

# IDIOPATHIC THROMBOCYTOPENIC PURPURA

A MEDICAL DICTIONARY, BIBLIOGRAPHY,  
AND ANNOTATED RESEARCH GUIDE TO  
INTERNET REFERENCES



**JAMES N. PARKER, M.D.**  
**AND PHILIP M. PARKER, PH.D., EDITORS**

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## Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on idiopathic thrombocytopenic purpura. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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## FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."<sup>1</sup> Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with idiopathic thrombocytopenic purpura is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about idiopathic thrombocytopenic purpura, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to idiopathic thrombocytopenic purpura, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on idiopathic thrombocytopenic purpura. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to idiopathic thrombocytopenic purpura, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on idiopathic thrombocytopenic purpura.

*The Editors*

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<sup>1</sup> From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.



# CHAPTER 1. STUDIES ON IDIOPATHIC THROMBOCYTOPENIC PURPURA

## Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on idiopathic thrombocytopenic purpura.

## Federally Funded Research on Idiopathic Thrombocytopenic Purpura

The U.S. Government supports a variety of research studies relating to idiopathic thrombocytopenic purpura. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.<sup>2</sup> CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at [http://crisp.cit.nih.gov/crisp/crisp\\_query.generate\\_screen](http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen). You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to idiopathic thrombocytopenic purpura.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore idiopathic thrombocytopenic purpura. The following is typical of the type of information found when searching the CRISP database for idiopathic thrombocytopenic purpura:

- **Project Title: BIOLOGICAL ROLE OF ADAMTS PROTEASES**

Principal Investigator & Institution: Apte, Suneel; Associate Staff Scientist; Cleveland Clinic Foundation 9500 Euclid Ave Cleveland, Oh 44195

Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 31-MAR-2008

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<sup>2</sup> Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Summary: (provided by applicant): ADAMTS proteases have important functions such as processing of procollagen (ADAMTS-2, -3 and -14), large aggregating proteoglycans (ADAMTS-4, -5, -1), and von Willebrand factor (ADAMTS-13), with corresponding roles in disorders such as dermatosparaxis, arthritis, brain tumor invasion and **idiopathic thrombocytopenic purpura**. However, the biological function of most ADAMTS proteases is not known. ADAMTS-9 and ADAMTS-20, two enzymes we have discovered, are the largest of all ADAMTS enzymes. They have a unique domain structure similar to that of the *C.elegans* GON-1 enzyme that is essential for cell migration during gonadal morphogenesis. ADAMTS-20 is now known to have a role in neural crest cell migration, but the function of ADAMTS-9 is not known. Preliminary studies show that ADAMTS-9 has a unique temporal and spatial expression pattern in mesoderm and its derivatives during mouse development. We have found that this is the first family member to be localized to the cell surface, although it does not have a transmembrane domain. Furthermore, ADAMTS-9 transfected cells can cut a similar site in cartilage aggrecan as ADAMTS-4, suggesting that ADAMTS-9 is a cell surface aggrecanase. We report that ADAMTS-9 is present in rheumatoid synovium. These findings lead to the hypothesis that proteolysis of aggrecan, and related proteoglycans such as versican and brevican, by ADAMTS-9 is crucial to completion of normal development, as well as to diseases such as arthritis. The ancillary domains of ADAMTS-9 may play a substantial role in substrate recognition and targeting to the cell surface. The Specific Aims are to determine the physiological function of ADAMTS-9, characterize its activity against aggrecan and other substrates, and to determine the basis for such activity and for cell surface localization. In doing so, we anticipate comparing ADAMTS-9 to ADAMTS-20, as well as other relevant ADAMTS enzymes. These aims will be addressed by generation of ADAMTS-9 null mice, structure-function analysis, and analysis of potential substrates biochemically and in situ. The significance of these studies lies in improved fundamental understanding of proteolysis during development and human disease, especially arthritis.

Website: [http://crisp.cit.nih.gov/crisp/Crisp\\_Query.Generate\\_Screen](http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen)

- **Project Title: HEMOSTASIS CONSORTIUM**

Principal Investigator & Institution: George, James N.; Professor of Medicine; Medicine; University of Oklahoma Hlth Sciences Ctr Health Sciences Center Oklahoma City, Ok 73126

Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-AUG-2007

Summary: (provided by applicant): This proposal describes the capacity of the University of Oklahoma Health Sciences Center and the University of Texas Southwestern Medical Center at Dallas to support a Core Clinical Center for the Transfusion Medicine/Hemostasis Clinical Research Network. Key personnel have expertise in hemostasis, transfusion medicine, protocol design, Clinical trial execution, and data analysis. Programs for mentoring trainees and junior faculty are described. Protocols are proposed that address important unresolved issues in hemostasis. Protocol 1: Initial management of patients with thrombotic thrombocytopenic purpura (TTP): plasma exchange treatment (standard therapy) compared to plasma exchange treatment plus high-dose glucocorticoid. Plasma exchange treatment has proven efficacy for TTP, however some patients have multiple exacerbations and require prolonged treatment. Glucocorticoids are of unproven efficacy, possibly because previously reported patients have heterogeneous etiologies. Recent observations that autoantibodies to von Willebrand factor-cleaving protease are the etiology for TTP in many patients provide a rationale for immunosuppressive treatment. It is hypothesized that high-dose

glucocorticoid (methylprednisolone, 1,000 mg for 3 days followed by prednisone, 1 mg/kg/day) will improve clinical outcomes. Superior outcomes with glucocorticoid treatment would suggest further investigation of immunosuppressive regimens. Protocol 2: Initial management of children with **idiopathic thrombocytopenic purpura** (ITP): anti-D (standard therapy) compared to observation. The most controversial topic addressed by the American Society of Hematology (ASH) ITP Practice Guideline was the initial management of childhood ITP. The majority opinion of the ASH panel favored drug treatment over observation, consistent with recent surveys of the American Society of Pediatric Hematology/Oncology. However guidelines by the British Paediatric Haematology Group recommend observation alone as appropriate initial management. Randomized clinical trials have demonstrated that the platelet count recovers more rapidly with treatment, but no studies have described the effect of drug treatment on clinical outcomes of bleeding and quality-of life. It is postulated that new episodes of severe bleeding will be equivalent between children treated with anti-D or managed by observation alone, and that the quality-of-life of children and their parents will be better when managed with observation alone. Equivalent clinical outcomes would support the practice of avoiding expensive treatment with potential harms and limited world-wide availability.

Website: [http://crisp.cit.nih.gov/crisp/Crisp\\_Query.Generate\\_Screen](http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen)

- **Project Title: MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE IN SOUTHEASTERN MINNESOTA**

Principal Investigator & Institution: Kyle, Robert A.; Mayo Clinic Rochester 200 1St St Sw Rochester, Mn 55905

Timing: Fiscal Year 2002

Summary: The objective of this research is to determine the natural history of monoclonal gammopathy of undetermined significance (MGUS). We will determine the prevalence of MGUS among Olmsted County, MN residents aged 50 years or greater (estimated population 26,022). We will obtain samples on most of the population in the course of their medical care. We will then contact the remaining residents by mail in an attempt to enroll them into the study as well. In order to ascertain the long-term outcome, we will also conduct a retrospective cohort study of survival and risk of multiple myeloma, macroglobulinemia, primary amyloidosis, and other plasma cell proliferative disorders in all cases of MGUS from the entire Southeastern Minnesota region (including Olmsted County) first diagnosed between January 1, 1960 and December 31, 1997. We will follow the January 1, 1998 survivors of the Southeastern Minnesota MGUS cohort including any asymptomatic prevalence cases and all subsequent newly diagnosed cases in a prospective study to assess predictors of outcome such as development of multiple myeloma or related disorders. The incidence of a variety of malignant and nonmalignant disorders will be determined in all MGUS patients in Southeastern Minnesota and a control cohort. Nurse abstractors will carefully review the Mayo Clinic records from 1960 through 1997 of all MGUS patients in Southeastern Minnesota for evidence of nonplasma cell neoplasms such as carcinoma or leukemia. Nonmalignant disorders consisting of hematologic diseases including pernicious anemia, **idiopathic thrombocytopenic purpura**, polycythemia vera, and myelodysplastic disorders will be evaluated as will connective tissue diseases including rheumatoid arthritis, lupus erythematosus, polymyalgia rheumatica, temporal arteritis, and ankylosing spondylitis. Neurologic disorders will include sensorimotor peripheral neuropathy, amyotrophic lateral sclerosis, and myasthenia gravis. Dermatologic diseases such as pyoderma gangrenosum, necrobiotic xanthogranuloma, lichen

myxedematosus, Sezary syndrome, mycosis fungoides, and Kaposi's sarcoma will be sought. The presence of immunosuppression from HIV or transplants will be reviewed. Patients with liver disease, especially hepatitis C, will be included. This study will also provide bone marrow and peripheral blood for Projects II, III, IV, and V in an effort to better understand the biology of MGUS and multiple myeloma.

Website: [http://crisp.cit.nih.gov/crisp/Crisp\\_Query.Generate\\_Screen](http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen)

- **Project Title: REFRACTORY CHRONIC IDIOPATHIC THROMBOCYTOPENIC PURPURA**

Principal Investigator & Institution: Mcmillan, Robert; Scripps Research Institute Tpc7 La Jolla, Ca 92037

Timing: Fiscal Year 2002

Summary: This abstract is not available.

Website: [http://crisp.cit.nih.gov/crisp/Crisp\\_Query.Generate\\_Screen](http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen)

- **Project Title: TRANSFUSION MEDICINE/HEMOSTASIS CLINICAL RESEARCH**

Principal Investigator & Institution: Neufeld, Ellis J.; Associate Professor of Pediatrics; Children's Hospital (Boston) Boston, Ma 021155737

Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-AUG-2007

Summary: (provided by applicant): The focus of this grant is randomized clinical trials for hematologic disorders, which require a multi-center approach in the NHLBI Transfusion Medicine/Hemostasis Clinical Research Network. Three Harvard teaching hospitals form a consortium for this Core Clinical Center application. Key linkages among the institutions are in place, including the Joint Program in Transfusion Medicine, and the Boston Hemophilia Center. Adult and pediatric hematology and transfusion medicine services are represented, as well as collaboration with the high-risk obstetrics services at our institutions. The first proposed study has a pediatric focus and two-year time frame. The aim of this randomized phase II trial is to assess the efficacy of rituximab (anti-CD20 monoclonal antibody) vs. azathioprine, in children and adolescents with severe or refractor chronic **idiopathic thrombocytopenic purpura**. The primary efficacy outcome will be platelet counts at study day 90. Secondary outcomes include bleeding score trend, platelet counts at one year, side effects of medication, and requirement for 'salvage' regimens during either course of therapy. Our proposed long-term study will focus on randomized treatment strategies in thrombotic thrombocytopenic purpura (TTP). The aim is to determine whether rituximab therapy in addition to prednisone and plasmapheresis will facilitate remission induction, compared to standard therapy of plasmapheresis/ prednisone alone. Primary efficacy outcomes include the fraction of patients alive with no more than 9 plasma exchange procedures at 30 days from diagnosis (early responders) and the fraction of patients alive and relapse-free at 24 months. Secondary endpoints will include the death rate, the fraction of patients in remission at 30 days, the time to first remission in each treatment group, the number of plasma exchange procedures per patients, the number of relapses per group, and the time to remission and relapse rate, in each group, stratified for the presence of absence of VWV metalloprotease inhibitors and quantification of VW protease activity. Third, we propose a multicenter consortium for a phase III randomized study comparing two different dosage regimens of intravenous gamma globulin during pregnancies at risk for neonatal alloimmune thrombocytopenia. A repository for sera, plasma, and DNA from patients in each of the transfusion network studies is proposed, to facilitate further biological studies.

Website: [http://crisp.cit.nih.gov/crisp/Crisp\\_Query.Generate\\_Screen](http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen)

## The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.<sup>3</sup> The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with idiopathic thrombocytopenic purpura, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "idiopathic thrombocytopenic purpura" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for idiopathic thrombocytopenic purpura (hyperlinks lead to article summaries):

- **A case of an ascending aortic aneurysm due to mesoaortitis complicated with idiopathic thrombocytopenic purpura.**  
 Author(s): Matsuzaki K, Shiiya N, Kubota S, Kuniyama T, Murashita T, Matsui Y, Yasuda K.  
 Source: Ann Thorac Cardiovasc Surg. 2001 October; 7(5): 315-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11743862](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11743862)
- **A case with myasthenia gravis (MG) emerging after splenectomy for idiopathic thrombocytopenic purpura (ITP): possible effects of thymectomy on autoantibodies.**  
 Author(s): Matsuno S, Tamaoka A, Yoshizawa K, Watanabe M, Shoji S.  
 Source: J Med. 2000; 31(5-6): 327-32.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11508326](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11508326)
- **A prospective comparative study of 2540 infants and children with newly diagnosed idiopathic thrombocytopenic purpura (ITP) from the Intercontinental Childhood ITP Study Group.**  
 Author(s): Kuhne T, Buchanan GR, Zimmerman S, Michaels LA, Kohan R, Berchtold W, Imbach P, Intercontinental Childhood ITP Study Group; Intercontinental Childhood ITP Study Group.  
 Source: The Journal of Pediatrics. 2003 November; 143(5): 605-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14615730](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14615730)

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<sup>3</sup> PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A prospective, randomized trial of conventional, dose-accelerated corticosteroids and intravenous immunoglobulin in children with newly diagnosed idiopathic thrombocytopenic purpura.**  
 Author(s): Fujisawa K, Iyori H, Ohkawa H, Konishi S, Bessho F, Shirahata A, Miyazaki S, Akatsuka J; Japanese Study Group on Childhood ITP.  
 Source: International Journal of Hematology. 2000 October; 72(3): 376-83.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11185998](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11185998)
- **A randomized and comparative study of intravenous immunoglobulin and mega dose methylprednisolone treatments in children with acute idiopathic thrombocytopenic purpura.**  
 Author(s): Erduran E, Aslan Y, Gedik Y, Orhan F.  
 Source: Turk J Pediatr. 2003 October-December; 45(4): 295-300.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14768792](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14768792)
- **A retrospective 11-year analysis of obstetric patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Weibert KE, Mittal R, Sigouin C, Heddle NM, Kelton JG.  
 Source: Blood. 2003 December 15; 102(13): 4306-11. Epub 2003 August 28. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12947011](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12947011)
- **A transforming growth factor-beta1-mediated bystander immune suppression could be associated with remission of chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Andersson PO, Stockelberg D, Jacobsson S, Wadenvik H.  
 Source: Annals of Hematology. 2000 September; 79(9): 507-13.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11043422](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11043422)
- **Absence of platelet response after eradication of Helicobacter pylori infection in patients with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Jarque I, Andreu R, Llopis I, De la Rubia J, Gomis F, Senent L, Jimenez C, Martin G, Martinez JA, Sanz GF, Ponce J, Sanz MA.  
 Source: British Journal of Haematology. 2001 December; 115(4): 1002-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11843840](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11843840)
- **Acute idiopathic thrombocytopenic purpura in adults following viral infection: report of two cases.**  
 Author(s): Kooter AJ, Van der Linden PW, De Klerk C.  
 Source: The Netherlands Journal of Medicine. 2002 May; 60(4): 174-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12164396](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12164396)



