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Александр Липенский
lipensky_a@metecbooks.ru

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- Доступ по IP-адресу (с компьютеров, входящих в локальную сеть центра) - www.uptodate.com/online

- Доступ по персональному логину/паролю - www.uptodate.com/login

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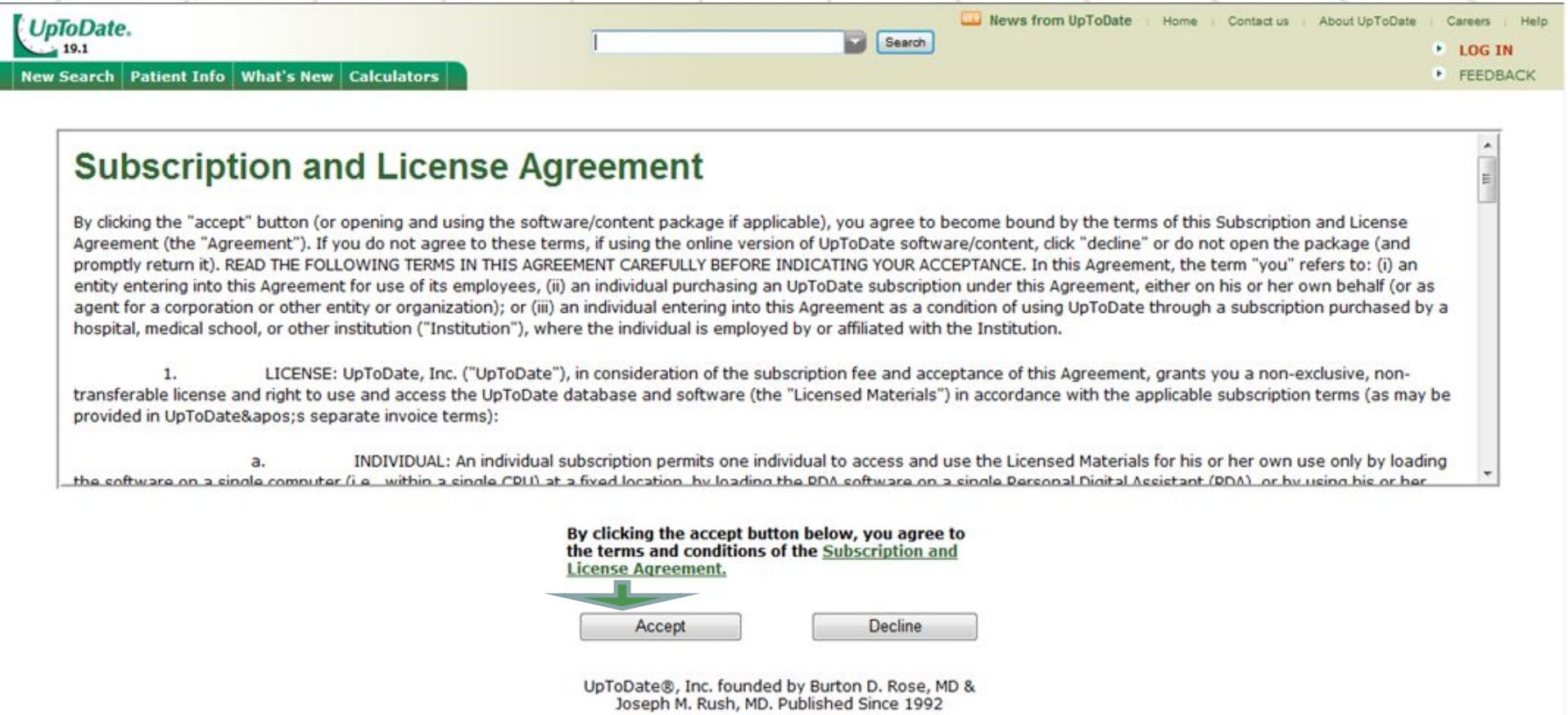

