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Entre con una o más palabras

Búsqueda vía [descriptores DeCS/MeSH](#)

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 - Bases de Datos Nacionales
ADOLHN, BIMENA, DESAS, COPECO, CRIDTC, CDOPS, LEYES, LILACS-HN, TES
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 - Portal de Evidencias
Revisiones Sistemáticas, Ensayos Clínicos, Sumarios de la Evidencia, Evaluaciones Económicas en Salud, Evaluaciones de Tecnologías en Salud, Diretrices para la Práctica Clínica
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ADOLEC, BBO, BDEF, CidSaúde, DESASTRES, HISA, HOMEINDEX, LEYES, MEDCARIB, REPIDISCA
 - Organismos Internacionales
PAHO, WHOLIS
 - LIS- Localizador de Información en Salud HN
 - DeCS- Terminología en salud
 - Acceso a Documentos
SCAD- Servicio Cooperativo de Acceso a Documentos, Catálogo de revistas científicas
- Directorios, Portales
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Información e Investigación

Información Sobre:
Dengue Honduras , Enfermedad de Chagas, Historia de la Medicina en Honduras , Influenza A(H1N1) Gripe Porcina en Honduras , Leishmaniasis, Malaria y Gestación MAGEA, Malaria, Municipios Saludables , Parásitos Intestinales, Programa Ampliado de Inmunizaciones (PAI)

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Revista Postgrados de Medicina, Revista Honduras Pediátrica, Revista Postgrado de Psiquiatría, Revista Neurociencia, Reseña Historica RMH

http://who.int/hinari

The screenshot shows the HINARI website interface. At the top, there is a navigation bar with the HINARI logo and the tagline "Investigación en Salud". Below the logo, there is a search bar and a "Conectarse" button. The main content area is divided into several sections:

- HINARI Programa de Acceso a la Investigación en Salud**: A section describing the program's mission and providing a link to a 2016 distribution map.
- Noticias**: A list of recent news items, including updates to the portal and announcements from the WHO.
- Nuevos Asociados desde julio 2015**: A section listing new partner publishers and journals, such as Addleton Academic Publishers and Oxfam.
- Comentarios de los usuarios**: A section for user comments.
- Donación a HINARI**: A section for donations, with a link to "¿Cómo donar?".
- Nueva página web en portugués**: A section for a new Portuguese website.
- Otros Programas Hermanos**: A section for other related programs, including Research4Life, AGORA, OARE, and ARDI.

The website is displayed in Spanish, and the browser's address bar shows the URL "hinarilogin.research4life.org/uniquestigwww.who.int/uniquestig0/hinari/es/".



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You are accessing this site from a computer running Microsoft Windows XP, Service Pack 2 (SP2) or higher. Internet Explorer is configured by default to block popups. In order to be able to receive inactivity timeout notifications and other warnings from this site, it is recommended that you configure your browser to allow popups from this site.

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The screenshot shows the homepage of the BVS Honduras website. The browser tabs include 'samarle42 - Yahoo Mail', 'Biblioteca Virtual en Sal...', 'HINARI Access to Research', 'diabetes mellitus - Pub...', and 'Citavi'. The address bar shows 'www.bvs.hn/php/index.php'. The page layout is divided into several columns:

- Left Column:** Contains navigation links such as 'Enlaces', 'Instituto', 'Postgrados FCM-UNAH', 'Sociedad', 'Noticias', 'Virus Zika', 'WEBINAR-Research4Life', and 'Taller de Escritura y Publicación de Artículos Científicos'.
- Center Column:** Features a main menu with sections: 'Información e Investigación' (with sub-sections like 'Health Research Web', 'Información Sobre:', and 'Unidad de Investigación Científica, Facultad de Ciencias Médicas, UNAH'), 'Audioteca Virtual en Salud', 'eSalud' (highlighted with a red arrow), '15 Años BVS Honduras', and 'Acerca de la BVS'.
- Right Column:** Includes 'Documentos', 'Newsletter BVS', and 'Portal de Pesquisa da BVS'.