- Acute idiopathic thrombocytopenic purpura in childhood: a case report.**  
 Author(s): Hegde RJ, Parimala K, Shivaprakash.  
 Source: J Indian Soc Pedod Prev Dent. 2003 March; 21(1): 42-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12885010](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12885010)
- Acute idiopathic thrombocytopenic purpura--management in childhood.**  
 Author(s): Bolton-Maggs PH.  
 Source: Blood. 1997 February 15; 89(4): 1465; Author Reply 1466.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9028974](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9028974)
- Acute idiopathic thrombocytopenic purpura--management in childhood.**  
 Author(s): Buchanan GR, de Alarcon PA, Feig SA, Gilchrist GS, Lukens JN, Moertel CL, Cohen AR, Dickerman JD, Forman EN, Glader BE, Lusher JM.  
 Source: Blood. 1997 February 15; 89(4): 1464-5; Author Reply 1466.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9028973](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9028973)
- Acute myocardial infarction during treatment with intravenous immunoglobulin for idiopathic thrombocytopenic purpura (ITP)**  
 Author(s): Paolini R, Fabris F, Cella G.  
 Source: American Journal of Hematology. 2000 October; 65(2): 177-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10996840](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10996840)
- Alpha-interferon therapy induces improvement of platelet counts in children with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Donato H, Kohan R, Picon A, Rojo A, Rapetti MC, Schwartzman G, Lavergne M, de Galvagni A, Rosso A, Rendo P.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2001 December; 23(9): 598-603.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11902304](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11902304)
- Anti-D exerts a very early response in childhood acute idiopathic thrombocytopenic purpura.**  
 Author(s): Moser AM, Shalev H, Kapelushnik J.  
 Source: Pediatric Hematology and Oncology. 2002 September; 19(6): 407-11.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12186363](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12186363)
- Anti-platelet antibodies associated with the Canale-Smith syndrome bind to the same platelet glycoprotein complexes as those of idiopathic thrombocytopenic purpura patients.**  
 Author(s): Grodzicky T, Bussel JB, Elkon KB.  
 Source: Clinical and Experimental Immunology. 2002 February; 127(2): 289-92.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11876752](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11876752)

- **Are the favorable outcomes of splenectomy predictable inpatients with idiopathic thrombocytopenic purpura (ITP)?**  
 Author(s): Tsereteli Z, Smith CD, Branum GD, Galloway JR, Amerson RJ, Chakaraborty H, Hunter JG.  
 Source: Surgical Endoscopy. 2001 December; 15(12): 1386-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11965451](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11965451)
- **Asynchronously occurring bilateral mandibular hemorrhagic bone cysts in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Oda Y, Kagami H, Tohnai I, Ueda M.  
 Source: Journal of Oral and Maxillofacial Surgery : Official Journal of the American Association of Oral and Maxillofacial Surgeons. 2002 January; 60(1): 95-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11757017](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11757017)
- **Autoantibody level modification in adult patients with idiopathic thrombocytopenic purpura following intravenous immunoglobulin treatment.**  
 Author(s): Levy Y, Sherer Y, Ahmed A, Fabbrizzi F, Terryberry J, Shen GQ, Peter JB, Shoenfeld Y.  
 Source: Natural Immunity. 1998; 16(5-6): 207-14.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11061589](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11061589)
- **Autoimmune hepatitis accompanied by idiopathic thrombocytopenic purpura and Sjogren's syndrome.**  
 Author(s): Yamaike N, Saigo K, Imoto S, Miyachi H, Morita S, Maeda Y, Tomofuji Y, Chinzei T.  
 Source: Intern Med. 2002 January; 41(1): 72. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11838605](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11838605)
- **Bacterial infection-associated improvement of platelet counts in two patients with chronic and unresponsive idiopathic thrombocytopenic purpura with normal platelet survival studies.**  
 Author(s): Bordin JO, Smith JW, Hayward CP, Warkentin TE, Wasi P, Kelton JG.  
 Source: British Journal of Haematology. 1995 June; 90(2): 332-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7794752](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7794752)
- **Bacterial infections and thrombocytopenia in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Veenhoven WA, Halie MR, Stijnen PJ, Nieweg HO.  
 Source: Acta Haematologica. 1979; 62(3): 159-66.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=118615](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=118615)

- **Bleeding signs in children with idiopathic thrombocytopenic purpura.**  
 Author(s): Buchanan GR.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S42-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14668639](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14668639)
  
- **Bolus methylprednisolone therapy in adult idiopathic thrombocytopenic purpura.**  
 Author(s): Yoshida K, Wakui H, Mamiya S, Yamaguchi A, Miura AB.  
 Source: Jpn J Med. 1987 May; 26(2): 172-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=3626155](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3626155)
  
- **Bolus methylprednisolone therapy in chronic idiopathic thrombocytopenic purpura in children.**  
 Author(s): Ozsoylu S.  
 Source: Acta Haematologica. 1984; 72(5): 359.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=6441420](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6441420)
  
- **Bone marrow examination and idiopathic thrombocytopenic purpura.**  
 Author(s): Corrigan JJ Jr.  
 Source: Am J Dis Child. 1988 May; 142(5): 487. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=3358386](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3358386)
  
- **Breast carcinoma diffusely metastatic to the spleen. A report of two cases presenting as idiopathic thrombocytopenic purpura.**  
 Author(s): Cummings OW, Mazur MT.  
 Source: American Journal of Clinical Pathology. 1992 April; 97(4): 484-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1553912](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1553912)
  
- **Can eradication therapy for Helicobacter pylori really improve the thrombocytopenia in idiopathic thrombocytopenic purpura? Our experience and a literature review.**  
 Author(s): Ando K, Shimamoto T, Tauchi T, Ito Y, Kuriyama Y, Gotoh A, Miyazawa K, Kimura Y, Kawai T, Ohyashiki K.  
 Source: International Journal of Hematology. 2003 April; 77(3): 239-44.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12731666](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12731666)
  
- **Canine idiopathic thrombocytopenic purpura.**  
 Author(s): Lewis DC, Meyers KM.  
 Source: J Vet Intern Med. 1996 July-August; 10(4): 207-18. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8819045](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8819045)

- **Celiac sprue, idiopathic thrombocytopenic purpura, and hepatic granulomatous disease. An autoimmune linkage?**  
 Author(s): Kahn O, Fiel MI, Janowitz HD.  
 Source: Journal of Clinical Gastroenterology. 1996 October; 23(3): 214-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8899505](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8899505)
- **Chemotherapy in a patient with prior history of idiopathic thrombocytopenic purpura.**  
 Author(s): Kanemoto K, Satoh H, Sekizawa K.  
 Source: Acta Medica (Hradec Kralove). 2003; 46(1): 37-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12747538](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12747538)
- **Childhood idiopathic thrombocytopenic purpura associated with human parvovirus B19 infection.**  
 Author(s): Hida M, Shimamura Y, Ueno E, Watanabe J.  
 Source: Pediatrics International : Official Journal of the Japan Pediatric Society. 2000 December; 42(6): 708-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11192536](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11192536)
- **Childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Ozsoylu S.  
 Source: Lancet. 1997 October 25; 350(9086): 1252-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9652592](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9652592)
- **Childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Davis HP, Raffles A.  
 Source: Lancet. 1997 October 25; 350(9086): 1252.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9652591](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9652591)
- **Childhood thrombocytopenia associated with Graves disease is distinct from idiopathic thrombocytopenic purpura.**  
 Author(s): Lee AC, Li CH, Wong LM.  
 Source: Pediatric Hematology and Oncology. 2003 January-February; 20(1): 39-42.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12687752](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12687752)
- **Chronic childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Lilleyman JS.  
 Source: Bailliere's Best Practice & Research. Clinical Haematology. 2000 September; 13(3): 469-83. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11030046](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11030046)

- **Chronic idiopathic thrombocytopenic purpura (ITP) is a surgical disease.**  
 Author(s): Szold A, Kais H, Keidar A, Nadav L, Eldor A, Klausner JM.  
 Source: Surgical Endoscopy. 2002 January; 16(1): 155-8. Epub 2001 October 19.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11961628](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11961628)
- **Chronic idiopathic thrombocytopenic purpura in a patient with membranous glomerulonephritis.**  
 Author(s): Kano K, Ito S, Ando T, Arisaka O, Tomita S, Ueda Y.  
 Source: Nephron. 1999; 83(4): 358.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10575298](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10575298)
- **Chronic myeloid leukemia in a patient with chronic idiopathic thrombocytopenic purpura: rapid response to imatinib mesylate (STI571).**  
 Author(s): Imashuku S, Morimoto A, Kuriyama K, Kano G, Hibi S, Todo S.  
 Source: Medical and Pediatric Oncology. 2003 August; 41(2): 159-60.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12825226](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12825226)
- **Clinical significance of simultaneous measurement of reticulated platelets and large platelets in idiopathic thrombocytopenic purpura.**  
 Author(s): Takubo T, Yamane T, Hino M, Ohta K, Koh KR, Tatsumi N.  
 Source: Haematologia. 2000; 30(3): 183-92.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11128111](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11128111)
- **Clinicopathologic and prognostic features of chronic idiopathic thrombocytopenic purpura in adult Chinese patients: an analysis of 220 cases.**  
 Author(s): Leung AY, Chim CS, Kwong YL, Lie AK, Au WY, Liang R.  
 Source: Annals of Hematology. 2001 July; 80(7): 384-6. Erratum In: Ann Hematol 2001 October; 80(10): 627.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11529462](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11529462)
- **Combination therapy for refractory idiopathic thrombocytopenic purpura in adolescents.**  
 Author(s): Williams JA, Boxer LA.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 March; 25(3): 232-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12621242](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12621242)

- **Concentrations of thrombopoietin in bone marrow in normal subjects and in patients with idiopathic thrombocytopenic purpura, aplastic anemia, and essential thrombocythemia correlate with its mRNA expression of bone marrow stromal cells.**  
 Author(s): Hirayama Y, Sakamaki S, Matsunaga T, Kuga T, Kuroda H, Kusakabe T, Sasaki K, Fujikawa K, Kato J, Kogawa K, Koyama R, Niitsu Y.  
 Source: Blood. 1998 July 1; 92(1): 46-52.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9639498](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9639498)
- **Crohn's colitis and idiopathic thrombocytopenic purpura.**  
 Author(s): Boyne MS, Dye KR.  
 Source: Postgraduate Medical Journal. 2000 May; 76(895): 299-300. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10775285](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10775285)
- **Current controversies in the management of idiopathic thrombocytopenic purpura during childhood.**  
 Author(s): Medeiros D, Buchanan GR.  
 Source: Pediatric Clinics of North America. 1996 June; 43(3): 757-72. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8649908](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8649908)
- **Cyclosporin A for the treatment of patients with chronic idiopathic thrombocytopenic purpura refractory to corticosteroids or splenectomy.**  
 Author(s): Kappers-Klunne MC, van't Veer MB.  
 Source: British Journal of Haematology. 2001 July; 114(1): 121-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11472356](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11472356)
- **Cytokines in idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Andersson J.  
 Source: Acta Paediatrica (Oslo, Norway : 1992). Supplement. 1998 June; 424: 61-4. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9736222](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9736222)
- **Danazol in non-splenectomized patients with refractory idiopathic thrombocytopenic purpura.**  
 Author(s): Edelmann DZ, Knobel B, Virag I, Meytes D.  
 Source: Postgraduate Medical Journal. 1990 October; 66(780): 827-30. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2099421](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2099421)
- **Danazol therapy in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Sundar S, Moorleedursingh GS, Kumar K, Dube B, Singh VP.  
 Source: J Assoc Physicians India. 1992 May; 40(5): 350-1. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1484008](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1484008)

- **Danazol therapy in idiopathic thrombocytopenic purpura: the efficacy of low-medium dose therapy.**  
 Author(s): Kondo H, Iseki T, Goto S, Takaso T, Ohto M, Okuda K.  
 Source: International Journal of Hematology. 1992 June; 55(3): 293-300.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1498320](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1498320)
- **Dapsone for idiopathic thrombocytopenic purpura.**  
 Author(s): Linares M, Cervero A, Pastor E, Colomina P.  
 Source: American Journal of Hematology. 1994 August; 46(4): 371-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8037195](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8037195)
- **Dapsone for refractory chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Hernandez F, Linares M, Colomina P, Pastor E, Cervero A, Perez A, Perella M.  
 Source: British Journal of Haematology. 1995 June; 90(2): 473-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7794776](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7794776)
- **Dapsone in treatment of chronic idiopathic thrombocytopenic purpura in adults.**  
 Author(s): Dutta TK, Goel A, Ghotekar LH, Hamide A, Badhe BA, Basu D.  
 Source: J Assoc Physicians India. 2001 April; 49: 421-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11762611](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11762611)
- **Decreased in vitro megakaryocyte colony formation in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Abgrall JF, Berthou C, Sensebe L, Le Niger C, Escoffre M.  
 Source: British Journal of Haematology. 1993 December; 85(4): 803-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7918047](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7918047)
- **Deep-vein thrombosis induced by tranexamic acid in idiopathic thrombocytopenic purpura.**  
 Author(s): Endo Y, Nishimura S, Miura A.  
 Source: Jama : the Journal of the American Medical Association. 1988 June 24; 259(24): 3561-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=3373703](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3373703)
- **Definitions and dogma in childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Lilleyman JS.  
 Source: Pediatric Hematology and Oncology. 1993 October-December; 10(4): Xi-Xiv.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8292511](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8292511)

- **Depressed functional and phenotypic properties of T but not B lymphocytes in idiopathic thrombocytopenic purpura.**  
 Author(s): Mylvaganam R, Garcia RO, Ahn YS, Sprinz PG, Kim CI, Harrington WJ.  
 Source: Blood. 1988 May; 71(5): 1455-60.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=3258771](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=3258771)
- **Detection of platelet antibodies in chronic idiopathic thrombocytopenic purpura (ITP). A comparative study using flow cytometry, a whole platelet ELISA, and an antigen capture ELISA.**  
 Author(s): Stockelberg D, Hou M, Jacobsson S, Kutti J, Wadenvik H.  
 Source: European Journal of Haematology. 1996 January-February; 56(1-2): 72-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=8599998](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=8599998)
- **Detection of platelet antigen for antiplatelet antibodies in idiopathic thrombocytopenic purpura by flow cytometry, antigen-capture ELISA, and immunoblotting: a comparative study.**  
 Author(s): Kokawa T, Nomura S, Yanabu M, Yasunaga K.  
 Source: European Journal of Haematology. 1993 February; 50(2): 74-80.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=8440361](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=8440361)
- **Determination of thyroid hormones in 72 patients with idiopathic thrombocytopenic purpura and its clinical significance.**  
 Author(s): Cao Q, Liu X, Liu J.  
 Source: Clinical and Laboratory Haematology. 1994 March; 16(1): 90-1.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=8039354](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=8039354)
- **Development of Perthes' disease in a 3-year-old boy with idiopathic thrombocytopenic purpura and antiphospholipid antibodies.**  
 Author(s): Ura Y, Hara T, Mori Y, Matsuo M, Fujioka Y, Kuno T, Okue A, Miyazaki S.  
 Source: Pediatric Hematology and Oncology. 1992 January-March; 9(1): 77-80.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=1558778](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=1558778)
- **Diagnosis and treatment of idiopathic thrombocytopenic purpura.**  
 Author(s): Blackwell J, Goolsby MJ.  
 Source: Journal of the American Academy of Nurse Practitioners. 2003 June; 15(6): 244-5.  
 Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12861889](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12861889)
- **Diagnosis, clinical course, and management of idiopathic thrombocytopenic purpura.**  
 Author(s): George JN.  
 Source: Current Opinion in Hematology. 1996 September; 3(5): 335-40. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=9372098](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=9372098)