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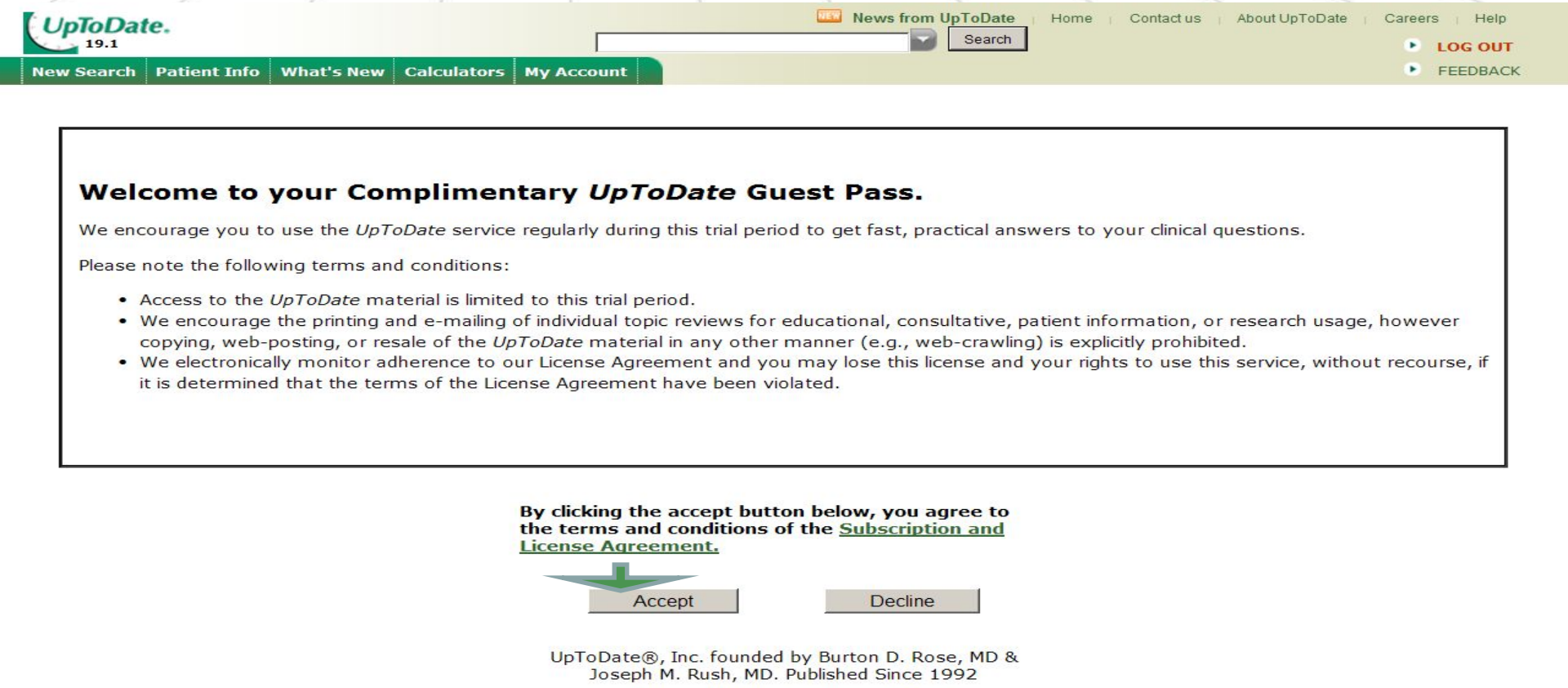

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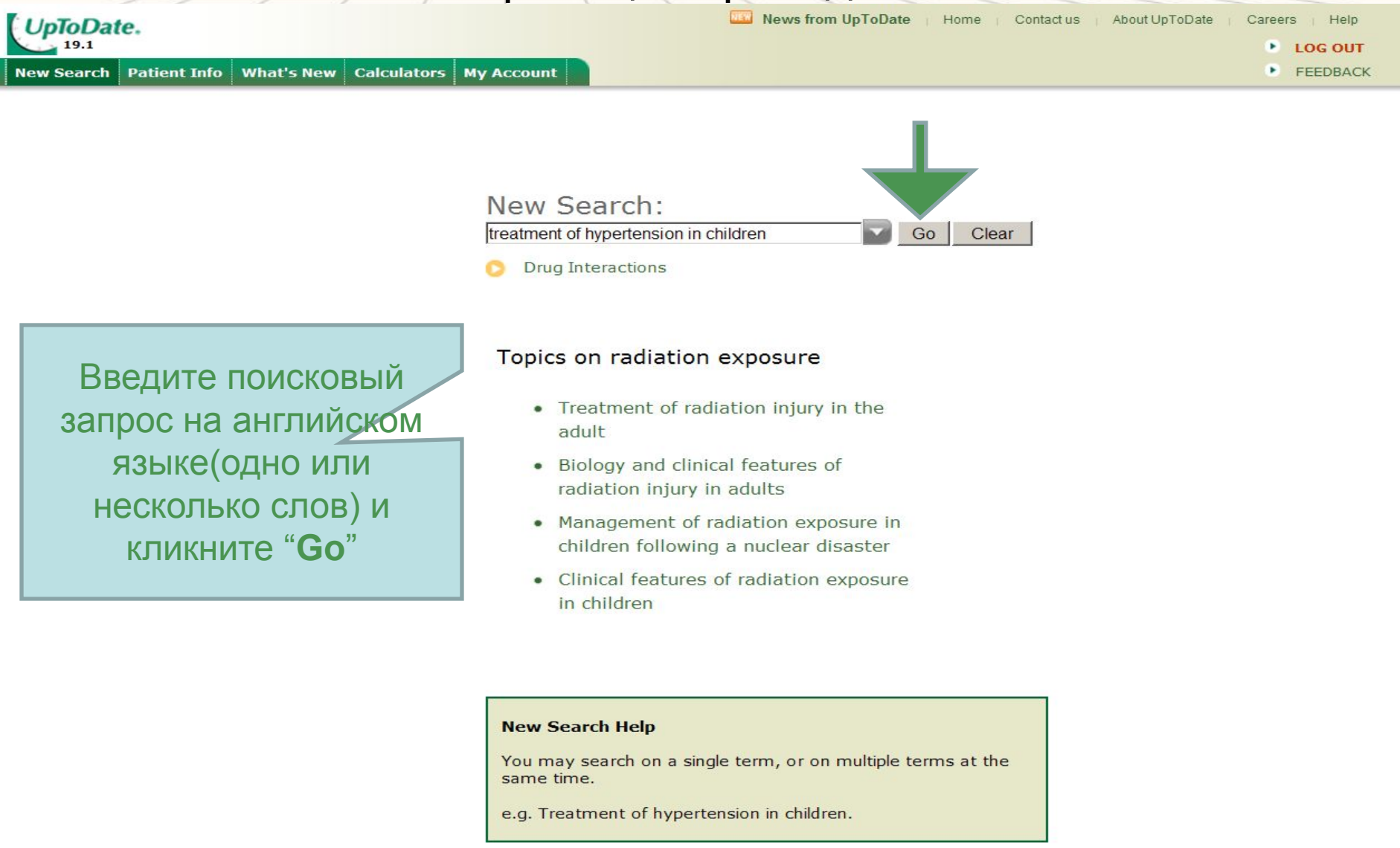

