science
endoUrocenter

Виды медицинских научных публикаций

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2021 год

- Зачем публиковаться?
- Какие бывают статьи?
- Как написать статью?

Зачем?

1. ↑Научную грамотность, развивает логическое и критическое мышление
2. Участие в научных дискуссиях/ конференциях
3. Стажировка /работа
4. Материальное поощрение
5. Преимущество при поступлении в ординатуру и аспирантуру.
6. Вклад в развитие науки.
7. Приоритет

в) наличие не менее одной статьи в профильном научном журнале, индексируемом в базе данных Scopus или базе данных Web of Science, автором которой является поступающий, либо в которой поступающий указан первым в коллективе соавторов или указан наряду с первым соавтором как внесший равный вклад в опубликованную статью	20 баллов	Статья в профильном научном журнале, входящем в перечень ВАК; патент на изобретение, патент (свидетельство) на полезную модель (в области медицины)	Копия публикации (титульный лист, оглавление, текст публикации, выходные данные) Копия патента (свидетельства) ссылка на публикацию в elibrary.ru обязательна	5

План

1. Введение: виды научных публикаций
2. Тезис
3. Оригинальная статья
4. Описание клинического случая
5. Обзор: повествовательный *vs* систематический
6. Заключение

1.Виды

1. Научно-теоретическая
(Обзор литературы, систематический обзор и т.д.)

2. Научно-практическая
(Научный эксперимент и реальный опыт)

3. Научно-методическая
(Описание процессов и методов)

4. Смешение стилей

2.С чего все начинается ?

Тезис в науке - кратко сформулированные основные положения оригинальной статьи (оригинального научного исследования)

Обязательные разделы оригинальной статьи:

-Абстракт (Тезисы) (-/-)

-Введение

-Материалы и методы

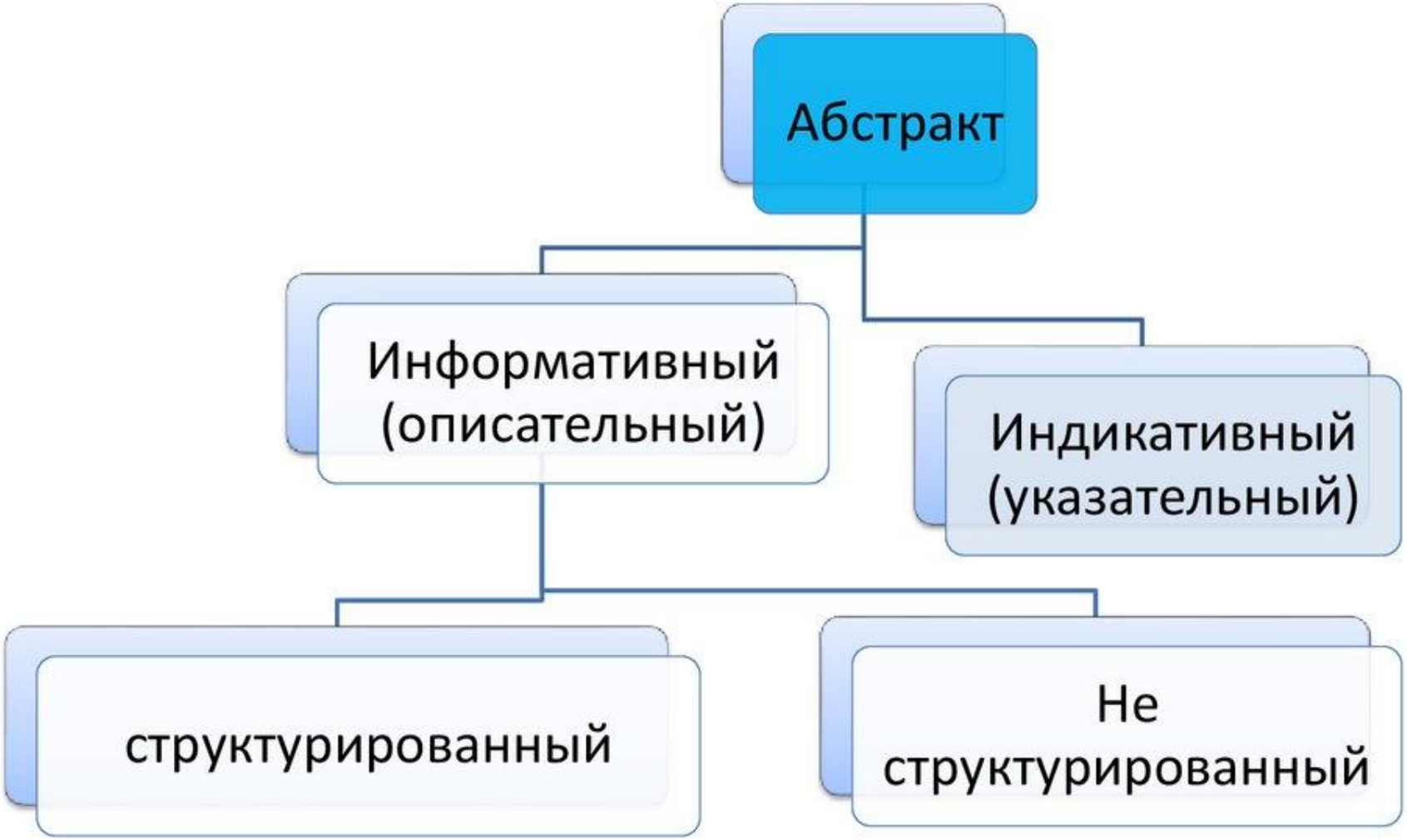
-Результаты

-Обсуждение

-Выводы

-Список литературы

Виды абстрактов



Абстракт- авторское резюме!