- **Discrepancy between antiplatelet antibody activities detected by immunoblot procedure and platelet counts in idiopathic thrombocytopenic purpura.**  
 Author(s): Matsumoto M, Takada K, Kameoka H, Hato T, Shiosaka T, Fujita S, Kobayashi Y.  
 Source: Jpn J Med. 1991 January-February; 30(1): 10-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1865569](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1865569)
- **Double lung cancer combined with idiopathic thrombocytopenic purpura. A case report.**  
 Author(s): Nonami Y, Yamashiro T, Yamamoto A, Kume M, Hisa N, Yoshida S, Taguchi H.  
 Source: The Journal of Cardiovascular Surgery. 1999 December; 40(6): 889-92.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10776725](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10776725)
- **Duration and morbidity of newly diagnosed idiopathic thrombocytopenic purpura in children: A prospective Nordic study of an unselected cohort.**  
 Author(s): Rosthoj S, Hedlund-Treutiger I, Rajantie J, Zeller B, Jonsson OG, Elinder G, Wesenberg F, Henter JI; NOPHO ITP Working Group.  
 Source: The Journal of Pediatrics. 2003 September; 143(3): 302-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14517509](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14517509)
- **Dysplastic changes in idiopathic thrombocytopenic purpura and the effect of corticosteroids to increase dysplasia and cause hyperdiploid macropolycytes.**  
 Author(s): Olcay L, Yetgin S, Okur H, Ereku S, Tuncer M.  
 Source: American Journal of Hematology. 2000 October; 65(2): 99-104.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10996825](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10996825)
- **Effect of alpha-interferon in a child with chronic refractory idiopathic thrombocytopenic purpura.**  
 Author(s): Fessatou S, Galetselli M, Garoufi A, Aroni S, Krikos X, Karpathios T.  
 Source: Pediatric Hematology and Oncology. 1999 September-October; 16(5): 477-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10505327](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10505327)
- **Effect of Helicobacter pylori eradication on platelet recovery in Japanese patients with chronic idiopathic thrombocytopenic purpura and secondary autoimmune thrombocytopenic purpura.**  
 Author(s): Kohda K, Kuga T, Kogawa K, Kanisawa Y, Koike K, Kuroiwa G, Hirayama Y, Sato Y, Niitsu Y.  
 Source: British Journal of Haematology. 2002 August; 118(2): 584-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12139750](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12139750)

- **Effect of interferon (IFN) on refractory idiopathic thrombocytopenic purpura: administration of 6 million units of recombinant IFN alpha-2b.**  
 Author(s): Ishii H, Oh H, Uchida Y, Nakamura H, Endo N, Asai T, Yoshida S.  
 Source: Intern Med. 1992 December; 31(12): 1343-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1300169](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1300169)
- **Effect of omeprazole in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Akiyama H, Onozawa Y.  
 Source: American Journal of Hematology. 1998 January; 57(1): 91-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9423829](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9423829)
- **Effects of pegylated recombinant human megakaryocyte growth and development factor in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Nomura S, Dan K, Hotta T, Fujimura K, Ikeda Y.  
 Source: Blood. 2002 July 15; 100(2): 728-30.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12091377](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12091377)
- **Effects of prednisone and splenectomy in patients with idiopathic thrombocytopenic purpura: only splenectomy induces a complete remission.**  
 Author(s): Louwes H, Vellenga E, Houwerzijl EJ, de Wolf JT.  
 Source: Annals of Hematology. 2001 December; 80(12): 728-32. Epub 2001 October 24.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11797113](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11797113)
- **Efficacy of Helicobacter pylori eradication in raising platelet count in adult patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Veneri D, Franchini M, Gottardi M, D'Adda M, Ambrosetti A, Krampera M, Zanetti F, Pizzolo G.  
 Source: Haematologica. 2002 November; 87(11): 1177-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12414347](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12414347)
- **Efficacy of Helicobacter pylori eradication on platelet recovery in children with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Jaing TH, Yang CP, Hung IJ, Chiu CH, Chang KW.  
 Source: Acta Paediatrica (Oslo, Norway : 1992). 2003 October; 92(10): 1153-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14632330](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14632330)
- **Efficacy of high-dose methylprednisolone as a first-line therapy in adult patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Alpdogan O, Budak-Alpdogan T, Ratip S, Firatli-Tuglular T, Tanriverdi S, Karti S, Bayik M, Akoglu T.  
 Source: British Journal of Haematology. 1998 December; 103(4): 1061-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9886319](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9886319)

- **Efficacy, safety, and dose response of intravenous anti-D immune globulin (WinRho SDF) for the treatment of idiopathic thrombocytopenic purpura in children.**  
 Author(s): Freiberg A, Mauger D.  
 Source: Semin Hematol. 1998 January; 35(1 Suppl 1): 23-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9523746](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9523746)
- **Elective splenectomy in children with idiopathic thrombocytopenic purpura.**  
 Author(s): Mantadakis E, Buchanan GR.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2000 March-April; 22(2): 148-53.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10779029](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10779029)
- **Elevated levels of p53 protein in the neutrophils and monocytes of a patient with chronic idiopathic thrombocytopenic purpura or possible early myelodysplasia?**  
 Author(s): Guinn BA, al-Sabah AI, Hewlett C, Padua RA.  
 Source: Leukemia Research. 1995 October; 19(10): 727-31.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7500649](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7500649)
- **Elevation of serum haptoglobin and beta 2-microglobulin levels during chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Cao Q, Weng W, Zhang C, Yang L.  
 Source: Clinical and Laboratory Haematology. 1994 September; 16(3): 303-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7828420](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7828420)
- **Emergency aortic arch replacement in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Usui A, Kawamura M, Hibi M, Yoshida K, Murakami F, Iwase J.  
 Source: Surgery Today. 1996; 26(10): 828-30.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8897686](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8897686)
- **Eosinophilic fasciitis following idiopathic thrombocytopenic purpura, autoimmune hemolytic anemia and Hashimoto's disease.**  
 Author(s): Bachmeyer C, Monge M, Dhote R, Sanguina M, Aractingi S, Mougeot-Martin M.  
 Source: Dermatology (Basel, Switzerland). 1999; 199(3): 282.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10592421](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10592421)
- **Erythromelalgia in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Rey J, Cretel E, Jean R, Durand JM.  
 Source: The British Journal of Dermatology. 2003 January; 148(1): 177.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12534624](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12534624)

- **Evidence for a light chain restriction of glycoprotein Ib/IX and IIb/IIIa reactive antibodies in chronic idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Stockelberg D, Hou M, Jacobsson S, Kutti J, Wadenvik H.  
 Source: British Journal of Haematology. 1995 May; 90(1): 175-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7786782](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7786782)
- **Exacerbation of chronic idiopathic thrombocytopenic purpura following measles-mumps-rubella immunization.**  
 Author(s): Drachtman RA, Murphy S, Ettinger LJ.  
 Source: Archives of Pediatrics & Adolescent Medicine. 1994 March; 148(3): 326-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8130872](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8130872)
- **Expression patterns of Th1 and Th2 cytokine genes in childhood idiopathic thrombocytopenic purpura (ITP) at presentation and their modulation by intravenous immunoglobulin G (IVIg) treatment: their role in prognosis.**  
 Author(s): Mouzaki A, Theodoropoulou M, Gianakopoulos I, Vlaha V, Kyrtsonis MC, Maniatis A.  
 Source: Blood. 2002 September 1; 100(5): 1774-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12176899](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12176899)
- **Extracellular epitopes of platelet glycoprotein Ib alpha reactive with serum antibodies from patients with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): He R, Reid DM, Jones CE, Shulman NR.  
 Source: Blood. 1995 November 15; 86(10): 3789-96.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7579346](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7579346)
- **Fab-mediated binding of glycoprotein Ib/IX and IIb/IIIa specific antibodies in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Hou M, Stockelberg D, Kutti J, Wadenvik H.  
 Source: British Journal of Haematology. 1995 December; 91(4): 944-50.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8547147](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8547147)
- **Factors predicting response to splenectomy in adult patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Radaelli F, Faccini P, Goldaniga M, Guggiari E, Pozzoli E, Maiolo AT, Ciani A, Pogliani EM.  
 Source: Haematologica. 2000 October; 85(10): 1040-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11025594](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11025594)

- **Failure of repeated courses of high-dose intravenous immunoglobulin to induce stable remission in patients with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Schiavotto C, Ruggeri M, Rodeghiero F.  
 Source: Annals of Hematology. 1995 February; 70(2): 89-90.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7880930](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7880930)
- **Familial idiopathic thrombocytopenic purpura. Raynaud's phenomenon.**  
 Author(s): Ellis JP, Clink HM.  
 Source: Proc R Soc Med. 1969 December 12; 62(12): 1277-8. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=5391505](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5391505)
- **Fatal acute myocardial infarction during severe thrombocytopenia in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Fruchter O, Blich M, Jacob G.  
 Source: The American Journal of the Medical Sciences. 2002 May; 323(5): 279-80.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12018673](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12018673)
- **Fate of therapy failures in adult idiopathic thrombocytopenic purpura.**  
 Author(s): Picozzi VJ, Roeske WR, Creger WP.  
 Source: The American Journal of Medicine. 1980 November; 69(5): 690-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7192052](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7192052)
- **Fibrinogen/fibrin degradation products in serum of patients with idiopathic thrombocytopenic purpura: elevated levels during severe thrombocytopenic phase of the disease.**  
 Author(s): Nagasawa T, Kono I, Sakurai T, Kashiwagi H.  
 Source: Thrombosis and Haemostasis. 1976 June 30; 35(3): 628-34.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=989969](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=989969)
- **Fifty years of idiopathic thrombocytopenic purpura (ITP): management of refractory itp in adults.**  
 Author(s): Provan D, Newland A.  
 Source: British Journal of Haematology. 2002 September; 118(4): 933-44. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12199770](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12199770)
- **Flow cytometric analysis of anti-platelet antibodies in idiopathic thrombocytopenic purpura.**  
 Author(s): Latorraca A, Lanza F, Moretti S, Ferrari L, Reverberi R, Galluccio L, Castoldi G.  
 Source: Haematologica. 1994 May-June; 79(3): 269-72.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7926978](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7926978)

- **Flow cytometric analysis of anti-platelet antibodies in patients with chronic idiopathic thrombocytopenic purpura (ITP) using acid-treated, formalin-fixed platelets.**  
 Author(s): Mizumoto Y, Fujimura Y, Nishikawa K, Uchida M, Fukui H, Morii T, Narita N, Kurata Y.  
 Source: American Journal of Hematology. 1991 August; 37(4): 274-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1858787](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1858787)
- **Foamy histiocytes in the spleen associated with idiopathic thrombocytopenic purpura.**  
 Author(s): Ishihara T, Matsumoto N, Uchino F.  
 Source: Acta Pathol Jpn. 1974 March; 24(2): 273-84. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=4407751](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4407751)
- **Frentizole therapy of thrombocytopenia in systemic lupus erythematosus and refractory idiopathic thrombocytopenic purpura.**  
 Author(s): O'Duffy JD, Colgan JP, Phylly RL, Ferguson RH.  
 Source: Mayo Clinic Proceedings. 1980 October; 55(10): 601-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7191033](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7191033)
- **Fresh whole blood and immunoglobulin permit coronary artery bypass graft surgery in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Koner O, Cetin G, Karaoglu K, Seren S, Bakay C.  
 Source: Journal of Cardiothoracic and Vascular Anesthesia. 2001 August; 15(4): 483-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11505356](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11505356)
- **Fulminant sepsis in adults splenectomized for idiopathic thrombocytopenic purpura.**  
 Author(s): Rodeghiero F, Frezzato M, Schiavotto C, Castaman G, Dini E.  
 Source: Haematologica. 1992 May-June; 77(3): 253-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1427432](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1427432)
- **Functional asplenia in idiopathic thrombocytopenic purpura.**  
 Author(s): Dekker PT, Propp RP.  
 Source: N Y State J Med. 1977 December; 77(14): 2282-5. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=271791](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=271791)
- **Functional properties of lymphocytes in idiopathic thrombocytopenic purpura.**  
 Author(s): Webber NP, Mascarenhas JO, Crow MK, Bussel J, Schattner EJ.  
 Source: Human Immunology. 2001 December; 62(12): 1346-55.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11756003](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11756003)

- **Functional studies of left upper quadrant mass aid management of idiopathic thrombocytopenic purpura.**  
 Author(s): Harwood SJ, Carroll RG.  
 Source: Clinical Nuclear Medicine. 1992 August; 17(8): 652-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=1505130](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=1505130)
- **Genetic analysis of autoantibodies in idiopathic thrombocytopenic purpura reveals evidence of clonal expansion and somatic mutation.**  
 Author(s): Roark JH, Bussel JB, Cines DB, Siegel DL.  
 Source: Blood. 2002 August 15; 100(4): 1388-98.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12149222](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12149222)
- **Genetic analysis of HLA-typing in Chinese patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Leung AY, Hawkins BR, Chim CS, Kwong Y YL, Liang RH.  
 Source: Haematologica. 2001 February; 86(2): 221-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=11224501](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=11224501)
- **Giant platelet disorders in African-American children misdiagnosed as idiopathic thrombocytopenic purpura.**  
 Author(s): Young G, Luban N, White JG.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 1999 May-June; 21(3): 231-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=10363857](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=10363857)
- **Giant platelets in idiopathic thrombocytopenic purpura.**  
 Author(s): Steiner M, Schuff-Werner P.  
 Source: Wiener Klinische Wochenschrift. 2002 November 30; 114(21-22): 897.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12528320](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12528320)
- **Glycoprotein IIb/IIIa autoantigenic repertoire in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Hou M, Stockelberg D, Kutti J, Wadenvik H.  
 Source: British Journal of Haematology. 1995 December; 91(4): 971-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=8547150](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=8547150)
- **Grading of hemorrhage in children with idiopathic thrombocytopenic purpura.**  
 Author(s): Buchanan GR, Adix L.  
 Source: The Journal of Pediatrics. 2002 November; 141(5): 683-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12410198](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12410198)