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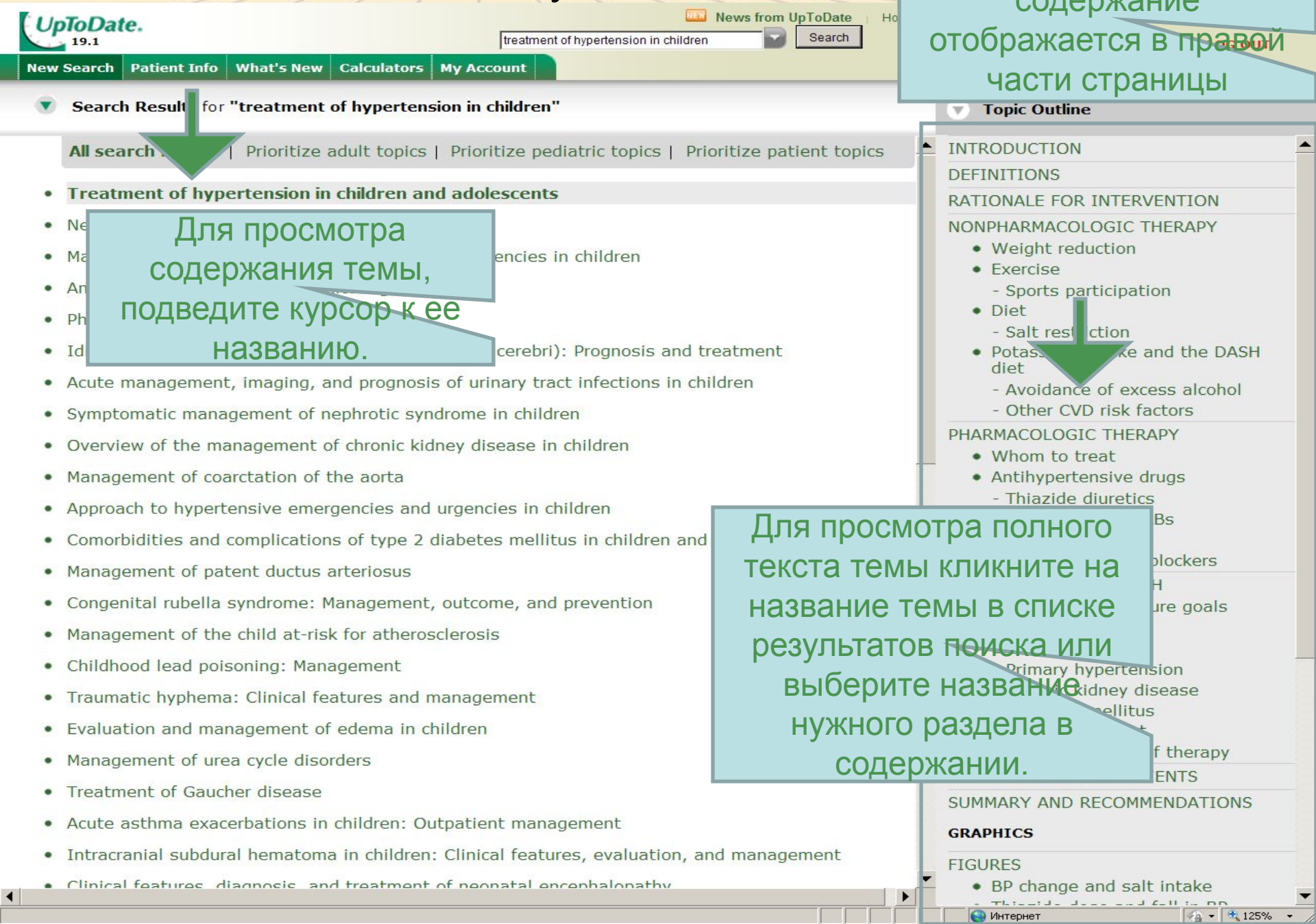

