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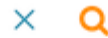
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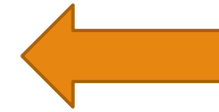
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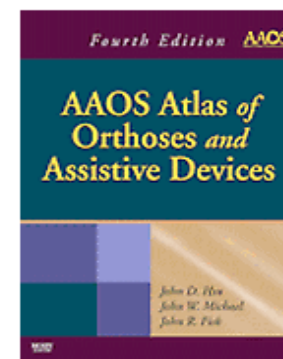
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# Evaluation of Rib Fractures on a Single-in-plane Image Reformation of the Rib Cage in CT Examinations

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## Materials and Methods

We retrospectively evaluated 10 consecutive patients with and 10 patients without rib fractures, whose CT scans were reformatted to a single-in-plane image reformation of the rib cage. Eight readers (two radiologists, two residents in radiology, and four interns) independently evaluated the images for the presence of rib fractures using a reformatted single-in-plane image and a multi-planar image reformation. The time limit was 30 seconds for each read. A consensus of two radiologist readings was considered as the reference standard. Diagnostic performance (sensitivity, specificity, positive predictive value [PPV], and negative predictive value [NPV]) was assessed and evaluated per rib and per location (anterior, lateral, posterior). To determine the time limit, we prospectively analyzed the average time it took radiologists to assess the rib cage, in a bone window setting, in 50 routine CT examinations. McNemar test was used to compare the diagnostic performances.

## Results

Single image reformation was successful in all 20 patients. The sensitivity, specificity, PPV, and NPV for the detection of rib fractures using the reformatting technique were 77.5%, 100%, 100%, and 100%, respectively.

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## Evaluation of Rib Fractures on a Single in-plane Image Reformation of the Rib Cage in CT Examinations

Article in Press: Corrected Proof

Peter Dankerl, Hannes Seuss, Stephan Ellmann, Alexander Cavallaro, Michael Uder and Matthias Hammon

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### Rationale and Objectives

This study aimed to evaluate the diagnostic performance of using a reformatted single-in-plane image reformation of the rib cage for the detection of rib fractures in computed tomography (CT) examinations, employing different levels of radiological experience.

### Materials and Methods

We retrospectively evaluated 10 consecutive patients with and 10 patients without rib fractures, whose CT scans were reformatted to a single-in-plane image reformation of the rib cage. Eight readers (two radiologists, two residents in radiology, and four interns) independently evaluated the images for the presence of rib fractures using a reformatted single-in-plane image and a multi-planar image reformation. The time limit was 30 seconds for each read. A consensus of two radiologist readings was considered as the reference standard. Diagnostic performance (sensitivity, specificity, positive predictive value [PPV], and negative predictive value [NPV]) was assessed and evaluated per rib and per location (anterior, lateral, posterior). To determine the time limit, we prospectively analyzed the average time it took radiologists to assess the rib cage, in a bone window setting, in 50 routine CT examinations. McNemar test was used to compare the diagnostic performances.

### Results

Single image reformation was successful in all 20 patients. The sensitivity, specificity, PPV, and NPV for the

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ACE-inhibitor Induced Angioedema 2

AIDS-associated Enteropathy 1

AIDS-associated Myelopathy 1

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- Top Left:** A table with columns for Author, Year, Title, and a numerical value. Below it is a forest plot showing confidence intervals for various studies.
- Top Center:** A flowchart detailing the search process: "Search identical through database searching (n = 284)", "Additional records identified through other sources (n = 2)", "Records after duplicates removed (n = 286)", "Records excluded after screening of titles and abstracts (n = 173)", "Full-text articles assessed for eligibility (n = 47)", "Full-text articles excluded (n = 24) with reasons: Less than 50% of treatment beds (n = 14), No clinical sample according to DSM or ICD (n = 4), Less than 2 para graphs were treated with ledos (n = 3), Experimental study using the mouse (the paragraph) (n = 3)", "Studies included in quantitative synthesis (n = 24)".
- Top Right:** A funnel plot of Standard Error by Hedge's g.
- Middle Row:** A series of diagrams illustrating biological processes, including a graph of "Relative mRNA expression", a diagram of a cell membrane with receptors, and a diagram of a neuron with ACh and Na<sup>+</sup> channels.
- Bottom Left:** A diagram of thyroid hormone synthesis and transport, showing "Early developmental stages" and "Late developmental stages" with "thyroid endoplasm" and "thyroid vesicles".
- Bottom Center:** A diagram showing a transition from a "stable" state to an "unstable" state, influenced by "inhibition" and "excitation".
- Bottom Right:** A histogram showing the frequency distribution of "Peak (d/d) (ppb)" with a peak around 100.
- Bottom Left (Bar Chart):** A bar chart showing "Unadjusted Mortality Rates (%)" for different intervals of peak cTnT levels (ng/dl): 0-6, 6.7-1.9, 2.0-3.1, and >3.1 (N=164). The rates are 1.0%, 1.0%, 9.1%, and 35.0% respectively.
- Bottom Center (Bar Chart):** A bar chart showing mortality rates for different groups: long, short, all, v10, v1, v20, v10.
- Bottom Right (Microscopy):** A grid of microscopy images showing plant cells, with a table below them listing parameters like "Area", "Perimeter", "Circularity", etc.
- Bottom Right (Text):** A text box titled "Iodine biofortification of crops: agronomic biofortification, metabolic engineering and iodine bioavailability" with an image of a plant.