- **Graves disease and idiopathic thrombocytopenic purpura.**  
 Author(s): Dunlap DB, McFarland KF, Lutchter CL.  
 Source: The American Journal of the Medical Sciences. 1974 August; 268(2): 107-11.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=4137688](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=4137688)
- **Graves' disease and idiopathic thrombocytopenic purpura.**  
 Author(s): Huhn D, Hiller E.  
 Source: Archives of Internal Medicine. 1980 September; 140(9): 1252-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=6893267](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=6893267)
- **Guidelines for idiopathic thrombocytopenic purpura.**  
 Author(s): Caldwell SH, Han KH, Hess CE.  
 Source: Annals of Internal Medicine. 1997 October 1; 127(7): 572-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=9313028](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=9313028)
- **Guidelines for management of idiopathic thrombocytopenic purpura. The British Paediatric Haematology Group.**  
 Author(s): Eden OB, Lilleyman JS.  
 Source: Archives of Disease in Childhood. 1992 August; 67(8): 1056-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=1520013](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=1520013)
- **Guidelines for the investigation and management of idiopathic thrombocytopenic purpura in adults, children and in pregnancy.**  
 Author(s): British Committee for Standards in Haematology General Haematology Task Force.  
 Source: British Journal of Haematology. 2003 February; 120(4): 574-96.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12588344](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12588344)
- **Guillain-Barre syndrome and idiopathic thrombocytopenic purpura.**  
 Author(s): Khaldi F, Larnaout A, Miladi N, Bennaceur B.  
 Source: The Canadian Journal of Neurological Sciences. Le Journal Canadien Des Sciences Neurologiques. 1990 February; 17(1): 95.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=2311022](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=2311022)
- **Guillain-Barre syndrome associated with idiopathic thrombocytopenic purpura.**  
 Author(s): Combarros O, Calleja J, Hernandez L, Polo JM, Berciano J.  
 Source: Journal of Neurology, Neurosurgery, and Psychiatry. 1991 July; 54(7): 654-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=1895135](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=1895135)



- **Gynecologic aspects of idiopathic thrombocytopenic purpura: experience with 29 cases.**  
 Author(s): Samples DM, Weed JC.  
 Source: Southern Medical Journal. 1966 March; 59(3): 341-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=5948731](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5948731)
- **Hand-assisted laparoscopic splenectomy for idiopathic thrombocytopenic purpura during pregnancy.**  
 Author(s): Iwase K, Higaki J, Yoon HE, Mikata S, Tanaka Y, Takahashi T, Hatanaka K, Tamaki T, Hori S, Mitsuda N, Kamiike W.  
 Source: Surgical Laparoscopy, Endoscopy & Percutaneous Techniques. 2001 February; 11(1): 53-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11269558](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11269558)
- **Handheld gamma probe localization of accessory splenic tissue in recurrent idiopathic thrombocytopenic purpura.**  
 Author(s): Finkelde DT, Hicks RJ, Wolf M, Henderson MA.  
 Source: Archives of Surgery (Chicago, Ill. : 1960). 2000 September; 135(9): 1112-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10982520](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10982520)
- **Helicobacter pylori and idiopathic thrombocytopenic purpura in children.**  
 Author(s): Rajantie J, Klemola T.  
 Source: Blood. 2003 February 15; 101(4): 1660.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12560248](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12560248)
- **Helicobacter pylori associated with idiopathic thrombocytopenic purpura.**  
 Author(s): Mukai M, Kon Y, Notoya A, Kohno M.  
 Source: The American Journal of Medicine. 2002 August 1; 113(2): 169-71.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12133762](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12133762)
- **Helicobacter pylori eradication can induce platelet recovery in idiopathic thrombocytopenic purpura.**  
 Author(s): Emilia G, Longo G, Luppi M, Gandini G, Morselli M, Ferrara L, Amarri S, Cagossi K, Torelli G.  
 Source: Blood. 2001 February 1; 97(3): 812-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11157503](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11157503)
- **Helicobacter pylori eradication in adults with idiopathic thrombocytopenic purpura.**  
 Author(s): Franchini M, Krampera M, Veneri D.  
 Source: The American Journal of Medicine. 2003 April 1; 114(5): 420-1.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12714138](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12714138)

- **Helicobacter pylori infection and idiopathic thrombocytopenic purpura.**  
 Author(s): Emilia G, Luppi M, Morselli M, Potenza L, D'Apollo N, Torelli G.  
 Source: British Journal of Haematology. 2002 September; 118(4): 1198-9. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12199816](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12199816)
- **HELLP syndrome in a pregnant patient with a past history of splenectomy for idiopathic thrombocytopenic purpura. Case report.**  
 Author(s): Yamamoto H, Yamazaki K, Nishikawa S, Hayashi T, Hayakawa O, Kudo R.  
 Source: Archives of Gynecology and Obstetrics. 1997; 259(2): 105-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9059752](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9059752)
- **Hepatitis C virus-related adult chronic idiopathic thrombocytopenic purpura: experience from a single Chinese center.**  
 Author(s): Zhang L, Li H, Zhao H, Ji L, Yang R.  
 Source: European Journal of Haematology. 2003 March; 70(3): 196-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12605667](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12605667)
- **Hereditary hemorrhagic telangiectasia, idiopathic thrombocytopenic purpura, and chronic lymphocytic leukemia treated with rituximab.**  
 Author(s): Choueiri T, Lichtin AE.  
 Source: The American Journal of Medicine. 2002 December 1; 113(8): 700-1.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12505128](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12505128)
- **High P-glycoprotein-mediated export observed in patients with a history of idiopathic thrombocytopenic purpura.**  
 Author(s): Levy AS, Cunningham-Rundles S, Mazza B, Simm M, Gorlick R, Bussel J.  
 Source: British Journal of Haematology. 2002 September; 118(3): 836-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12181055](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12181055)
- **High Th1/Th2 ratio in patients with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Ogawara H, Handa H, Morita K, Hayakawa M, Kojima J, Amagai H, Tsumita Y, Kaneko Y, Tsukamoto N, Nojima Y, Murakami H.  
 Source: European Journal of Haematology. 2003 October; 71(4): 283-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12950238](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12950238)
- **High-dose dexamethasone for splenectomy in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Bulvik S, Winder A, Ben-Tal O, Szold A, Eldor A.  
 Source: Haemostasis. 1998 September-October; 28(5): 256-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10420075](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10420075)

- **High-dose dexamethasone in adult refractory idiopathic thrombocytopenic purpura.**  
 Author(s): Schiavotto C, Ruggeri M, Castaman G, Rodeghiero F.  
 Source: British Journal of Haematology. 1996 May; 93(2): 491-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8639454](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8639454)
- **High-dose dexamethasone therapy in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Arruda VR, Annichino-Bizzacchi JM.  
 Source: Annals of Hematology. 1996 October; 73(4): 175-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8890705](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8890705)
- **High-dose intravenous gamma globulin reduces macrophage colony-stimulating factor levels in idiopathic thrombocytopenic purpura.**  
 Author(s): Nomura S, Yasunaga K, Fujimura K, Kuramoto A, Okuma M, Nomura T.  
 Source: International Journal of Hematology. 1996 April; 63(3): 227-34.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8936336](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8936336)
- **High-dose oral dexamethasone therapy in idiopathic thrombocytopenic purpura.**  
 Author(s): Korones DN.  
 Source: The Journal of Pediatrics. 1996 November; 129(5): 772-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8917251](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8917251)
- **Historical aspects and present knowledge of idiopathic thrombocytopenic purpura.**  
 Author(s): Imbach P, Kuhne T, Signer E.  
 Source: British Journal of Haematology. 2002 December; 119(4): 894-900.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12472565](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12472565)
- **HLA and HPA typing in idiopathic thrombocytopenic purpura patients treated with Kami-kihi-to.**  
 Author(s): Matsuzaki T, Nomura S, Yamaoka M, Ozaki Y, Yoshimura C, Xie GL, Katsura K, Kagawa H, Ishida T, Fukuhara S.  
 Source: The American Journal of Chinese Medicine. 1998; 26(2): 191-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9799971](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9799971)
- **Human/BALB radiation chimera engrafted with splenocytes from patients with idiopathic thrombocytopenic purpura produce human platelet antibodies.**  
 Author(s): Dekel B, Marcus H, Shenkman B, Shimon A, Shechter Y, Canaan A, Berrebi A, Varon D, Reisner Y.  
 Source: Immunology. 1998 July; 94(3): 410-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9767425](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9767425)

- **Idiopathic thrombocytopenic purpura and *Helicobacter pylori* infection.**  
 Author(s): Candelli M, Nista EC, Pignataro G, Gasbarrini G, Gasbarrini A.  
 Source: Scandinavian Journal of Gastroenterology. 2003 May; 38(5): 569-70.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12795473](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12795473)
- **Idiopathic thrombocytopenic purpura and MMR vaccine.**  
 Author(s): Miller E, Waight P, Farrington CP, Andrews N, Stowe J, Taylor B.  
 Source: Archives of Disease in Childhood. 2001 March; 84(3): 227-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11207170](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11207170)
- **Idiopathic thrombocytopenic purpura and myelodysplastic syndrome: distinct entities or overlapping syndromes?**  
 Author(s): George JN.  
 Source: Leukemia Research. 2002 September; 26(9): 789-90.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12127551](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12127551)
- **Idiopathic thrombocytopenic purpura complicated with asymptomatic primary biliary cirrhosis.**  
 Author(s): Takahashi T, Saitoh T, Imai K.  
 Source: Journal of Gastroenterology. 2001 March; 36(3): 214-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11291888](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11291888)
- **Idiopathic thrombocytopenic purpura complicating pregnancy.**  
 Author(s): Kelton JG.  
 Source: Blood Reviews. 2002 March; 16(1): 43-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11913994](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11913994)
- **Idiopathic thrombocytopenic purpura diagnosed during the second decade of life.**  
 Author(s): Lowe EJ, Buchanan GR.  
 Source: The Journal of Pediatrics. 2002 August; 141(2): 253-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12183723](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12183723)
- **Idiopathic thrombocytopenic purpura following successful treatment of acute lymphoblastic leukemia.**  
 Author(s): Tannir NM, Kantarjian H.  
 Source: Leukemia & Lymphoma. 2001 March; 41(1-2): 217-20.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11342378](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11342378)
- **Idiopathic thrombocytopenic purpura in a 101-year-old woman.**  
 Author(s): Chung KK, Macareo LR, Coleman TA.  
 Source: Annals of Internal Medicine. 2001 July 3; 135(1): 70-1.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11434758](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11434758)

- **Idiopathic thrombocytopenic purpura in childhood.**  
 Author(s): Buchanan GR.  
 Source: Pediatric Annals. 2001 September; 30(9): 527-33. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11554261](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11554261)
- **Idiopathic thrombocytopenic purpura in pregnancy: a single institutional experience with maternal and neonatal outcomes.**  
 Author(s): Ali R, Ozkalemkas F, Ozcelik T, Ozkocaman V, Ozan U, Kimya Y, Koksall N, Bulbul-Baskan E, Develioglu O, Tufekci M, Tunali A.  
 Source: Annals of Hematology. 2003 June; 82(6): 348-52. Epub 2003 May 07.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12734677](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12734677)
- **Idiopathic thrombocytopenic purpura of childhood: a problem-oriented review of the management.**  
 Author(s): Kuhne T.  
 Source: Transfusion and Apheresis Science : Official Journal of the World Apheresis Association : Official Journal of the European Society for Haemapheresis. 2003 June; 28(3): 243-8. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12725950](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12725950)
- **Idiopathic thrombocytopenic purpura treated with pulsed high dose methylprednisolone followed by platelet transfusion.**  
 Author(s): Kano H, Kanda H.  
 Source: Journal of Obstetrics and Gynaecology : the Journal of the Institute of Obstetrics and Gynaecology. 2002 May; 22(3): 318-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12521514](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12521514)
- **Idiopathic thrombocytopenic purpura with acute hepatitis C viral infection.**  
 Author(s): Narita R, Asaumi H, Abe S, Nakamura H, Tabaru A, Yoshikawa I, Yamada S, Otsuki M.  
 Source: Journal of Gastroenterology and Hepatology. 2003 April; 18(4): 462-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12653900](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12653900)
- **Idiopathic thrombocytopenic purpura, Helicobacter pylori infection, and HLA class II alleles.**  
 Author(s): Veneri D, Gottardi M, Guizzardi E, Zanuso C, Krampera M, Franchini M.  
 Source: Blood. 2002 September 1; 100(5): 1925-6; Author Reply 1926-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12211195](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12211195)
- **Idiopathic thrombocytopenic purpura: pathophysiology and management.**  
 Author(s): Ahn YS, Horstman LL.  
 Source: International Journal of Hematology. 2002 August; 76 Suppl 2: 123-31. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12430912](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12430912)

- **Interferon-alpha therapy in idiopathic thrombocytopenic purpura.**  
 Author(s): Dikici B, Bosnak M, Kara IH, Dogru O, Alkaya A, Hasolat K.  
 Source: Pediatrics International : Official Journal of the Japan Pediatric Society. 2001 December; 43(6): 577-80.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11737732](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11737732)
- **Intramuscular anti-D globulin injection for treatment of chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Dutta TK, Hamide A, Goel A, Kashyap R, Ramesh J.  
 Source: J Assoc Physicians India. 2000 March; 48(3): 365. No Abstract Available. Erratum In: J Assoc Physicians India 2000 June; 48(6): 600.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11229136](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11229136)
- **Intravenous immunoglobulin-related acute coronary syndrome and coronary angiography in idiopathic thrombocytopenic purpura--a case report and literature review.**  
 Author(s): Crouch ED, Watson LE.  
 Source: Angiology. 2002 January-February; 53(1): 113-7. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11863304](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11863304)
- **Investigation of megakaryocyte apoptosis in children with acute and chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Ucar C, Oren H, Irken G, Ates H, Atabay B, Turker M, Vergin C, Yaprak I.  
 Source: European Journal of Haematology. 2003 June; 70(6): 347-52.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12756015](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12756015)
- **Involvement of Fc gamma receptor polymorphism in the therapeutic response of idiopathic thrombocytopenic purpura.**  
 Author(s): Fujimoto TT, Inoue M, Shimomura T, Fujimura K.  
 Source: British Journal of Haematology. 2001 October; 115(1): 125-30.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11722422](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11722422)
- **Kabuki make-up syndrome associated with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Watanabe T, Miyakawa M, Satoh M, Abe T, Oda Y.  
 Source: Acta Paediatr Jpn. 1994 December; 36(6): 727-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7871993](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7871993)