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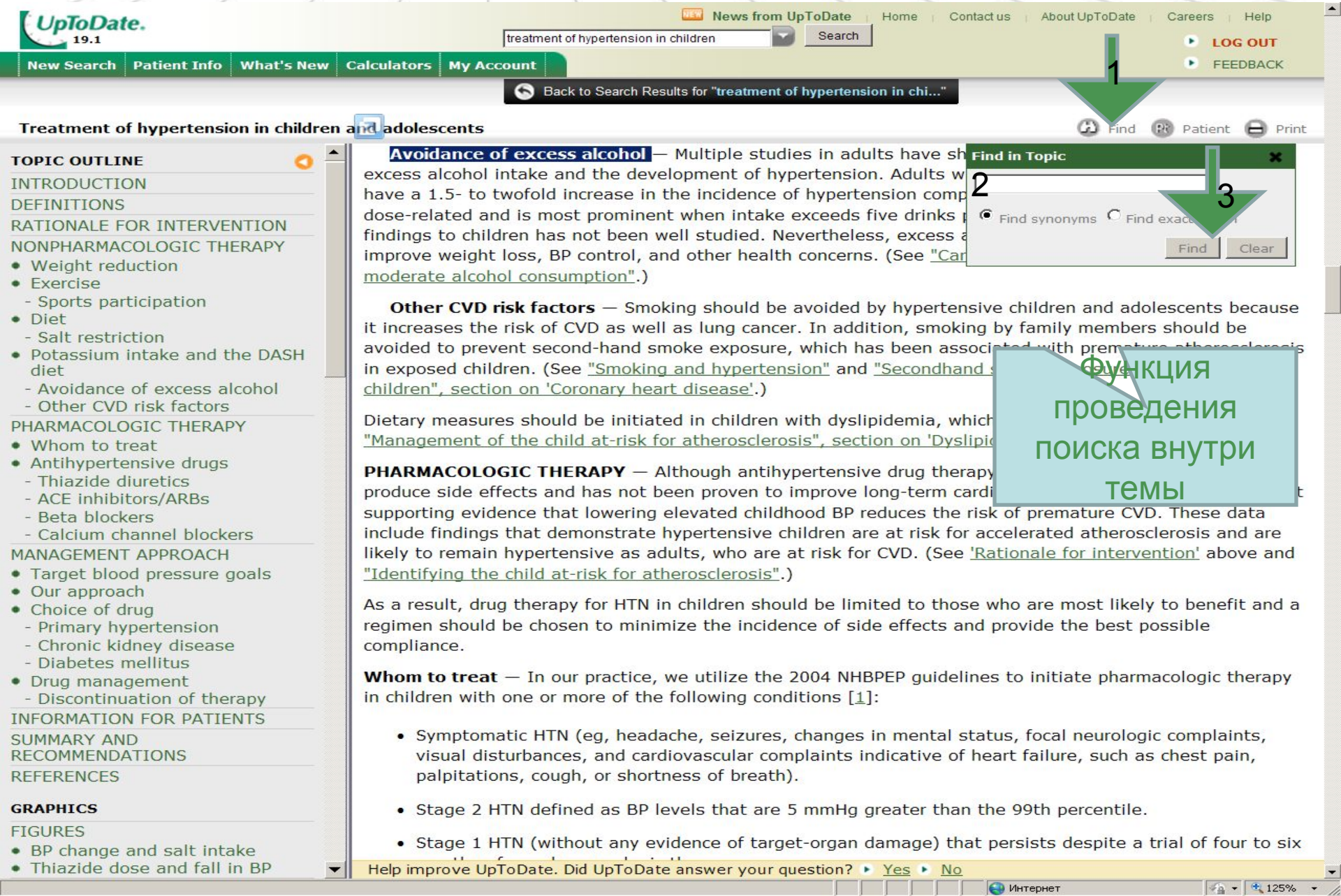

