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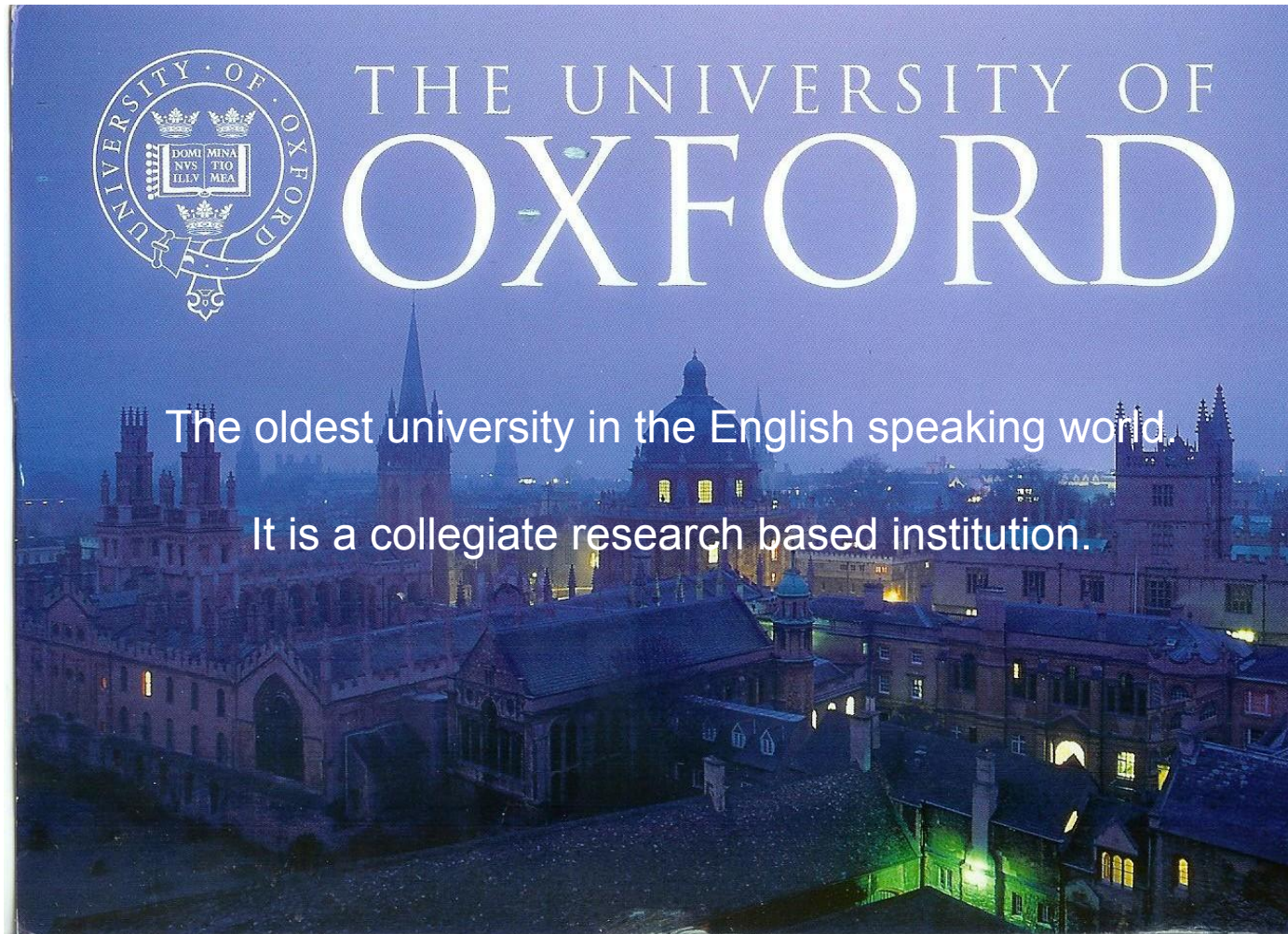
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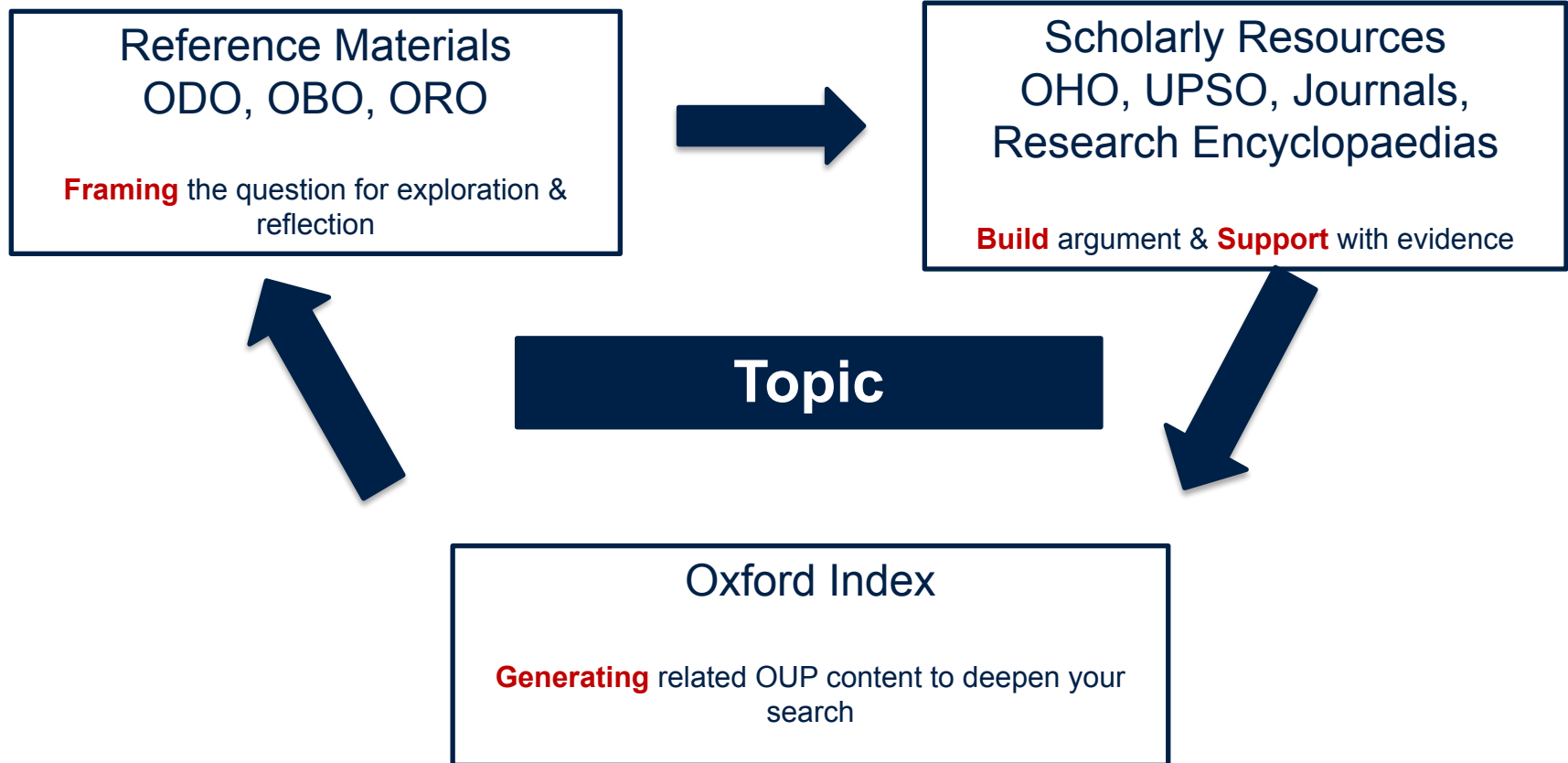


