + standing BP measurements, evaluate urinary obstruction, nightmares, precipitate rise in mean, serum

- valacyclovir (Valtrex) 1 g PO tid for 7 days
Medications:

- analgesics or tricyclic antidepressants for acute pain
- antiviral treatment
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Famiciclovir for ophthalmic zoster: a randomised aciclovir controlled study.


University of Texas Medical Branch, Galveston, TX, USA.

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Mar 121 (3):386 in Global Family Doctor 2003 Mar 13

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  - for localized zoster in immunocompetent adults (start within 48-72 hours of onset of rash)
    - valacyclovir (Valtrex) 1 g PO tid for 7 days
- 30.4% vs. 6.9% had adverse outcome (visual acuity <20/500 or worse, blepharoplasty, or surgery for eyelid malposition) at 3-10 years (p = 0.009, NNT 15) (Arch Ophthalmol 2003 Mar;121(3):386 in Global Family Doctor 2003 Mar 13)

- for localized zoster in immunocompetent adults (start within 48-72 hours of onset of rash)
  - valacyclovir (Valtrex) 1 g PO tid for 7 days
    - generally well tolerated
    - adverse effects may include gastrointestinal symptoms, headache, rash, hallucinations, confusion
    - renal dosing (7-day course)
      - creatinine clearance 30-49 mL/minute - 1 g q12h
      - creatinine clearance 10-29 mL/minute - 1 g q24h
      - creatinine clearance < 10 mL/minute - 500 mg q24h
  - valacyclovir associated with earlier pain relief than acyclovir (level 1 [likely reliable] evidence); 1,141 immunocompetent adults > 50 years old with zoster randomized to valacyclovir 1 g PO tid for 7 or 14 days vs. acyclovir 800 mg PO 5 times daily for 7 days and followed for 6 months; median duration of zoster-associated pain was 38 or 44 days vs. 51 days; comparing both valacyclovir groups vs. acyclovir group, 19.3% vs. 25.7% had postherpetic neuralgia at 6 months (NNT 16); no significant differences in pain intensity, quality of life, or adverse events (Antimicrob Agents Chemother 1995 Jul;39(7):1346 PDF)
  - famciclovir (Famvir) 500 mg PO tid for 7 days
    - generally well tolerated
    - adverse effects may include headache, nausea, diarrhea
    - renal dosing
      - creatinine clearance 40-59 mL/minute - 500 mg q12h
      - creatinine clearance 20-39 mL/minute - 500 mg qd
      - creatinine clearance < 20 mL/minute - 250 mg qd
Level of Evidence Labeling in DynaMed

DynaMed has introduced level of evidence/strength of recommendation labeling as of March 2004.

Individual evidence reports will be labeled as one of the following:

level 1 (likely reliable) evidence -- representing the most valid reports addressing patient-oriented outcomes. Examples include randomized trials with at least 80% follow-up, inception cohort studies for prognostic information, and systematic reviews of level 1 evidence reports. These examples are only presented as brief examples. Achieving a level 1 evidence label means that specific quality criteria were met based on the study type.

level 2 (moderate evidence) -- representing reports addressing patient-oriented outcomes, and using some method of scientific investigation, yet not meeting the quality criteria to achieve level 1 evidence labeling. Examples include randomized trials with less than 80% follow-up, non-randomized prospective studies, and diagnostic studies without control groups.

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- handout can be found in *Am Fam Physician* 2000 Apr 15;61(8):2447
- information page from [National Institute of Neurological Disorders and Stroke (NINDS)](http://www.ninds.nih.gov)
- patient information brochure from [American Academy of Dermatology](http://www.aad.org)
- handout can be found in *Postgrad Med* 2003 Jun;113(6):87
- handout on herpes zoster ophthalmicus can be found in *Am Fam Physician* 2002 Nov 1;66(9):1732
- patient notes on neuropathic pain can be found in *Postgrad Med* 1999 Nov;106(6):261
- handout on contact with with chickenpox or shingles during pregnancy from [Patient UK](http://www.patient.co.uk)

Acknowledgements

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- [Info@DynamicMedical.com](mailto:Info@DynamicMedical.com)
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DynaMed 新規収録までの流れ

主要ジャーナル、レビューページの検討

1. 患者のQOLに直接的に影響をもたらすか？
2. 臨床でのディジタルメイキングにとって有益か
3. 臨床の現場において、広く議論されている情報か？
4. DynaMedの収録形態に沿った情報か？
5. 多くの人が関心を寄せている情報か？

- リサーチ方法、サンプルサイズなどの吟味
- エビデンスレベルの付与
- 既存収録エビデンスとの比較（Best “Available”かどうか）

DynaMedへ収録