At the bottom of the page, there is a footer with the BVS logo, contact information for the Biblioteca Médica Nacional - UNAH, and social media icons for Facebook and Twitter. The system tray at the bottom shows the date and time as 5:37 p.m. on 23/5/2016.

Campus Virtual BVS

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Entrar

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Hola. Para acceder al sistema tómese un minuto para crear una cuenta. Cada curso puede disponer de una "clave de acceso" que sólo tendrá que usar la primera vez. Estos son los pasos:

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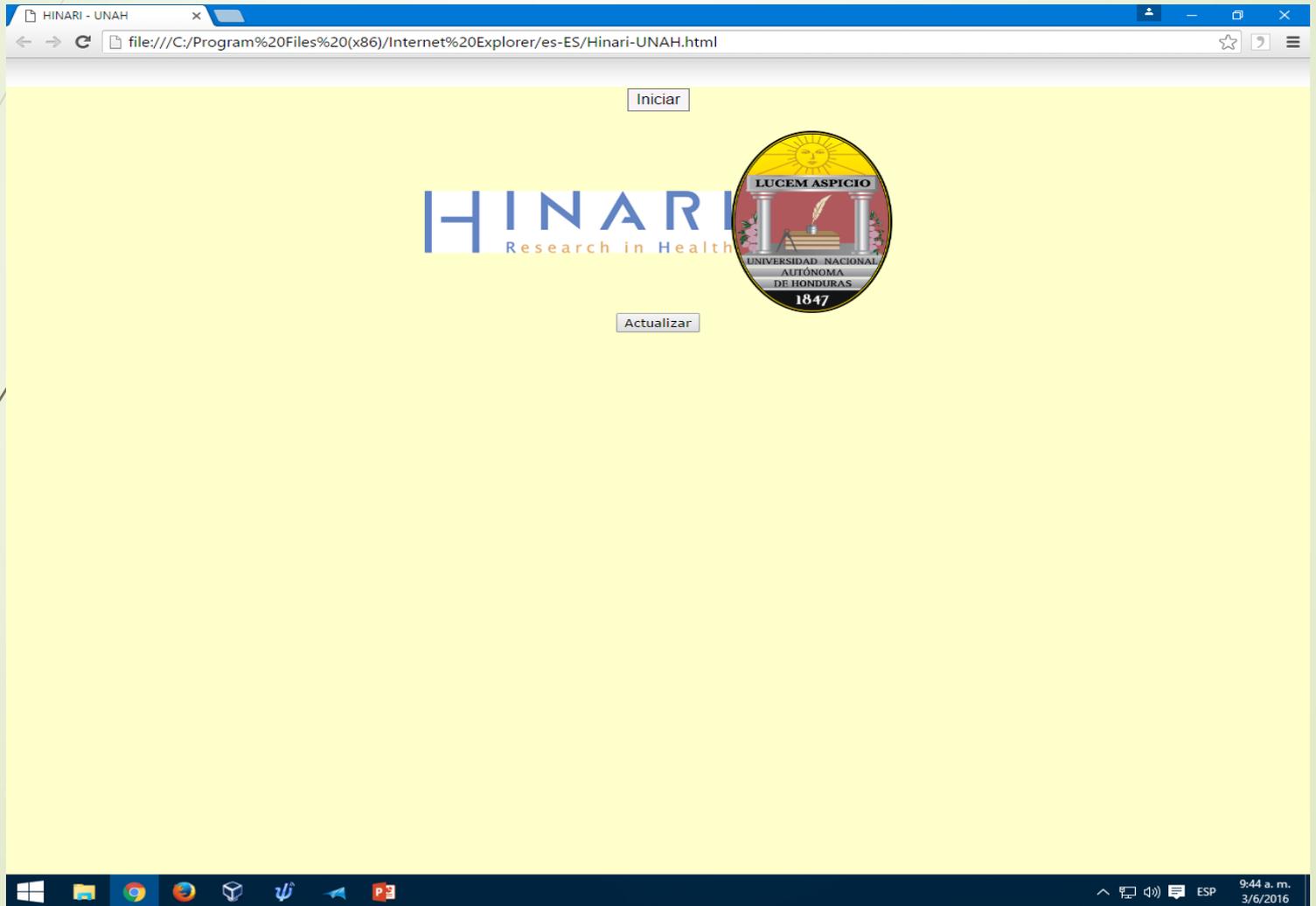
LLENAR FORMULARIO Y CREA TU USUARIO Y CONTRASEÑA