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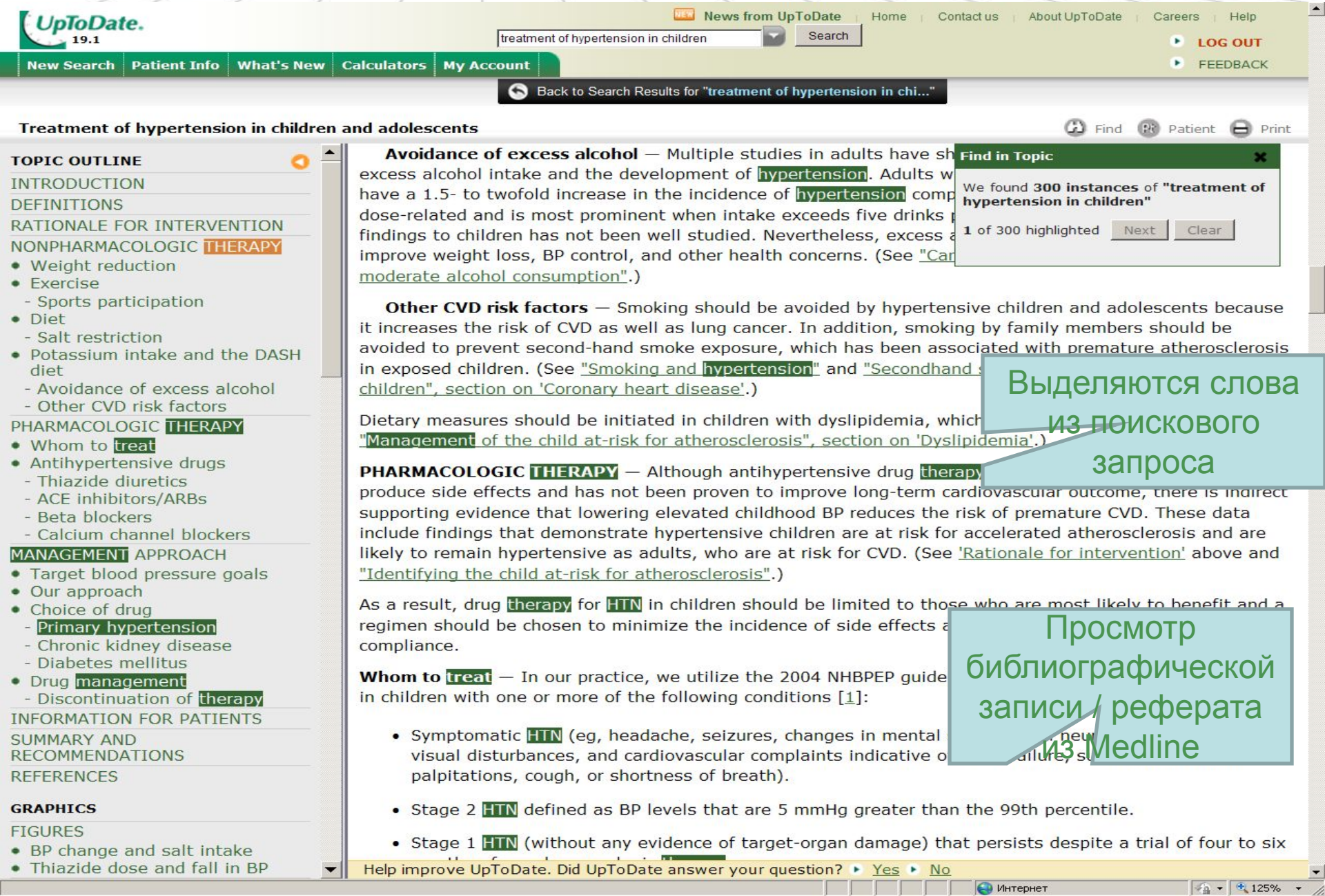

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Treatment of radiation injury in the adult

Authors
John R Wingard, MD
Nicholas Dainiak, MD, FACP

Section Editor
Robert S Negrin, MD

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Treatment of radiation injury in the adult

Страница Безопасность Сервис

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Authors

John R Wingard, MD
Professor of Medicine
University of Florida College of Medicine

Nicholas Dainiak, MD, FACP
Clinical Professor of Medicine
Yale University School of Medicine

Section Editor

Robert S Negrin, MD
Editor — Bone Marrow Transplantation
Professor of Medicine
Stanford University School of Medicine

Deputy Editor

Stephen A Landaw, MD, PhD

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different exposures, as described below:

Accidental — Accidental exposure involves the release of radioactivity from small, usually sealed, sources (ie, nuclear medicine, brachytherapy, industrial gauges, small calibration sources), accidental overtreatment

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• Irradiation of blood products
Treatment of radiation injury
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Nicholas Dainiak, MD, FACP
Robert S Negrin, MD
Deputy Editor
Stephen A Landaw, MD, PhD
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INTRODUCTION — The occurrence of industrial and medical radiation accidents and the threat of terrorist events involving radioactive material mandate the development and implementation of an appropriate medical response. Medical professionals who would logically be involved in such events include, among others, radiation safety officers, radiologists, radiation oncologists, nuclear medicine physicians, emergency department physicians, hematologists, medical oncologists, gastroenterologists, infectious disease specialists, as well as primary care providers. All will be asked to play a significant role in evaluating and treating victims of an accidental or deliberate exposure to radiation. Due to their experience in managing patients with cytopenias and/or marrow aplasia, hematologists will most likely be asked to take primary or consultative responsibility for medically treating individuals exposed to a
of radiation.
However, all physicians, and especially medical triage personnel, must h
radiation alters the function of cells, tissues, and organ systems, how ra
how victims receiving a significant radiation dose can be recognized and
discussed separately. (See "Biology and clinical features of radiation inju
nse to terrorist events resulting
ile Radiation Working Group has
dose, clinical assessment of exposed individuals, and medical
from acute radiation injury [1]. Responding medical personnel must
al resources that may be employed in the case of a radiation
subjects, as well as the treatment of patients with radiation
in children is covered separately. (See "Management of radiation exposure
clear disaster".)
NTS — Excessive radiation doses may result from a number of
Accidental — Accidental exposure involves the release of radioactivity from small, usually sealed, sources
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Treatment of radiation injury in the adult

Initial laboratory testing — If internal contamination is suspected, collection and monitoring of secretions and excreta can be helpful. For example, obtaining bilateral nasal swab samples within the first hour of the incident can provide valuable information. As an example, the extent of nares contamination is approximately 5 percent of that received by the pulmonary alveoli. For victims in whom internal contamination is suspected, peripheral blood (for the same tests as ordered for an external exposure), urine, nasal smears, spontaneous vomitus, and stools should be obtained for radiological monitoring. Hospital staff must take precautions with the handling of these samples as they may be radioactive. Any patient with wound contamination or imbedded with radioactive fragments should be evaluated for such internal contamination.