-Введение/цель
-Материалы и методы
-Результаты
-Выводы

Abstract

Background: The incidence of urinary lithiasis has been increasing in recent decades at all ages, including the elderly. In parallel, the world population is aging and there is a paucity of data on treatment of urinary stones in very elderly people. Our main objective was to evaluate the effects of extracorporeal shockwave lithotripsy (ESWL) in patients older than 75 years, and the characteristics of this population. Complications and mortality rates after this procedure in octogenarians were also described.

Methods: We retrospectively evaluated very elderly patients who underwent ESWL at our institution from 1998 to 2015, through chart review, telephone interviews, and consultation with the municipal mortality information program. Measured outcomes included demographic and clinical data, ESWL characteristics and complications, interval between ESWL and death, and cause of death.

Results: Demographic and treatment characteristics were similar between very elderly and younger patients who underwent ESWL during the same period. No severe complications occurred among older patients. Octogenarians treated in our cohort had a significant life expectancy when ESWL procedures were performed. Even though 38.9% of the patients passed away during the studied period, mortality occurred on average 4.38 years after the ESWL session.

Conclusions: In conclusion, ESWL has been used by urologists as a first-line treatment for uncomplicated urinary calculi in very elderly patients. Despite changes associated with aging, and the high prevalence of comorbidities, this procedure seems to be safe and well tolerated in elderly people.

Lamacchia GB, Korkes F, Baccaglini W, de Mello LGM, Szwarc M, Tobias-Machado M. A large series of extracorporeal shockwave lithotripsy in the very elderly. Ther Adv Urol. 2019 Aug 20;11:1756287219870412. doi: 10.1177/1756287219870412. Erratum in: Ther Adv Urol. 2020 Feb 6;12:1756287220906729. PMID: 31467593; PMCID: PMC6704411.

Ключевые слова

- Используются для индексирования и поиска.
- Это – ярлыки Вашей статьи.
- Используйте только принятые сокращения (например ДНК).
- Изучите Рекомендации для авторов (количество, определение, тезаурус и другие специальные требования)

Ключевые слова (пример): *нарушение обмена мочевой кислоты, гиперурикемия, острые кишечные инфекции, дети*

3.Оригинальная статья. Введение

Что известно ? и Что не известно и почему?

Introduction

The introduction of the da Vinci Surgical System (Intuitive Surgical, Sunnyvale, CA, USA) in 2000 has led to a transformational change in the surgical management of prostate cancer [1]. While minimally invasive approaches with a traditional laparoscopic radical prostatectomy (LRP) technique had been described prior to the development of a robotic technique [2,3], the fearsome learning curve associated with LRP [4] limited its widespread utilisation. Conversely, between 2003 and 2013, the utilisation of robot-assisted LRP (RALP) increased from 1.8% to 85% of RPs in the USA [5]. While prior robotic models used multiple arms, which mirrored the LRP approach, in 2018 a novel surgical robotic platform, the da Vinci SP Surgical System was approved by the USA Food and Drug Administration for use in urological operations. This system uses an articulating camera and instruments that are docked from a single laparoscopic trocar, as shown in Fig. 1. Clinically this system has been described in initial case reports for partial nephrectomy [6], simple cystectomy with ileal conduit diversion, [6] ureteric re-implantation [6] and singleport RALP (SP-RALP) [6,7]. Potential advantages of this approach may include improved visualisation, improved cosmesis, and reduced postoperative pain.[1,2] Here, we present the first prospective descriptive study that demonstrates the technical feasibility of the SP system; we sought to describe our initial experience, surgical technique, and early outcomes for SP-RALP within a consecutive cohort of 10 patients. [3,4]

Dobbs, R. W., Halgrimson, W. R., Madueke, I., Vigneswaran, H. T., Wilson, J. O., & Crivellaro, S. (2019). *"Single Port Robot-assisted Laparoscopic Radical Prostatectomy: Initial Experience and Technique With the da Vinci SP Platform." BJU International.* doi:10.1111/bju.14864

Материалы и методы

Materials and Methods

Experimental Animals and Drugs

Two hundred and seventy ICR mice (90 male and 180 female mice), approximately 6–8 weeks old, were provided by the Animal Center of Nanjing Medical University (Nanjing, China). Male mice weighed 22–24 g and females weighed 20–22 g. Pregnant females were divided randomly into five study groups (A, B, C, D, and E) with 20 pregnant females in each group. Sixty of these females were used as mothers for breast feeding. Estradiol benzoate was obtained from General Medicine Incorporated Company of Shanghai, China (batch number: 020802). Sesame oil was provided by Sigma (USA).