- Kaposi's sarcoma in a human immunodeficiency virus-negative patient treated with corticosteroid for idiopathic thrombocytopenic purpura.**  
 Author(s): Toyohama T, Nagasaki A, Miyagi J, Takamine W, Sunagawa K, Uezato H, Taira N, Masuda M, Takasu N.  
 Source: Intern Med. 2003 May; 42(5): 448-9. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12793720](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12793720)
- Kawasaki disease associated with idiopathic thrombocytopenic purpura.**  
 Author(s): Ishiguro N, Takahashi Y.  
 Source: European Journal of Pediatrics. 1989 January; 148(4): 379.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2707285](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2707285)
- Kinetics and distribution in vivo of <sup>111</sup>In-labelled autologous platelets in idiopathic thrombocytopenic purpura.**  
 Author(s): Schmidt KG, Rasmussen JW.  
 Source: Scand J Haematol. 1985 January; 34(1): 47-56.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=3918342](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3918342)
- Kinetics and sites of destruction of <sup>111</sup>Indium-oxine-labeled platelets in idiopathic thrombocytopenic purpura: a quantitative study.**  
 Author(s): Heyns AD, Lotter MG, Badenhorst PN, de Kock F, Pieters H, Herbst C, van Reenen OR, Kotze H, Minnaar PC.  
 Source: American Journal of Hematology. 1982 April; 12(2): 167-77.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7200322](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7200322)
- Kinetics of megakaryocyte progenitor cells in idiopathic thrombocytopenic purpura.**  
 Author(s): Dan K, Gomi S, Nomura T.  
 Source: Blut. 1990 November; 61(5): 303-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2271777](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2271777)
- Lambert-Eaton myasthenic syndrome associated with idiopathic thrombocytopenic purpura and diffuse panbronchiolitis: long-term remission after a course of intravenous immunoglobulin combined with low-dose prednisolone.**  
 Author(s): Takata T, Koide S, Ogata K, Motomura M, Yoshimura T, Hanajima R, Sakurai M, Kanazawa I.  
 Source: The American Journal of the Medical Sciences. 1999 November; 318(5): 353-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10555101](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10555101)
- Laparoscopic accessory splenectomy for recurrent idiopathic thrombocytopenic purpura and hemolytic anemia.**  
 Author(s): Szold A, Kamat M, Nadu A, Eldor A.  
 Source: Surgical Endoscopy. 2000 August; 14(8): 761-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10954825](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10954825)

- **Laparoscopic accessory splenectomy with intraoperative gamma probe localization for recurrent idiopathic thrombocytopenic purpura.**  
 Author(s): Antevil J, Thoman D, Taller J, Biondi M.  
 Source: Surgical Laparoscopy, Endoscopy & Percutaneous Techniques. 2002 October; 12(5): 371-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12409709](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12409709)
- **Laparoscopic removal of retroperitoneal accessory spleen in patient with relapsing idiopathic thrombocytopenic purpura 30 years after classical splenectomy.**  
 Author(s): Budzynski A, Bobrzynski A, Sacha T, Skotnicki A.  
 Source: Surgical Endoscopy. 2002 November; 16(11): 1636. Epub 2002 August 12.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12170349](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12170349)
- **Laparoscopic splenectomies for idiopathic thrombocytopenic purpura: experience of sixty cases.**  
 Author(s): Szold A, Schwartz J, Abu-Abeid S, Bulvik S, Eldor A.  
 Source: American Journal of Hematology. 2000 January; 63(1): 7-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10602160](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10602160)
- **Laparoscopic splenectomy for idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Pace DE, Chiasson PM, Schlachta CM, Mamazza J, Poulin EC.  
 Source: Surgical Endoscopy. 2003 January; 17(1): 95-8. Epub 2002 September 23.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12360373](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12360373)
- **Laparoscopic splenectomy for idiopathic thrombocytopenic purpura (ITP). A five-year experience.**  
 Author(s): Stanton CJ.  
 Source: Surgical Endoscopy. 1999 November; 13(11): 1083-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10556443](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10556443)
- **Laparoscopic splenectomy for idiopathic thrombocytopenic purpura.**  
 Author(s): Delaitre B, Blezel E, Samama G, Barrat C, Gossot D, Bresler L, Meyer C, Heyd B, Collet D, Champault G.  
 Source: Surgical Laparoscopy, Endoscopy & Percutaneous Techniques. 2002 December; 12(6): 412-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12496547](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12496547)



- **Laparoscopic splenectomy for idiopathic thrombocytopenic purpura: comparison of laparoscopic surgery and conventional open surgery.**  
 Author(s): Hashizume M, Ohta M, Kishihara F, Kawanaka H, Tomikawa M, Ueno K, Tanoue K, Higashi H, Kitano S, Sugimachi K.  
 Source: Surgical Laparoscopy & Endoscopy. 1996 April; 6(2): 129-35.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8680635](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8680635)
- **Laparoscopic splenectomy for idiopathic thrombocytopenic purpura: outcome and long-term results.**  
 Author(s): Bresler L, Guerci A, Brunaud L, Ayav A, Sebbag H, Tortuyaux JM, Lederlin P, Boissel P.  
 Source: World Journal of Surgery. 2002 January; 26(1): 111-4. Epub 2001 November 26.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11898043](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11898043)
- **Laparoscopic splenectomy in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Marcaccio MJ.  
 Source: Semin Hematol. 2000 July; 37(3): 267-74. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10942221](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10942221)
- **Laparoscopically assisted splenectomy for idiopathic thrombocytopenic purpura in a previously conserved spleen.**  
 Author(s): Isherwood P, Hershman MJ, Hartley M, Clark RE.  
 Source: Hosp Med. 2001 November; 62(11): 708-9. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11762107](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11762107)
- **Late and long-lasting response in an adult chronic idiopathic thrombocytopenic purpura after extended course of rituximab.**  
 Author(s): D'Arena G, Luigiavigliotti M, Coccaro M, Iodice G, Tartarone A, Matera R, Di Renzo N.  
 Source: Leukemia & Lymphoma. 2003 March; 44(3): 561-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12688335](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12688335)
- **Late-onset idiopathic thrombocytopenic purpura correlates with rapid B-cell recovery after allogeneic T-cell-depleted peripheral blood progenitor cell transplantation in children.**  
 Author(s): Kalwak K, Gorczynska E, Wojcik D, Toporski J, Turkiewicz D, Słociak M, Latos-Grazynska E, Bogusławska-Jaworska J, Chybicka A.  
 Source: Transplantation Proceedings. 2002 December; 34(8): 3374-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12493477](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12493477)

- **Lixelle ameliorates idiopathic thrombocytopenic purpura.**  
 Author(s): Takenaka T, Suzuki H.  
 Source: Nephrology, Dialysis, Transplantation : Official Publication of the European Dialysis and Transplant Association - European Renal Association. 2003 May; 18(5): 1032-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12686691](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12686691)
- **Local and cultural aspects of childhood idiopathic thrombocytopenic purpura: a summary of statements from the 12 countries worldwide.**  
 Author(s): Imbach P, Zimmerman S.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S68-73.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14668645](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14668645)
- **Long-term follow-up of idiopathic thrombocytopenic purpura in 310 patients.**  
 Author(s): Vianelli N, Valdre L, Fiacchini M, de Vivo A, Gugliotta L, Catani L, Lemoli RM, Poli M, Tura S.  
 Source: Haematologica. 2001 May; 86(5): 504-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11410414](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11410414)
- **Long-term outcome of splenectomy for idiopathic thrombocytopenic purpura.**  
 Author(s): Bell WR Jr.  
 Source: Semin Hematol. 2000 January; 37(1 Suppl 1): 22-5. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10676920](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10676920)
- **Long-term results of initial and repeated partial splenic embolization for the treatment of chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Kimura F, Itoh H, Ambiru S, Shimizu H, Togawa A, Yoshidome H, Ohtsuka M, Shimizu Y, Shimamura F, Miyazaki M.  
 Source: Ajr. American Journal of Roentgenology. 2002 November; 179(5): 1323-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12388522](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12388522)
- **Long-term salvage therapy with cyclosporin A in refractory idiopathic thrombocytopenic purpura.**  
 Author(s): Emilia G, Morselli M, Luppi M, Longo G, Marasca R, Gandini G, Ferrara L, D'Apollo N, Potenza L, Bertesi M, Torelli G.  
 Source: Blood. 2002 February 15; 99(4): 1482-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11830504](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11830504)

- **Major hemorrhage in children with idiopathic thrombocytopenic purpura: immediate response to therapy and long-term outcome.**  
 Author(s): Medeiros D, Buchanan GR.  
 Source: The Journal of Pediatrics. 1998 September; 133(3): 334-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9738712](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9738712)
- **Management of adult patients with persistent idiopathic thrombocytopenic purpura following splenectomy: a systematic review.**  
 Author(s): Vesely SK, Perdue JJ, Rizvi MA, Terrell DR, George JN.  
 Source: Annals of Internal Medicine. 2004 January 20; 140(2): 112-20. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14734334](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14734334)
- **Management of childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Lilleyman JS.  
 Source: British Journal of Haematology. 1999 June; 105(4): 871-5. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10554795](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10554795)
- **Management of idiopathic thrombocytopenic purpura in children: a single institution experience.**  
 Author(s): Ruggiero A, Ridola V, Lazzareschi I, Riccardi R.  
 Source: Pediatr Med Chir. 2000; 22(1): 31-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11387763](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11387763)
- **Management of idiopathic thrombocytopenic purpura in pregnancy.**  
 Author(s): Gill KK, Kelton JG.  
 Source: Semin Hematol. 2000 July; 37(3): 275-89. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10942222](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10942222)
- **Management of idiopathic thrombocytopenic purpura in pregnancy.**  
 Author(s): Silver RM.  
 Source: Clinical Obstetrics and Gynecology. 1998 June; 41(2): 436-48. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9646975](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9646975)
- **Management of idiopathic thrombocytopenic purpura.**  
 Author(s): Choudhry VP, Kashyap R, Pati HP.  
 Source: Indian J Pediatr. 1998 May-June; 65(3): 401-7. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10771991](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10771991)

- **Management of patients with chronic, refractory idiopathic thrombocytopenic purpura.**  
 Author(s): George JN, Kojouri K, Perdue JJ, Vesely SK.  
 Source: Semin Hematol. 2000 July; 37(3): 290-8. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=10942223](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=10942223)
- **Marked improvement of thrombocytopenia in a murine model of idiopathic thrombocytopenic purpura by pegylated recombinant human megakaryocyte growth and development factor.**  
 Author(s): Shibuya K, Kuwaki T, Tahara E, Yuki C, Akahori H, Kato T, Miyazaki H.  
 Source: Experimental Hematology. 2002 October; 30(10): 1185-92.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12384150](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12384150)
- **Mathematical analysis of the relative contributions of decreased production and increased peripheral destruction in idiopathic thrombocytopenic purpura and implications in splenectomy.**  
 Author(s): Hersh J.  
 Source: Journal of Theoretical Biology. 2000 March 21; 203(2): 153-62.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=10704299](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=10704299)
- **Mechanisms in childhood idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Winiarski J.  
 Source: Acta Paediatrica (Oslo, Norway : 1992). Supplement. 1998 June; 424: 54-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=9736220](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=9736220)
- **Mechanisms of action of therapeutics in idiopathic thrombocytopenic purpura.**  
 Author(s): Cines DB, McKenzie SE, Siegel DL.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S52-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=14668641](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=14668641)
- **Melatonin for refractory idiopathic thrombocytopenic purpura: a report of 3 cases.**  
 Author(s): Todisco M, Rossi N.  
 Source: American Journal of Therapeutics. 2002 November-December; 9(6): 524-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12424512](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12424512)
- **Mitral valve replacement in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Oba J, Aoki H, Yoshida T, Kanaoka T, Oe K.  
 Source: Jpn J Thorac Cardiovasc Surg. 2000 February; 48(2): 129-31. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=10769997](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=10769997)

- Molecular mimicry by *Helicobacter pylori* CagA protein may be involved in the pathogenesis of *H. pylori*-associated chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Takahashi T, Yujiri T, Shinohara K, Inoue Y, Sato Y, Fujii Y, Okubo M, Zaitsu Y, Ariyoshi K, Nakamura Y, Nawata R, Oka Y, Shirai M, Tanizawa Y.  
 Source: British Journal of Haematology. 2004 January; 124(1): 91-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14675413](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14675413)
- Monoclonal constitution of neutrophils detected by PCR-based human androgen receptor gene assay in a subset of idiopathic thrombocytopenic purpura patients.**  
 Author(s): Sashida G, Ohyashiki JH, Ito Y, Ohyashiki K.  
 Source: Leukemia Research. 2002 September; 26(9): 825-30.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12127558](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12127558)
- Mononeuropathy multiplex in the course of idiopathic thrombocytopenic purpura. A case report.**  
 Author(s): Yalcin A, Avcu F, Cetin T, Yesilova Z, Beyan C, Kaptan K.  
 Source: Acta Haematologica. 1998; 100(4): 211-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9973646](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9973646)
- Morbidity and mortality in adults with idiopathic thrombocytopenic purpura.**  
 Author(s): Portielje JE, Westendorp RG, Kluin-Nelemans HC, Brand A.  
 Source: Blood. 2001 May 1; 97(9): 2549-54.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11313240](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11313240)
- Mumps vaccine-associated acute orchitis with accompanying idiopathic thrombocytopenic purpura.**  
 Author(s): Horiguchi A, Uchida A.  
 Source: Bju International. 2002 December; 90(9): 970.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12460367](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12460367)
- Mycophenolate mofetil (MMF) for the treatment of steroid-resistant idiopathic thrombocytopenic purpura.**  
 Author(s): Hou M, Peng J, Shi Y, Zhang C, Qin P, Zhao C, Ji X, Wang X, Zhang M.  
 Source: European Journal of Haematology. 2003 June; 70(6): 353-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12756016](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12756016)
- Nationwide study of idiopathic thrombocytopenic purpura in pregnant women and the clinical influence on neonates.**  
 Author(s): Fujimura K, Harada Y, Fujimoto T, Kuramoto A, Ikeda Y, Akatsuka J, Dan K, Omine M, Mizoguchi H.  
 Source: International Journal of Hematology. 2002 May; 75(4): 426-33.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12041677](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12041677)

- **Nephrotic syndrome due to membranous glomerulonephritis in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Tamura K, Takagi N, Yabana M, Kihara M, Toya Y, Takizawa T, Takeshita Y, Tokita Y, Inayama Y, Umemura S.  
 Source: Nephron. 1999; 82(1): 87-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10224496](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10224496)
- **New developments in idiopathic thrombocytopenic purpura (ITP): cooperative, prospective studies by the Intercontinental Childhood ITP Study Group.**  
 Author(s): Imbach P, Kuhne T, Zimmerman S.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S74-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14668646](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14668646)
- **Newly diagnosed idiopathic thrombocytopenic purpura in childhood: an observational study.**  
 Author(s): Kuhne T, Imbach P, Bolton-Maggs PH, Berchtold W, Blanchette V, Buchanan GR; Intercontinental Childhood ITP Study Group.  
 Source: Lancet. 2001 December 22-29; 358(9299): 2122-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11784627](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11784627)
- **Normalized spleen/liver ratios on <sup>111</sup>In-labelled platelet scintigraphy to predict the outcome of partial splenic embolization in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Uchida Y, Minoshima S, Miyazaki M, Kuyama J, Kitahara H, Ito H.  
 Source: Nuclear Medicine Communications. 2000 May; 21(5): 441-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10874701](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10874701)
- **Nursing care study: idiopathic thrombocytopenic purpura.**  
 Author(s): Harris A.  
 Source: Nurs Times. 1983 September 21-7; 79(38): 50-3. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=6556519](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6556519)
- **Nursing care study: idiopathic thrombocytopenic purpura.**  
 Author(s): Reardon N.  
 Source: Nurs Times. 1976 June 24; 72(25): 980-3. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=945560](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=945560)
- **Oculomotor nerve palsy due to intraneural hemorrhage in idiopathic thrombocytopenic purpura: a case report.**  
 Author(s): Miyao S, Takano A, Teramoto J, Fujitake S, Hashizume Y.  
 Source: European Neurology. 1993; 33(1): 20-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8440280](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8440280)

