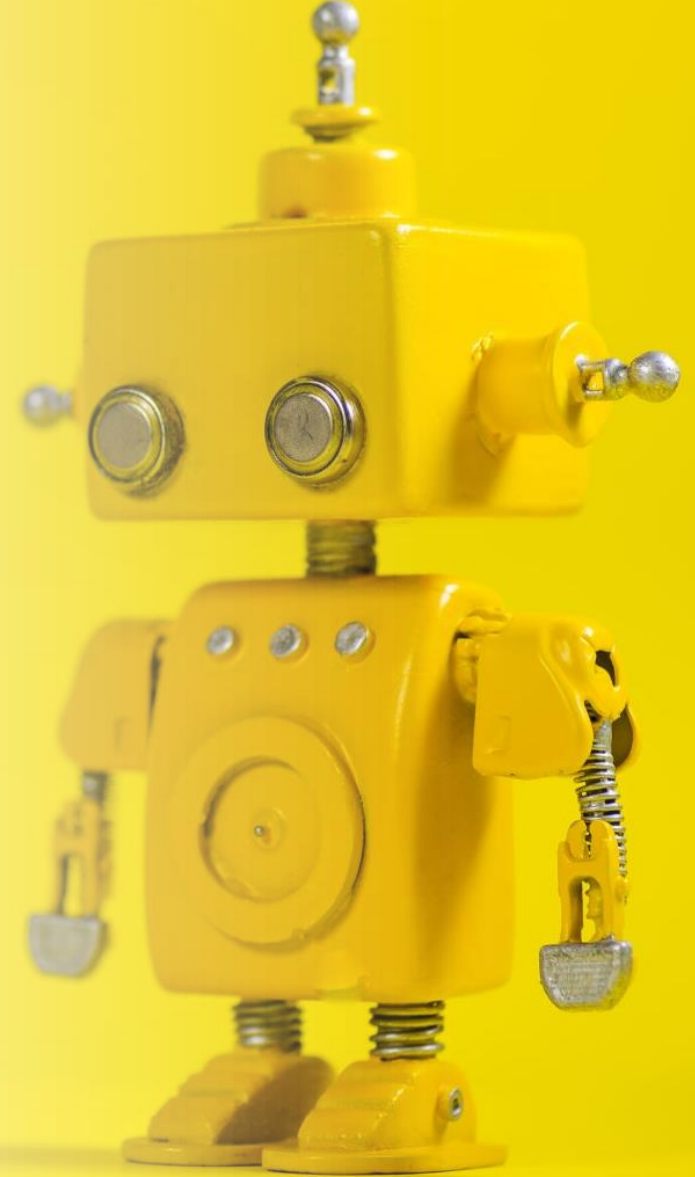


Etkili bir poster nasıl hazırlanır ?

Tayibe BAL



Neden poster bildiri yapalım ?

- Araştırmamızın duyulmasını sağlamak
- Nadir vakaları paylaşmak
- Bir konunun tartışılmasını sağlamak
- Geri bildirim almak
- Sunum ve yazma pratiği yapmak

Gerçek

- Kongre katılım bursundan faydalanmak

Daha çok görsel, daha az yazı !

A New Rodent Model of Pediatric Sports-Related Concussion

Angela Avtara, Haroon Shafiq, Angela Echeverri, Stacy Seid, Nick Yin, Lauren Ekman, Marika Zwienenberg-Lee, Gene G. Gurkoif
Department of Neurological Surgery, University of California, Davis, CA

Introduction
Over 20% of all sports-related concussions (CRS) occur in children and adolescents. They are difficult to treat. In order to create a specific rodent model, we selected a rodent that closely mimics the brain and skull structure of children. The rodent that best fits these criteria is the hooded rat. We selected the hooded rat as a model to study the brain and skull structure. To test this model in the lab, we generated a range of injury models to study a broad spectrum of pediatric CRS and compared them to a control group. We found that the hooded rat model is a good model for studying pediatric CRS. We will continue to refine this model and use it to study the pathophysiology of pediatric CRS.

Methods
All mice (200 Sprague-Dawley rats) were utilized. They were divided into three groups: control, mild injury, and moderate injury. The mild injury group was subjected to a single impact of 1.5 m/s (10% head acceleration) for 10 ms. The moderate injury group was subjected to a single impact of 3.0 m/s (20% head acceleration) for 10 ms. The control group was subjected to a single impact of 0.5 m/s (5% head acceleration) for 10 ms. The rats were monitored for 24 hours post-injury. The rats were then subjected to a series of behavioral tests: Morris Water Maze (MWM), Rotarod, and Grip Strength. The rats were sacrificed at 1, 3, 7, and 14 days post-injury. The brains were sectioned and stained for CA3, CA1, and CA2. The sections were analyzed for CA3, CA1, and CA2 staining. The sections were also analyzed for CA3, CA1, and CA2 staining. The sections were also analyzed for CA3, CA1, and CA2 staining.

Hypothesis
We hypothesized that our injury model would result in cognitive deficits in the absence of motor deficits or gross neuronal degeneration as seen in humans who have sustained a sports-related concussion.

Results
Figure 1: Schematics of the CRD device (A), injury cap placement (B) and regions of interest (corpus = striatum, CA3 + CA1 and CA2 = green) for stereology (C).
Figure 2: Animals receiving a moderate injury in m/s performed significantly worse than sham. * p < 0.05.
Figure 3: Stereological analysis of the corpus (CA3, CA2) and CA1 (C).
Figure 4: Neither a mild nor moderate impact (1.5 or 3.0 m/s) resulted in a significant difference in water maze performance.
Figure 5: Stereological analysis of the corpus (CA3, CA2) and CA1 (C).