Initial laboratory testing should include a complete blood count (CBC) with white blood cell differential and platelet count, along with routine chemistry tests. The time of CBC collection must be carefully noted, because of important time-related changes in the lymphocyte count (table 3).

If possible, serial CBCs should then be obtained every 6 to 12 hours for at least three samples. Twenty-four hours after any significant exposure, a blood sample should be drawn into a lithium heparin tube and sent to an appropriate referral lab for confirmatory chromosomal aberration analysis. This information may also aid in the patient's triage and the determination of overall prognosis (table 3).

Additional monitoring should be based on the whole-body dose, as the onset of neutropenia and its severity are dose dependent (figure 1). Patients with low exposures may need a weekly or twice-weekly CBC for 4 to 6 weeks to document their WBC nadir and subsequent recovery.

For patients felt to have internal contamination, a 24-hour urine and stool sample every day for four days should be collected and analyzed for radionuclide contamination. Treatment guidance should be based on expert assistance, such as that obtained from the NCRP Report 65, Management of Persons Accidentally Contaminated with Radionuclides. Advice is also available on the following website: www.orau.gov/reacts.

High risk populations

Pregnancy — The dose to the gravid uterus is approximately 65 to 70 percent of that received on the surface, affording some protection to the fetus from external radiation. However, when internal radiation contamination is present, the fetus may receive a high dose due to its proximity to the maternal bladder. In addition, the fetal thyroid begins to take up iodine after 12 weeks, adding to the potential for injury (see 'Thyroid protection' below and "Management of radiation exposure in children following a nuclear disaster").

Because the fetus is very susceptible to the effects of ionizing radiation, any pregnant female exposed to radiation should also see a health physicist and a maternal fetal medicine specialist.

Children — Several unique features encountered in children enhance their vulnerability to the effects of

Просмотр графиков и таблиц

Radiation biodosimetry

Dose (Gy)	Vomiting (%)	Time to vomiting (hours)	ALC day 1 (/microL)	Lymphocyte fall rate constant (k)*	Lymphocyte dicentrics (per 1000)
0	0	-	2450	-	1-2
1	19	-	2160	0.126	88
2	35	4.6	1900	0.252	234
3	54	2.6	1680	0.378	439
4	72	1.7	1480	0.504	703
5	86	1.3	1310	0.63	1000
6	94	1.0	1150	0.756	
7	98	0.8	1010	0.881	
8	99	0.7	890	1.01	
9	100	0.6	790	1.13	
10	100	0.5	700	1.26	