- **Olanzapine-induced thrombocytopenia in association with idiopathic thrombocytopenic purpura.**  
 Author(s): Bachmann S, Schroder J, Pantel J, Mundt C, Zorn M, Witzens M, Egerer G.  
 Source: The British Journal of Psychiatry; the Journal of Mental Science. 1998 October; 173: 352.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9926044](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9926044)
- **Oligoclonal accumulation of T cells in peripheral blood from patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Shimomura T, Fujimura K, Takafuta T, Fujii T, Katsutani S, Noda M, Fujimoto T, Kuramoto A.  
 Source: British Journal of Haematology. 1996 December; 95(4): 732-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8982053](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8982053)
- **One-day intravenous therapy with high-dose gamma-globulin for idiopathic thrombocytopenic purpura.**  
 Author(s): Sasaki A, Furukawa Y, Inoue T, Yamane T, Sannomiya Y, Im T, Tatsumi N.  
 Source: Nippon Ketsueki Gakkai Zasshi. 1989 February; 52(1): 147-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2472726](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2472726)
- **One-year follow-up of plasma exchange therapy in 14 patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Marder VJ, Nusbacher J, Anderson FW.  
 Source: Transfusion. 1981 May-June; 21(3): 291-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7195085](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7195085)
- **Onyalai (a form of idiopathic thrombocytopenic purpura) in the United States. A report of two patients.**  
 Author(s): Harris MB, Murphy S, Oski FA.  
 Source: Clinical Pediatrics. 1972 December; 11(12): 705-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=4539207](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4539207)
- **Open versus laparoscopic splenectomy for idiopathic thrombocytopenic purpura: clinical and economic analysis.**  
 Author(s): Cordera F, Long KH, Nagorney DM, McMurtry EK, Schleck C, Ilstrup D, Donohue JH.  
 Source: Surgery. 2003 July; 134(1): 45-52.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12874582](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12874582)

- **Oral high-dose methylprednisolone and intravenous immunoglobulin treatments in adult chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Altintop L, Albayrak D.  
 Source: American Journal of Hematology. 1997 November; 56(3): 191-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9371535](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9371535)
- **Oral megadose methylprednisolone for childhood acute idiopathic thrombocytopenic purpura.**  
 Author(s): Ozsoylu S, Erturk G.  
 Source: Blood. 1991 April 15; 77(8): 1856-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2015411](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2015411)
- **Oral megadose methylprednisolone for idiopathic thrombocytopenic purpura.**  
 Author(s): Ozsoylu S.  
 Source: American Journal of Obstetrics and Gynecology. 1998 June; 178(6): 1368.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9662324](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9662324)
- **Oral megadose methylprednisolone versus intravenous immunoglobulin for acute childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Ozsoylu S, Sayli TR, Ozturk G.  
 Source: Pediatric Hematology and Oncology. 1993 October-December; 10(4): 317-21.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8292515](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8292515)
- **Osteochondroma in a patient with juvenile ankylosing spondylitis associated with idiopathic thrombocytopenic purpura and alpha thalassemia.**  
 Author(s): Tsai CY, Yu CL, Tsai YY, Wu TH, Tsai ST.  
 Source: Scandinavian Journal of Rheumatology. 1996; 25(1): 61-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8774559](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8774559)
- **Outcome measures and treatment endpoints other than platelet count in childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Buchanan GR, Adix L.  
 Source: Seminars in Thrombosis and Hemostasis. 2001 June; 27(3): 277-85. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11446661](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11446661)
- **Outcome of pregnancy in women with idiopathic thrombocytopenic purpura.**  
 Author(s): Al-Jama FE, Rahman J, Al-Suleiman SA, Rahman MS.  
 Source: The Australian & New Zealand Journal of Obstetrics & Gynaecology. 1998 November; 38(4): 410-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=9890221](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9890221)



- Outcomes of pregnancy in adult idiopathic thrombocytopenic purpura.**  
 Author(s): Wanachiwanawin W, Chansung K, Visudhiphan S, Piankijagum A.  
 Source: J Med Assoc Thai. 1992 October; 75(10): 584-90.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1306195](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1306195)
- Overview of 321 patients with idiopathic thrombocytopenic purpura. Retrospective analysis of the clinical features and response to therapy.**  
 Author(s): Pamuk GE, Pamuk ON, Baslar Z, Ongoren S, Soysal T, Ferhanoglu B, Aydin Y, Ulku B, Aktuglu G, Akman N.  
 Source: Annals of Hematology. 2002 August; 81(8): 436-40. Epub 2002 July 26.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12224000](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12224000)
- Overview of idiopathic thrombocytopenic purpura: new approach to refractory patients.**  
 Author(s): Bussel JB.  
 Source: Seminars in Oncology. 2000 December; 27(6 Suppl 12): 91-8. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11226007](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11226007)
- Paraneoplastic Raynaud phenomenon and idiopathic thrombocytopenic purpura in non-small-cell lung cancer.**  
 Author(s): Wong AS, Hon Yoon K.  
 Source: American Journal of Clinical Oncology : the Official Publication of the American Radium Society. 2003 February; 26(1): 26-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12576920](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12576920)
- Parvovirus B19 in idiopathic thrombocytopenic purpura.**  
 Author(s): Wehmeier A, Eis-Hubinger AM, Maas Enriquez M, Beckmann H.  
 Source: Vox Sanguinis. 2000; 79(2): 118.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11054052](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11054052)
- Pharmacological characterization of cepharanthin in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Sato T, Morita I, Fujita H, Ono M, Kimishima A, Tomiyama J, Murota S.  
 Source: Platelets. 2001 May; 12(3): 156-62.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11304417](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11304417)
- Pituitary apoplexy with optic tract oedema and haemorrhage in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Lenthall R, Gonugunta V, Jaspan T.  
 Source: Neuroradiology. 2001 February; 43(2): 156-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11326563](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11326563)

- **Plasma thrombopoietin levels in patients with aplastic anemia and idiopathic thrombocytopenic purpura.**  
 Author(s): Gu J, Lu L, Xu R, Chen X.  
 Source: Chinese Medical Journal. 2002 July; 115(7): 983-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12150725](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12150725)
- **Platelet kinetic study in patients with idiopathic thrombocytopenic purpura (ITP) refractory or relapsing after corticosteroid treatment.**  
 Author(s): Rossi G, Cattaneo C, Motta M, Pizzocaro C, Lanzi S, Pouche A.  
 Source: The Hematology Journal : the Official Journal of the European Haematology Association / Eha. 2002; 3(3): 148-52.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12111651](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12111651)
- **Platelet recovery after eradication of Helicobacter pylori in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Hino M, Yamane T, Park K, Takubo T, Ohta K, Kitagawa S, Higuchi K, Arakawa T.  
 Source: Annals of Hematology. 2003 January; 82(1): 30-2. Epub 2002 December 17.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12574961](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12574961)
- **Platelet recovery in patients with idiopathic thrombocytopenic purpura after eradication of Helicobacter pylori.**  
 Author(s): Hashino S, Mori A, Suzuki S, Izumiyama K, Kahata K, Yonezumi M, Chiba K, Kondo T, Ota S, Toyashima N, Kato N, Tanaka J, Imamura M, Asaka M.  
 Source: International Journal of Hematology. 2003 February; 77(2): 188-91.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12627857](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12627857)
- **Post-splenectomy veno-occlusive priapism in a child with idiopathic thrombocytopenic purpura.**  
 Author(s): Gross EM, Levin PD, Landau EH.  
 Source: Isr Med Assoc J. 2002 November; 4(11): 1084-5. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12489513](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12489513)
- **Predictive factors of response to splenectomy in adult chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Vecchio R, Cacciola E, Cacciola RR, Palazzo E, Rinzivillo C, Giustolisi R.  
 Source: Int Surg. 2000 July-September; 85(3): 252-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11325006](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11325006)

- **Predictive prognostic factors after splenectomy in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Chen CC, Ho CH, Wu TS, Wu JS, You JY, Chau WK, Hsu HC, Gau JP.  
 Source: Haematologica. 2001 June; 86(6): 663-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=11418380](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=11418380)
- **Presence of platelet antibodies in idiopathic thrombocytopenic purpura may discriminate acute from chronic disease.**  
 Author(s): Nielsen HE, Andersen EA, Carlsen N, Nir M, Taaning E.  
 Source: Acta Paediatrica (Oslo, Norway : 1992). 2003 October; 92(10): 1208-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=14632340](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=14632340)
- **Primary sclerosing cholangitis complicated with idiopathic thrombocytopenic purpura.**  
 Author(s): Sakai M, Egawa N, Sakamaki H, Sanaka M, Yuyang T, Kamisawa T, Sakaki N, Funata N, Nakazawa Y, Ikegami T, Hashikura Y, Kawasaki S.  
 Source: Intern Med. 2001 December; 40(12): 1209-14.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=11813846](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=11813846)
- **Pulmonary nocardiosis associated with idiopathic thrombocytopenic purpura.**  
 Author(s): Ando T, Usa T, Ide A, Abe Y, Sera N, Tominaga T, Ejima E, Ashizawa K, Nakata K, Eguchi K.  
 Source: Intern Med. 2001 March; 40(3): 246-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=11310493](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=11310493)
- **Pulsed high-dose dexamethasone therapy in children with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Wali YA, Al Lamki Z, Shah W, Zacharia M, Hassan A.  
 Source: Pediatric Hematology and Oncology. 2002 July-August; 19(5): 329-35.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12078864](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12078864)
- **Pulsed intravenous high-dose dexamethasone in adults with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Stasi R, Brunetti M, Pagano A, Stipa E, Masi M, Amadori S.  
 Source: Blood Cells, Molecules & Diseases. 2000 December; 26(6): 582-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=11112391](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=11112391)
- **Qualitative platelet abnormalities in a patient with chronic idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Clancy RL, Howard M, Sawers R, Firkin BG.  
 Source: Aust N Z J Med. 1971 August; 1(3): 224-7. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=5289132](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=5289132)

- **Qualitative platelet abnormalities in idiopathic thrombocytopenic purpura.**  
 Author(s): Clancy R, Jenkins E, Firkin B.  
 Source: The New England Journal of Medicine. 1972 March 23; 286(12): 622-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=5062182](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=5062182)
- **Qualitative platelet defects in three cases previously classified as idiopathic thrombocytopenic purpura and treated with splenectomy.**  
 Author(s): Grignani G, Geroldi D, Marchi A, Dell'Orbo C, Bagliani F, Gamba G.  
 Source: Haematologica. 1982 April; 67(2): 246-54.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=6807771](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=6807771)
- **Quantitation of platelet-binding IgG produced in vitro by spleens from patients with idiopathic thrombocytopenic purpura.**  
 Author(s): McMillan R, Longmire RL, Yelenosky R, Donnell RL, Armstrong S.  
 Source: The New England Journal of Medicine. 1974 October 17; 291(16): 812-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=4609225](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=4609225)
- **Quantitative determination of antibody in idiopathic thrombocytopenic purpura. Correlation of serum and platelet-bound antibody with clinical response.**  
 Author(s): Dixon R, Rosse W, Ebbert L.  
 Source: The New England Journal of Medicine. 1975 January 30; 292(5): 230-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=1078594](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=1078594)
- **Quantitative nitroblue tetrazolium in idiopathic thrombocytopenic purpura.**  
 Author(s): Ozsoylu S, Savas G, Laleli Y.  
 Source: The Journal of Pediatrics. 1977 December; 91(6): 1024-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=562931](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=562931)
- **Randomized study of IVIg and high-dose dexamethasone therapy for children with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Hedlund-Treutiger I, Henter JL, Elinder G.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 February; 25(2): 139-44.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12571466](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12571466)
- **Randomized trial of high-dose methylprednisolone versus intravenous immunoglobulin for the treatment of acute idiopathic thrombocytopenic purpura in children.**  
 Author(s): Ancona KG, Parker RI, Atlas MP, Prakash D.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2002 October; 24(7): 540-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12368690](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12368690)

- **Recombinant factor VIIa for refractive haemorrhage in autoimmune idiopathic thrombocytopenic purpura.**  
 Author(s): Culic S.  
 Source: British Journal of Haematology. 2003 March; 120(5): 909-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12614230](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12614230)
- **Remission of idiopathic thrombocytopenic purpura by eradicating *Helicobacter pylori* after omeprazole monotherapy.**  
 Author(s): Kumagai T, Sekigawa K, Hashimoto N, Shirato R.  
 Source: International Journal of Hematology. 2001 August; 74(2): 237-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11594530](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11594530)
- **Renal failure after anti-D globulin treatment of idiopathic thrombocytopenic purpura.**  
 Author(s): Kees-Folts D, Abt AB, Domen RE, Freiberg AS.  
 Source: Pediatric Nephrology (Berlin, Germany). 2002 February; 17(2): 91-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11875670](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11875670)
- **Resolution of refractory idiopathic thrombocytopenic purpura after eradication of *Helicobacter pylori*.**  
 Author(s): Tohda S, Ohkusa T.  
 Source: American Journal of Hematology. 2000 December; 65(4): 329-30.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11074571](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11074571)
- **Response to high-dose intravenous immune globulin as a valuable factor predicting the effect of splenectomy in chronic idiopathic thrombocytopenic purpura patients.**  
 Author(s): Choi CW, Kim BS, Seo JH, Shin SW, Kim YH, Kim JS, Sohn SK, Kim JS, Shin DG, Ryoo HM, Lee KH, Lee JJ, Chung IJ, Kim HJ, Kwak JY, Yim CY, Ahn JS, Lee JA, Park YS.  
 Source: American Journal of Hematology. 2001 March; 66(3): 197-202.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11279626](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11279626)
- **Rituximab chimeric anti-CD20 monoclonal antibody treatment for adults with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Stasi R, Pagano A, Stipa E, Amadori S.  
 Source: Blood. 2001 August 15; 98(4): 952-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11493438](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11493438)