Methods

Female and male mice were mated at a 2:1 ratio at 6:00 pm. Observation of semen bolts was conducted at 8:00 am. The day when the sperm plugs were found in vaginas of mated females was considered gestation day (GD) 1. Pregnant mice were housed in a separate room at a temperature of 21–22 °C. Estradiol benzoate mixed with sesame oil was injected subcutaneously at 0, 0.1, 0.5, 2.5, or 12.5 mg kg^{-1} $days^{-1}$ (study groups A–E, respectively) from GD 12 to 16. There were no deaths during the period of gestation. Pregnant mice delivered their offsprings by cesarean section on the GD 20, and their live pups were handed over to breeding mothers whose pups had been withdrawn. Testicle positions of dead pups were studied on the day of delivery using the scanning electron microscope. Testicle position characteristics, hypospadias, and prostate genesis of pups were studied on the postnatal day 28. Hypospadias was judged by observing penis curve and exposure of urethra plate [4]. Cryptorchidism was judged by testes that did not descend into scrotum under the temperature of 32–35 °C for half an hour.

Statistical Analysis

The data are presented as mean ± SD. Statistical analysis was conducted using SPSS 12.0. The p value of <0.05 was considered statistically significant.

He, H.-G., Han, C., & Zhang, W. (2015). *A Mouse Model of Hypospadias Induced by Estradiol Benzoate. Cell Biochemistry and Biophysics, 73(3), 589–592.* doi:10.1007/s12013-015-0616-6

Материалы и методы. Дизайн

Результаты

Table 1. Demographic details of obese and non-obese males undergoing urethral sling placement.

	Non-obese (BMI <30) *n* = 40 (%)	Obese (BMI ⩾30) *n* = 22 (%)	*p* value
Age, mean (SD)	67.0 (12.5)	67.5 (6.9)	0.870
BMI, mean (SD)	26.7 (2.3)	33.7 (2.8)	< 0.001
kg at surgery, mean (SD)	84.9 (12.7)	107.0 (10.9)	< 0.001
Diabetes	7 (17.5)	8 (36.4)	0.126
History of prostatectomy	34 (85.0)	18 (81.8)	0.733
History of pelvic radiation	2 (5.0)	3 (13.6)	0.337
>2 pads per day prior to sling	15 (37.5)	4 (18.2)	0.154
Pads per day prior to sling, median (IQR)	1.5 (1.5–3)	1.5 (1.5–2.5)	0.258
Prior continence surgery	0	0	n/a
Prior urethral stricture surgery	4 (10.0)	0	0.287
Concurrent surgery	5 (12.5)	0	0.151
Operative time, mean (SD)*	61.8 (12.5)	73.7 (24.8)	0.020
Operative time, median (range)*	61 (42–99)	65 (55–121)	0.115
Complication	0	0	n/a
Follow up, median (IQR)	16 (3–35.5)	12 (5–33)	0.965
Pads used at follow up	19 (47.5)	14 (63.6)	0.290

*Operative time if no concurrent surgeries.
BMI. Body mass index; IQR, interquartile range; n/a, not applicable; SD, standard deviation.

Results A total of 62 patients were identified for inclusion in the study with median (IQR) follow up of 14 (4–33) months after surgery. Of these, 40 patients (64.5%) were non-obese and 22 (35.5%) were obese (Table 1). The majority of patients had postprostatectomy incontinence (83.9%). Of the 15 patients with diabetes, 5 patients had insulindependent diabetes, 4 of which were in the obese cohort. Five patients had a history of pelvic radiation for prostate cancer. A total of 19 patients (30.6%) reported using more than two pads daily prior to urethral sling placement. Five patients in the non-obese cohort underwent concurrent surgeries, i.e. circumcision, bladder neck dilation, hydrocelectomy, Deflux injection, and Monti channel revision. When excluding these patients who underwent concurrent surgery, the mean operative times for the non-obese versus obese cohorts were 61.8min versus 73.7min (p=0.020) (Table 1). Two patients remained in the hospital overnight due to comorbidities. One patient was hospitalized for two nights due to Monti channel revision. On multiple logistic regression, adjusting for BMI at the time of surgery, using more than two pads preoperatively was associated with a 4.0 increased odds of requiring pads at follow up (OR 1.2–13.5, p=0.027). There were no Clavien 3–5 grade complications noted. Minor complications were found among two patients who experienced transient urinary retention and one patient who developed a perineal hematoma that resolved without intervention. At follow up, 47.5% of the non-obese cohort and 63.6% of the obese cohort reported using one or more pads daily (p=0.290). Four of the five patients with a history of radiation were among the patients wearing pads following male urethral sling placement.

Monn, M. F., Jarvis, H. V., Gardner, T. A., & Mellon, M. J. (2020). *Impact of obesity on male urethral sling outcomes. Therapeutic Advances in Urology, 12, 175628722092799.* doi:10.1177/1756287220927997

Обсуждение

1. Модификации
2. Плюсы/недостатки метода
3. Сторонние исследования
4. Плюсы/ недостатки дизайна
5. Этические аспекты
6. Прогнозируемые и фактические исходы

Выводы

Conclusion

Though many drugs have been proposed for IIIB CP/CPPS, no effective treatment has been described. In our experience, a daily intake of 5 mg tadalafil guarantees a significant reduction in pain and improvement in quality of life for patients. Although only a small number of patients were enrolled in this study, our results are encouraging and we believe that this therapy should be given consideration when planning a multimodal approach. Certainly further studies with larger populations should be encouraged to achieve definitive results.