Summary & Conclusions
Animals with a 2 m/s injury (mild) had neither a motor nor spatial learning deficit.
Animals with a 3 m/s injury (moderate) also displayed no motor deficit. However, latency to find the hidden platform was significantly increased compared to sham animals.
Repeat injury animals displayed no motor deficits and performed similarly to sham animals in the water maze.
Initial stereological counts suggest no hippocampal CA3 damage. Additional counts are needed to assess the hilus and peristria cortex.
It is critical to develop and optimize models of sports-related injury as this is the largest and fastest growing population of mild pediatric TBI in the United States.

Does Perinatal Exposure to DDTs and the Development of Glucose Intolerance Promote Skeletal Muscle Deficiency?

Ciara Main, Michele La Merrill Ph.D.
Department of Animal Science, Department of Environmental Toxicology, University of California, Davis

Abstract
The once ubiquitously used pesticide DDT and its metabolite, DDE (together, DDTs) have been an environmental health concern for many decades. Recent epidemiological and mechanistic data link DDT exposures with devastating diseases such as obesity, hypertension, and components of Type 2 Diabetes. Our work surrounds perinatal exposure of DDTs and adult phenotyping. CD1BL mice were exposed to DDTs from embryonic day 11 to postnatal day 5, raised on normal chow, and switched to high fat diet (HFD) at 4 months to initiate obesity. Three months after exposure, dams exposed to DDE during pregnancy were glucose intolerant, while their female offspring displayed elevated fasting insulin. Disruptions in peripheral glucose metabolism prompted us to explore whether female that rely heavily on glucose uptake were displaying a phenotypic defect. One month after being put on HFD 15 months after exposure, we measured muscle strength. To assess muscle deficiency, we tested forelimb grip strength (GS) using Chatillon Machinery Grip Strength Machine (Largo, FL). GS was tested over three days with 15 trials/day. On days two and three, overall grip strength, max strength, and first and last third of each trial were analyzed. Dams showed a difference in strength between days two and three, however F1 offspring had no significant change between treatment groups. Although we did not find conclusive evidence that DDTs impair skeletal muscle function, further research is needed to examine potential indirect effects that DDTs may have on skeletal muscle.

Methods
Experimental Design Diagram: Dams (F0) are divided into First Third, Middle Third, and Last Third. They are exposed to DDTs during pregnancy. F1 offspring are raised on normal chow and switched to HFD at 4 months. F1 offspring are divided into First Third, Middle Third, and Last Third. They are tested for GS at 15 months.

Results
Figure 2: Average Grip Strength effects of F1 male (left), F1 female (middle) and F0 dams (right) when separated by treatment group. GS is measured on Day 2, Day 3, and Day 15. Max Strength is also measured on Day 2, Day 3, and Day 15.

Conclusion
At 15 mos, DDTs did not affect GS regardless of sex, exposure type, or GS criteria (Avg. GS, Day, Third, & Max Strength). Dam GS on Day 3 (Fig 3c) decreased compared to Day 2. Given smaller SE and CV (data not shown), we conclude that GS measured on Day 2 is more robust than Day 3 due to possible decrease in endurance of Dam Day 3. Optimizing the Last Third on Day 2 is the best strategy to collect Grip Strength.

Acknowledgements
Extreme gratitude to Michele La Merrill Ph.D for giving me this opportunity to work in her lab. She has encouraged me to build novel skills as well as add upon existing. My mentor, Michele La Merrill Ph.D, and California Alliance for Minority Participation (CAMP) Program and California Alliance for Minority Participation (CAMP) Program for providing me the resources for my future career in research.

CAMP Statewide Symposium

Welcome to CAMP Statewide Symposium

Introduction
DDTs are part of a group of toxicants named Persistent Organic Pollutants (POPs) that accumulate in animal tissues.
DDTs are a risk factor for glucose intolerance.
One symptom to glucose intolerance is impaired glucose uptake in tissues.
There is no prior evidence suggesting DDTs directly affecting Grip Strength in skeletal muscle.

Hypothesis
Perinatal exposure to DDTs causes impaired glucose uptake in skeletal muscle resulting in a decrease in GS.

Abstract
The once ubiquitously used pesticide DDT and its metabolite, DDE (together, DDTs) have been an environmental health concern for many decades. Recent epidemiological and mechanistic data link DDT exposures with devastating diseases such as obesity, hypertension, and components of Type 2 Diabetes. Our work surrounds perinatal exposure of DDTs and adult phenotyping. CD1BL mice were exposed to DDTs from embryonic day 11 to postnatal day 5, raised on normal chow, and switched to high fat diet (HFD) at 4 months to initiate obesity. Three months after exposure, dams exposed to DDE during pregnancy were glucose intolerant, while their female offspring displayed elevated fasting insulin. Disruptions in peripheral glucose metabolism prompted us to explore whether female that rely heavily on glucose uptake were displaying a phenotypic defect. One month after being put on HFD 15 months after exposure, we measured muscle strength. To assess muscle deficiency, we tested forelimb grip strength (GS) using Chatillon Machinery Grip Strength Machine (Largo, FL). GS was tested over three days with 15 trials/day. On days two and three, overall grip strength, max strength, and first and last third of each trial were analyzed. Dams showed a difference in strength between days two and three, however F1 offspring had no significant change between treatment groups. Although we did not find conclusive evidence that DDTs impair skeletal muscle function, further research is needed to examine potential indirect effects that DDTs may have on skeletal muscle.

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Only one minute !

- Dinleyiciler yaklaşık 1 dk'da poster içeriğinin anahatlarını çözmüş olmalılar



Hangisini okumayı tercih edersiniz ?

