

Low dose diuretics for treatment of advanced schistosomiasis cirrhotic ascites after regressionPrevention of recurrence clinical observations

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Abstract: objective:theclinical Observa LionofRecmtenceprevention oi'smallDsystemeofdiuretictreatarlyance,1schist osemianameminCir

RHo♀Isascitessuhsi.-le.-1.metho.-ls:collectingneWAdvancedschileafSunomiasisCIRRhbrushesisasone cites patientS.fromTo2013,to the PA

tients The Askmptomatic treatment at the saMe Time, continuou Leaf Fly For along time log Ive people Mall Dotoe of Dilu-etic can effect Ively Preventare contenue of arlvanced schist Play Miasiscit and the same of the sam

 $RhosI \cite{Short} Ascites minthe Laterplays a very important role in Clinical application.$

Keywords: SmAll. -landofProducturetic:a.-1-

vancedliver, hIaddress.miasis: Cinho Peopleis with a with ites: recunence Prevention

Schistosoma japonicum is a threat to our peasant bodythe most serious parasitic disease in health.is sucked by Japanese blood.worm intointo body.and parasitic on the portal vein system.causesonespecies Chishengfrom.Human infection in Japanschistosomiasis is mainly in contact with the skin of Schistosoma japonicumthetail of the water has a directRelationship.Infected with Japanese bloodThe main lesions of the disease were imprinted by the worm in the liver and inthe colon, and the granuloma.,IProThe beds are acuteperiod.slowand late.The main manifestation of acute phase isfever.Allergy Skin should,abdominal symptom; chronic period withLiver and spleen enlargement mainly; Late major lesions are portal veinPeripheral fibrosis.The final can be left for portal hypertensionsyndrome,splenomegalyandliver cirrhosis ascites.Advanced schistosomiasis

(withlateblood) patients with cirrhosis of ascites undergo a pairofFade After treatment. However, it is often easy tosend. CausesThe severity of the patient to worsen, "My center uses long interruptedTreatment of late-stage blood suction with small doses of furosemide and endoscopic therapydisease of cirrhotic ascites after regression patient. Found liversclerosing ascites recurrence rateMingnexttwo

Information and methods

2010-2013 Annual New Night Blood (ascitestype) treatment Patient basic condition. Seetablel.

late blood cirrhosis ascites. Diagnostics and dischargestandardreference thetechnical scheme for the treatment of patients withadvanced schistosomiasis in Hubei Provincesection,

Method:to patients with a diuretic,patch no eggswhite,SecurityLiveretextsyndromecuretherapy ascites.Ascites subsidedafterfollowingRenew

servicewithfurosemidelomg.11knowDayandsnailinsidevinegar20mg.1Times/Day.15daysstopwithlWeek.thenfollowingcontinue taking.,.outhouseafterlongperiodKennedyholding servicewith.Nextevery3Month seperiodcheck.CheckCheckLiver.kidneyworkcan,abdomensectionBSuper, and so on=

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Knot Fruit

yearpartLyearinsideBellyWaterRecurrence.Seetable2.,,

yearslyearinsideascites recurrence Analysis. Seetable 3.,,

To ask the

Ascites is formed by a combination of factorsResults.which causes the water to remain in the abdominal cavity of the mainreasonisportal highpressure. The internal dirtyblood vessel dilation causes the effective blood volume matrix to be the main factor that causes water retention andascites Formation and aggravation[Il.,,from4yeartreatment of New patients observation resultsi.each year{sub-abdomenwater recovery left rate%%around.and6months afteroccurrence. The of small Liu application dosage diuretic to control ascitesrecurrence obvious.LargeamountForeign research ReportRoad.In thejuice:counthaveascites or ascites-free liver hardtofree water in abdominal cavity. The patient's body was found to be delivered to the kidneys the rate of the distal end of the tubulesclearshowdecrease. This indicates that the system of equal electrolytes in therenal small tube near the heavyabsorbance increase.andKidneySmallDistal tubeWJsignificant

The decrease is caused by free water in the patient's body.

causeHeartEven if the patient does not have a combined ascites.KidneySmall

SmalldoKidneyf diuretic therapy.Results:each

FlyEarafly'earascitesRECUnmilesnceisasfollows.