Дополнительные разделы:

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflict of interest statement

The authors declare that there is no conflict of interest.

Benelli, A., Mariani, S., Varca, V., Gregori, A., Barrese, F., & Cappa, M. (2018). *Once-daily 5 mg tadalafil oral treatment for patients with chronic prostatitis/chronic pelvic pain syndrome. Therapeutic Advances in Urology, 10(12), 377–381.* doi:10.1177/1756287218808677

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2. Khalil M. Management of impacted proximal ureteral stone: Extracorporeal shock wave lithotripsy versus ureteroscopy with holmium: YAG laser lithotripsy. Urol Ann 2013;5(2):88–92 https://doi.org/10.4103/0974-7796.110004.
3. Molina WR, Marchini GS, Pompeo A, Sehrt D, Kim FJ, Monga M. Determinants of holmium:yttrium-aluminum-garnet laser time and energy during ureteroscopic laser lithotripsy. Urology 2014;83(4):738–44. https://doi.org/10.1016/j.urology.2013.11.017.

4.Описание клинического случая

Абстракт клинического случая оформляется в виде одного абзаца и содержит информацию о конкретном случае

ABSTRACT

Epididymo-testicular infarction associated with ischemia of spermatic cord without torsion secondary to an orchiepididymitis is an extremely rare pathological entity, of little known etiopathogenesis and idiopathic in the majority of cases. The authors report an original observation of a 23-year-old young patient with a history of untreated orchiepididymitis, which presented to the emergency department for testicular pain. The ultrasound has showed an ischemic testicle and the exploratory scrototomy objectified an epididymo-testicular necrosis associated with ischemia of spermatic cord without torsion. This case highlighted the interest of early diagnosis and effective treatment of orchiepididymitis to prevent this rare serious complication.

-Абстракт;
-Введение;
-Описание клинического случая;
-Обсуждение;
-Выводы;
-Список литературы

Ibrahimi, A., Ziani, I., Bellouki, O., El Sayegh, H., Benslimane, L., & Nouini, Y. (2020). *Epididymo-testicular ischemia without torsion. Urology Case Reports, 33, 101324.* doi:10.1016/j.eucr.2020.101324

Клинический случай. Введение

Introduction

The testicular ischemia without torsion is a very rare pathological entity in the literature.[1] To the best of our knowledge, we describe the first case of epididymo-testicular infarction associated with ischemia of spermatic cord without torsion. Its etiology is rarely found, certain risk factors by their frequency must be sought systematically, such as orchiepididymitis. The clinical picture can be misleading and can sometimes take on the appearance of a testicular tumor. The treatment can be conservative, in the case of segmental testicular ischemia, or requiring an orchiectomy in case of total testicular ischemia.[2]

We report a case of an epididymo-testicular infarction associated with ischemia of spermatic cord without torsion, in a 23-year-old young adult with a history of untreated orchiepididymitis. Through this exceptional case we discuss the different clinical, etiological, diagnostic and therapeutic aspects of this very rare pathology.

Ibrahimi, A., Ziani, I., Bellouki, O., El Sayegh, H., Benslimane, L., & Nouini, Y. (2020). *Epididymo-testicular ischemia without torsion. Urology Case Reports, 33, 101324.* doi:10.1016/j.eucr.2020.101324

Клинический случай. Описание

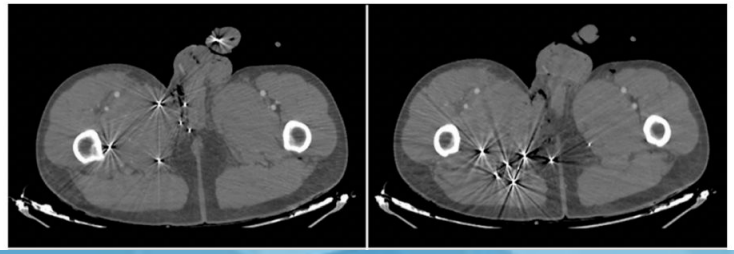
Case presentation A 22-year-old male with a past medical history of anxiety, depression, and ADHD presented to his local urologist with an uncomfortable right buttock mass which had been slowly growing over the past year. The patient denied any voiding or ejaculatory complaints. Physical exam was notable for soft, palpable, non-tender mass at the right buttock tracking towards the patient's perineum. Urinalysis was unremarkable and the patient's renal function was at baseline with a creatinine of 1.0. CT urogram demonstrated a 7.9 * 5.3 cm smoothly bordered cystic lesion in the medial aspect of the right thigh extending superiorly to the posterior aspect of the perineum abutting the urethra, without other abnormalities (Fig. 1). Flexible cystourethroscopy was performed which demonstrated a normal urethra, prostate, and bladder. A surgical excision via a perineal approach revealed a well-circumscribed mahogany mass extending toward the right gluteal region. The mass approached but was not associated with either the urethra or the rectum. The patient had an uneventful recovery and was discharged home from the post anesthesia care unit. The final specimen was a 41g, 6.4 x 5.8 * 1.8 cm malleable soft mass filled with tan-brown caseous material. Final pathology demonstrated a benign dermoid cyst with associated granulomatous inflammation (Figs. 2 and 3). The patient was seen for follow-up three months after surgery and was doing well post-operatively. His wound appeared healthy and his gluteal discomfort had resolved. He expressed satisfaction with the outcome of his procedure.