- **Role of Fcgamma receptors in the pathogenesis and treatment of idiopathic thrombocytopenic purpura.**  
 Author(s): Crow AR, Lazarus AH.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S14-8. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14668633](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14668633)
- **Role of splenectomy in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Srinivasan S, Sabapathy K, Bharadwaj TP, Sethuraman S.  
 Source: J Assoc Physicians India. 2003 February; 51: 159-62.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12725258](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12725258)
- **Self-reported initial management of childhood idiopathic thrombocytopenic purpura: results of a survey of members of the American Society of Pediatric Hematology/Oncology, 2001.**  
 Author(s): Vesely SK, Buchanan GR, Adix L, George JN, Cohen AR, Blanchette VS, Kuhne T; American Society of Pediatric Hematology/Oncology, 2001.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 February; 25(2): 130-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12571464](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12571464)
- **Serum cytokine level during continuous venovenous hemofiltration in toxic shock-like syndrome due to group G beta Streptococcus bacteremia in a patient with idiopathic thrombocytopenic purpura.**  
 Author(s): Takagi K, Shimizu H, Iwasaki H, Tsutani H, Ueda T.  
 Source: Scandinavian Journal of Infectious Diseases. 2002; 34(6): 403-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12160164](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12160164)
- **Serum from patients with chronic idiopathic thrombocytopenic purpura frequently affect the platelet function.**  
 Author(s): Olsson A, Andersson PO, Tengborn L, Wadenvik H.  
 Source: Thrombosis Research. 2002 August 15; 107(3-4): 135-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12431479](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12431479)
- **Serum immunoglobulin levels at onset: association with the prognosis of childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Kubota M, Usami I, Kobayashi K, Tsutsui T, Matsubara K.  
 Source: International Journal of Hematology. 2003 April; 77(3): 304-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12731677](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12731677)

- Severe bleeding symptoms in refractory idiopathic thrombocytopenic purpura: a case successfully treated with melatonin.**  
 Author(s): Todisco M, Casaccia P, Rossi N.  
 Source: American Journal of Therapeutics. 2003 March-April; 10(2): 135-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12629593](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12629593)
- Soluble P-selectin, interleukin 6, and thrombopoietin levels in children with acute and chronic idiopathic thrombocytopenic purpura and their relationship with megadose methylprednisolone therapy: a pilot study.**  
 Author(s): Olcay L, Yenicesu I, Yetgin S.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2002 December; 24(9): 742-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12468916](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12468916)
- Splenectomy versus medical treatment for idiopathic thrombocytopenic purpura.**  
 Author(s): Gadenstatter M, Lamprecht B, Klingler A, Wetscher GJ, Greil R, Schmid T.  
 Source: American Journal of Surgery. 2002 December; 184(6): 606-9; Discussion 609-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12488186](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12488186)
- Spontaneous renal hemorrhage associated with idiopathic thrombocytopenic purpura--a case report.**  
 Author(s): Liu CC, Huang CH, Su YC, Shih MC, Chou YH.  
 Source: Kaohsiung J Med Sci. 2002 March; 18(3): 149-52.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12149831](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12149831)
- Stevens-Johnson syndrome with idiopathic thrombocytopenic purpura treated with dexamethasone pulse therapy.**  
 Author(s): Barman KD, Verma KK, Agrawal S, Agarwalla A, Rijal A.  
 Source: The Journal of Dermatology. 2003 January; 30(1): 54-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12598710](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12598710)
- Subconjunctival hemorrhage: the first presenting clinical feature of idiopathic thrombocytopenic purpura.**  
 Author(s): Sodhi PK, Jose R.  
 Source: Japanese Journal of Ophthalmology. 2003 May-June; 47(3): 316-8.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12782172](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12782172)
- T-cell-mediated cytotoxicity toward platelets in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Olsson B, Andersson PO, Jernas M, Jacobsson S, Carlsson B, Carlsson LM, Wadenvik H.  
 Source: Nature Medicine. 2003 September; 9(9): 1123-4. Epub 2003 August 24.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12937414](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12937414)

- **The IgG subclasses of platelet-associated autoantibodies directed against platelet glycoproteins IIb/IIIa in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Chan H, Moore JC, Finch CN, Warkentin TE, Kelton JG.  
 Source: British Journal of Haematology. 2003 September; 122(5): 818-24.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12930395](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12930395)
- **The natural history of refractory idiopathic thrombocytopenic purpura.**  
 Author(s): Djulbegovic B, Cohen Y.  
 Source: Blood. 2001 October 1; 98(7): 2282-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11592263](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11592263)
- **The potential role of thrombopoietin in idiopathic thrombocytopenic purpura.**  
 Author(s): von dem Borne A, Folman C, van den Oudenrijn S, Linthorst G, de Jong S, de Haas M.  
 Source: Blood Reviews. 2002 March; 16(1): 57-9. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11913997](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11913997)
- **The relationship between idiopathic thrombocytopenic purpura and pernicious anaemia.**  
 Author(s): Junca J, Flores A, Granada ML, Jimenez O, Sancho JM.  
 Source: British Journal of Haematology. 2000 November; 111(2): 513-6.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11122092](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11122092)
- **Transient elevation of platelet count in patients with chronic idiopathic thrombocytopenic purpura: association with infection.**  
 Author(s): Matano S, Kyoda K, Yamazaki H, Sugimoto T.  
 Source: Acta Haematologica. 2003; 109(2): 104-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12624496](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12624496)
- **Treatment of relapsed idiopathic thrombocytopenic purpura with the anti-CD20 monoclonal antibody rituximab: a pilot study.**  
 Author(s): Giagounidis AA, Anhu J, Schneider P, Germing U, Sohngen D, Quabeck K, Aul C.  
 Source: European Journal of Haematology. 2002 August; 69(2): 95-100.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12366712](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12366712)
- **Treatment of steroid-resistant idiopathic thrombocytopenic purpura in pregnancy with repeated high-dose intravenous immunoglobulin.**  
 Author(s): Kimura S, Kuroda J, Akaogi T, Hayashi H, Ogino Y, Kobayashi Y, Yoshikawa T.  
 Source: Haematologia. 2001; 31(3): 263-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11855790](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11855790)



- **Treatment strategy and perioperative risk in patients with idiopathic thrombocytopenic purpura undergoing cardiac surgery.**  
 Author(s): Christiansen S, Redmann K, Schmid C, Scheld HH.  
 Source: The Thoracic and Cardiovascular Surgeon. 2001 October; 49(5): 316-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11605148](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11605148)
- **Treatment with short-term, high-dose cyclosporin A in children with refractory chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Perrotta S, Amendola G, Locatelli F, Conte ML, Rossi F, d'Urzo G, Nobili B.  
 Source: British Journal of Haematology. 2003 April; 121(1): 143-7.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12670345](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12670345)
- **Ultrastructural study shows morphologic features of apoptosis and para-apoptosis in megakaryocytes from patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Houwerzijl EJ, Blom NR, van der Want JJ, Esselink MT, Koornstra JJ, Smit JW, Louwes H, Vellenga E, de Wolf JT.  
 Source: Blood. 2004 January 15; 103(2): 500-6. Epub 2003 September 11.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12969975](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12969975)
- **Unusual myelodysplastic syndrome with the initial presentation mimicking idiopathic thrombocytopenic purpura.**  
 Author(s): Kuroda J, Kimura S, Kobayashi Y, Wada K, Uoshima N, Yoshikawa T.  
 Source: Acta Haematologica. 2002; 108(3): 139-43.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=12373085](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12373085)
- **Urgent treatment of idiopathic thrombocytopenic purpura with single-dose gammaglobulin infusion followed by platelet transfusion.**  
 Author(s): Baumann MA, Menitove JE, Aster RH, Anderson T.  
 Source: Annals of Internal Medicine. 1986 June; 104(6): 808-9.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2422997](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2422997)
- **Ursodeoxycholic acid treatment of idiopathic thrombocytopenic purpura with liver dysfunction.**  
 Author(s): Koike M, Sekigawa I, Ogawa K, Iida N, Oshimi K.  
 Source: European Journal of Haematology. 2003 November; 71(5): 391-2.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=14667204](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14667204)
- **Use of ascorbate for the treatment of refractory idiopathic thrombocytopenic purpura in children.**  
 Author(s): Ramenghi U, Saracco P, Timeus F, Bertoldi R, Miniero R.  
 Source: Am J Pediatr Hematol Oncol. 1991 Winter; 13(4): 486-7. No Abstract Available.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=1785677](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1785677)

- **Use of danazol in the management of chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Heyd J, Hershko C.  
 Source: Isr J Med Sci. 1985 May; 21(5): 418-20.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=4040506](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=4040506)
- **Use of intravenous gamma globulin in children and adolescents with idiopathic thrombocytopenic purpura and other immune thrombocytopenias.**  
 Author(s): Lusher JM, Warrier I.  
 Source: The American Journal of Medicine. 1987 October 23; 83(4A): 10-6. Review.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=3118703](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=3118703)
- **Use of intravenous methylprednisolone in acute idiopathic thrombocytopenic purpura.**  
 Author(s): Jayabose S, Patel P, Inamdar S, Brilliant R, Mamtani R.  
 Source: Am J Pediatr Hematol Oncol. 1987 Summer; 9(2): 133-5.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=3592124](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=3592124)
- **Usefulness of determining reticulated and large platelets in idiopathic thrombocytopenic purpura.**  
 Author(s): Takubo T, Yamane T, Hino M, Tsuda I, Tatsumi N.  
 Source: Acta Haematologica. 1998; 99(2): 109-10.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=9554462](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=9554462)
- **Using decision analysis techniques to deal with "unanswerable" questions in idiopathic thrombocytopenic purpura.**  
 Author(s): Klaassen R.  
 Source: Journal of Pediatric Hematology/Oncology : Official Journal of the American Society of Pediatric Hematology/Oncology. 2003 December; 25 Suppl 1: S62-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=14668643](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=14668643)
- **Variable patterns of response to rituximab treatment in adults with chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Stasi R, Stipa E, Forte V, Meo P, Amadori S.  
 Source: Blood. 2002 May 15; 99(10): 3872-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=12014370](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=12014370)
- **Varicella-associated thrombocytopenia: clues to the etiology of childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Yeager AM, Zinkham WH.  
 Source: Johns Hopkins Med J. 1980 June; 146(6): 270-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list\\_uids=7189802](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstr&list_uids=7189802)

- **Very low dose danazol in idiopathic thrombocytopenic purpura and its role as an immune modulator.**  
 Author(s): Mylvaganam R, Ahn YS, Garcia RO, Kim CI, Harrington WJ.  
 Source: The American Journal of the Medical Sciences. 1989 October; 298(4): 215-20.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=2801758](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2801758)
- **Vigam-S, a solvent/detergent-treated intravenous immunoglobulin, in idiopathic thrombocytopenic purpura.**  
 Author(s): Newland AC, Burton I, Cavenagh JD, Copplestone A, Dolan G, Houghton J, Reilly T.  
 Source: Transfusion Medicine (Oxford, England). 2001 February; 11(1): 37-44.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11328570](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11328570)
- **Vinblastine and danazol therapy in steroid resistant childhood chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Choudhry VP, Kashyap R, Ahlawat S, Pati HP.  
 Source: International Journal of Hematology. 1995 April; 61(3): 157-62.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=7599327](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7599327)
- **Vinca alkaloids for idiopathic thrombocytopenic purpura.**  
 Author(s): Pillai MV, Spencer CD, Sonoda T.  
 Source: Annals of Internal Medicine. 1984 July; 101(1): 149-50.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=6539577](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6539577)
- **Vincristine as therapy for idiopathic thrombocytopenic purpura in patients infected with human immunodeficiency virus.**  
 Author(s): Ena J, Garcia A, de Mar Masia M.  
 Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 1996 May; 22(5): 880-1.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=8722968](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8722968)
- **Vincristine therapy in refractory chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Kueh YK.  
 Source: Ann Acad Med Singapore. 1982 April; 11(2): 290-3.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=6890324](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6890324)
- **Virus-associated hemophagocytic syndrome due to rubella virus and varicella-zoster virus dual infection in patient with adult idiopathic thrombocytopenic purpura.**  
 Author(s): Takeoka Y, Hino M, Oiso N, Nishi S, Koh KR, Yamane T, Ohta K, Nakamae H, Aoyama Y, Hirose A, Fujino H, Takubo T, Inoue T, Tatsumi N.  
 Source: Annals of Hematology. 2001 June; 80(6): 361-4.  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11475151](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11475151)

- **Virus-associated idiopathic thrombocytopenic purpura.**

Author(s): Rand ML, Wright JF.

Source: Transfusion Science. 1998 September; 19(3): 253-9. Review.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=10351137](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10351137)

## CHAPTER 2. NUTRITION AND IDIOPATHIC THROMBOCYTOPENIC PURPURA

### Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and idiopathic thrombocytopenic purpura.

### Finding Nutrition Studies on Idiopathic Thrombocytopenic Purpura

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: [ods@nih.gov](mailto:ods@nih.gov)). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.<sup>4</sup> The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "idiopathic thrombocytopenic purpura" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

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<sup>4</sup> Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "idiopathic thrombocytopenic purpura" (or a synonym):

- **A clinical study of patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Department of Internal Medicine, School of Medicine, Tokai University, Kanagawa, Japan.  
 Source: Nozaki, H Tanaka, K Shimizu, M Satou, Y Tokunaga, M Usui, T Mishima, K Yonekura, S Shimizu, H Noguchi, K et al. Tokai-J-Exp-Clin-Med. 1989 June; 14(3): 231-6 0385-0005
- **Acute childhood idiopathic thrombocytopenic purpura: AIEOP consensus guidelines for diagnosis and treatment.** Associazione Italiana di Ematologia e Oncologia Pediatrica.  
 Author(s): Dipartimento di Biomedicina dell'Eta Evolutiva, Universita di Bari. Azienda Ospedliera Policlinico, piazza G. Cesare 11, 70124 Bari, Italy. demattia@bioetaev.uniba.it.  
 Source: De Mattia, D Del Principe, D Del Vecchio, G C Jankovic, M Arrighini, A Giordano, P Menichelli, A Mori, P Zecca, M Pession, A Haematologica. 2000 April; 85(4): 420-4 0390-6078
- **Adult idiopathic thrombocytopenic purpura.**  
 Source: Maldonado, A Fernandez, A C Velez Garcia, E Bol-Asoc-Med-P-R. 1988 February; 80(2): 44-7 0004-4849
- **Aggressive combination therapy in the successful management of life-threatening intracranial hemorrhage in a patient with idiopathic thrombocytopenic purpura.**  
 Source: Hoots, W K Huntington, D Devine, D Schmidt, C Bracey, A Am-J-Pediatr-Hematol-Oncol. 1986 Fall; 8(3): 225-30 0192-8562
- **Ascorbic acid for the treatment of chronic refractory idiopathic thrombocytopenic purpura (ITP).**  
 Author(s): Istituto di Ematologia L. e A. Seragnoli, Universita degli Studi di Bologna, Italy.  
 Source: Vianelli, N Gugliotta, L Gianni, L Belmonte, M M Catani, L Tura, S Haematologica. 1992 Jan-February; 77(1): 92-3 0390-6078
- **Association of splenoma, peliosis and lipid histiocytosis in spleen or accessory spleen removed in 2 patients with chronic idiopathic thrombocytopenic purpura after long term treatment with steroids.**  
 Author(s): Service Central Jacques Delarue d'Anatomie et de Cytologie Pathologiques, Hotel Dieu, Paris, France.  
 Source: Diebold, J Audouin, J Pathol-Res-Pract. 1988 August; 183(4): 446-52 0344-0338
- **Autoimmune thrombocytopenic purpura.**  
 Author(s): First Department of Pathology, Kansai Medical University, Osaka, Japan.  
 Source: Ikehara, S Mizutani, H Kurata, Y Crit-Rev-Oncol-Hematol. 1995 April; 19(1): 33-45 1040-8428
- **Clinical usefulness of vinca alkaloid slow infusion in the treatment of chronic refractory idiopathic thrombocytopenic purpura: a multicenter cooperative study.**  
 Author(s): Third Department of Internal Medicine, Nippon Medical School, Tokyo.  
 Source: Nomura, T Maekawa, T Uchino, H Miyazaki, T Miura, Y Abe, T Asano, S Kuriya, S Nagai, K Yawata, Y et al. Nippon-Ketsueki-Gakkai-Zasshi. 1990 February; 53(1): 98-104 0001-5806
- **Danazol in chronic idiopathic thrombocytopenic purpura resistant to corticosteroids.**  
 Author(s): Department of Hematology, Medical School, Wroclaw, Poland.