The image shows a web browser window displaying the registration page for the BVS (Campus Virtual BVS) system. The browser's address bar shows the URL `campus.bvs.hn/login/signup.php`. The page title is "Campus Virtual BVS" and the language is set to "Español - Internacional (es)". A navigation menu includes "Página Principal", "Entrar", and "Nueva cuenta". The main heading is "Crear un nuevo usuario y contraseña para acceder al sistema". The form contains the following fields and instructions:

- Nombre de usuario***: A text input field.
- Contraseña***: A text input field with a "Desenmascarar" checkbox.
- Por favor, escriba algunos datos sobre usted**: A section containing:
 - Dirección de correo***: A text input field.
 - Correo (de nuevo)***: A text input field.
 - Nombre***: A text input field.
 - Apellido(s)***: A text input field.
 - Ciudad**: A text input field.
 - País**: A dropdown menu with the text "Seleccione su país".

At the bottom of the form are two buttons: "Crear cuenta" (highlighted in orange) and "Cancelar". The browser's taskbar at the bottom shows the Windows logo, several application icons, and the system tray with the time "5:40 p. m." and date "23/5/2016".

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Edited by O. Goulet Md, PhD

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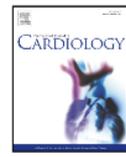
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Review

Sudden cardiac death and chronic kidney disease: From pathophysiology to treatment strategies



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ABSTRACT

Chronic kidney disease (CKD) patients demonstrate higher rates of cardiovascular mortality and morbidity; and increased incidence of sudden cardiac death (SCD) with declining kidney failure. Coronary artery disease (CAD) associated risk factors are the major determinants of SCD in the general population. However, current evidence suggests that in CKD patients, traditional cardiovascular risk factors may play a lesser role. Complex relationships between CKD-specific risk factors, structural heart disease, and ventricular arrhythmias (VA) contribute to the high risk of SCD. In dialysis patients, the occurrence of VA and SCD could be exacerbated by electrolyte shifts, divalent ion abnormalities, sympathetic overactivity, inflammation and iron toxicity. As outcomes in CKD patients after cardiac arrest are poor, primary and secondary prevention of SCD and cardiac arrest could reduce cardiovascular mortality in patients with CKD.
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1. Introduction

Cardiovascular diseases (CVD) account for approximately 50% of premature mortality observed in chronic kidney disease (CKD) patients. CKD affects approximately 13% of the adult population in the United

States [1]. The Cardio-Renal Syndrome (CRS) is a complex clinical entity that can be divided into five separate subtypes [1]. These CRS subtypes likely share pathophysiological mechanisms, but they also have distinguishing clinical features in terms of precipitating events, risk identification, natural history, and outcomes (Fig. 1). Elevated risk of CV morbidity and mortality in patients with CRS



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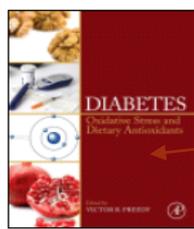
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Edited by: Victor Preedy
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Pharmacological treatments for diabetes are commonly marked by unwanted side effects, leading to treatment efforts using naturally occurring substances. But a plant-based approach alone is not sufficient; understanding the processes inherent in the oxidative stress of diabetes is vital for clinical workers, dietitians, and nutritionists.

This translational work provides that understanding. The book begins by covering the basic biology of oxidative stress from molecular biology to imaging in relation to diabetes. There are chapters on neuropathy, nephropathy, atherosclerosis, cardiomyopathy, and retinopathy. The book then moves on to antioxidants in foods, including plants, components of the diet, and their relevance to diabetes.

