## **Chapter 38 Care For Patients With Diabetes And Hypoglycemia**

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with very much success in 2009 this topic is being updated again in 2012 dr flamm has invited a group of distinguished hepatologists to provide insight into the assessment of a variety of scenarios where clinical judgment based on experience and published literature is an invaluable addition to the care of individual patients articles included in the issue address the following topics evaluatio of elevated liver enzymes and abnormal liver panel evaluation of liver lesions chronic hov evaluation of hepatic cholestasis chronic hbv ascites fatty liver pruritus in the patient with chronic cholestatic liver disease is the patient a candidate for liver transplantation care of the cirrhotic patient abnormal liver panel in pregnancy surgical clearance for the patient with chronic liver disease granulomatous liver disease drug induced liver disease and hepatic encephalopathy

approximately 40 of lung cancer patients will develop central nervous system cns metastases during the course of their disease most of these are brain metastases but up to 10 will develop leptomeningeal metastases known risk factors for cns metastases development are small cell lung cancer sclc adenocarcinoma histology epidermal growth factor receptor egfr mutant or anaplastic lymphoma kinase alk rearranged lung cancer advanced nodal status tumor stage and younger age cns metastases can have a negative impact on quality of life qol and overall survival os the proportion of lung cancer patients diagnosed with cns metastases has increased over the years due to increased use of brain imaging as part of initial cancer staging advances in imaging techniques and better systemic disease control post contrast gadolinium enhanced magnetic resonance imaging gd mri is preferred however when this is contra indicated a contrast enhanced computed tomography ce ct is mentioned as an alternative option when cns metastases are diagnosed local treatment options consist of radiotherapy stereotactic or whole brain and surgery local treatment can be complicated by symptomatic radiation necrosis for which no high level evidence based treatment exists moreover differential diagnosis with metastasis progression is difficult systemic

treatment options have expanded over the last years until recently chemotherapy was the only treatment option with a poor penetration in the cns angiogenesis inhibitors are promising in the treatment of primary cns tumors as well as radiation necrosis but clinical trials of anti angiogenic agents in nsclc have largely excluded patients with cns metastases furthermore research has also focused on methods to prevent development of cns disease for example with prophylactic cranial irradiation recently checkpoint inhibitors have become available for nsclc patients and tyrosine kinase inhibitors tkis have improved prognosis significantly in those with a druggable driver mutation newer tkis are often designed to have better cns penetration compared to first generation tkis despite advances in treatment options cns metastases remain a problem in lung cancer and cause morbidity and mortality this research topic provides an extensive resource of articles describing advances in cns metastases management in lung cancer patients from prevention to diagnosis and treatment

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a new textbook for medical students in an introductory course in general surgery this condensed work covers surgical principles and all common surgical conditions it is designed to be more accessible to medical students than the more encyclopaedic texts but is also a review of modern surgical practice for both housemen and practitioners

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