Gy: absorbed whole body dose in Grey units; ALC: absolute lymphocyte count per microL.
* The lymphocyte fall rate constant is derived from a semilogarithmic plot of the absolute lymphocyte count (ALC) versus time in days, in the form of 2450 x e(-kt). The time (in days) for the ALC to fall to one-half of its original value [half-time, T(1/2)] can be obtained from the following equation: T(1/2) = 0.693/k.
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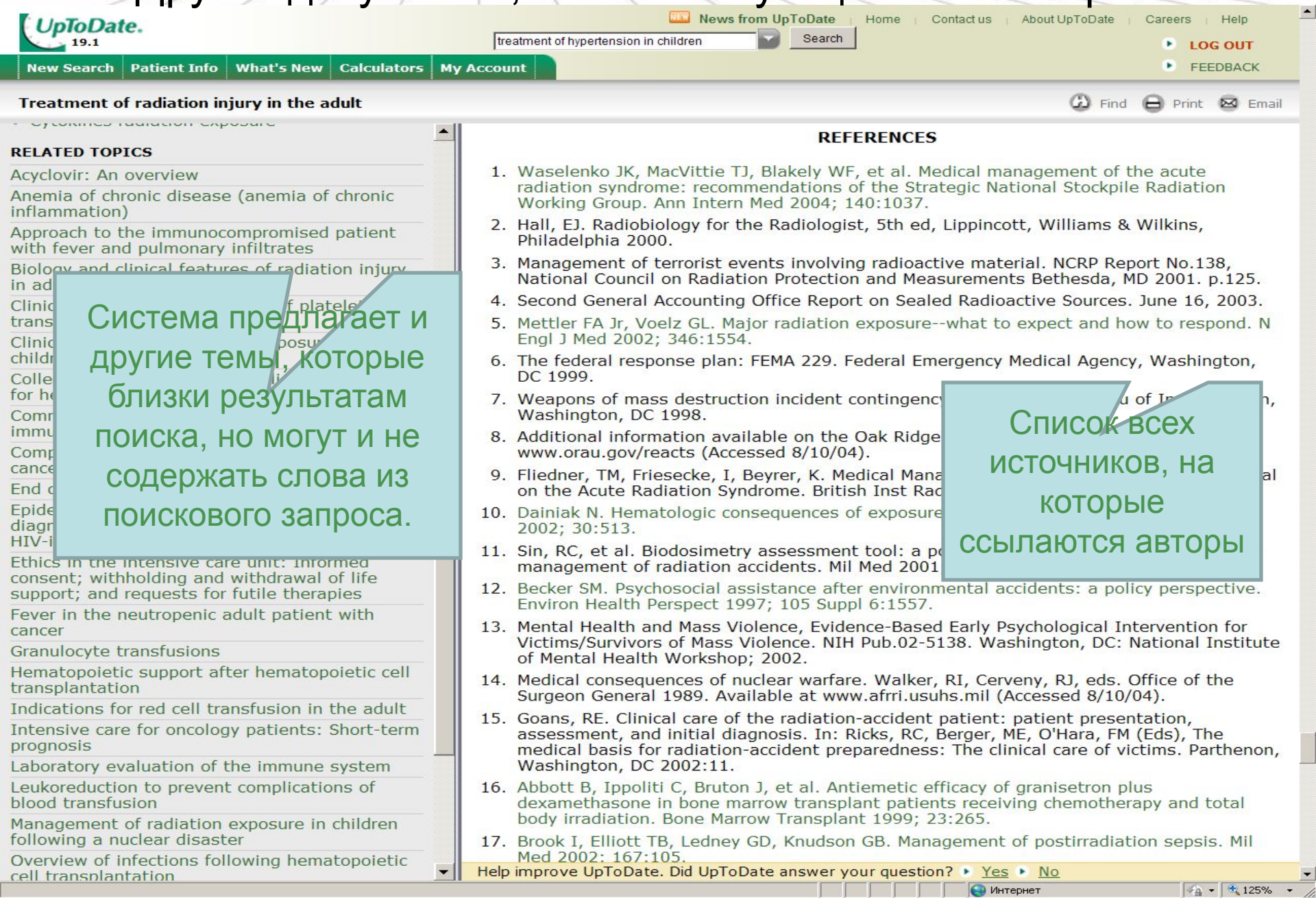

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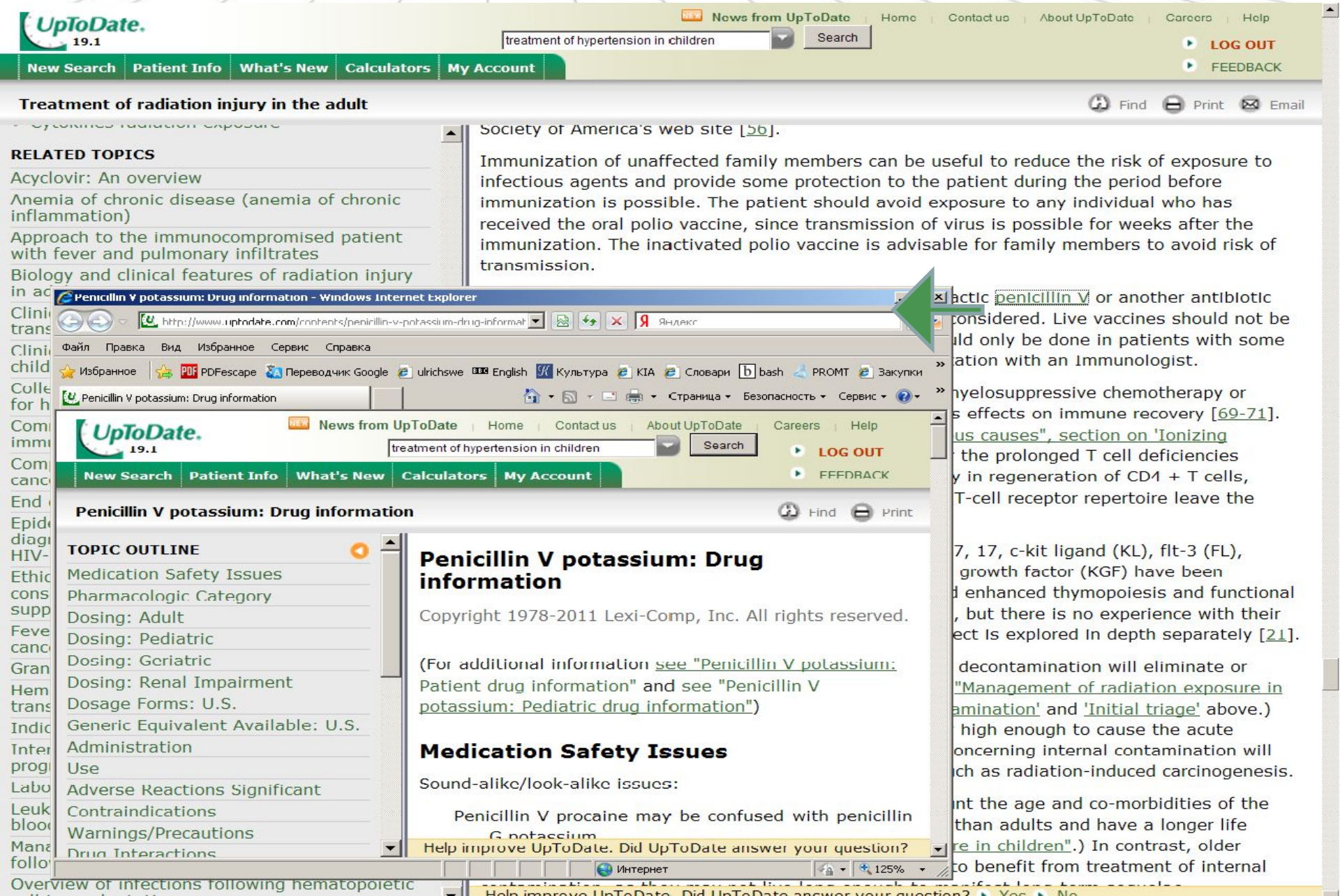