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- Nutritionists will use the information related to mitochondrial oxidative stress in one disease and propose new diet-related strategies to prevent such conditions arising in another unrelated disease.
- Dietitians will prescribe new foods or diets containing antioxidants for conditions that are refractory by conventional pharmacological treatments.
- Dietitians, after learning about the basic biology of oxidative stress, will be able to suggest new treatments to their multidisciplinary teams.
- Nutritionists and dietitians will learn about cell signaling and will be able to suggest preventive or therapeutic strategies with antioxidant-rich foods to reduce damage done by diseases involving abnormal cell signaling.

Feedback

CHAPTER 1

Oxidative Stress and Diabetic Neuropathy

Yongsoo Park

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List of Abbreviations

- AGE Advanced glycation end product
- ATPase Adenosine triphosphatase
- DCCT Diabetes Control and Complications Trial
- DN Diabetic neuropathy
- DPN Diabetic peripheral neuropathy
- DTR Deep tendon reflex
- DSP Distal symmetric polyneuropathy
- ER Endoplasmic reticulum
- MAPK Mitogen-activated protein kinases
- MT Metallothionein
- NADPH Nicotinamide adenine dinucleotide phosphate
- NATHAN Neurological Assessment of Thioctic Acid in Diabetic Neuropathy
- NCV Nerve conduction velocity
- NF- κ B Nuclear factor kappa
- OLETF rats Otsuka Long-Evans Tokushima fatty rats
- PKC Protein kinase C
- QST Quantitative sensory testing
- ROS Reactive oxygen species
- SOD Superoxide dismutase
- STZ Streptozotocin
- TPT Thermal perception threshold
- VPT Vibration perception threshold

is distal symmetric polyneuropathy (DSP), which can affect somatic sensory or motor nerves and the autonomic nervous system. DSP is usually characterized by a number of neural symptoms including numbness, sensory loss, and stabbing or burning pain typically experienced in the hands and feet. These sensory symptoms are thought to be associated with the progressive loss or damage to sensory nerve fibers. Focal or multifocal forms of DN are asymmetric, and affect cranial, trunk, or limb innervations. Most often, DPN represents an insidious and progressive disorder which begins with a long asymptomatic stage. Ultimately, late stage DPN may lead to serious consequences, such as foot ulceration, gangrene, amputation, and neuropathic pain. The loss of sensation predisposes diabetic patients to ulceration, infection, and ultimately limb loss, accounting for the high morbidity and mortality.

DPN is a complex disorder in which the disease process may affect different sets of nerve fibers to different degrees in different individuals [1]. The signs, symptoms, and neurological deficits vary depending on the classes



