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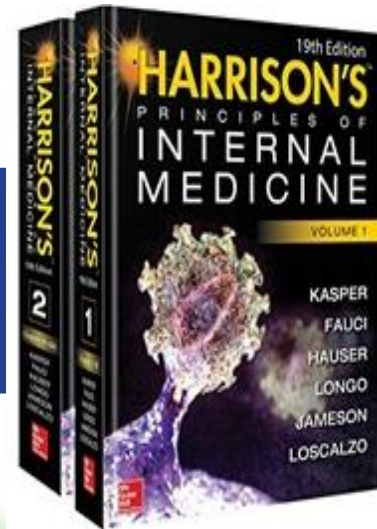
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Harrison's Principles of Internal Medicine

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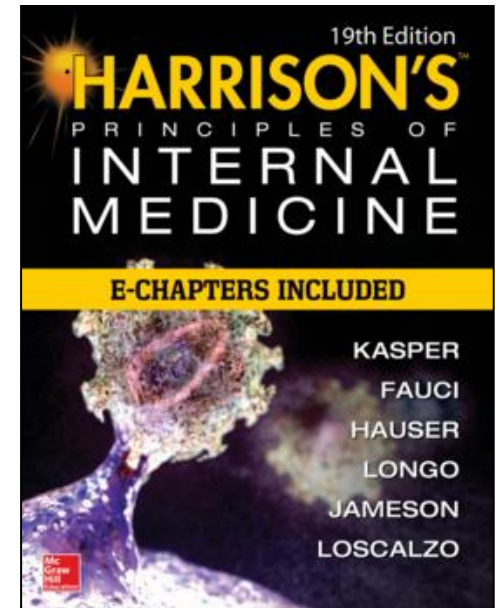
Why Harrison's Online?



- **Harrison's Online**은 전세계 가장 신뢰할 수 있는 온라인 의학자원인 McGraw-Hill Medical에서 출간하는 리소스로서, 정기적인 업데이트를 통해 최신의 전문 의학정보를 제공합니다.
- Harrison's Online은 [AccessMedicine](#)의 일부로서 내과학 전문가를 위한 #1 자료이며 학생, 레지던트, 임상의학에 필수적인 정보와 insight를 제공합니다.

Why Harrison's Online?

- 기초과학, Pathophysiology, 임상징후/증상, 진단, 최신 치료방식
- 4,700+ 질병/장애
- 내과학의 전 분야에 걸친 중요한 진보와 발전에 대한 폭넓은 정보



Harrison's Online : Key Features

항목	내용
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Images	텍스트가 제공하지 못하는 procedures, conditions, neuroimaging을 고해상도 이미지로 제공
Practice Guidelines	<i>Current Practice Guidelines in Primary Care</i> 로부터 최신 질병 검진, 예방, 관리요법의 최신 가이드라인 제공
Drug Database	최신 약물 DB를 통해 수천여 종의 일반/브랜드 의약품의 복용량, 주의사항, 이상반응 등 관련 정보 제공

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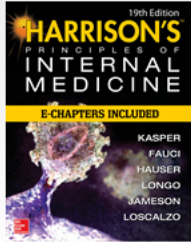
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Harrison's Online : 이용화면

교재 링크 <http://accessmedicine.mhmedical.com/book.aspx?bookid=1130>

The screenshot displays the AccessMedicine website interface. At the top, the logo "ACCESS Medicine" is visible with the tagline "Trusted Content. Instant Answers." Below the logo is a navigation bar with links for Home, Books (highlighted with a red box), Quick Reference, Drugs, Multimedia, Cases, Study Tools, Custom Curriculum, and Patient Ed. A search bar is located below the navigation bar, with a "Search" button and an "Advanced Search" link. The main content area is titled "Books >" and features a large image of the "HARRISON'S PRINCIPLES OF INTERNAL MEDICINE" 19th Edition cover. To the right of the cover, the title "Harrison's Principles of Internal Medicine, 19e" is displayed, along with the authors' names: Dennis Kasper, Anthony Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson, and Joseph Loscalzo. Below the title is a "Go to Review Questions" button and a "Search Textbook" input field with a search icon. A "Show Chapters / Hide Chapters" toggle is also present. The main content area lists three parts of the book: Part 1: General Considerations in Clinical Medicine, Part 2: Cardinal Manifestations and Presentation of Diseases, and Part 3: Genes, the Environment, and Disease. On the right side, there is a "FEATURES" section with a "Textbook Updates" heading. It lists three updates from 01/04/2017: "Coenzyme Q10 Ineffective in Huntington Disease" by S. Andrew Josephson, MD; "SSRIs Linked with Increased Risk of Intracranial Hemorrhage" by S. Andrew Josephson, MD; and "Hypothermia Ineffective in Convulsive Status Epilepticus" by S. Andrew Josephson, MD. A "View All Textbook Updates" link is provided at the bottom of the features section. The bottom left corner of the page shows a "Copyright" notice.