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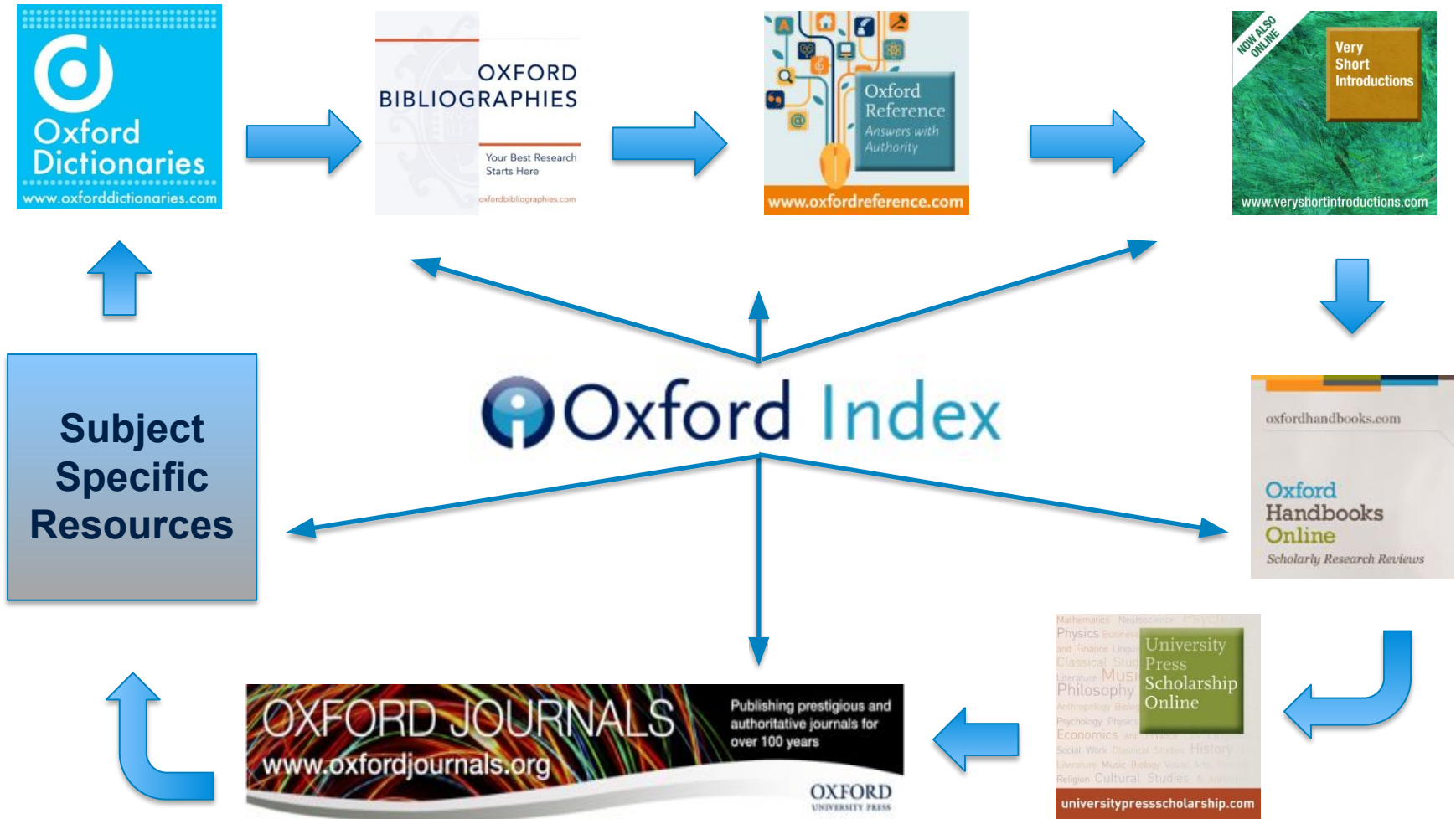
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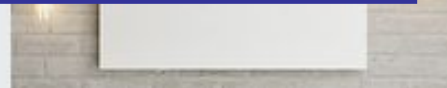
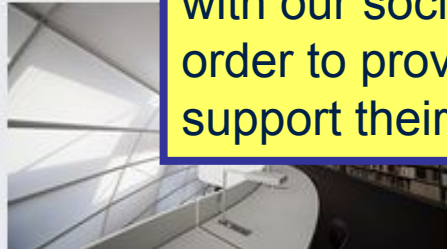
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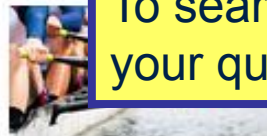
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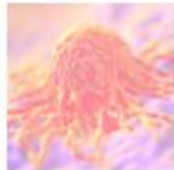
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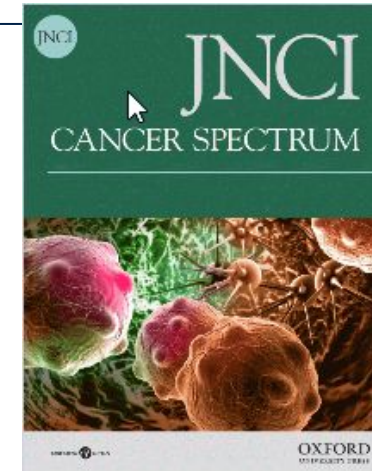
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Chemical Senses	2.500		
Children & Schools			
Christian bioethics: Non-Ecumenical Studies in			