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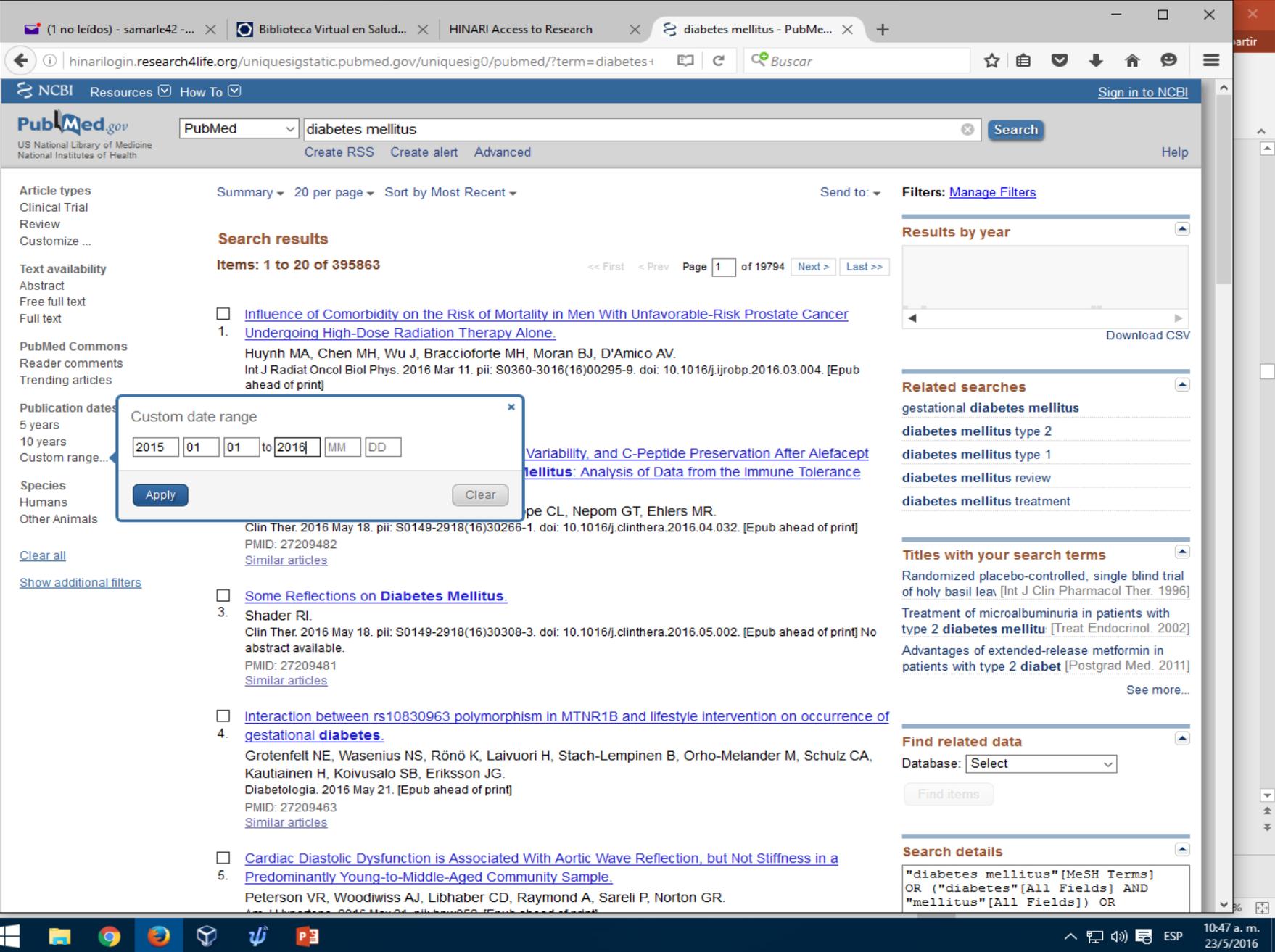
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Liu B¹, Fursevich D¹, O'Dell MC¹, Flores M¹, Feranec N².

Author information

Abstract
We report a case of anomalous origin of the left circumflex coronary artery arising from the right pulmonary artery resulting in stress-induced cardiac arrest. The patient collapsed after running a 5K race and was resuscitated. Subsequent workup revealed the culprit anatomy, which was successfully treated with surgical ligation. To the authors' knowledge, this is only the second case of this variant coronary anomaly resulting in aborted sudden cardiac death, subsequent surgical ligation, and recovery in a healthy young adult and is the first case treated by ligation alone without coronary bypass.

KEYWORDS: alcapa; anomalous coronary artery; bland-garland-white syndrome; coronary artery anomaly; vascular malformation

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Anomalous Left Circumflex Coronary Artery Arising from the Right Pulmonary Artery: A Rare Cause of Aborted Sudden Cardiac Death

Bo Liu¹, Dzmitry Fursevich², Matthew C. O'Dell², Miguel Flores², Nicholas Feranec³

1. Radiology, Florida Hospital 2. Diagnostic Radiology, Florida Hospital-Orlando 3. UCF COM, Florida Hospital-Orlando

✉ **Corresponding author:** Bo Liu, bojackson63044@gmail.com
Disclosures can be found in Additional Information at the end of the article

Abstract

We report a case of anomalous origin of the left circumflex coronary artery arising from the right pulmonary artery resulting in stress-induced cardiac arrest. The patient collapsed after running a 5K race and was resuscitated. Subsequent workup revealed the culprit anatomy, which was successfully treated with surgical ligation. To the authors' knowledge, this is only the second case of this variant coronary anomaly resulting in aborted sudden cardiac death, subsequent surgical ligation, and recovery in a healthy young adult and is the first case treated by ligation alone without coronary bypass.

