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R.Kousari

M.Sc in Medical Library & Information science

Head Of The Central Library Of DUMS

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malignant hyperthermia

malignant otitis externa

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malignant carcinoid



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Topic Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

SOMATOSTATIN-ANALOG THERAPY

Antiproliferative effects

LIVER-DIRECTED THERAPIES

MANAGEMENT OF REFRACTORY

SYMPTOMS

Telotristat

Interferon

Treatment of the carcinoid syndrome

Author: [Jonathan R Strosberg, MD](#)

Section Editors: [Kenneth K Tanabe, MD](#), [David C Whitcomb, MD, PhD](#)

Deputy Editor: [Diane MF Savarese, MD](#)

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Literature review current through: **Nov 2019**. | This topic last updated: **Jul 09, 2019**.

INTRODUCTION


Carcinoid tumors are neuroendocrine tumors (NETs) that originate in the digestive tract, lungs, or rare primary sites, such as kidneys or ovaries. The term "carcinoid" usually



Topic Feedback


• Grading system



malignant carcinoid




 

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Topic Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

CLASSIFICATION, BIOLOGIC BEHAVIOR,
AND IMPLICATIONS FOR TREATMENT

GENERAL APPROACH TO THE PATIENT

SOMATOSTATIN ANALOGS

Patients with symptoms from hormone hypersecretion

- Dosing
- Side effects
- Prevention and management of carcinoid crisis

SUMMARY AND RECOMMENDATIONS

Initial therapy

- Somatostatin analogs are highly effective in controlling the symptoms associated with advanced gastrointestinal neuroendocrine tumors (GINETs). For patients who are symptomatic from carcinoid syndrome, we recommend initiating treatment with a somatostatin analog alone rather than a combination of a somatostatin analog and interferon alfa (IFNa) (**Grade 1B**). (See '[Somatostatin analogs](#)' above and '[Interferon](#)' above.)
- We also suggest initiating therapy with a somatostatin analog for patients who do not have carcinoid syndrome but who have somatostatin-receptor-positive disease (as determined by diagnostic imaging with a radiolabeled somatostatin analog) and a high tumor burden (**Grade 2B**). (See "[Metastatic well-differentiated gastroenteropancreatic neuroendocrine tumors: Presentation, prognosis, imaging,](#)

Topic Feedback

Recommendation grades

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy.

Drug information & Lexicomp database

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Drug Information

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Topic Outline

Brand Names: US

Pharmacologic Category

Dosing: Adult

Dosing: Renal Impairment: Adult

Dosing: Hepatic Impairment: Adult

Dosing: Pediatric

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

lobenguane I-131 (therapeutic): Drug information

Lexicomp®

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(For additional information [see "lobenguane I-131 \(therapeutic\): Patient drug information"](#) and [see "lobenguane I-131 \(therapeutic\): Pediatric drug information"](#))

For abbreviations and symbols that may be used in Lexicomp ([show table](#))


Brand Names: US

Azedra Dosimetric; Azedra Therapeutic

Pharmacologic Category

Radiopharmaceutical

Drug interactions



Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

–

Ginseng (American)

–

Aldactone

Display complete list of interactions for an individual item by clicking item name.

Lexicomp® Drug Interactions

X	Avoid combination	C	Monitor therapy	A	No known interaction
D	Consider therapy modification	B	No action needed	<i>More about Risk Ratings</i> ▼	

1 Result

Filter Results by Item ▼

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C

Aldactone (Antihypertensive Agents)
Ginseng (American) (Herbs (Hypertensive Properties))

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

X	Avoid Combination Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.
D	Consider Therapy Modification Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.
C	Monitor Therapy Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.
B	No Action Needed Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.
A	No Known Interaction Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents

Graphics

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malignant carcinoid



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Showing results for **malignant carcinoid**

All

Adult

Pediatric

Patient

Graphics

Click on what you meant by carcinoid: [carcinoid syndrome](#), [carcinoid tumor](#)



Evaluation and treatment of malignancy-related ascites



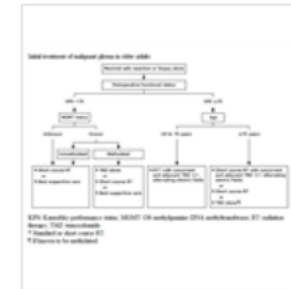
Malignant tracheoesophageal fistula*



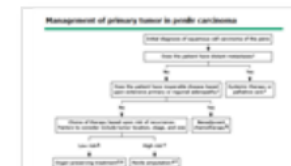
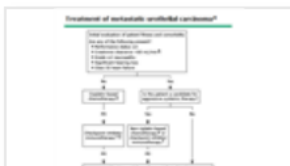
Treatment algorithm for malignant pheochromocytoma and



Algorithmic approach to diagnosis and management of



Initial treatment of malignant glioma in older adults



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ANESTHESIOLOGY CALCULATORS

Medical Equations

Body mass index (BMI; Quetelet's index) in adults

DERMATOLOGY CALCULATORS

Medical Equations

Calculator: Body mass index (BMI; Quetelet's index) in adults

$$\text{BMI} = (\text{Weight}/2.205) / (\text{Height}/39.37)^2$$

Input:

Height	<input type="text"/>	in ▾
Weight	<input type="text"/>	lb ▾

Result:BMI kg/m²Decimal precision ▾

Reset form

BMI interpretation

Patient education

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Patient Education

Patient Education

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Topic Outline

[What is a blocked tear duct?](#)[What are the symptoms of a blocked tear duct?](#)[Will my child need tests?](#)[How is a blocked tear duct treated?](#)[More on this topic](#)

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[Patient education: Conjunctivitis \(pink eye\)
\(Beyond the Basics\)](#)

Patient education: Blocked tear duct (The Basics)

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What is a blocked tear duct?

A blocked tear duct is a condition that causes the eyes to tear much more than usual. The tear duct is how tears drain from the eye. It is a path of small tubes that runs from the inner eyelid to the inside of the nose ([figure 1](#)). If the tear duct is blocked, tears can't drain normally. This causes symptoms.

A blocked tear duct is a common condition in babies. Babies who have a blocked tear duct are usually born with it.

Older children and adults can also get a blocked tear duct. The cause of the blockage is usually an eye infection or injury.

What are the symptoms of a blocked tear duct?

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INTRODUCTION

PEDIATRICS (November 2019)

Elexacaftor-tezacaftor-ivacaftor for cystic fibrosis caused by the F508del variant

HEMATOLOGY (November 2019)

Lenalidomide for high-risk smoldering multiple myeloma

CARDIOVASCULAR MEDICINE (October 2019)

Dapagliflozin for heart failure with reduced ejection fraction

OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (August 2019)

New ACOG guidelines for preventing early-onset group B streptococcus infection in newborns

HEMATOLOGY (December 2018, Modified August 2019)

Practice Changing UpDates

Authors: [H Nancy Sokol, MD](#), [April F Eichler, MD, MPH](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

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INTRODUCTION

This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

PEDIATRICS (November 2019)

Elexacaftor-tezacaftor-ivacaftor for cystic fibrosis caused by the F508del variant

- For patients age ≥ 12 years old with cystic fibrosis who are homozygous for the F508del variant, we suggest a triple therapy regimen ([elexacaftor-tezacaftor-ivacaftor](#)) rather than dual therapy ([tezacaftor-ivacaftor](#) or [lumacaftor-ivacaftor](#)) (**Grade 2B**). For patients ≥ 12 years who have one F508del variant (heterozygotes), we suggest the triple therapy regimen rather than dual therapy or monotherapy with

Topic Feedback

What's New

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What's New

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