Table12010-2013Year new rub Nightblood(ascites type) basic conditions for treatment of patients

YearCasesManWomanyear Lingaverage year Ling

In2010, atotalof5 cases of rencho-rence (31.25%), afteR Junel ca Mourning after Sep

!ember2Cases.afTerDecember2cases:LN%, atotal of4Casesofrenu-

rence(26.67 '3No.),afterJunelcaclearafterSEP

Temher2catoes.afterDecemberl CaGoodes:LN2012.A total of3YangbackRanTorecun:ence (30%).afterJune1Cabackto"afterseptemb er"2capeople:in2013aTotalof3cabacksofrenu-renWhat (30%),afterJune1cawhere,AfterseptemherlCaonlyes.Afterdec-ember1cases.Conclusameion:

Lng-tet,m,continuouwithapplication

Table2Prepare year1Recurrence of ascites during the year (example)table3Prepare year1ascites Recurrence Analysis during the year (%)

Year Total3Months.Months9Monthsmouth monthsAfternoon Total3Month.Month9monthMonth

Application of two-hole laparoscopic cholecystectomy in primary hospital

Guou

650000hepatobiliary Surgery, Yunnan Milei County People'shospital

Doi: Ten.3969/j.issn.1007 614x.2013.24.

PicktoMesh:share two.: Jl,method anti-endoscopic gallbladderresection(LC)in clinical workshouldwithexperience,and analyzing itsshouldwith pricevaluelmethod:onthe15SExampletwo.: Jl,law LCProfiling summary,,results:two.: Jl,methodLCand General3hole comparisoninoperationbreak,SurgerymediumoutBlood,hospitalization time,hospitalization feewith,illfeeling recovery, etc.difference meta-statistical significance.knottheory:in the grass-roots hospital can be carried out according to the patient's request two.: Jl,methodLC,but not recommended for general surgery,

keywords: Jl,laparoscopy month DanAtlasresection grassrootsMedicalCourtyardApply Value

Abstract:

objective: we want to also are the experience of Two hole LC in clinical work an. -1 analyze its application value. Methoonels: 158 cabacks of two hole LC in We Hospi TalwAs

a NAlyzed and summa Port ZBrush Onel. results: The two

hole LCmethodandTheconventionalThreehole LCmethodIscomparedinoperationTimebleeding dMingoperationHospitalizaLionTime,CosTandillnessrecovervandtherewasnosignificantDitforence.CONCLUS.ion:weca nAccording to the requirements of PA

ShowLC.You have mastered theu: Operational SkillsOperation.With four-holemethod, three-hole method and two-hole method succeeded for Patient 2000 casesLl: Case.and using the regular gauge laparoscopic devices try to execute multiple cases via umbilical ChanyuLlaparoscopic cholecystectomyPortpresent summaryyearCurrenttwo-hole methodLCcase158Example.Analysis of its clinical application at the primary levelof the Medical hospital plant.The report is as followsJ

Information and methods

patients 1% Example. Momenthe example. Year age old. average old. whereThis group of slowsexgallthesacinflammatory gallbladder stone105example.gallsaciflesh Change Example.urgents exgall capsule inflammatory close and Stoneoneexamplewith accent LJP a lace Production History 5 example. appendectomy History 3 example. combined accent LJP and accent LJP accent LJP accent LJP and accent LJP acwith hypertensionexample, Merge Diabetes8examplelhave patientsroutinely check abdomen after admissionBSuper,ECGFigure,Xchest x,blood routine and blood biochemistry,Blood coagulationcanwait.whenpatients with acute cholecystitis and calculus and2exampleasleep cholelithiasis patients with biliary duct mild enlargement

ZhangFlyslightly elevated bilirubin.frMRCPCTCheck excluding bile duct and membranous gland lesionslAcute gallbladderInflammatory and calculous patients are treated with a silent inflammation.thesymptom is well verifiedgoafter23Day HandoperationL""

Surgical Sidemethod:all takegaspipe intubation body linenDrunk.Do not place theurinetube before surgery.There is astomachinsideexpansiongasObviously affects the retention of the stomachtubeLtake navel upper margin do101111111arcshapecutPort.wearstingsetintoLomm

Explorer Location Relationship.withelectrichook horizontalformtknife opening neck andcalotBlue corner serous membrane.Use the separatorto lower the size of the film andits adipose tissue.Clearly reveal the gallbladdertube,ij_§.Explorer.Livertotaltube and gallbladder artery.relaxed tractionshop.toiJ_§.TotalTop of pipe0.5cmuse Bio-folderfolderAsk the cystic duct.In the top of it with an iron clamp |-hole gallbladdertube.cut between two clipsbreakgallduct.Use the rawobjectclip to close the gallbladder artery andcutbreakMountainOpen gallbladder serous membrane andRecordTlfrom gallbladder liver bed to completetunder knife gallbladder=electrocoagulation gallbladder bedstopbleeding.depending on whether or not the indwelling drainage is determined by the operation,,,enlarged navel jab main remove gallbladder.such as Cholecystitis waterswollen heavier or larger stones.youcan also cut and close the two incision tomake it mergetoonecut.Thegallsacis removed.