Sloan M, Fantus RJ, Paner GP, Faris S. Perineal dermoid cyst in a young male. Urol Case Rep. 2020 Jul 22;33:101358. doi: 10.1016/j.eucr.2020.101358. PMID: 33102057; PMCID: PMC7573956.

Клинический случай. Описание

Fig. 1. Topogram image showing multiple round foreign bodies projecting on the pelvis and the right thight.

Fig. 3. Perioperative view, field (a), right testis (b), left testis (c).



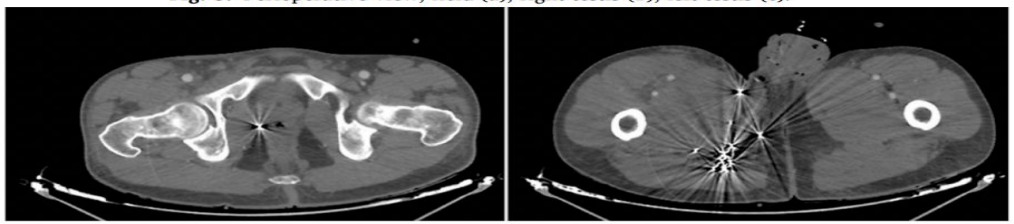


Fig. 2. CT-scan images showing shotgun pellets.

Kadouri Y, Zaoui Y, Sayegh HE, Benslimane L, Nouini Y. Scrotal gunshot injury: A case report. Urol Case Rep. 2020 Sep 30;34:101437. doi: 10.1016/j.eucr.2020.101437. PMID: 33072518; PMCID: PMC7548945.

Клинический случай. Обсуждение

Discussion

To our knowledge, we report the first malfunction of IPP secondary to PUL. PUL can be offered to patients with LUTS attributed to BPH with a prostate volume less than 80 cc and verified absence of an obstructive median lobe while preserving erectile and ejaculatory function.[1] The efficacy of this surgical technique has been evaluated in prospective, randomized, blinded control trials with 2–5 year data yielding promising functional outcomes and an acceptable side effect profile.[2,3]

IPP reservoirs are traditionally placed in the space of Retzius, next to the lateral lobe of the prostate, which is an area that can be compromised with prior pelvic surgery.[4] When performing PUL, after compressing the lateral prostatic lobe, a 19-gauge needle is fired through the lateral prostatic lobe and prostate capsule in order to deploy the lateral anchor of the permanent transprostatic suture implant. Although other reservoir-related complications have been described, none have been reported in relation to PUL.[5] We hypothesize the needle utilized to deploy the implant and anchor injured the IPP reservoir in the space of Retzius (Fig. 2). Most likely, the reservoir was pierced by the tip of the needle only, leaving the lateral anchor of the transprostatic suture implant between the reservoir and prostate. When the needle retracted, the anchor was pulled out of the reservoir before its hook caused it to deploy against the prostate capsule. In conclusion, performing PUL before IPP implantation should be considered in light of potential iatrogenic PUL needle deployment injury.

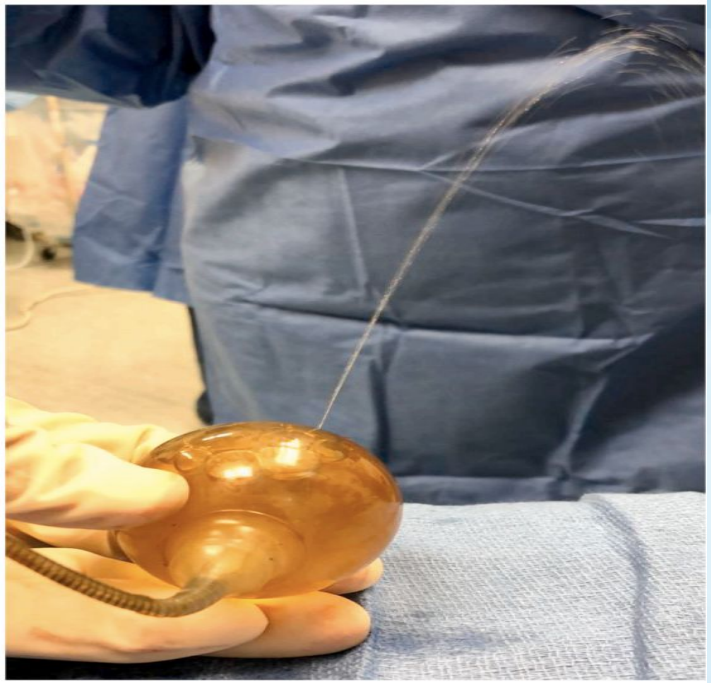


Fig. 1. Injured inflatable penile prosthesis reservoir.

Fig. 2. Proposed etiology of reservoir injury.

Dinerman, B. F., & Eid, J. F. (2020). *Inflatable penile prosthesis malfunction after prostatic urethral lift. Urology Case Reports, 33, 101384.* doi:10.1016/j.eucr.2020.101384

Клинический случай. Выводы

Conclusion

This is a case of a 65-year-old male who underwent a RAL partial nephrectomy for a right, 20mm renal mass and who subsequently developed CA which was successfully managed with a low-fat diet and maintenance of a drain. If a drain were not left in place, we believe the patient most likely would have had a delayed presentation with symptoms of painless abdominal distension leading to possible peritonitis. Current literature shows left sided kidney surgery and concurrent lymph node dissection as predictors of post-operative CA.[1–3] To our knowledge, this is the first reported case of CA following a right RAL partial nephrectomy.