Christian bioethics: Non-Ecumenical Studies in Medical Morality					2.813
Clinical Infectious Diseases		8.736		Laboratory Medicine	0.561
Diseases of the Esophagus	New	2.146		Mathematical Medicine and Biology: A Journal of the IMA	1.162
Endocrine Reviews*	New	14.898		Medical Law Review	1.156
Endocrinology*	New	4.159		Medical Mycology	2.644
EP - Europace		4.021		MHR: Basic Science of Reproductive Medicine	3.943
Epidemiologic Reviews				Microscopy	1.285
European Heart Journal ²		15.064		Molecular Biology and Evolution	13.649
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JNCI: Journal of the National Cancer Institute ³	11.370		
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Neuroinfecti

Don Gildea

Publisher: Oxford Un
Print ISBN-13: 9780
DOI: 10.1093/med/9

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Melkersson-Rosenthal Syndrome

Chapter: Melkersson-Rosenthal Syndrome

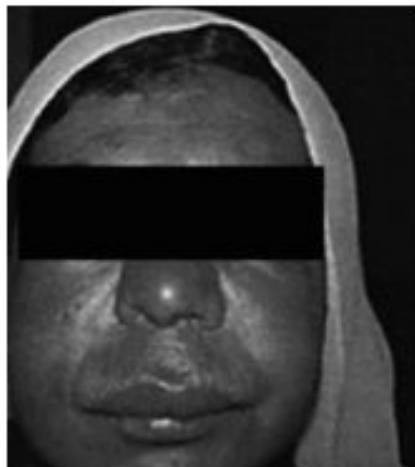
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Figure 34-1

Melkersson-Rosenthal syndrome. Note swelling of the face and lips.



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Melkersson-Rosenthal syndrome: A review of 36 patients

[Richard M. Greene, MD](#), [Roy S. Rogers III, MD](#)

Department of Dermatology, Mayo Clinic and Mayo Foundation, Rochester, Minnesota

Abstract Abstract + References PDF References

The Melkersson-Rosenthal syndrome is an uncommon condition of uncertain pathogenesis and cause. The classic triad of signs includes recurrent orofacial edema, recurrent facial nerve palsy, and lingua plicata. We retrospectively reviewed the medical records of 36 patients (24 women and 12 men) with elements of the Melkersson-Rosenthal syndrome. The complete triad was present in 9 (25%) patients. Orofacial involvement was the dominant feature; it occurred in all 36 patients and was the presenting sign in 15 (42%). Lingua plicata occurred in 18 (50%) patients, and peripheral facial paralysis was present in 17 (47%). Fourteen biopsy specimens were obtained, all from the orofacial region. Eight specimens revealed the classic pathologic picture of granulomatous cheilitis. No etiologic agent was identified in any of the patients. Diagnosis is difficult when all features of the triad are not present. A conservative treatment approach is recommended.

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1 : 1263–1270,

, 1990.

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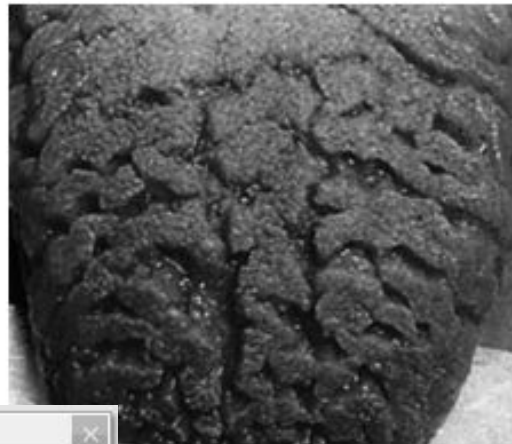


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Figure 34-1

Melkersson-Rosenthal syndrome. Note swelling of the face and lips.



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Lyme disease, sarcoidosis, and lymphoma. • Many people have a deeply fissured tongue with no history of facial swelling or weakness.