Knot Fruit

158example patients with 1 cases due to obesity, 2 Example because of a serious difficulty in satisfying exposure and operation. Change The three hole method to complete in 3 The remaining cases were performed with two-hole methodsuccessfully completed,,all cases no yellow plague after operation.highhot.Abnormal painshapel"1Patients with fewer blood infiltration.2example inflammation moreheavy, patient Yu Jian suddenindwellingAbdominal search|flowtube.after12Day Unplugged.PrimerFlowtubeNo further bleeds and bile outflow...Surgery Time

minutes. Averageonminutes, intraoperative bleeding

31}.average1 Mountain swordTurkistanunder wound painPainExample.NavelCreatemouth painPain8example.All mild

tientpeopleInPrimarvHospitalpeopleTocarryout the2

Trocar.establishCO, pneumoperitoneum.Pressure to maintainten~pain tolerable.Special handling.is not3 6days

Hole method LC, buttohonk! Not heextendbrushes Onelto the nonnal Operation mo'onele

KeywordstwoholeLaparoscopiccholeHtontectomy:basicLevElhwhenpitAl:applicationtovalue

LaparoscopicGallSACExcision (LC)now widely shippedwithonclinical.withitswound small,restorequick, and so onBenefitsreceived by Doctor and patientbyLihome from1998Year Open

12111111Hg.Setinto30°laparoscopy.observethe internal organs of the abdominal cavity and the conditions of the

the abdominal wall lian.yuJian 5 cmtobypass the retina and ru 3 sickle ligament underthelenspinunderitsrightsideWearStabnumber of people101111111TroCar.as the master as ahole.On the left side of on the navelabout0.5cmTheplacesatattoo5111111trocaR.SetpeopleBulletsSpringtraction pliers or detachClamp,,,tilt to the left of obese people30.Corner and Fetch headerhighdroptwollifting gall with traction plierssacbodytoneflshowDewGallSACNeck.ClearGallsactube,GallMains and Liver

Better;off-bed activity time4[hours.average7smallwhen; allafteroperation6Hour to todrinking.toeat a low-fat, semi liquid diet the next day after surgery; in hospital37Day.YuJun 5 day,,After surgery3month.six months andlYear follow-up.SuccessVisit156example.2after Operation2fabric with upper abdomen mild pain.checkBnot see exception giveoral drug

treatment better.1exampleafter1yearre-sendBiletubestone.1ExampleafteryearduplicatecheckBSuper.Liverwork orMRCPallnotSee bile duct narrowly

The obstruction of the distal end of the tube directly affects the drinking water with this the body's diuretic. Benefits System effect. Guide effect decrease i'l. so. Long-term intermittent use of small doses of diuretics can reduce the amount of uranium retention in patients with liver cirrhosis. Prevention of Liversclerosis ascites complexed, patients with liver cirrhosis can produce health large amount rates quality stress Harmony Solid States ameas. These two excitation element can induce the occurrence of ascites Port Waterna? Green stay is liver

Harden the original friend change. Ascites is a node of liver cirrhosisfruit JLong-term intermittent use of small dose diuretics improvesWater Retention.Fundamentally improve the liverhard.Diureticagent can play a role in the internal state of the body..can also enhance the drainage effect of the the kidneys.To maintainthehydro-electrolyte balance., intermittent take ease of sufferingon diureticstolerancebyto uptomostgood effectfruit3

References

LNewl!!UForest Fruitis.RealwithinsideScience[M] Beijing:People's GuardianHealth publicationNote. 2009 2waitJViolin Hallyuan., and so on.regression of cirrhotic asciteswithiwithoverallinsideelectrolyte Balance|Self.studyresearch[JJ.Chinese DigestMiscellaneousLog.19922 (2): 84-86.