Categories: Cardiac/Thoracic/Vascular Surgery, Cardiology, Radiology
Keywords: coronary artery anomaly, anomalous coronary artery, vascular malformation, alcapa, bland-garland-white syndrome

Introduction

Anomalies of the coronary arteries are rare, often cited as affecting 1-2% of the population [1-2]. The actual prevalence rate is likely higher, given that many hemodynamically insignificant

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Mareev VY, Mareev VY.
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SD Blanco Castro, E Colombi, LN Flores... - Revista cubana de ... - 2002 - scielo.sld.cu
Resumen Se expusieron los resultados de la utilización del biolarvicida *Bacillus sphaericus*-2362 (GRISELESF), en la reducción de las densidades larvianas del vector malárico *Anopheles albimanus*, así como su repercusión sobre la situación epidemiológica de la ...
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RESUMEN. Se presentan datos de mujeres embarazadas y púérperas con **malaria**. En el Hospital Atlántida (HA), La Ceiba, se realizó un estudio de 34 casos, 24 infecciones por *Plasmodium vivax* y 10 infecciones por *P. falciparum*, y 34 controles durante seis meses (...)
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[CITAS] Diagnostico situacional del Programa Nacional de Prevencion y Control de la **Malaria**, Honduras, 2004

F Paniagua - National **Malaria** Program: Tegucigalpa, Honduras
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C Ponce, R Zeledón - 1973 - iris.paho.org
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JR Mejía-Díaz, J Alger, R Valenzuela-Castillo, RJ Soto - Postgrado, 2000 - 65.182.2.242
RESUMEN. OBJETIVO. Evaluar la eficacia clínica y parasitológica de la cloroquina en el tratamiento de la **malaria** en niños menores de 14 años. MATERIAL Y MÉTODOS. De mayo de 1998 a julio del 2000, en forma prospectiva y longitudinal se estudiaron 80 niños, de ...
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Rev Med Hond 2001; 69:8-18

Malaria y Embarazo: Observaciones Clínico-Epidemiológicas en dos Zonas Geográficas de Honduras

Malaria and Pregnancy: Clinical and Epidemiological Observations in two Geographic Regions of Honduras

Rubén Darío Fernández, MD, Yanuario García, MD, MPH†; Jackeline Alger, MD, PhD‡*

RESUMEN. Se presentan datos de mujeres embarazadas y puérperas con malaria. En el Hospital Atlántida (HA), La Ceiba, se realizó un estudio de 34 casos, 24 infecciones por *Plasmodium vivax* y 10 infecciones por *P. falciparum*, y 34 controles durante seis meses (1981-82), y en el Hospital Escuela (HE), Tegucigalpa, se describen las observaciones realizadas en 19 casos, 14 embarazadas y 5 puérperas (1998

(13.3%) actividad uterina (26.7%), y anemia con o sin ictericia (46.7%). En la mayoría (60.0%), el diagnóstico fue incidental. Cuatro pacientes (21.1%) se presentaron subclínicamente y fueron detectadas a través del neonato con malaria o durante el estudio de la anemia; en éstos la parasitemia fue substancialmente inferior (<250 parásitos/ul) a la de los casos agudos (>1000 p/ul). Todos los casos evaluados (78.0%) pre

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Batista González, Marilina; Escalona Ballester, Yurisván.
Correo Científico Médico, Dez 2015, Volume 19 Nº 4 Páginas 680 - 689
· Inglés: Resumen · Espanhol: Resumen | Texto | PDF

2. **Criptococosis meningea asociada a Diabetes Mellitus tipo 2: Presentación de un caso en el Hospital Clínico Viedma. Cochabamba, Bolivia, 2015** [social icons]