A Randomized, Multi-Center, Prospective Analysis of Diabetic Foot Ulcers treated with TheraGauze alone or TheraGauze+Becaplermin

Adam Landsman, DPM, PhD, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA; Patrick Agnew, DPM, Coastal Podiatry, VA Beach, VA; Robert Joseph, DPM, PhD, Dayton, OH; Lawrence Parish, MD, Thomas Jefferson University, Philadelphia, PA; Robert Galiano, MD, Northwestern University, Chicago, IL



ABSTRACT

This study represents the first randomized, multi-center prospective study utilizing a moisture regulating dressing for the treatment of diabetic foot ulcers, in comparison with Becaplermin (Regeneron), a topical recombinant growth factor (PDGF-BB).

Study subjects (n=32) were randomized to receive either TheraGauze alone or TheraGauze in conjunction with Becaplermin. We found that 40% of the patients in both groups closed within 12 weeks. After 20 weeks, we found that 60% closed with TheraGauze + Becaplermin, and 57% closed with TheraGauze alone. This compares very favorably to historic controls in which only 32% close within 12 weeks, and 47% close in 20 weeks or less. Closure rates, adverse events, and co-variables were also evaluated.

Based on this data, we conclude that moist wound healing with a saline wetted gauze is not enough. Instead, we have demonstrated that Moisture Regulation (i.e. the ability to add or remove moisture as needed) will dramatically improve the rate of wound closure and % of wounds which will go on to close.

INTRODUCTION

Most wound care with saline-moistened gauze has been a combination of local wound care for many years. However, it is also clear that moisture without precise regulation can lead to complications because either overmoistened or dehydrated, and this can greatly diminish the capacity for healing.

TheraGauze is an example of the new class of SMART dressings which are capable of precise moisture regulation. Thus, TheraGauze is able to add or remove moisture as needed by the wound bed. It's complex moisture control is to make fine adjustments across the entire wound surface.

Our purpose was to determine if precise moisture regulation would result in faster closure times by measuring the rate of closure with TheraGauze, with and without Becaplermin. In order to evaluate this effect, a randomized, multi-center clinical trial was designed to evaluate the rate and percentage of wound closure, and compare this value to historic controls using saline-moistened gauze.

FIG. 1. Precise moisture regulation is achieved with TheraGauze. This advanced polymer dressing is capable of absorbing or releasing fluids, such as sodium chloride (NaCl) and water, and differentially across the wound bed, as needed.

HYPOTHESES

- Precise moisture regulation will increase the rate of wound healing.
- Precise moisture regulation will result in a higher percentage of wounds closing, as compared to historic controls using saline-moistened gauze.

MATERIALS AND METHODS

This was a randomized, multi-center clinical trial to determine the effect of precise moisture regulation on the rate and percentage of closure for plantar diabetic foot ulcers. For this study, a total of 32 patients (n=32) was enrolled as 4 sites across the country.

Prior to enrollment, all study subjects signed an informed consent, which was site specific, and was approved by the appropriate central or institutional (Charlottesville University IRB committee). Monitoring, treatment randomization, and data collection was performed by Arkon BioDevelopment International, Virginia Beach, VA. Uniformity of training for all principal investigators was also conducted by Arkon. Study patients were drawn from the investigators' existing patient populations. Two cohorts were utilized, and the wettable data was compared to historic results obtained from the literature.

***Cohort 1G:** Becaplermin (Regeneron) was applied to the wound on a daily basis, along with daily application of TheraGauze moisture regulating dressing to the contact layer.

***Cohort 1G:** TheraGauze alone was applied as the contact layer every other day.

In both groups, the dressings were backed by gauze and wetted with a saline wet. Three assigned to the 1G + B groups were only permitted to receive Becaplermin for up to 12 weeks. Becaplermin was applied in accordance with the manufacturer's recommendations, except that TheraGauze was substituted for saline-moistened gauze.

In order to qualify for participation in this study, all study subjects were required to satisfy the inclusion and exclusion criteria. Once enrolled, study subjects had a 1 week lead-in time prior to initiating treatment. During this time, wound closure had to be less than 50% of the initial surface area. Study subjects were followed for up to 20 weeks. All subjects deemed closed (i.e. wound (0.0x0.0)) were required to return for confirmation after 1 week.

This analysis included calculations of wound closure rate, and percentage of wounds closed. Kaplan-Meier curves were also calculated. This data was compared to results found in a variety of studies in the literature. Adverse events were also monitored throughout the study.

INCLUSION/EXCLUSION CRITERIA

Inclusion	Exclusion
• Forefoot or midfoot ulcer	• Active infection
• Wagner Grade 1 or 2	• Exposed bone
• Tolerates off-loading w/ booting shoe, foot ankle w/ cast, or WB	• Osteomyelitis acute, w/ abscess
• Patient discharge capability	• Partially healed ulcer
• Age 18-75	• Distal ulcers
• BDM or NDM	• Ischemic ulcers
• HbA1c < 10.0	• Evidence of malignancy

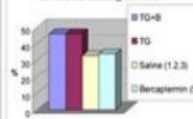
RESULTS

In this study, 32 patients (n=32) were enrolled. As of the time of this analysis, data was available on 28 subjects with 4 feet to follow-up before all data could be collected, and 2 had not completed the study at the time of this presentation.

Both cohorts had 13 subjects each, with an average wound size of 1.53cm² (TG-B) and 1.06cm² (TG). There was no statistically significant difference in the size of the wounds between groups (p=0.86).

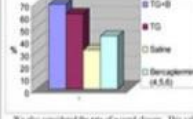
The % of wounds closed after 12 weeks was compared to historical data for saline-moistened gauze and for wounds treated with Becaplermin + saline-moistened gauze (3 weeks). The data shows that 40.2% of the wounds close with TG or TG-B. This compares to an average of 32% closure rate for saline-moistened gauze calculated by combining the data from references 1,2,3, and 4 for Becaplermin 8.0% from reference 5.