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The multimedia collage includes the following elements:

- Table 1 (Top Left):** A table with columns for Author, Year, n, M, SD, and P. It lists various studies on psychiatric conditions.
- Forest Plot (Top Left):** A forest plot showing standardized mean differences for various studies.
- Flowchart (Top Center):** A flowchart detailing the selection process of research articles, starting with 2601 identified through Medline and ending with 10 included in quantitative synthesis.
- Forest Plot (Top Right):** A forest plot showing standardized mean differences for a different set of studies.
- Diagram (Middle Left):** A diagram illustrating the relationship between ACh activity and cholinergic neurons.
- Diagram (Middle Center):** A diagram showing the synthesis and transport of choline and its role in neurotransmission.
- Diagram (Middle Right):** A diagram illustrating the synthesis and transport of choline and its role in neurotransmission.
- Diagram (Bottom Left):** A diagram illustrating the synthesis and transport of choline and its role in neurotransmission.
- Diagram (Bottom Center):** A diagram illustrating the synthesis and transport of choline and its role in neurotransmission.
- Diagram (Bottom Right):** A diagram illustrating the synthesis and transport of choline and its role in neurotransmission.
- Graph (Bottom Left):** A bar chart showing Unadjusted Mortality Rates (%) for different intervals of peak cTnT levels (ng/ml).
- Graph (Bottom Center):** A bar chart showing Mortality Rates (%) for different plasma levels of choline.
- Table (Bottom Center):** A table with columns for Age, Sex, BMI, Systolic Blood Pressure, Diastolic Blood Pressure, and Fasting Blood Glucose. It lists various studies on choline and health outcomes.
- Image (Bottom Left):** A photograph of a person's face and two axial CT scan images of the brain.
- Graph (Bottom Center):** A bar chart showing the relationship between plasma choline concentration and mortality.
- Graph (Bottom Right):** A box plot showing the relationship between plasma choline concentration and mortality.
- Diagram (Bottom Right):** A diagram illustrating the synthesis and transport of choline and its role in neurotransmission.
- Image (Bottom Right):** A photograph of a plant with its roots and leaves, illustrating the source of choline.



# ➔ Procedure Consult



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### Asthma

National Institute for Health and Care Excellence (NICE). Published February 21, 2013.

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### Serious Asthma Events with Fluticasone plus Salmeterol versus Fluticasone Alone.

The New England journal of medicine. Stempel, David A; Raphiou, Ibrahim H... Show all. Published May 12, 2016.

FULL TEXT ARTICLE

### Asthma

Journal of Physiotherapy. Brauer, Sandra. Australian Physiotherapy Association. Published October 1, 2015. Volume 61, Issue 4. Pages 227-227. © 2015.

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How do I manage an acute asthma exacerbation?  
*Emergency Medicine* • January 2013



How is asthma diagnosed?  
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How is asthma classified in adolescents and adults?  
*Murray and Nadel's Textbook of Respiratory Medicine* • January 2016

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## Asthma

Disease Overview > View Full Topic

Ferri's Clinical Advisor 2017 · Ferri, Fred F., M.D., F.A.C.P.