Paz Zabala, Angélica Rocío; Soliz Alconz, Hazel Vivian; Claros Coca, Zenia; Castro Soto, María del Rosario.
Gaceta Médica Boliviana, Dez 2015, Volume 38 Nº 2 Páginas 58 - 61
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3. **Subjetividades sobre la causalidad de diabetes mellitus entre seis tseñtales de la cabecera municipal de Tenejapa, Chiapas** [social icons]

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4. **Cirugía laparoscópica en un paciente con mielolipoma suprarrenal derecho** [social icons]



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Acute Myocardial Infarction Characterization in Patients Attended at Ezequiel Zamora Integral Diagnosis Medical Center of Venezuela

Marilina Batista González¹, Yurisván Escalona Ballester²

1. Máster en Urgencias Médicas. Especialista Primer Grado en Medicina General Integral. Policlínico Docente. Sagua de Tánamo. Instructor de Universidad de Ciencias Médicas. Holguín. Cuba.
2. Máster en Enfermedades Infecciosas. Licenciado en Higiene y Epidemiología. Policlínica 27 de Noviembre. Antilla. Asistente de Universidad de Ciencias Médicas. Holguín. Cuba.

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Introducción: el infarto de miocardio es la principal causa de muerte de hombres y mujeres en todo el mundo.
Objetivo: caracterizar el infarto agudo de miocardio en los pacientes atendidos en el centro médico.
Método: estudio de serie de casos de 34 pacientes mayores de 15 años ingresados por infarto de miocardio...

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BATISTA GONZALEZ, Marilina y ESCALONA BALLESTER, Yurisván. Caracterización del infarto agudo de miocardio en pacientes atendidos en Centro Médico Diagnóstico Integral Ezequiel Zamora de Venezuela. *ccm* [online]. 2015, vol.19, n.4 [citado 2016-05-23], pp. 680-689. Disponible en: <http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1560-43812015000400008&lng=es&nrm=iso>. ISSN 1560-4381.

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Acute Myocardial Infarction Characterization in Patients Attended at Ezequiel Zamora Integral Diagnosis Medical Center of Venezuela

Marilina Batista González¹, Yurisván Escalona Ballester²

1. Máster en Urgencias Médicas. Especialista Primer Grado en Medicina General Integral. Policlínico Docente. Sagua de Tánamo. Instructor de Universidad de Ciencias Médicas. Holguín. Cuba.
2. Máster en Enfermedades Infecciosas. Licenciado en Higiene y Epidemiología. Policlínica 27 de Noviembre. Antilla. Asistente de Universidad de Ciencias Médicas. Holguín. Cuba.

RESUMEN

Introducción: el infarto de miocardio es la principal causa de muerte de hombres y mujeres en todo el mundo.
Objetivo: caracterizar el infarto agudo de miocardio en los pacientes atendidos en el centro médico.
Método: estudio de serie de casos de 34 pacientes mayores de 15 años ingresados por infarto de miocardio agudo desde diciembre 2009 a diciembre 2011 en el Centro Médico Ezequiel Zamora Integral Diagnóstico.



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Brazilian Journal of Medical and Biological Research; Liu, Y.; Wang, F.; Yu, X.L.; Miao, Z.M.; Wang, Z.C.; Chen, Y.; Wang, Y.G..
Braz J Med Biol Res; 46(7): 623-628, tab, graf.
Artículo en Inglés | LILACS-Express | ID: 682397

2. **Association of rs12255372 in the TCF7L2 gene with type 2 diabetes mellitus: a meta-analysis**
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Artículo en Inglés | LILACS-Express | ID: 671390

3. **Effects of rosiglitazone on serum paraoxonase activity and metabolic parameters in**

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Salud Mental 2013;36:167-175

Funcionamiento cognoscitivo en la diabetes tipo 2: una revisión

Karina Cerezo Huerta,¹ Guillermina Yáñez Téllez,² Carlos Alberto Aguilar Salinas,³ Juan Manuel Mancilla Díaz⁴

Actualización por temas

SUMMARY

The aim of this work is to offer an updated review of the major cognitive difficulties that appear in Type 2 Diabetes Mellitus (T2DM), and its association with the patient compliance related factors proposed by the Panamerican Health Organization (PAHO), such as characteristics of patient, of the disease and of treatment.