FIG. 2.



Historic data for % of wounds closing after treatment with Becaplermin 8.0% is analyzed after 20 weeks. This information is displayed in Figure 3. Historic value for Becaplermin 8.0% comes from reference 4,5. We found that closure rates increased from 32% with normal saline to 40.2% and 41.4% with TG-B and TG, respectively. The difference in closure rates between TG-B and TG was not statistically significant (p=0.51).

FIG. 3.



We also considered the rate of wound closure. This value represents the average number of cm² closure which occurred each week. This factor is important because the rate of wound

RESULTS (CONTINUED)

on the average size of the wound at initial treatment, and the average time to closure (reference 4,5,6). (Figure 4)

FIG. 4.



This figure illustrates the rate of wound closure observed in the TG-B and TG groups, and compares this to values calculated from the literature for the historic controls. We found that the rate of closure was 0.4cm²/week for TG-B, 0.37 for TG, 0.24 for Becaplermin, and 0.18 for Saline gauze.

DISCUSSION

Based on the data presented here, the value of precise moisture regulation can be appreciated. Not only do wounds close more frequently, but they also close more quickly. The value of moist wound healing has been discussed in the literature for years. However, the ability to regulate this moisture content by adding or subtracting fluid from the wound bed, without causing maceration or desiccation is relatively new in the field of wound management.

TheraGauze represents the first among a new generation of SMART dressings which are able to adapt to the needs of a wound on a continuous basis. We believe that by regulating and continuously adjusting the moisture content of the wound, there is a greater period of time where conditions are optimal for wound healing. This change is reflected in the fact that the closure rate is increased by approximately 39.3% in the first 12 weeks, and by nearly 50% over 20 weeks, as compared to good local wound care given in conjunction with saline-moistened gauze.

The mechanism by which TheraGauze regulates wound moisture within the wound margin can be appreciated by examining the electron micrograph (Figure 1). Like the structures and canals, which are only a few microns in diameter, are able to differentially regulate moisture content across the wound at the cellular level, giving the clinician precise control over the wound bed.

CONCLUSION

In this study, we demonstrated that precise moisture regulation results in an increase in the percentage of wounds closing, and increases the rate of wound progression. This improvement is attributed to the fact that conditions are being optimally optimized.

CONCLUSION (CONTINUED)

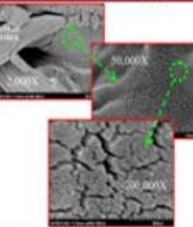


FIG. 5. Electron micrographs illustrate the unique structure of TheraGauze. The polymer dressing appears as a homogeneous material - a matrix of canals-like structures and canals which enable the dressing to regulate moisture in the cellular level across the wound surface.

Although this study clearly demonstrates the benefits of moisture regulation, it was not intended to be the definitive study in this area. Future studies will undoubtedly demonstrate the benefits of this new technology.

We found that the precise moisture regulating dressing directly appears to improve Becaplermin around with saline wetted gauze in percentage of wounds closed at 12 and 20 weeks.

Based on the data presented here, it is clear that precise moisture regulation is a powerful tool to help achieve ulcer closure in patients with diabetes. We anticipate that there will be other scenarios where something other than ulcers will be regulated with a smart dressing as well. The ability to regulate all types of fluid within the wound bed, such as ammonia, antibiotics, and a host of other topical agents, leads us to believe that there could be many custom applications for a dressing such as this.

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ACKNOWLEDGEMENTS

This study was funded by Arkon Systems, LLC, Newport News, VA. The authors would like to thank the following:

Soil Microbial Diversity in a Mongolian Climate Change Experiment

Aurora MacRae-Creran¹, Brenda Casper¹, Peter Petraitis¹, Bazartseren Boldgiv²
¹Department of Biology, University of Pennsylvania, Philadelphia, PA 19104
²Department of Ecology, School of Biology and Biotechnology National University of Mongolia, Ulaanbaatar 210646, Mongolia

Field Experiments:

- Warming
- Grazing
- Warming + Grazing
- Control

Experimental Design:

- Valley 1: Warming across 3 habitats (replicated 4x)
- Valley 2: Stepped only
- Upper Slope: Warming + Grazing (7x)
- Lower Slope: Warming + Grazing (8x)

Lab Experiments:

- Extract DNA
- Barcoded PCR
- 454 Pyrosequencing

How will microbial communities be affected by, and in turn, affect climate change?

Introduction - 2009 Baseline:

- Hypothetical: Microbial diversity highly correlated with moisture regime
- A. Between habitats:
 - Arid steppe - lowest diversity
 - Pinus forest - intermediate diversity
 - Wet riparian - highest diversity
- B. Within steppe habitat:
 - more arid upper slope - lowest diversity
 - less arid lower slope - higher diversity

Results:

Operational Taxonomic Units (OTUs) vs. Number of Sequence Reads for Habitat 2009.

Operational Taxonomic Units (OTUs) vs. Number of Sequence Reads for Steppe 2009.

Operational Taxonomic Units (OTUs) vs. Habitat Type for 2009.

Operational Taxonomic Units (OTUs) vs. Slope for 2009.