Melkersson-Rosenthal Syndrome

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Melkersson-Rosenthal syndrome. Note deep (other clinical descriptors include plicated, scrotal, or geographic) furrowing of the

How?

of paralysis, facial edema, and a deeply furrowed (also known as geographic, scrotal, or plicated) Melkersson-Rosenthal syndrome. The condition is rare. Women are affected three times as often as men. The pathogenesis of this syndrome are unknown. Biopsy of skin tissue reveals perivascular infiltrates of lymphocytes and histiocytes as well as granulomas and multinucleated giant cells. Steroids have been used with good response. The effectiveness of surgery to release pressure on the facial nerves has not been established. Many people have deep fissuring of the tongue with no history of facial swelling or palsy. Melkersson-Rosenthal syndrome should be included in the differential diagnosis of recurrent facial palsy, which can also be seen in Lyme disease and lymphoma.

Journal of Oral Pathology and Medicine, 2011; 121: 1263–1270.

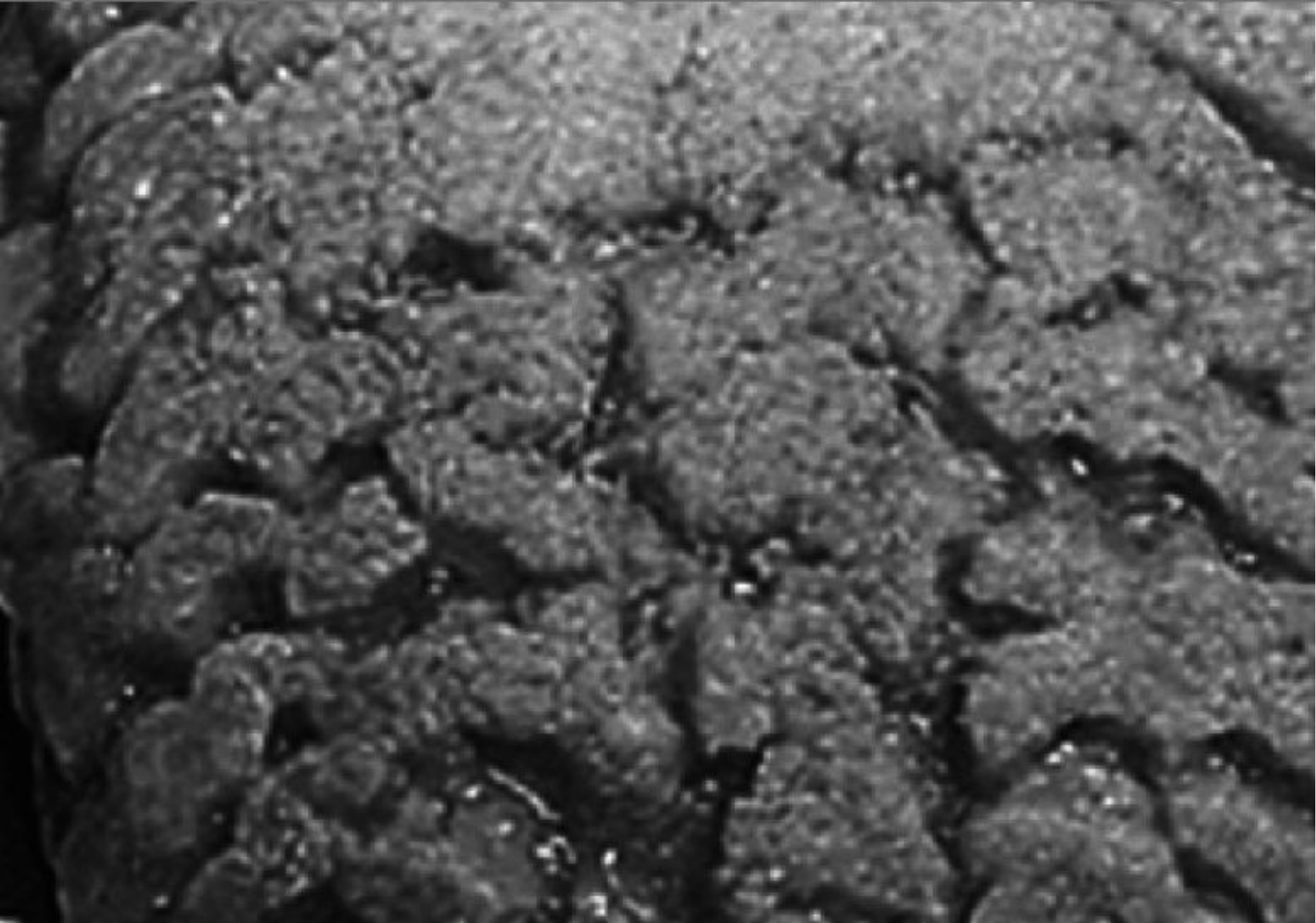
Journal of Oral Pathology and Medicine, 1979; 7: 229, 1990.

K Key Points to Remember

- Melkersson-Rosenthal syndrome is characterized by the triad of recurrent facial paralysis, facial swelling, and a deeply fissured tongue.
- Melkersson-Rosenthal syndrome is a rare cause of recurrent peripheral facial palsy; other causes are Lyme disease, sarcoidosis, and lymphoma.
- Many people have a deeply fissured tongue with no history of facial swelling or weakness.

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The EAE Textbook of Echocardiography

Edited by Leda Galiuto, Luigi Badano, Kevin Fox, Rosa Sicari, and Jose Luis Zamorano

Abstract

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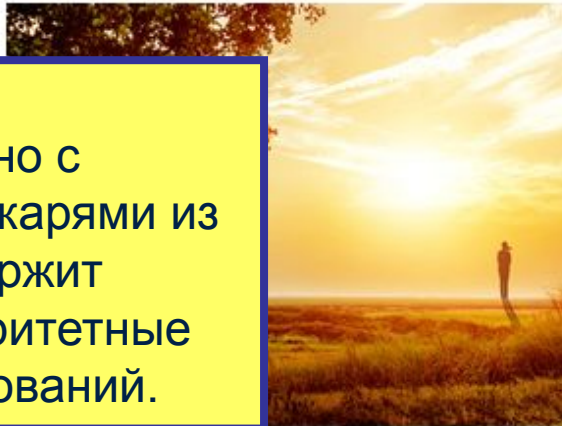
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Access to Health Care

Ronald Andersen

Introduction

"Access to health care," along with the cost and quality of that care, is generally considered one of the three major indicators for evaluating the performance of a health-care system. Even though access is a major indicator of performance and a continuing problem for the US health-care system, it is often not clearly defined and its meaning has been changing over time. This entry will consider general overviews and key reference works on access, as well as textbooks, anthologies, and journals including sections on access to care. It will also provide references to definitions of access to health care, multiple dimensions of access in a context of attempting to reduce disparities in health care, and the recently passed Health Care Reform Bill.