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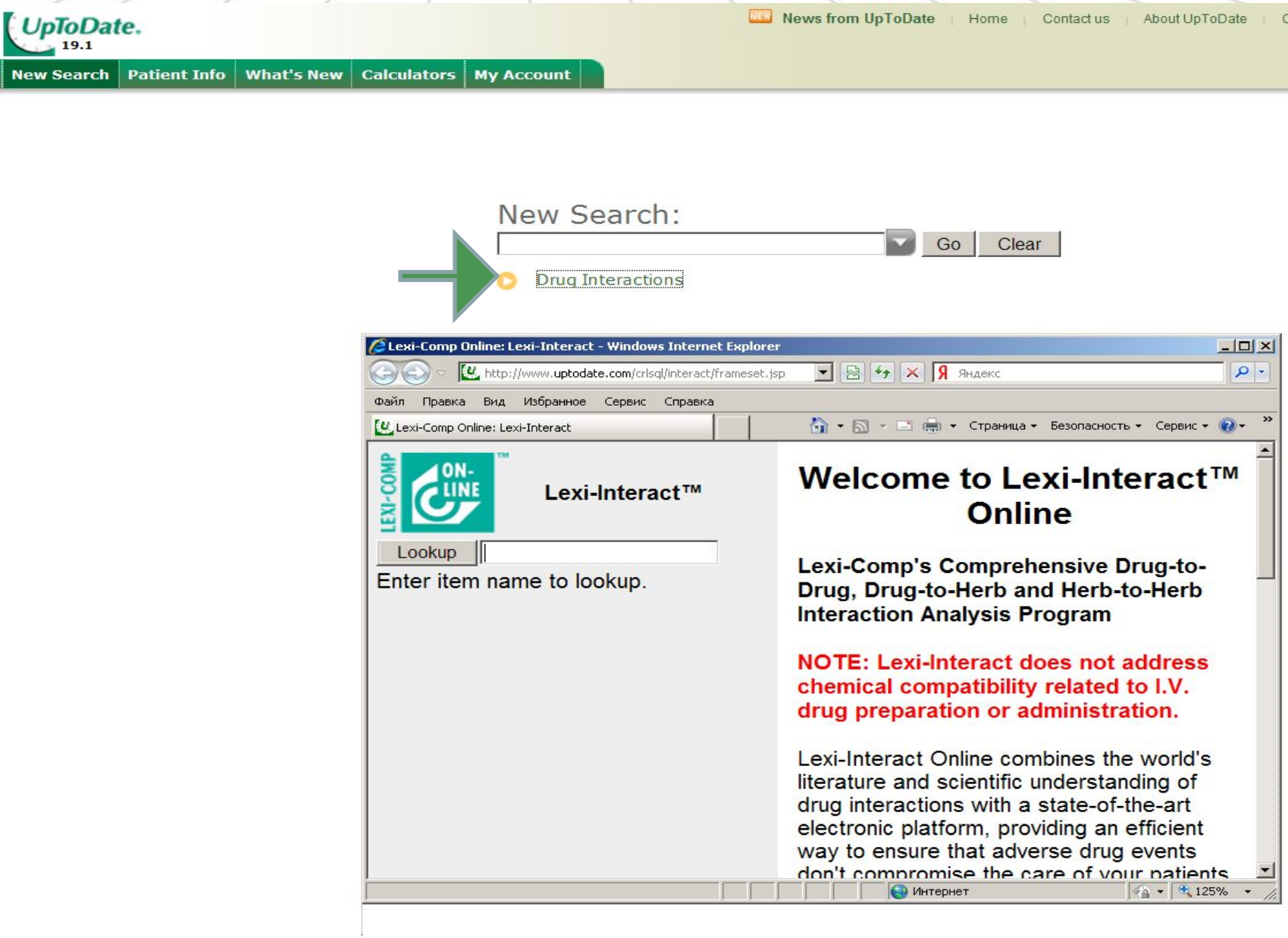

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ЗАО «КОНЭК»
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