The review included electronic databases search (PubMed, PsycINFO and SpringerLink) from January 2000 to December 2011, predominating research from the United States, Canada, Holland, UK, Japan, Mexico and Germany.

Most of the reviewed articles identified that factors which have shown to be associated with cognitive functioning in T2DM include: glycemic fluctuations, disease duration and pharmacological treatment.

As for the changes that occur in the Central Nervous System (CNS), to date there is no consensus as to whether these are purely degenerative, vascular or a combination of both.

Most affected cognitive abilities are: verbal memory, working memory, verbal fluency, attention, mental planning and psychomotor speed. The latter have been related with frontal, temporal and hippocampal structure functioning, which are also compromised on T2DM.

In the cognitive aspect, it is reported that T2DM is a risk factor for developing mild cognitive impairment. Also, chronicity of this condition associated with hypertension, inadequate glycemic control

RESUMEN

El objetivo de este trabajo es ofrecer una revisión actualizada de las principales dificultades cognoscitivas que se presentan en la Diabetes mellitus tipo 2 (DM2) y su asociación con factores relacionados con la adherencia terapéutica propuestos por la Organización Panamericana de la Salud para las enfermedades crónicas como: las características del paciente, de la enfermedad y del tratamiento.

La revisión se basó en una búsqueda en las bases de datos PubMed, PsycINFO y SpringerLink. Se abarcó el periodo de enero de 2000 hasta diciembre de 2011, y predominaron las investigaciones procedentes de los Estados Unidos de América, Canadá, Holanda, Inglaterra, el Japón, México y Alemania.

En la mayoría de los estudios consultados se identificó que las fluctuaciones glicémicas, la duración de la enfermedad y el tipo de tratamiento farmacológico son los factores que más se han asociado con el funcionamiento cognoscitivo en la DM2.

En cuanto a los cambios que se producen en el Sistema Nervioso Central (SNC), hasta la fecha no hay consenso en cuanto a si estos son exclusivamente degenerativos, vasculares o si son una combinación entre ambos.

En el aspecto cognoscitivo, se ha reportado que la DM2 es un factor de riesgo para desarrollar deterioro cognoscitivo leve y que la cronicidad de esta condición, asociada a hipertensión, a un control glicémico inadecuado y a complicaciones macrovasculares aumenta

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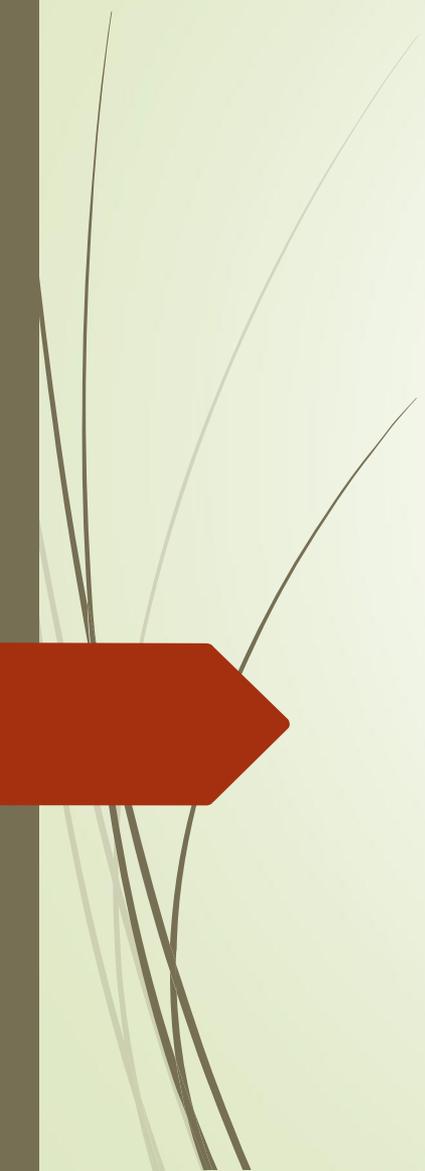
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