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General Overviews

These general overviews of access to health care provide contrasting international perspectives on the meaning of access (Gulliford and Martin 2003) and discuss improving access from a management perspective (Buss and Van de Water 2009), as well as special issues of access for low-income Americans (Lillie-Blanton, et al. 1999).

Gulliford, Martin, and Myfanwy Morgan, eds. 2003. *Access to health care*. New York: Routledge.

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Considers whether it is possible to offer universal and comprehensive services without waiting lists and unacceptable delays in treatment. Access to care is considered in an international context by means of contrasting health policies in the United States and European Union. Provides both health-care researchers and health professionals and managers with definitions of access and related issues for research and health policy.

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Buss, Terry F., and Paul N. Van de Water. 2009. *Expanding access to health care: A management approach*. Transformational Trends in Governance and Democracy. Armonk, NY: M. E. Sharpe.

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Analyzes challenges to management for health care administrators, researchers, and students. Discusses access to health coverage, how to improve it, alternatives, and lessons from experience.

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Lillie-Blanton, Marsha, Rose Marie Martinez, Barbara Lyons, and Diane Rowland, eds.

Air Quality: Health Effects

Air Quality: Indoor Health Effects

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Suchman, Edward. A. 1966. Health orientation and medical care. *American Journal of Public Health, Nations' Health* 56.1: 97–105.

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Suchman's framework for stages of decision making about seeking medical care is focused on episodes of illness and how demographic social class and group membership variables might influence decision making. The process of seeking medical care for illness is divided into five stages: experience of the symptom, assumption of the sick role, medical-care contact, dependent patient role, and recovery or rehabilitation.

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Social-psychological models stress the attitudes, values, and knowledge of the patient regarding illness and health care (Mechanic 1968, Kosa and Robertson 1969, Rosenstock 1966, Theory of Planned Behavior/Reasoned Action Model, and therapist and patient perceptions of health services as well as treatment factors).

Kosa, John, and L. S. Robertson. 1969. *Poverty and health: A sociological study*. Cambridge, MA: Harvard University Press. 35–68.

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Postulates that behavior is motivated by the threat of illness. Assumes stages of assessment of a disturbance in behavior: (1) symptoms, (2) application of or performance of activities to alleviate symptoms, (3) application of or performance of activities to alleviate symptoms.

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An estimated one in five pregnancies worldwide are aborted, but the incidence of abortion is not well known in detail for those countries where abortion is legally permitted with few national official statistics are reasonably complete. [Sedgh, et al. 2012](#) (cited under [General Overviews](#)) provides a recent summary of these trends. [Rossier 2003](#) and [Singh, et al. 2010](#) provide a review of estimation methodologies developed for use in contexts where abortion is legally restricted and where it remains a very sensitive issue. In the United States, the Centers for Disease Control and Prevention compiles annual numbers and basic characteristics of women obtaining abortions, such as its report for 2008 ([Pazol, et al. 2011](#)). However, these data are unavailable for many other countries, and data are of varying reliability for others in which reporting is not mandatory or is poorly reported. A more complete count of the total number of abortions is available from the Guttmacher Institute based on its periodic census of abortion providers ([Jones and Kooistra 2011](#)), with characteristics also available through its surveys of women having abortions. Both pregnancy and abortion rates are higher among certain groups of women, typically those under age thirty, in poverty, and from more disadvantaged racial and ethnic minorities. Internationally, the World Health Organization presents estimates of unsafe abortion-related mortality for countries in which they occur, along with regional and global rates, as well as ratios of unsafe abortions ([Åhman and Shah 2011](#)). Evidence from a diverse set of countries shows that over time abortion rates fall as levels of contraceptive use rise, as reviewed by [Marston and Cleland 2003](#). The highest abortion rates in the world are found in many former Soviet Bloc republics, and [Westoff 2005](#) reports how levels of abortion fell to a varying degree as the availability, accessibility, and quality of available contraceptive options improved. However, even widespread modern contraceptive use will not entirely eliminate abortions because no contraceptive works perfectly every time. Women have abortions for many reasons, most often because they feel unable in their current circumstances to fulfill their parental responsibilities as they would like or to provide the kind of family support they believe their children deserve ([Finer, et al. 2005](#)).

[Åhman, Elisabeth, and Iqbal Shah. 2011. *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*. Geneva, Switzerland: World Health Organization.](#)

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The sixth update in a series of reports on the topic, with this round pertaining to 2008.