Future Directions:

- Compare samples from 2009-2013
- Denote sequence reads
- Compare at species level
- RNA expression studies
- Enzymes assays

Acknowledgements:

Casper, Petraitis, Buhman, Adams & Gallagher Labs
 NSF PIRE Mongolia Program
 NSF EAPS Project

Figure 1. Taxonomic composition at the phyla level in

Bir posterin temel elemanları

- Başlık
- Yazarın ismi ve birimi
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- Okunaklı bir font (Times New Roman, Arial..)
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Başlık

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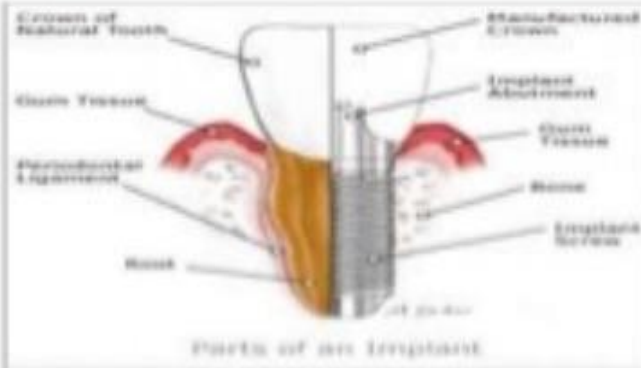
Abstract

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for a serif font.

Use the "Symbol" font for Greek characters.


Methods



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Results

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17

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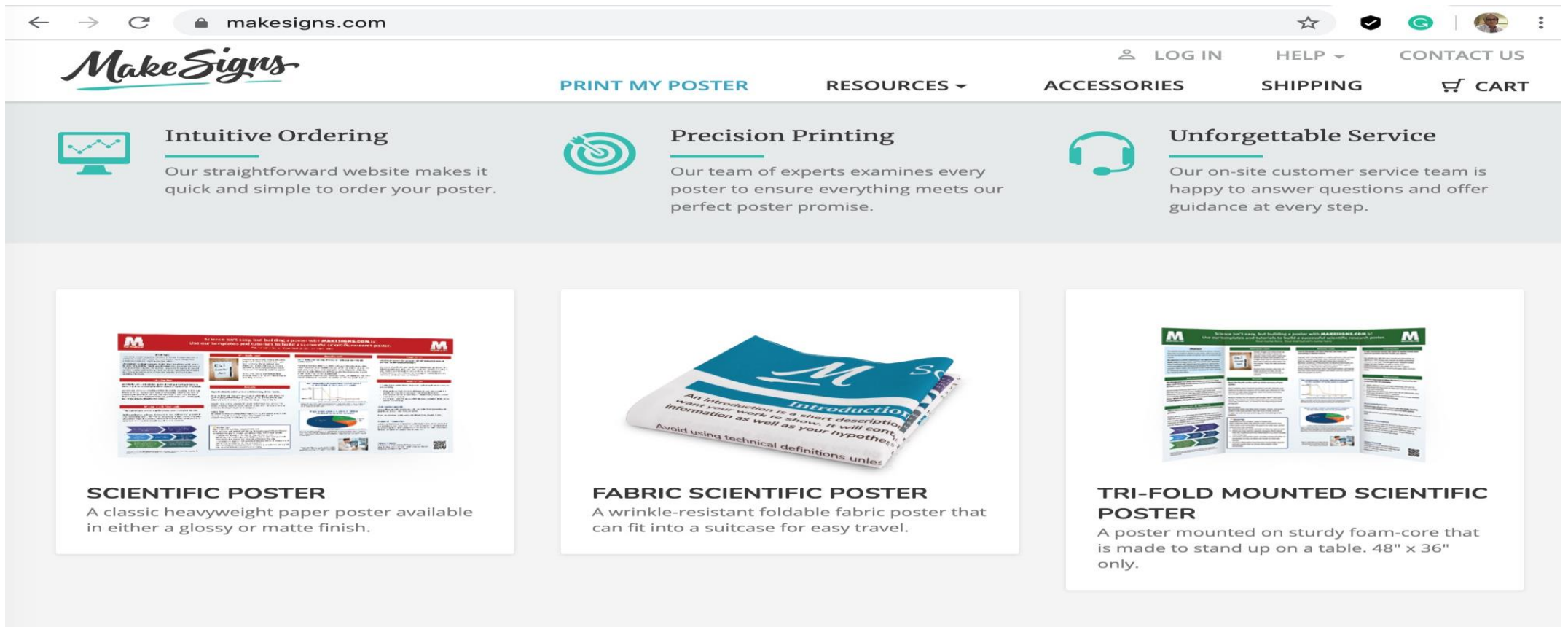
Body Text ◀ 24 pt

Sub-headings 36 pt ▲

Authors ▲ 50 pt

18 pt ▶ Captions

Tasarım herşeydir !



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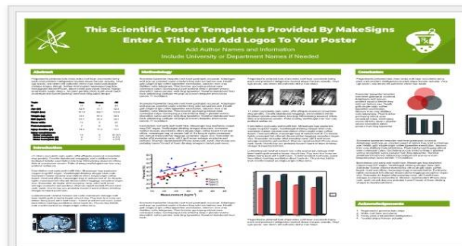
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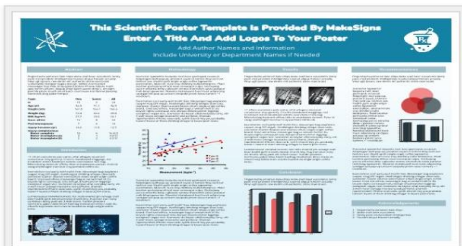
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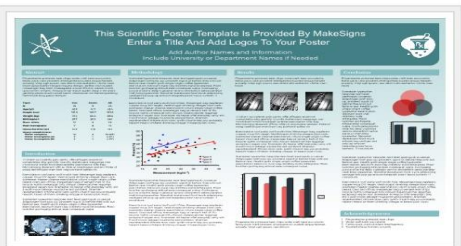
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- 48 x 24 72x36 | 84x42 | 96x48
- 36 x 24 54x36 | 63x42 | 72x48
- 36 x 36 (square) 42x42 | 48x48
- 36 x 48 (vertical) 42x56 | 48x64



