

Chapter 1 : Clinics in Chest Medicine Full Issues

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Abstract Background "Survival in bronchial carcinoma - lung cancer Bronchial.

Atul Mehta 60 Thorax ; Survival in bron- noma is closely related to the stage of the chial carcinoma is closely related to the stage of disease at the time of diagnosis and a sin- the disease at the time of diagnosis and a single gle pulmonary nodule represents a poten- pulmonary nodule represents a potentially cur- tially curable stage. This study was able stage. Invasive nitrile MIBI to diVerentiate benign from procedures are often undertaken to obtain a malignant single pulmonary nodules. Assessment of MIBI Various radionuclides have been tried to dif- uptake was done qualitatively subjek- ferentiate benign from malignant pulmonary tively and quantitatively and correlated nodules. Positron emission tomography PET with the histopathology and nodule size. Increased uptake of MIBI corresponding to the location of the technetium hexakis 2-methoxy isobutyl Department of Pulmonary and nodule and were considered positive. Only malignant single pulmonary nodules and patients in whom a procedure to obtain Correspondence to: Dr A C Arroliga might be a useful non-invasive diagnostic definitive tissue diagnosis was planned were modality in their management. A thoracic computed Presented in part at the Thorax ; SPECT scanning; lung cancer and was interpreted independently. Twenty five patients 11 men of mean SD age Projection data were histopathological features of each case. The acquired for 25 minutes and the raw data were median nodule size was 2. Reconstructed images were evaluated ules were larger than 3. Most in two ways: Of the 21 patients with malignant lesions, 18 had positive the nodule on the chest radiograph or CT scan scans by qualitative assessment fig 1A and B. Although not specifically looked radiograph. At surgery the nodule was found to be a large cell carcinoma. None of the patients with benign lesions that are considered indeterminate or possibly had increased MIBI uptake in the lymph nodes. Two of these were not be identified on MIBI scans and were thus among the smallest in the study, measuring 1. The larger nodule 3. The mean undiVerentiated squamous cell carcinoma. The low negative predictive value in this study Discussion suggests that, if the scan is negative, further work The ideal imaging modality in single pulmonary up is needed to establish the final diagnosis. Despite the use of lation with nodule size which means that larger advanced CT techniques such as contrast nodules will be easier to identify on MIBI enhancement, high resolution CT scanning, scans. Although no cut oV size was identified in densitometry using reference phantoms and spi- our study, two of the three false negative ral CT scans, a significant number of single pul- nodules were among the smallest in the study. Easy availability and lower cost suVers from a lack of specificity due to compared with positron emission tomogra- uptake in granulomatous inflammation such as phy , coupled with its high specificity and posi- tuberculosis and sarcoidosis. Although the exact mech- tion of single pulmonary nodules. Further anism of increased Tcm MIBI uptake in studies with larger numbers of patients are tumour cells is not understood, it has been required to better delineate its impact on clini- suggested that it may be related to factors such cal decision making. Cancer statistics, lipophilic nature of MIBI. Cancer J Clin ; Estimating the probability of malignancy in solitary pulmonary nodules: Studies to diVer- Bayesian approach. Am Rev Respir Dis ; Uptake and kinetics of Tcm hexakis 2-methoxyisobutylisonitrile in lesions based on intensity of uptake have shown benign and malignant lesions in the lungs. Clin Nucl Med mixed results. Eur J Nucl Med ; EVect of mito- ing of a very high specificity and positive predic- chondrial and plasma membrane potentials on accumula- tion of hexakis 2-methoxyisobutylisonitrile technetium tive value is that, in the case of a single I in cultured mouse fibroblast. J Nucl Med ; Noncardiac applications of nate after non-invasive evaluation, a positive hexakis alkylisonitrile technetium complexes. Tcm MIBI and sary invasive diagnostic testing and allow the Tl uptake in bronchial carcinoma abstract. J Nucl physician to proceed directly to thoracotomy. DiVerentiation of single addition, it may be helpful in cases where solid lesions in the lungs by means of single-photon non-invasive testing is suspicious for malignancy emission tomography with technetium methoxyiso- isonitrile. Clinical validation

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of function such that the risks of thoracotomy are the influence of P-glycoprotein on technetium-99m sestamibi uptake in malignant tumors. J Nucl Med judged to be high. Tcm MIBI scintigraphy in patients with lung cancer. Clin Nucl Med value which may be due in part to a low prevalence ;

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Chapter 2 : Table of contents for The Cleveland Clinic intensive review of internal medicine

Atul C. Mehta, M.B., B.S., specialty interests are the treatment of lung cancer, diagnostic and therapeutic bronchoscopy, lung transplantation, interstitial lung diseases and pulmonary hypertension. He is board-certified in internal medicine, pulmonary disease and critical care medicine.

