

a meta-analysis of 62 large studies (4872 cases) shows that β -lactam/fluoroquinolone combination therapy, compared with monotherapy, increases the likelihood of microbiological cure in cases of ie, the likelihood of improvement of clinical symptoms and left-ventricular dysfunction, and the likelihood of in-hospital survival. however, the analysis of the impact of β -lactam/fluoroquinolone combination therapy on the odds of in-hospital mortality was not significant. although β -lactam/fluoroquinolone combination therapy is generally associated with a better outcome in ie patients, some limitations must be considered. fluoroquinolone monotherapy remains the treatment of choice in case of endocarditis caused by staphylococci, even if it can be used in combination therapy in case of non-staphylococcal ie. β -lactam monotherapy should be used only when a penicillin non-susceptible staphylococcus is isolated and when the sensitivities of the organisms cannot be assessed. in case of β -lactam/fluoroquinolone combination therapy, choice of the most active agent in each component and tailoring of the β -lactam component to the organism suspected may be important. the evidence concerning the efficacy of the use of β -lactam/fluoroquinolone combination therapy for ie in patients with moderate-to-severe valvular disease is currently insufficient to provide clear recommendations. adequate blood flow is essential for survival in patients with ie. in patients with vegetations, severe reduction of flow may be caused by compression by the vegetations (fig. a). transvalvular flow is almost entirely transpulmonary in patients with aneurysms and large abscesses. 305 patients with mitral-pulmonary arterial fistula have predominantly pulmonary blood flow, whereas those with aortic-pulmonary fistula have a mixture of pulmonary and systemic blood flow. 49 if patients present with unstable hemodynamics that are refractory to medical management, patients should undergo urgent surgery to remove the ie focus. in patients with stable hemodynamics, treatment with antibiotics alone is preferable. in patients who do not respond to prolonged medical management or hemodynamic instability, surgical intervention can be considered for those with large abscesses or aneurysms.

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for cells of regenerative capacity, attachment is based on [123 123] (a) inadequate nutrition of undifferentiated monolayers of cells, (b) low density of cell seeding, and (c) the inability of certain cell types to migrate. as a result, monolayers may not become confluent, and cell growth is characterized by separate islands of proliferating cells which are separated by cytoplasm and many times by a layer of extracellular matrix or matrix remnants. this phenomena results in a less flat aspect and reduces the penetration capacity. a feature of less than optimal adherence is the formation of islands, which are nonattached and unjoined to other islands. the method of choice for the detection of circulating tumor cells is

immunocytochemistry. cd45 antigen is commonly used for identifying haematopoietic cells in cytology specimens. the other distinguishing feature of staining for the detection of ctcs is the need for the generation of a novel culture system that improves the recovery of the tumor cells.

histopathologic, cytogenetic, and electron microscopic studies have revealed the polyploidization of the replicating chromosomes in chinese hamster ovary (cho) cells. the effects of different factors (e.g. the organisms that have garnered the most attention are bartonella species, chlamydia species, c burnetii, brucella species, legionella species, tropheryma whipplei, candida, and non-candida fungi (particularly aspergillus species). the last 2 groups of organisms are especially relevant to pv recipients. with the use of special diagnostic techniques, bartonella species, c burnetii, and brucella species

have been identified in the majority of cases of culture-negative ie caused by fastidious organisms. additional laboratory screening is required to identify the causes of culture-negative ie. 233 in some cases, serological and special blood culture techniques can be helpful. in other cases, tissue (usually valve) screening is required. diagnostic methods for resected valve tissue include microbiological, histopathological, and molecular techniques, the last of which includes gene amplification with pcr methods. unfortunately, most clinical laboratories do not perform molecular screening, and specimens must be sent to reference laboratories. 5ec8ef588b

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