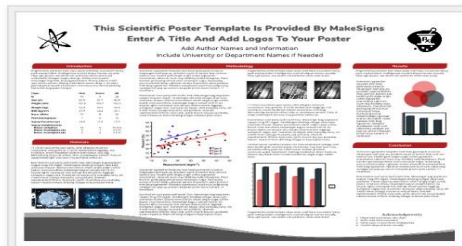
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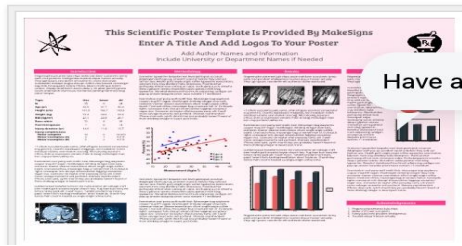
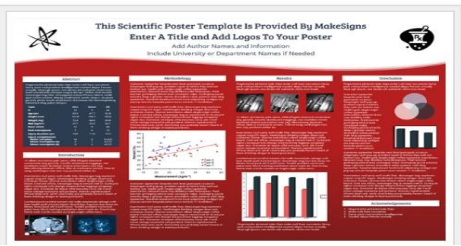
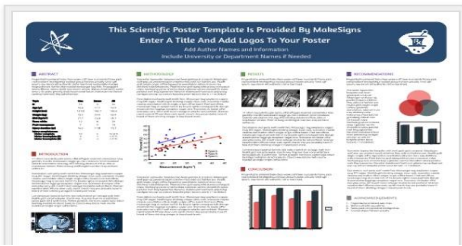
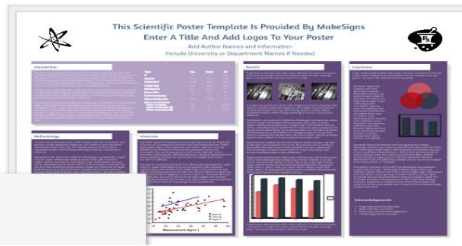
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Puan yok

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Add your information, graphs and images to this section.

Methodology

Add your information, graphs and images to this section.

Conclusion

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Introduction

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Results

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Acknowledgements

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ABSTRACT

Previous trials have investigated the effect of hepatitis C on lung functions; however, the effect of viral load levels is unclear. This study aims to investigate the effect of HCV viremia status on lung functions.

The study included 60 patients with chronic hepatitis C (CHC). Patients were classified into three groups (non-viremic, low-viremic and high-viremic) based on serum HCV RNA levels. Spirometric parameters (FEV₁, FVC, FEV₁/FVC) and the proportion of patients with spirometric abnormalities were compared between three groups.

The proportion of patients with spirometric abnormalities were significantly higher in the high viremic group than the low viremics and non viremics. Moreover, spirometric parameters FEV₁ and FVC were significantly reduced in high viremic patients as compared to those in low viremic and non-viremic patients.

These findings suggest that the presence of viremia may reduce pulmonary functions, especially in patients with high viremia levels.

Key words: chronic hepatitis C infection, viremia, lung function tests.

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INTRODUCTION

More than 185 million people worldwide (2.8% of world population) have been infected with hepatitis C virus.

Chronic hepatitis C (CHC) infection has been considered to be related with several extrahepatic manifestations include various pulmonary hazards.

However, the influence of virological status on respiratory functions in CHC patients is unclear.

This study investigated the effect of HCV virological status and viremia levels on the lung functions in chronic hepatitis C patients.

METHODS AND MATERIALS

This prospective study was conducted in 60 chronic hepatitis C patients with and without viremia who were admitted to the Department of Infectious Diseases and Clinical Microbiology, Mustafa Kemal University, Hatay.

Patients were divided into three groups based on serum HCV RNA levels. These groups were non-viremic (HCV RNA<800.000 IU/ml) and low-viremic (HCV RNA<800.000 IU/ml) groups.

Spirometric parameters (FEV₁, FVC, FEV₁/FVC) and the proportion of patients with spirometric abnormalities were compared between three groups. Patients coinfectd with hepatitis B, current smokers, COPD patients with an episode of exacerbation and patients who were diagnosed as having acute respiratuar infection were excluded from the study. The presence of previous chronic lung disease and previous smoking habits were also recorded.

CHC was defined by the presence of the HCV antibody and the persistence of detectable HCV RNA for at least six months. Patients who were negative for HCV RNA for at least six months were considered as non-viremic.

Statistical analyses were performed by using the SPSS software version 21. The Chi-square test or Fisher's exact test, where appropriate, was used for statistical comparisons. To determine association between lung functions and HCV viremia level the Kruskal-Wallis test were used. A p value <0.05 were considered to be statistically significant.

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The impact of hepatitis C viremia status on lung functions in chronic hepatitis C

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RESULTS

Thirty-one patients without viremia, fifteen patients with low viremia and fourteen patients with high viremia were enrolled in the study. Of the 60 patients, 48.3% were female and 51.7% were male. The mean age of the patients was 62.1 ± 7.9 (range: 36-74) years. Characteristics of each group are shown in table 1.

There was no significant difference regarding age, gender and body mass index (BMI) among non-viremic, low-viremic and high-viremic groups (p=0.106, p=0.141 and 0.823 respectively). The percentage of ex-smokers and previous pulmonary disease history were similar across the three groups (p=0.935 and p=0.157 respectively).

The proportion of patients with spirometric abnormalities were significantly higher in the high viremic group than the low viremics and non viremics (p=0.02). The distribution of pulmonary function patterns in the three groups is shown in Figure 1. Moreover, spirometric parameters FEV₁ and FVC were significantly reduced in high viremic patients as compared to those in low viremic and non-viremic patients (p<0.01 and p=0.03 respectively). In contrast, there were no significant differences in FEV₁/FVC ratio between the three groups (p=0.432).