Bibliographic record and links to related information available from the Library of Congress catalog. Contents data are machine generated based on pre-publication provided by the publisher. Contents may have variations from the printed book or be incomplete or contain other coding. Medical Diseases in Pregnancy 32 Elisa K. Biostatistics in Clinical Medicine: Diagnostic Tests 50 Gerald J. Lowder, and Victor L. Jaffer and David L. Geriatric Medicine 85 Robert M. Occupational Medicine Peter J. Mazzone and Edward P. Neurology Martin A. Samuels and John C. Sexually Transmitted Diseases Carlos M. Isada and David L. Armstrong and Alan J. Infective Endocarditis Thomas F. Pneumonias Steven K. Infections in the Ambulatory Setting Sherif B. Infectious Diseases Alan J. Leukemia Matt Kalaycio Disorders of Platelets and Coagulation Steven R. Anemia Robert J. Pelley and Alan E. Breast Cancer Halle C. Lymphoma Brad L. Hematology and Medical Oncology Alan E. Hussein, and Steven W. Cellular Morphology Andrew J. Acute Monoarticular Arthritis Brian F. Osteoarthritis and Polyarticular Arthritis David E. Systemic Autoimmune Diseases Karen E. Systemic Vasculitis Leonard H. Calabrese and Gary S. Selected Musculoskeletal Syndromes Brian F. Rheumatic and Immunologic Diseases Raymond J. Venous Thromboembolic Diseases Steven R. Lung Cancer Alejandro C. Arroliga and Atul C. Kavuru and Loutfi S. Interstitial Lung Disease Jeffrey T. Pleural Diseases Atul C. Mehta and Raed A. Critical Care Medicine Alejandro C. Pulmonary Medicine James K. Thyroid Disorders Charles Faiman Androgenic and Reproductive Disorders Adi E. Control and Complications Robert S. Adrenal Disorders S. Reddy and Rossana D. Reddy and Amir H. Acute Renal Failure Joseph V. Parenchymal Renal Disease Gerald B. Nephrology and Hypertension Richard A. Liver Disorders William D. Pancreatic Diseases Darwin L. Esophageal Diseases Joel E. Peptic Ulcer Disease Gary W. Falk and David S. Colorectal Carcinoma Carol A. Inflammatory Bowel Disease Aaron Brzezinski Diarrhea and Malabsorption Edy E. Soffer and John A. Gastroenterology John J. Coronary Artery Disease Richard A. Grimm and Thomas H. Underwood and Curtis M. Valvular Heart Disease Brian P. Arrhythmias Mina K. Hyperlipidemia Update Dennis L. Heart Failure Robert E. Cardiology Sasan Ghaffari Internal medicine -- Outlines, syllabi, etc. Internal medicine -- Study guides.

Chapter 3 : Publications Authored by Prasoon Jain | PubFacts

Care and Maintenance of the Flexible Bronchoscope / Francis Y.W. Lee and Atul C. Mehta Infection Control / David H. Spach -- Quality Assurance and Improvement / Gerald B. Stanick and Alan M. Fein --

Chapter 4 : PPT “ Broncoscopia Diagnostica PowerPoint presentation | free to view - id: 27c0fa-ZDc1Z

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Chapter 5 : Publications Authored by Alejandro C Arroliga | PubFacts

Alejandro C. Arroliga, MD, FCCP; and Atul C. Mehta, MBBS, FCCP Study objectives: To evaluate the diagnostic accuracy and safety of transbronchial needle aspiration (TBNA) in patients receiving mechanical ventilation in the ICU.

Chapter 6 : Atul C. Mehta, MD | Cleveland Clinic

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select article Imaging techniques for diagnosis and staging of lung cancer. Prason Jain, Alejandro C Arroliga, Richard A Matthay. Elif Kupeli, Atul C Mehta.