Roberson, D., Chelluri, R., Wein, A. J., & Mucksavage, P. (2020). *Chylous ascites following a right robotic assissted laparoscopic partial nephrectomy. Urology Case Reports, 32, 101207.* doi:10.1016/j.eucr.2020.101207

5. Клинический обзор

Обзорная статья *– это статья посвященная рассмотрению ранее опубликованных научных статей, связанных общей темой*

'Microperc' **micro percutaneous nephrolithotomy**: evidence to practice.

Desai M, Mishra S.

Curr Opin Urol. 2012 Mar;22(2):134-8. doi: 10.1097/MOU.0b013e32834fc3bb.

PMID: 22228107 Review.

PURPOSE OF REVIEW: Miniaturization of instruments in **percutaneous nephrolithotomy** (PCNL) has spawned an interest in so-called 'microperc' in which the procedure is carried out through 16-gauge needle. ...

"Microperc" **micropercutaneous nephrolithotomy**: a review of the literature.

Ganpule AP, Chabra J, Desai MR.

Urolithiasis. 2018 Feb;46(1):107-114. doi: 10.1007/s00240-017-1021-y. Epub 2017 Dec 7.

PMID: 29218393 Review.

Recent years have seen innovations in working armamentarium of percutaneous **nephrolithotomy** (PCNL) leading to development of novel modifications such as miniperc, ultra miniperc, and microperc. ...

Tips and Tricks to Improve Ergonomics, Efficacy, Versatility, and Overcome Limitations of Micro Percutaneous Nephrolithotomy.

Biligere S, Heng CT, Cracco C, Mangat R, Ong CS, Thandapani K, Inoue T, Sarica K, Sabnis RB, Desai M, Scoffone C, Gauhar V.

Front Surg. 2021 May 19;8:668928. doi: 10.3389/fsurg.2021.668928. eCollection 2021.

PMID: 34095208 **Free PMC article.** Review.

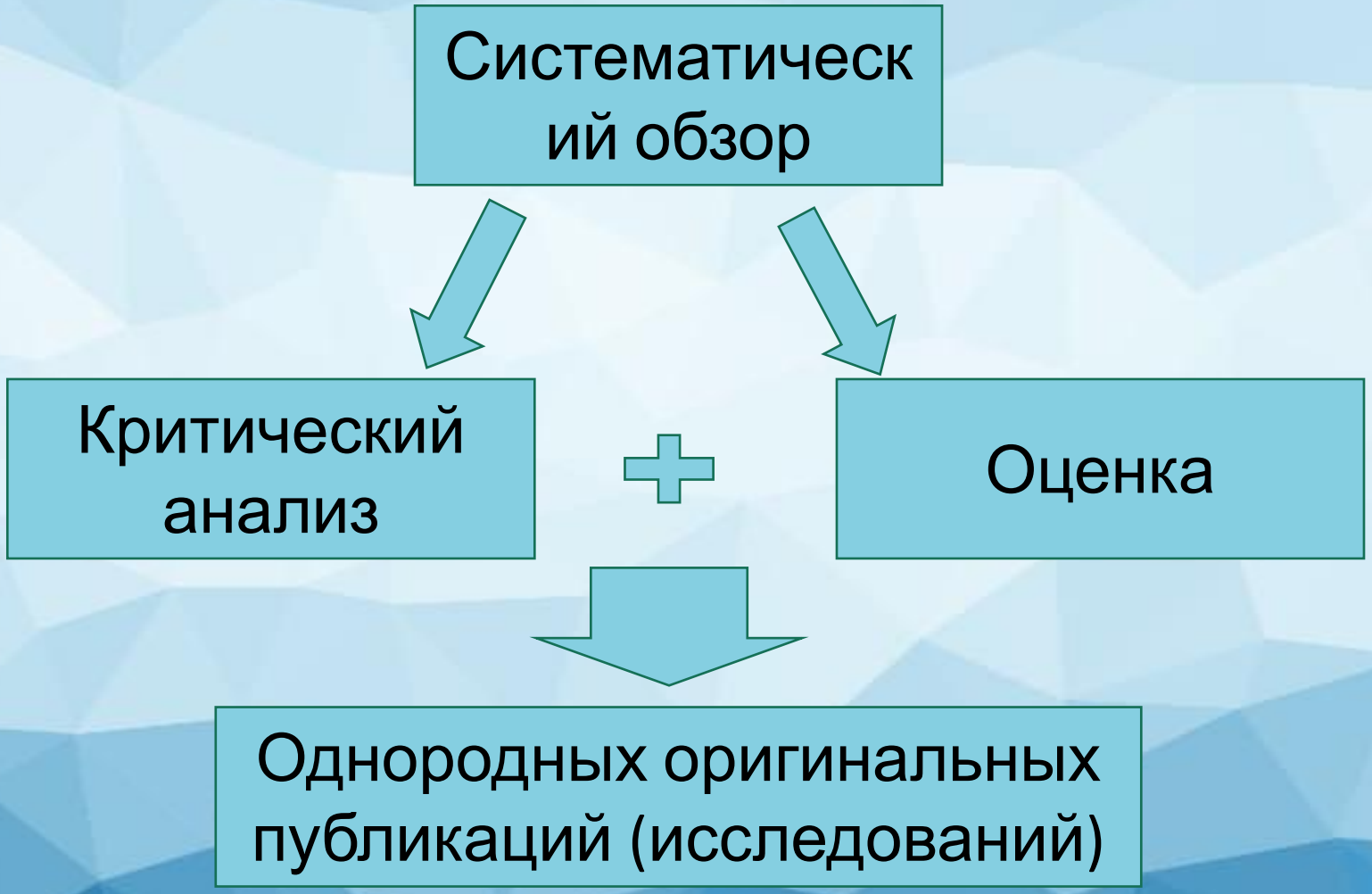
These will in turn help make the procedure versatile, precise, ergonomical, and enhance a surgeon's experience with improved outcomes for patients especially in large renal stones. Materials and Methods: We describe the limitations of **microperc** needle access as stated in l ...