Harrison's Online : Full Text



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Chapter 18



[INTRODUCTION](#)

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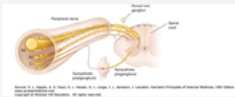
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The cell bodies of primary sensory afferents are located in the dorsal root ganglia within the vertebral foramina. The primary afferent axon has two branches: one projects centrally into the spinal cord and the other projects peripherally to innervate tissues. Primary afferents are classified by their diameter, degree of myelination, and conduction velocity. The largest diameter afferent fibers, A-beta ($A\beta$), respond maximally to light touch and/or moving stimuli; they are present primarily in nerves that innervate the skin. In normal individuals, the activity of these fibers does not produce pain. There are two other classes of primary afferent nerve fibers: the small diameter myelinated A-delta ($A\delta$) and the unmyelinated (C) axons (Fig. 18-1). These fibers are present in nerves to the skin and to deep somatic and visceral structures. Some tissues, such as the cornea, are innervated only by $A\delta$ and C fiber afferents. Most $A\delta$ and C fiber afferents respond maximally only to intense (painful) stimuli and produce the subjective experience of pain when they are electrically stimulated; this defines them as *primary afferent nociceptors (pain receptors)*. The ability to detect painful stimuli is completely abolished when conduction in $A\delta$ and C fiber axons is blocked.

FIGURE 18-1

Components of a typical cutaneous nerve. There are two distinct functional categories of axons: primary afferents with cell bodies in the dorsal root ganglion, and sympathetic postganglionic fibers with cell bodies in the sympathetic ganglion. Primary afferents include those with large-diameter myelinated ($A\beta$), small-diameter myelinated ($A\delta$), and unmyelinated (C) axons. All sympathetic postganglionic fibers are unmyelinated.



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Individual primary afferent nociceptors can respond to several different types of noxious stimuli. For example, most nociceptors respond to heat; intense cold; intense mechanical distortion, such as a pinch; changes in pH, particularly an acidic environment; and application of chemical irritants including adenosine triphosphate (ATP), serotonin,

[Severe Pain: The "1+1" Protocol¹](#)

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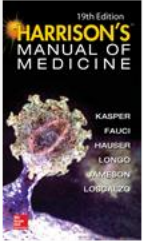
Harrison's Online : Harrison's Manual of Medicine

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Chapter 12

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Chapter 12: Sepsis and Septic Shock ☆

DEFINITIONS

- *Possibly harmful systemic response*: Two or more of the following:
 - Fever (oral temperature $>38^{\circ}\text{C}$ [100.4°F]) or hypothermia (oral temperature $<36^{\circ}\text{C}$ [96.8°F])
 - Tachypnea (>24 breaths/min)
 - Tachycardia (>90 beats/min)
 - Leukocytosis ($>12,000/\mu\text{L}$), leukopenia ($<4000/\mu\text{L}$), or $>10\%$ bands; may have a noninfectious etiology
- *Sepsis (or severe sepsis)*: Harmful systemic response (including some degree of organ hypofunction) with a proven or suspected microbial etiology
- *Septic shock*: Sepsis with hypotension (arterial bp <90 mmHg or 40 mmHg below pt's normal bp for at least 1 h despite fluid resuscitation) or need for vasopressors to maintain systolic bp ≥ 90 mmHg or mean arterial bp ≥ 70 mmHg

ETIOLOGY

EPIDEMIOLOGY

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Principles of Critical Care, 4e > CHAPTER 64: Sepsis, Severe Sepsis, and Septic Shock

Fishman's Pulmonary Diseases and Disorders, 5e > Chapter 142: Sepsis, Multiple Organ Dysfunction Syndrome, and Chronic Critical Illness

Review of Medical Microbiology and Immunology, 14e > Chapter e79: Sepsis and Septic Shock

Fitzpatrick's Dermatology in General Medicine, 8e > Chapter 181: The Skin

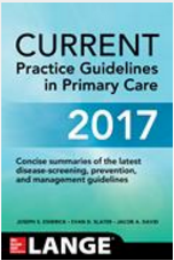
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Chapter 1: Disease Screening

ABDOMINAL AORTIC ANEURYSM

Population
-Men age 65–75 y who have ever smoked

Recommendations
▶ **USPSTF 2014, ACC/AHA 2006, Canadian Society for Vascular Surgery 2006**

- One-time screening for AAA by ultrasonography.
- No recommendation for or against screening for AAA in men age 65–75 y who have never smoked.

Sources

- <https://guideline.gov/summaries/summary/48460>
- J Vasc Surg.* 2007;45:1268-1276
- <http://www.medicare.gov/coverage/ab-aortic-aneurysm-screening.html>

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- Symptom to Diagnosis: An Evidence-Based Guide, 3e > 2: [Screening and Health Maintenance](#)
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Memantine

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Name
Memantine

Pronunciation
(me MAN teen)

Harrison's Online : Review Questions

Study Tools – Review Questions

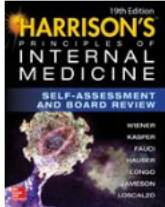
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Harrison's™ Principles of Internal Medicine: Self-Assessment and Board Review, 19e

Charles M. Wiener, Cynthia D. Brown, Brian Houston
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