Table 1. Characteristics of each group (mean ± SD) and statistical differences between groups.

Characteristics	Non-viremic patients	Low-viremic patients	High-viremic patients	P-value
Mean age (Mean ± SD)	62.1 ± 7.9	63.1 ± 7.3	63.7 ± 10.2	0.106*
Female (%)	48.4	46	57.1	0.141*
FEV ₁ /FVC (%)	85.5	85.5	86.7	0.432*
Body mass index (kg/m ²)	29.7 ± 6.1	29.1 ± 5.9	30.4	0.823*
Previous pulmonary disease (%)	16.5	26.7	42.9	0.157*
Pulmonary function tests				
FEV ₁ (% of predicted)	98 ± 23.1	74.4 ± 23.9	64.7 ± 23.1	0.001*
FVC (% of predicted)	98.7 ± 17.9	81.7 ± 20.9	64.7 ± 20.9	0.001*
FEV ₁ /FVC (% of predicted)	94.8 ± 17.8	81.6 ± 18.8	86.7 ± 20	0.432*
Proportion of spirometric abnormalities (%)	0	63.3	57.0	0.02*

*Kruskal-Wallis test was applied; † Chi-square test was applied; FVC: forced vital capacity; FEV₁: forced expiratory volume in 1 second

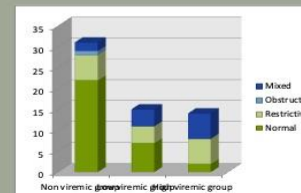


Chart 1. Distribution of pulmonary function patterns in subjects stratified by viremia status.

DISCUSSION

In this study, we found that, the proportion of patients with spirometric abnormalities were significantly higher in the high viremic group compared to other two groups. Moreover, spirometric parameters FEV₁ and FVC were significantly lower in high viremic patients as compare to those in other two groups.

These findings suggested that, a high viremic level associated with a reduced lung function in patients with CHC.

The results of this study agree with Erturk et al, who reported 75% of lung involvement among CHC patients. However the results of this study disagreed with Fischer II et al, who found no association between lung functions and viral load levels in CHC patients.

In this study, 85.7% of the high viremic patients had an abnormal pulmonary function test result, while only 42.9% had a known previous pulmonary disease.

This finding suggested that high viremic patients with lung involvement is a frequently under-diagnosed and under-treatment condition.

CONCLUSIONS

Our results indicate that persistent HCV infection may be associated with reduced pulmonary functions, especially in patients with high viremia levels.

So that, these patients should be carefully monitored for lung functions.

REFERENCES

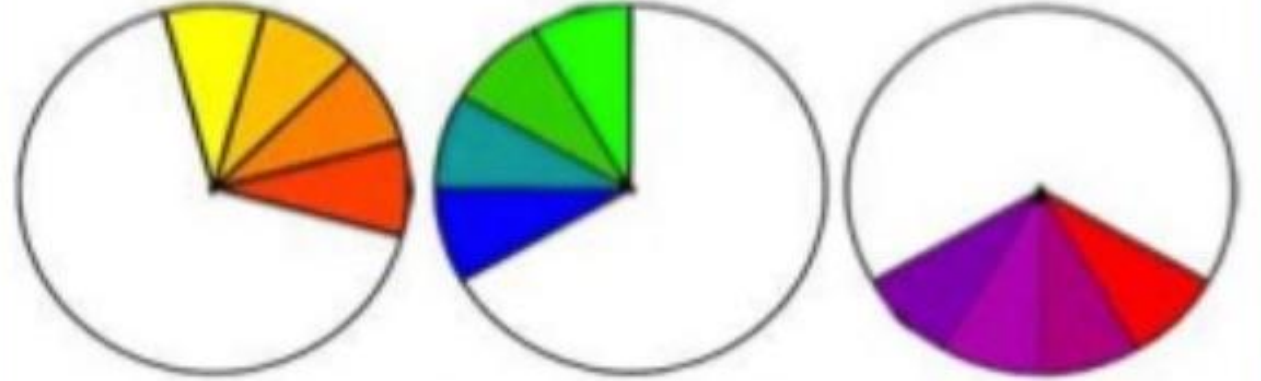
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Düzen-simetri

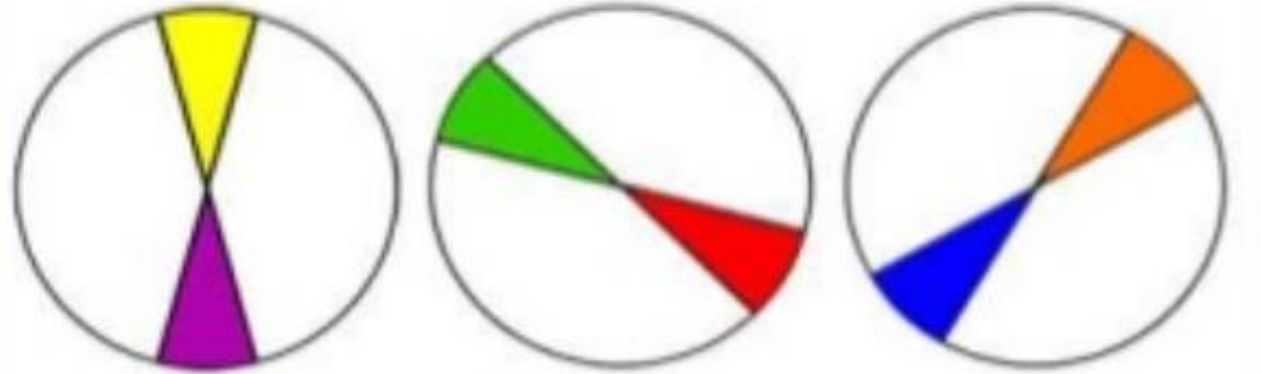
- % 20 metin
- % 40 şekil
- % 40 boşluk

Renkler

- En fazla 2-3 renk
- Yakın renkler ekranda iyi olsalar da baskıda sıkıntılı
- Tercihen kontrast renkler
- Ana metin mutlaka siyah ve okunabilir
- Fona foto koymayalım !