5. Клинический обзор

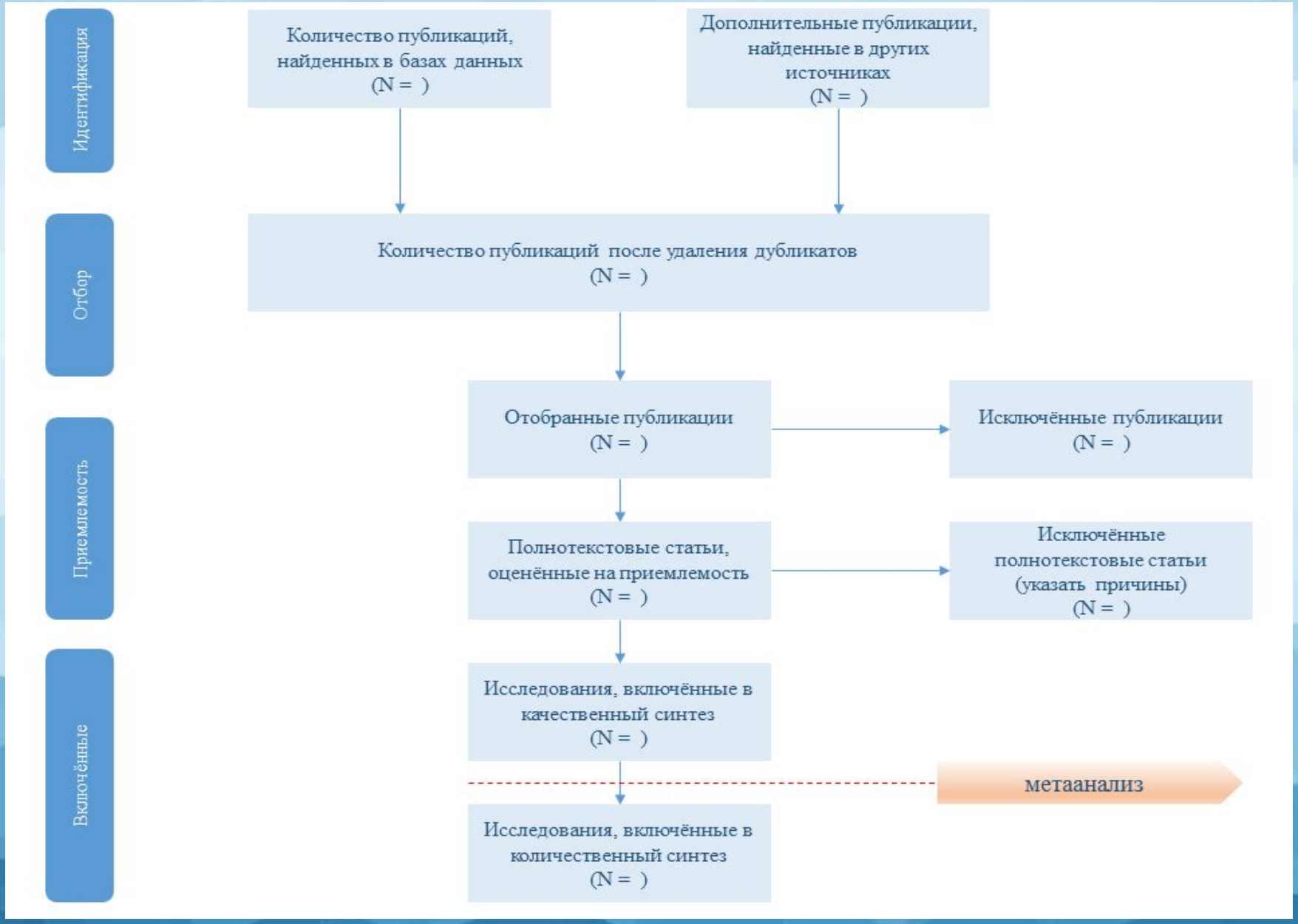
Различия между систематическими обзорами и традиционными обзорами литературы