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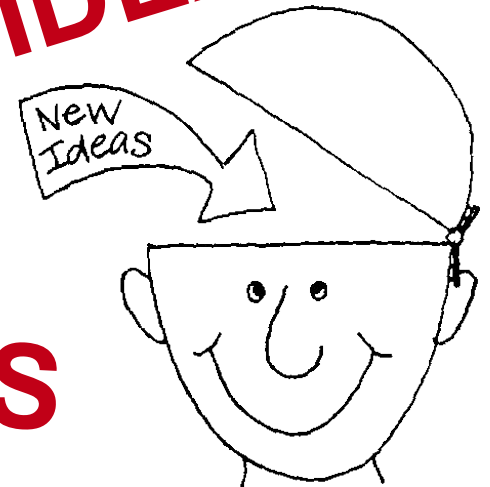
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NEW IDEAS

NEW IDEAS



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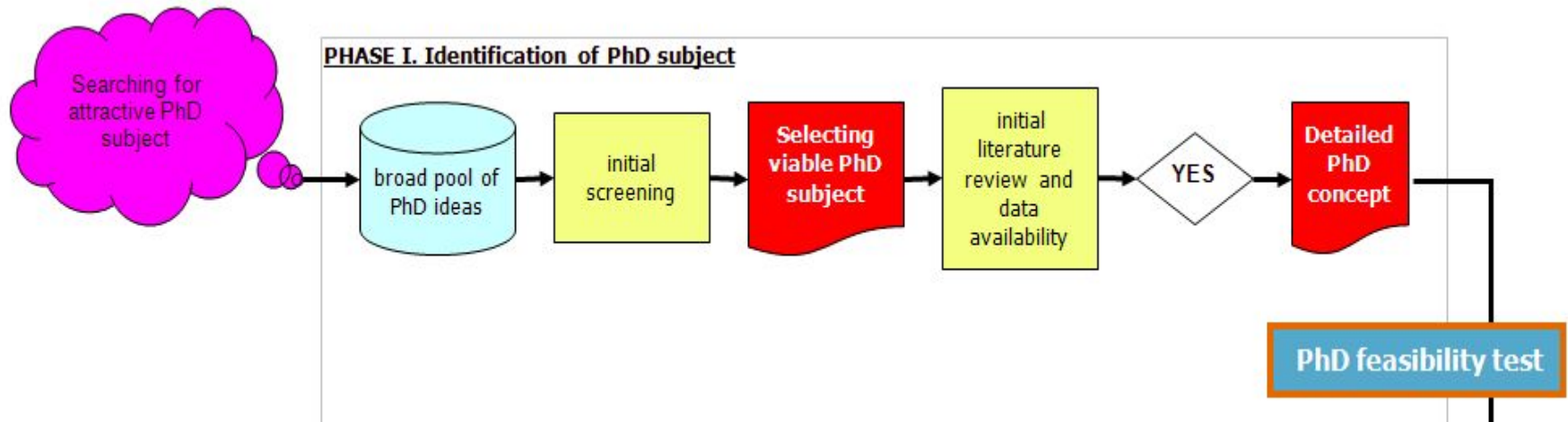
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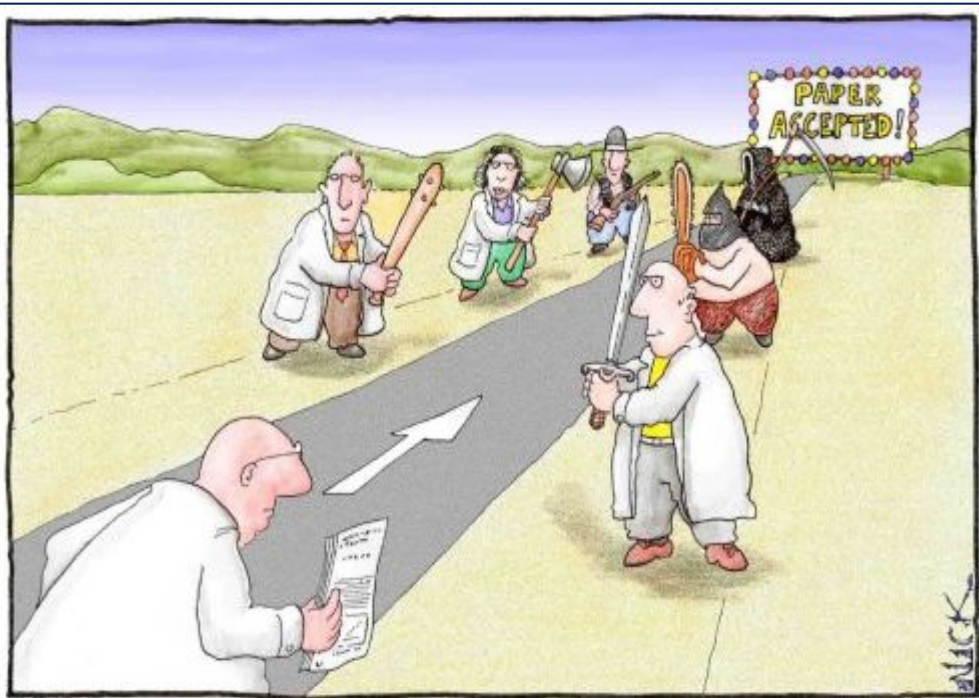
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What makes a good paper?

HINT: Editors and reviewers look for ...

-
- Originality – what's **new** about subject, treatment or results?
 - Relevance to and extension of existing knowledge
 - Research methodology – are conclusions valid and objective?
 - Clarity, structure and quality of writing – does it communicate well?
 - Sound, logical progression of argument
 - So what?' factors!
 - Recency and relevance of references
 - **Adherence to the editorial scope and objectives** of the journal
 - A good title, keywords and a well written abstract

Co-authorship?

-
- With supervisor, different departments or institutions
 - Exploits individual strengths
 - Especially useful for cross-disciplinary research
 - Demonstrates the authority and rigour of the research
 - Increases potential pool of citations

But remember

- Ensure paper is edited so that it reads as one voice
- Identify the person responsible for closing the project
- Agree and clarify order of appearance of authors

Peer Review:

-
- Peer Review is important to assess your work before submitting it.
 - Have fellow colleagues, tutors, scholars look at your work and give you feedback to avoid desk rejection. You do not want to be refused by appearing uninformed concerning your submission.
 - Always expect that you would have to amend, alter and revise your paper to submit a more accurate version.