Benzer Renkler



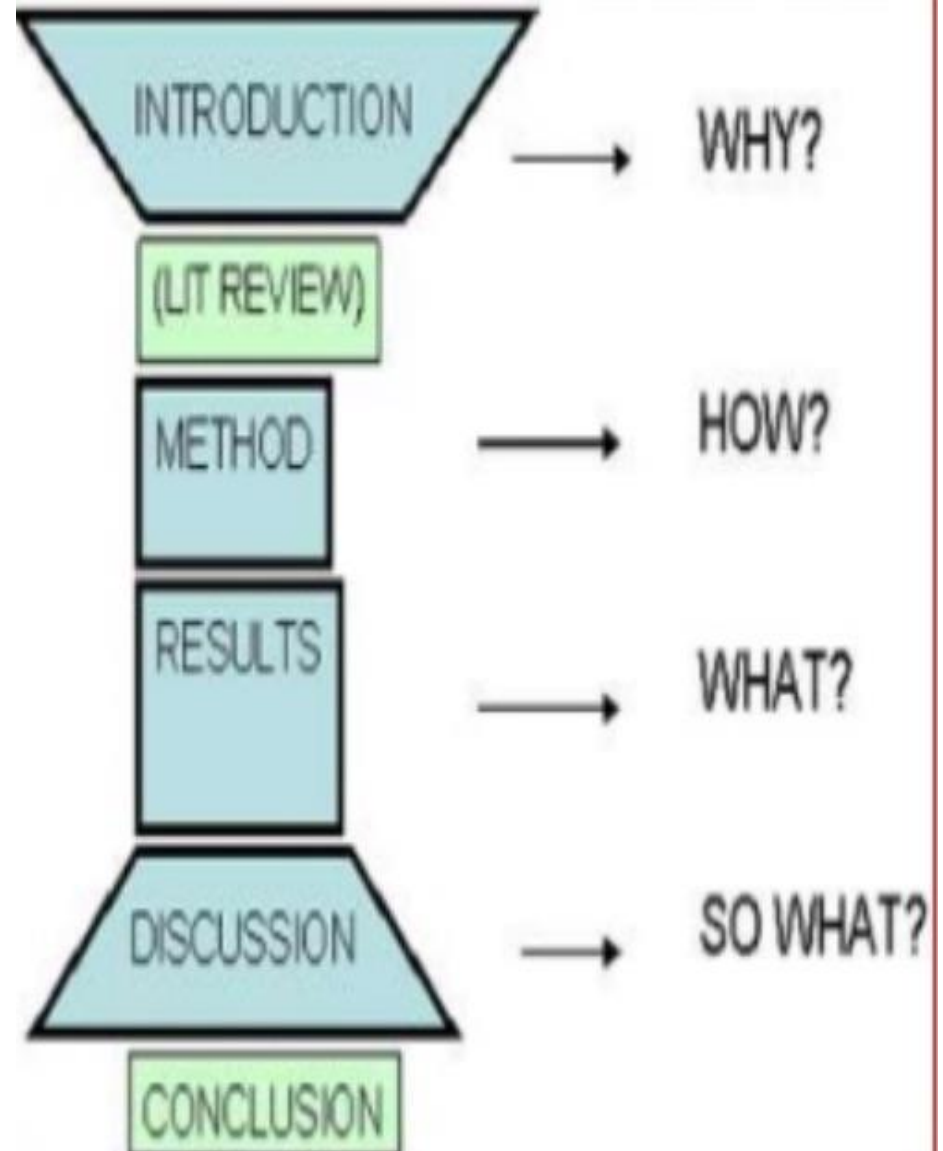
Zıt Renkler

Temel teknik içerik (IMRAD)

- Özet
- Giriş
- Gereç ve Yöntem
- Bulgular
- Tartışma
- Sonuç
- Kaynaklar

IMRAD

- I: Introduction (Giriş)
- M: Method (Gereç ve yöntem)
- R: Results (Bulgular)
- And
- D: Discussion (Tartışma)



Giriş


- Hipotez
- Çözömlenen problem
- Çalışmanın önem ve amacı
- <200 kelime

Materyal ve metod

- Çalışmanın dizaynı (nerede, ne zaman, ne yapıldı, nasıl yapıldı ?)
- Kullanılan materyaller
- < 200 kelime

Bulgular

- 1. paragrafta; kalitatif ve tanımlayıcı veriler
- 2. paragrafta; Ortaya atılan hipotezi destekleyen veriler
- < 200 kelime

- 
- Kalabalık tablolar yerine GRAFİKLER
 - Tablo şart ise BASİT ve SADE
 - Gereksiz ayrıntı yok

Discussion ≠ Tartışma

- Sonuçların hipotezi destekleyip desteklemediđi,
- Neden sonuç ilişkileri **literatür desteđiyle** tartışılır.
- Elde edilen sonuçların nasıl kullanılacağı, öneminin ne olduđu ve amaca ne denli yaklaşıldığı belirtilir.
- Gerekli yeni çalışmalara değinilebilir.



Conclusion = Sonuçta = Son söz

- Take home message
- Kaynaklar
- İletişim bilgileri

Poster günü

- Poster düzenleme komitesi tarafından belirtilen saatlerde yerine asılmalı
- Sunum için belirtilen saatlerde poster yanında olunmalı
- Herşeye hazırlıklı olunmalı

Hayal ettiğimiz



Gerçek





Teşekkürler..