Definition ^

The National Asthma Education and Prevention Program (NAEPP) guidelines define asthma as “a chronic inflammatory disease of the airways in which many cells and cellular elements play a role: in particular mast cells, neutrophils, eosinophils, T

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# Salmeterol

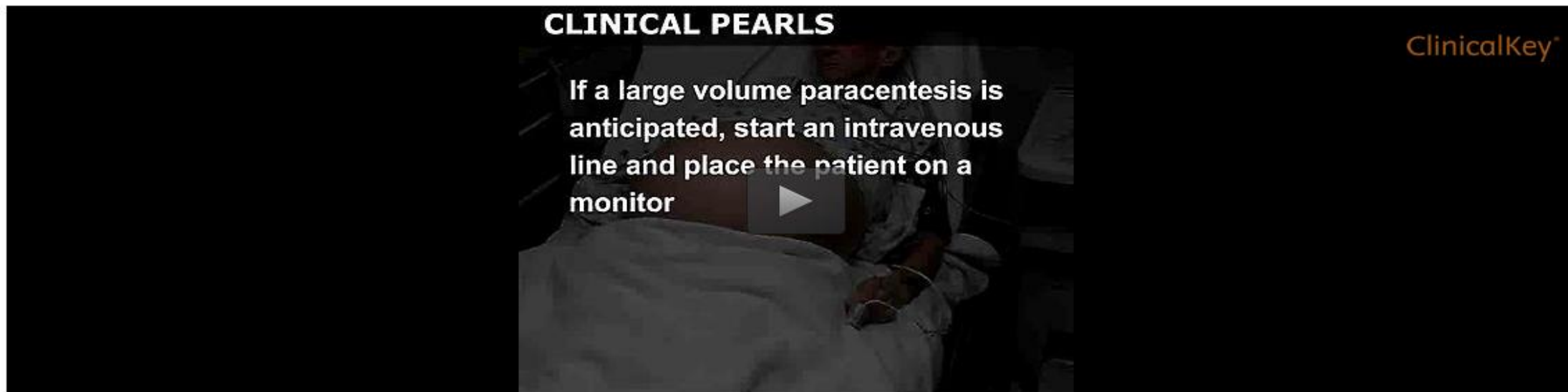
Serevent | Serevent Diskus

Drug Information Provided By Gold Standard

**Description:** Salmeterol is a highly selective, long-acting inhaled beta-2 agonist (LABA). Salmeterol is indicated for the maintenance treatment of asthma in combination with an asthma controller medication (i.e. inhaled corticosteroid) and for the prevention of bronchospasm associated with chronic obstructive pulmonary disease (COPD). Compared with other inhaled beta-2 agonists, salmeterol has a longer duration of action, which allows for twice-daily dosing; however, onset of therapeutic effects is prolonged, which limits the usefulness of salmeterol. Because of its delayed onset, salmeterol should never be used to treat an acute attack. <sup>24139</sup> It is, however, very effective for prophylactic therapy. In studies comparing salmeterol with other agents (i.e., albuterol, terbutaline, and theophylline), it was shown that salmeterol was more effective in improving lung function, decreasing the use of rescue medications, improving asthma symptoms, and minimizing the number of nighttime awakenings in patients with asthma. However, more recent data from an interim analysis of a large placebo-controlled study found that salmeterol was associated with an increased risk of severe asthma exacerbations and asthma-related deaths compared to the placebo group. This led to a decision by the FDA that long acting beta-agonists are contraindicated as monotherapy in patients with asthma; they should not be without an asthma controller medication (i.e. inhaled corticosteroid). LABAs should not be the first drug used to treat asthma and should only be added to the asthma treatment regimen if other drugs (including single agent low- or medium-dose corticosteroids) do not control asthma. Patients should be instructed that if wheezing worsens and cannot be relieved during an acute asthma attack, they should seek immediate medical attention. LABAs are an acceptable adjunct maintenance treatment to be added to an inhaled corticosteroid (ICS) for adults and children 12 years of age and older with persistent asthma inadequately controlled with a low-dose ICS (step 3 care) according to the 2007 guidelines of the Expert Panel of the National Asthma Education and Prevention Program. <sup>33558</sup> The Panel recommends that equal consideration be given to increasing the ICS dose versus adding an LABA for insufficient control of asthma symptoms. The preferred treatments in steps 4–6 care include the combined use of an LABA and ICS. LABAs may also be used with low-dose ICSs in children as young as 5 years of age with inadequately controlled *moderate* persistent asthma as an alternative to increasing the ICS

## PROCEDURES CONSULT

## Abdominal Paracentesis



Last Reviewed: 4/19/2007

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