Plagiarism and referencing

-
- Plagiarism (from the Latin *plagium* meaning ‘a kidnapping’) is the act of taking someone else’s work and pretending it is yours. It is considered fraud!
 - It isn’t always detected in peer review but electronic tools can help

-
- A request for revision is good news!
 - You've avoided a desk reject and you are in the publishing cycle
 - Nearly every published paper is revised at least once
 - So now, *close the deal!*
 - **Acknowledge** the editor and set a revision deadline
 - **Clarify** if in doubt – 'This is what I understand your comments to mean...'
 - Meet the revision **deadline**
 - Attach a **covering letter** showing how you met the reviewers' requests (or if not, why not)

Dealing with the comments:

-
- Answer as completely as possible
 - Answer politely, be tactful and not with emotive language
 - Answer with evidence
 - If you feel the reviewer has misunderstood then address the point with a good argument explaining why the reviewer is mistaken
 - It may be the reviewers are conflicted on a point
 - It is ok to use one reviewer to argue against another



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The principal goals of editing biomedical publications are to select, improve, and disseminate information that will advance the art and science of the discipline covered by the publication. For example, biomedical publications are a major source of information for the improvement of medical care. In addition to initial transmission to readers at the time of publication, information from journal articles is often carried by the public media. Published articles influence educators and opinion leaders, who transmit the information to many persons who do not read the original publications. Medical journal articles can also be subsequently accessed by clinicians and researchers seeking information about particular topics. Such searches are facilitated by online search engines (see 25.0, Resources) and provide the information essential to practicing evidence-based medicine,¹ in which patient-care decisions are informed by acquiring and assessing the relevant medical literature. These myriad uses of biomedical literature indicate the importance of the procedures to improve quality involved in editorial assessment and processing.

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-
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Try to improve the paper, and re-submit elsewhere. Do your homework and target your paper as closely as possible
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At least 50% of papers don't get published. Everybody has been rejected at least once
 - **Keep trying!**

How to sell your work

-
- Use a **short descriptive** title containing main keyword – don't mislead
 - Write a clear and descriptive abstract containing the main keywords and following any instructions as to content and length
 - Provide **relevant and known** keywords – not obscure new jargon
 - Make your references **complete and correct** – vital for reference linking and citation indices
 - All of this will make your paper more discoverable which means more dissemination and possibly more citation

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Abstract



In this age of electronic data dissemination and retrieval, in which abstracts are typically indexed and freely available, a well-written abstract has become increasingly important in directing readers to articles of potential clinical and research interest. The abstract of a research report summarizes the main points of an article: (1) the study objective or background, (2) the study design and methods, (3) primary results, and (4) principal conclusions. For scientific studies and systematic reviews, narrative expressions, such as “X is described,” “Y is discussed,” “Z is also reviewed,” do not add meaning and should be avoided. Results should be presented in quantitative fashion, but authors and editors should be scrupulous in verifying the accuracy of all data and numbers reported and ensuring consistency with the results published in the full article.⁷

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Core activities

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Additional activities



University Leadership and Management

Published on: **Jul 2012**

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Core activities

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Core activities

10 Hours
Additional activities

English for Academic Studies
Published on: Jul 2015

23 Hours
Core activities

Over 80 Hours
Additional activities

EAP Foundations: Developing Key Skills in English for Academic Purposes
To be published: Sep 2017

40+ Hours
Core activities

Consent Matters: Boundaries, Respect, and Positive Intervention
Published on: Jul 2016

60-75 Minutes
Core activities

1 Hour
Additional activities

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Avoiding Plagiarism
Published on: Jul 2014

1 Hour
Core activities

Avoiding Plagiarism [North American version]
Published on: Nov 2015

1 Hour
Core activities

Research and Writing Skills for Dissertations and Projects: An Introduction
To be published: Jan 2017

5 Hours
Core activities

10 Hours
Additional activities

Skills and Attributes for Career Success: Developing an Enterprising Mindset
To be published: Mar 2017

7.5 Hours
Core activities

15 Hours
Additional activities

 In Development

 In Development

Student Success [US version]
Published on: Aug 2016

7.5 hours
Core activities

Over 30 hours
Additional activities

Our courses: Teaching

Blended Learning

Published on: Jun 2016

12 Hours, 30 minutes

Core activities

26 hours, 45 minutes

Additional activities



University and College Teaching

Published on: Nov 2011

27 Hours

Core activities

256 Hours

Additional activities



Learning Technologies Online

Published on: Feb 2010

13 Hours

Core activities



Teaching and Assessment for Nursing and Allied Health Educators

Published on: Sep 2015

5.5 Hours

Core activities

At least 40 Hours

Additional activities



Teaching Online

Published on: Apr 2014

14.5 Hours

Core activities

57.5 Hours

Additional activities



Teaching and Assessment for Medical Educators

Published on: Sep 2015

6.5 Hours

Core activities

At least 35 Hours

Additional activities



Teaching and Assessment for Medical Educators [US]

Published on: Oct 2015

Over 4 Hours

Core activities

26 Hours

Additional activities



Teaching and Assessment for Nursing and Allied Health Educators [US Version]

Published on: Oct 2015

Over 3.5 Hours

Core activities

30 Hours

Additional activities



Our courses: Research

Human Subjects Protection

Published on: Jan 2013



120 Minutes

Core activities

Advanced Research Skills

To be published: Jan 2018



12 hour

Core activities



In Development

Collaborate on this programme

Research as a Transferable Skill

To be published: Jan 2018



15 hours

Core activities

Research Integrity: Concise

Published on: Apr 2016



45-75 Minutes

Core activities



In Development

Collaborate on this programme

Our courses: Research

Responsible Conduct of Research: Concise [US Version]

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45-75 Minutes

Core activities



Enhancing Research Impact

Published on: May 2016

6 Hours

Core activities

24 Hours

Additional activities



Advising Doctoral Students [US Version]

Published on: Mar 2015

7.45 Hours

Core activities

13.5 Hours

Additional activities



Statistical Methods for Research

Published on: Jul 2014

12.5 Hours (per version)

Core activities



Our courses: Research

Professional Skills for Research Leaders

Published on: Jan 2014

16 Hours

Core activities

60 Hours

Additional activities



Supervising Doctoral Studies

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10 Hours

Core activities

20 Hours

Additional activities



Research Skills Master Programme

Published on: Oct 2013

45 Hours

Core activities

200 Hours

Additional activities



Research Integrity

Published on: Jul 2012

5 Hours (per version)

Core activities

25-32 Hours (per version)

Additional activities



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1. Who are your trainees?
2. Did they learn anything?
3. Has program changed climate?
4. How does your institution measure up?