Характеристика	Обзор литературы	Систематический обзор
Освещаемые вопросы	Часто рассматривается широкий спектр вопросов	Часто посвящен определенному клиническому вопросу
Источники данных и стратегия поиска	Источники не всегда указаны, стратегия может быть ошибочной	Источники обычно всеобъемлющи, а стратегия поиска точно изложена
Принцип отбора данных	Не всегда указан, может быть ошибочным	Отбор основан на определенных критериях, применяемых одинаковым образом
Методы оценки данных	Различные	Строгие, критические методы оценки
Обобщение данных	Часто качественное	Количественное (мета-анализ)
Выводы	Иногда научно обоснованные	Как правило, научно обоснованные

5. Клинический обзор



5. Клинический обзор



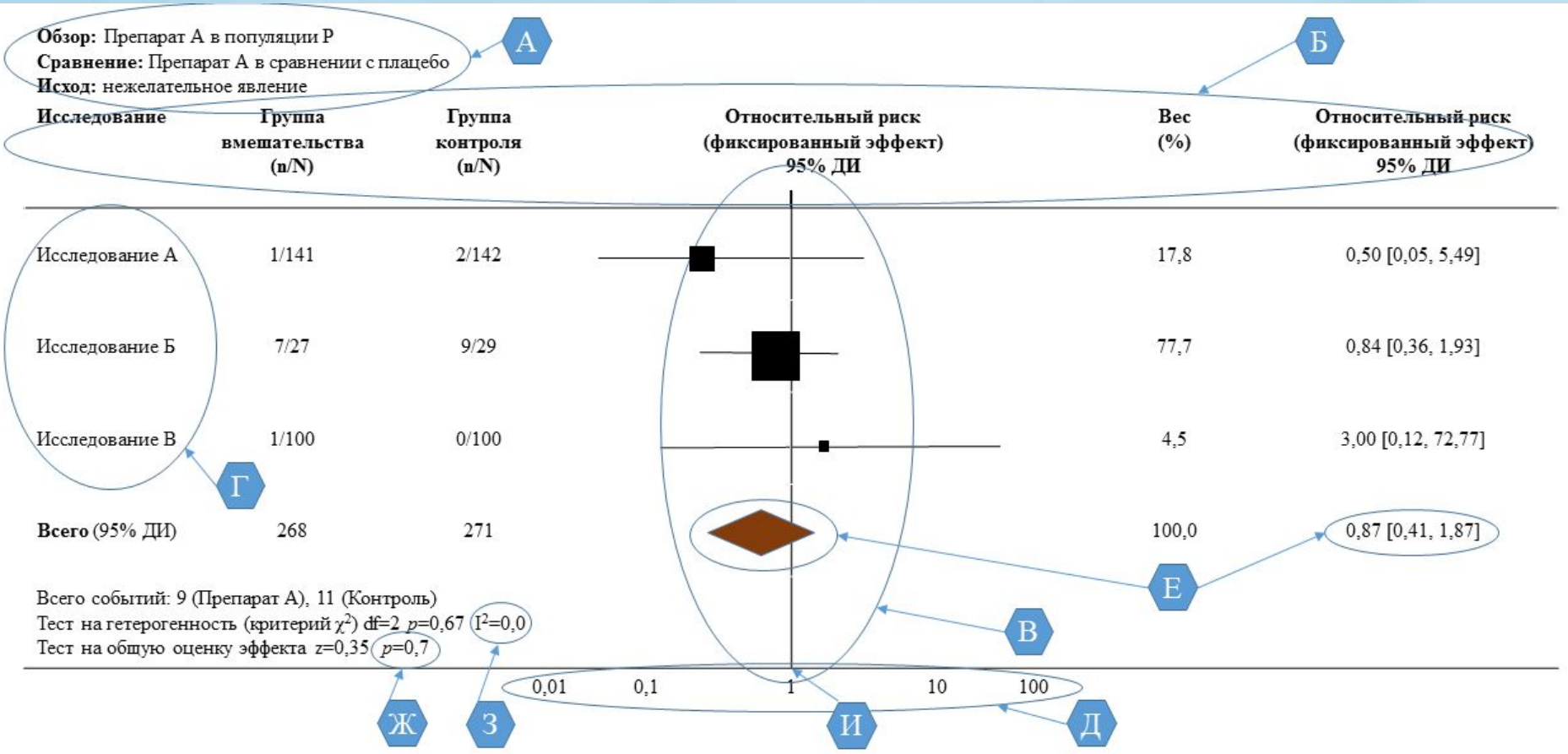
Систематические обзоры и мета-анализы

- **Систематический обзор –** это критическая оценка всех научных исследований, посвященных конкретной клинической проблеме.

- В систематические обзоры также может быть включен в мета-анализ (количественное объединение данных).
- Систематические обзоры могут включать в себя различные дизайны исследований.

Например, если в систематическом обзоре содержатся рандомизированные контролируемые испытания, то считается, что он обладает наивысшим уровнем доказательности.

5. Клинический обзор



Легенда:

А-Популяция Б-Колонки В- Форест диаграмма Г-исследования включенные в мета-анализ. Д-нулевой эффект Е – Ромб (оценка эффекта по общей выборке) Ж-статистическая достоверность З-Индекс гетерогенности

5. Клинический обзор

Иерархия доказательности дизайнов исследований

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Наука есть ясное познание истины, просвещение разума, непорочное увеселение жизни, похвала юности, старости подпора, строительница градов, полков, крепость успеха в

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Спасибо за внимание!