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- Conferences, presenting and networking
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18 online courses to select

Getting published in science



Getting published in the sciences

Overview

Publication date: Oct 2013

Core activities: 2 hours

Additional activities: 11 hours

This course aims to encourage researchers in the sciences to publish and guide them through the processes involved in publishing an academic article, including identifying when and where to publish, how to write and prepare a paper for submission and the peer review process. The course may also be helpful for researchers in the social sciences using experimental research methods.

Syllabus

- ✓ Module 1: The publishing landscape
- ✓ Module 2: Getting ready to publish
- ✓ Module 3: Submitting your paper
- ✓ Module 4: The editorial process
- ✓ Module 5: Tips from the top

Author, revised and first editions: [Dr Keith Hart](#)

Senior Research Fellow, Central Biotechnology Services, School of Medicine, Cardiff University

Reviewer, first edition: [Professor Peter Barnes](#)

Professor of Thoracic Medicine and Head of Airway Disease at the National Heart and Lung Institute, Imperial College London

Research methods in science

Research methods in the sciences

Overview

Publication date: Oct 2013

Core activities: 3 hours

Additional activities: 7 hours

This course aims to support doctoral and postdoctoral researchers undertaking independent research in the sciences. The course provides guidance on the different research processes, from the early stages of framing a research question, through conducting the research, to writing up findings and publication.

Syllabus

- ✓ Module 1: What is science?
- ✓ Module 2: Identifying and formulating the research question
- ✓ Module 3: Evaluating research questions
- ✓ Module 4: Designing and planning your research
- ✓ Module 5: Reflection and communication

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AMA Manual of Style

A Guide for Authors and editors

(руководство для авторов и редакторов)



Краткая история издания

Первое издание редакционного руководства для научных журналов АМА появилось в октябре 1962; в нём было **68 страниц** и предназначалось оно, в первую очередь, для штатных сотрудников, и лишь во вторую для авторов. Издание росло медленно, но уверенно: от 90 страниц во втором издании, вышедшем в свет в 1963, до 154 страниц в шестом, изданном в 1976.

Восьмое издание дало начало сегодняшней «традиции» — комитету из 10 профессиональных редакторов из JAMA и Archives Journals, ответственных за контент и получение внешних рецензий (peer review) по всем разделам.

В 10 издании, выпущенном Oxford University Press в 2007, руководство продолжило наращивать объём, который составляет сейчас **1032 страниц**.

AMA Manual of Style

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A Guide for Authors and Editors

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AMA Manual of Style

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What is the *AMA Manual of Style*?

- A must-have guide for anyone involved in medical or scientific publishing
- An essential, one-stop resource providing quick access to authoritative information.
- Everything you need to produce well-organized and clear manuscripts

The screenshot shows the homepage of the AMA Manual of Style website. At the top, there is a navigation bar with links for 'About', 'Style Quizzes', 'Updates', 'Subscriber Services', 'Contact Us', 'Take a Tour', 'Help', and 'SI Conversion Calculator'. On the right side of the navigation bar, it says 'Welcome, Rachel Fenwick', 'My Work', and 'Sign Out'. Below the navigation bar is a large banner with the text 'AMA MANUAL OF STYLE' and 'A Guide for Authors and Editors'. To the right of the banner is a search bar with the text 'Advanced Search' and a search icon. Below the banner is a dark blue bar with 'Contents' on the left and 'My Content (11)' and 'My Searches (4)' on the right. The main content area is divided into three columns. The left column has a grey box with 'OXFORD UNIVERSITY PRESS - MAIN ACCNT' and a 'Welcome to the AMA Manual of Style' section. The middle column has a blue box with the 'AMA Manual of Style' logo and a 'THE JAMA NETWORK' section. The right column has a grey box with 'Announcing an all-new user experience:' and 'NEWS' sections. At the bottom, there is a 'Tweets' section and an 'AMA STYLE Insider' section.

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AMA Manual of Style

THE JAMA NETWORK

The *AMA Manual of Style* is a must-have guide for anyone involved in medical and scientific publishing. 2012 sees the migration of this indispensable resource onto a new, enhanced interface. Our mission is to bring you an improved user experience while continuing to deliver the best quality content in an easy-to-use format.

With improved search and browse facilities, redesigned My Style personalization features, and a fresh new look and feel, the *AMA Manual of Style* continues to be the go-to resource for producing articles and research papers that are well-organized and authoritative.

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1 Students who click on this URL will be taken straight to this section

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The JAMA Network

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Mathematical Composition

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Chapter: Mathematical Composition
Author(s): The JAMA Network ([Contributor Webpage](#))

Punctuation after a set-off equation is helpful and often clarifies the meaning. Display equations are often preceded by **punctuation**.

In the linear quadratic equation model, the survival probability for cells receiving a j increment of radiation, D_j , is as follows:

$$S = \exp(-\alpha D_j - \beta D_j^2),$$

where α and β are the parameters of the linear quadratic equation model.

Do not use periods after a set-off equation if the equation is preceded by a period.

Any Questions...

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marcin.dembowski@oup.com