Source: Kotlarek Haus, S Podolak Dawidziak, M Folia-Haematol-Int-Mag-Klin-Morphol-Blutforsch. 1987; 114(6): 768-76 0015-556X

- **High dose intravenous IgG followed by splenectomy versus splenectomy alone in idiopathic thrombocytopenic purpura refractory to steroids.**  
 Author(s): Service d'Onco-Hematologie, Centre Hospitalier Universitaire de Hautepierre, Strasbourg, France.  
 Source: Lang, J M Amaral, D Audhuy, B Barats, J C Boilletot, A Oberling, F Nouv-Rev-Fr-Hematol. 1987; 29(5): 285-7
- **Idiopathic autoimmune thrombocytopenic purpura.**  
 Author(s): Duke University Medical Center, Durham, North Carolina.  
 Source: Kurtzberg, J Stockman, J A Adv-Pediatr. 1994; 41111-34 0065-3101
- **Idiopathic thrombocytopenic purpura presenting as iron-responsive thrombocytopenia.**  
 Source: Michaeli, J Admon, D Lugassy, G Matzner, Y Haemostasis. 1987; 17(1-2): 105-8 0301-0147
- **Impaired suppressor function of T cells induced by autologous mixed lymphocyte reaction in patients with idiopathic thrombocytopenic purpura.**  
 Author(s): Second Department of Internal Medicine, Osaka University Medical School, Japan.  
 Source: Furubayashi, T Mizutani, H Take, H Honda, S Tomiyama, Y Katagiri, S Tamaki, T Tsubakio, T Kurata, Y Yonezawa, T et al. Acta-Haematol. 1992; 87(1-2): 32-6 0001-5792
- **Increased in vivo biosynthesis of prostacyclin and thromboxane A2 in chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Laboratoire d'Hemobiologie, Institut Pasteur, Faculte de Medecine A. Carrel, INSERM 205, Lyon, France.  
 Source: Rousson, D Guichardant, M Lagarde, M Viala, J J Dechavanne, M Br-J-Haematol. 1989 July; 72(3): 402-6 0007-1048
- **Intravenous immunoglobulin therapy for idiopathic thrombocytopenic purpura and other immune-related disorders: review and update of our experiences.**  
 Author(s): Department of Pediatrics, University of Berne, Switzerland.  
 Source: Imbach, P Pediatr-Infect-Dis-J. 1988 May; 7(5 Suppl): S120-5 0891-3668
- **Platelet dysfunction in Noonan's syndrome. A case with a platelet cyclooxygenase-like deficiency and chronic idiopathic thrombocytopenic purpura.**  
 Author(s): Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston.  
 Source: Flick, J T Singh, A K Kizer, J Lazarchick, J Am-J-Clin-Pathol. 1991 May; 95(5): 739-42 0002-9173
- **Risk factors for neonatal thrombocytopenia in pregnancy complicated by idiopathic thrombocytopenic purpura.**  
 Author(s): Department of Obstetrics and Gynecology, Hokkaido University School of Medicine, Sapporo, Japan.  
 Source: Yamada, H Kato, E H Kishida, T Negishi, H Makinoda, S Fujimoto, S Ann-Hematol. 1998 May; 76(5): 211-4 0939-5555
- **Slow infusions of vinblastine in the treatment of adult idiopathic thrombocytopenic purpura: a report on 43 cases.**  
 Author(s): Service des Maladies du Sang, C.H.U. Lille, France.  
 Source: Fenaux, P Quiquandon, I Caulier, M T Simon, M Walter, M P Bauters, F Blut. 1990 April; 60(4): 238-41 0006-5242

- **Splenectomy for idiopathic thrombocytopenic purpura: comparison of laparoscopic and conventional surgery.**  
 Author(s): IRCCS San Raffaele, Department of Surgery, University of Milan, Italy.  
 Source: Marassi, A Vignali, A Zuliani, W Biguzzi, E Bergamo, C Gianotti, L Di Carlo, V Surg-Endosc. 1999 January; 13(1): 17-20 0930-2794
- **Stress platelets in normal individuals and patients with idiopathic thrombocytopenic purpura.**  
 Author(s): First Department of Internal Medicine, School of Medicine, Niigata University, Japan.  
 Source: Hattori, A Soga, N Mito, M Koike, T Shibata, A Blood-Cells. 1992; 18(2): 281-94 0340-4684
- **The treatment of adult idiopathic thrombocytopenic purpura. Infusion of vinblastine in ITP.**  
 Author(s): Service des Maladies du Sang CHU, Lille, France.  
 Source: Simon, M Jouet, J P Fenaux, P Pollet, J P Walter, M P Bauters, F Eur-J-Haematol. 1987 September; 39(3): 193-6 0902-4441
- **Therapeutic considerations in childhood idiopathic thrombocytopenic purpura.**  
 Author(s): Department of Pediatrics, Duke University Medical Center, Durham, North Carolina.  
 Source: Ware, R Kinney, T R Crit-Rev-Oncol-Hematol. 1987; 7(2): 139-52 1040-8428
- **Therapy of chronic idiopathic thrombocytopenic purpura in adults.**  
 Author(s): Department of Molecular and Experimental Medicine, Research Institute of Scripps Clinic, La Jolla, CA 92037.  
 Source: Berchtold, P McMillan, R Blood. 1989 November 15; 74(7): 2309-17 0006-4971
- **Treatment of autoimmune thrombocytopenic purpura.**  
 Author(s): Department of Internal Medicine, University of Ancona, Italy.  
 Source: Centurioni, R Braianzoni, F Olivieri, A Rupoli, S DaLio, L Montillo, M D'Addezio, E Leoni, P Acta-Haematol-Pol. 1990 Jul-December; 21(2): 139-43 0001-5814
- **Treatment of idiopathic thrombocytopenic purpura based on TCM syndrome differentiation.**  
 Author(s): Bethune Medical University, Changchun, Jilin Province.  
 Source: Li, Y Qian, R Huang, X Zhu, G J-Tradit-Chin-Med. 1995 June; 15(2): 83-6 0254-6272
- **Treatment of refractory idiopathic thrombocytopenic purpura in adults.**  
 Author(s): St George Hospital, Kogarah, Sydney, NSW, Australia.  
 Source: Manoharan, A Br-J-Haematol. 1991 October; 79(2): 143-7 0007-1048

## Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture's Web site dedicated to nutrition information: [www.nutrition.gov](http://www.nutrition.gov)



- The Food and Drug Administration's Web site for federal food safety information: **[www.foodsafety.gov](http://www.foodsafety.gov)**
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: **<http://www.surgeongeneral.gov/topics/obesity/>**
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: **<http://vm.cfsan.fda.gov/>**
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: **<http://www.usda.gov/cnpp/>**
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: **<http://www.nal.usda.gov/fnic/>**
- Food and Nutrition Service sponsored by the United States Department of Agriculture: **<http://www.fns.usda.gov/fns/>**

### **Additional Web Resources**

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: **<http://search.aol.com/cat.adp?id=174&layer=&from=subcats>**
- Family Village: **[http://www.familyvillage.wisc.edu/med\\_nutrition.html](http://www.familyvillage.wisc.edu/med_nutrition.html)**
- Google: **<http://directory.google.com/Top/Health/Nutrition/>**
- Healthnotes: **<http://www.healthnotes.com/>**
- Open Directory Project: **<http://dmoz.org/Health/Nutrition/>**
- Yahoo.com: **<http://dir.yahoo.com/Health/Nutrition/>**
- WebMD®Health: **<http://my.webmd.com/nutrition>**
- WholeHealthMD.com: **<http://www.wholehealthmd.com/reflib/0,1529,00.html>**



## CHAPTER 3. CLINICAL TRIALS AND IDIOPATHIC THROMBOCYTOPENIC PURPURA

### Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning idiopathic thrombocytopenic purpura.

### Recent Trials on Idiopathic Thrombocytopenic Purpura

The following is a list of recent trials dedicated to idiopathic thrombocytopenic purpura.<sup>5</sup> Further information on a trial is available at the Web site indicated.

- **Autologous Peripheral Blood Stem Cell Transplantation in Patients With Life Threatening Autoimmune Diseases**

Condition(s): Purpura, Schoenlein-Henoch; Graft Versus Host Disease; Anemia, Hemolytic, Autoimmune; Rheumatoid Arthritis; Churg-Strauss Syndrome; Hypersensitivity Vasculitis; Wegener's Granulomatosis; Systemic Lupus Erythematosus; Giant Cell Arteritis; Pure Red Cell Aplasia; Juvenile Rheumatoid Arthritis; Polyarteritis Nodosa; Autoimmune Thrombocytopenic Purpura; Takayasu Arteritis

Study Status: This study is no longer recruiting patients.

Sponsor(s): Fairview University Medical Center

Purpose - Excerpt: Objectives: I. Determine whether there is prompt engraftment after autologous peripheral blood stem cell transplantation using filgrastim (G-CSF) mobilization in patients with life threatening autoimmune diseases. II. Determine the kinetics of T- and B-cell immune reconstitution after a combination of timed plasmapheresis, high dose cyclophosphamide and total lymphoid irradiation, and posttransplant immunosuppression with cyclosporine in these patients. III. Determine whether this treatment regimen beneficially influences the clinical course of these patients.

Study Type: Interventional

Contact(s): see Web site below

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<sup>5</sup> These are listed at [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).

Web Site: <http://clinicaltrials.gov/ct/show/NCT00006055>

## Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at **<http://www.clinicaltrials.gov/>** and search by “idiopathic thrombocytopenic purpura” (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: **<http://clinicalstudies.info.nih.gov/>**
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: **<http://www.jhbm.jhu.edu/studies/index.html>**
- For cancer trials, visit the National Cancer Institute: **<http://cancertrials.nci.nih.gov/>**
- For eye-related trials, visit and search the Web page of the National Eye Institute: **<http://www.nei.nih.gov/neitrials/index.htm>**
- For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: **<http://www.nhlbi.nih.gov/studies/index.htm>**
- For trials on aging, visit and search the Web site of the National Institute on Aging: **<http://www.grc.nia.nih.gov/studies/index.htm>**
- For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: **[http://ord.aspensys.com/asp/resources/rsch\\_trials.asp](http://ord.aspensys.com/asp/resources/rsch_trials.asp)**
- For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: **[http://www.niaaa.nih.gov/intramural/Web\\_dicbr\\_hp/particip.htm](http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm)**
- For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: **<http://www.niaid.nih.gov/clintrials/>**
- For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: **<http://www.niams.nih.gov/hi/studies/index.htm>**
- For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: **<http://www.nidcd.nih.gov/health/clinical/index.htm>**
- For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: **<http://www.niddk.nih.gov/patient/patient.htm>**

- For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: **<http://www.nida.nih.gov/CTN/Index.htm>**
- For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: **<http://www.nimh.nih.gov/studies/index.cfm>**
- For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: **[http://www.ninds.nih.gov/funding/funding\\_opportunities.htm#Clinical\\_Trials](http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials)**



## CHAPTER 4. BOOKS ON IDIOPATHIC THROMBOCYTOPENIC PURPURA

### Overview

This chapter provides bibliographic book references relating to idiopathic thrombocytopenic purpura. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on idiopathic thrombocytopenic purpura include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

### Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "idiopathic thrombocytopenic purpura" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on idiopathic thrombocytopenic purpura:

- **Oral Manifestations of HIV Infection**

Source: Perspectives on Oral Manifestations of AIDS: Diagnosis and Management of HIV-Associated Infections. San Diego, CA, January 18-20, 1988.

Contact: PSG Publishing Company, 545 Great Rd, Littleton, MA, 01460, (508) 486-8971.

Summary: These proceedings of the Conference Perspectives on Oral Manifestations of AIDS: Diagnosis and Management of HIV-Associated Infections held in San Diego, CA, on January 18-20, 1988. They describe salient features of oral lesions associated with Human immunodeficiency virus (HIV) in dental patients and their importance in diagnosing HIV and Acquired immunodeficiency syndrome (AIDS). Kaposi's sarcoma and other neoplasms are reviewed and their oral manifestations are described. Viral

lesions such as Human papillomavirus, herpes simplex virus, varicella virus, and hairy leukoplakia in the oral cavity are examined. Ulcers, salivary gland swelling, and **idiopathic thrombocytopenic purpura** lesions associated with HIV-associated oral manifestations are described. It is concluded that the varied nature and important implications of oral lesions associated with HIV-positive dental patients are among the factors that make an understanding of oral soft tissue diseases increasingly important in health care.

## Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "idiopathic thrombocytopenic purpura" at online booksellers' Web sites, you may discover non-medical books that use the generic term "idiopathic thrombocytopenic purpura" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "idiopathic thrombocytopenic purpura" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **Idiopathic thrombocytopenic purpura : proceedings of a workshop**; ISBN: 091983910X; <http://www.amazon.com/exec/obidos/ASIN/091983910X/icongroupinterna>
- **Intravenous immunoglobulins in immunodeficiency syndromes and idiopathic thrombocytopenic purpura**; ISBN: 0199220239; <http://www.amazon.com/exec/obidos/ASIN/0199220239/icongroupinterna>

## Chapters on Idiopathic Thrombocytopenic Purpura

In order to find chapters that specifically relate to idiopathic thrombocytopenic purpura, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and idiopathic thrombocytopenic purpura using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "idiopathic thrombocytopenic purpura" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on idiopathic thrombocytopenic purpura:

- **Oral Bleeding**

Source: in Montgomery, M.T.; Redding, S.W., eds. *Oral-Facial Emergencies: Diagnosis and Management*. Portland, OR: JBK Publishing, Inc. 1994. p. 103-125.

Contact: Available from Special Care Dentistry. 211 East Chicago Avenue, Chicago, IL 60611. (312) 440-2660. Fax (312) 440-2824. PRICE: \$27.00 (member) or \$30.00 (nonmember), plus shipping and handling; institutional prices and bulk orders available. ISBN: 0945892055.

Summary: This chapter on oral bleeding is from an emergency room handbook that addresses a variety of orofacial injuries that are likely to be encountered in an acute care



setting. Acute oral bleeding is a diverse condition, ranging from minor oozing secondary to a tooth extraction, to life-threatening bleeding in patients with severe hemostatic defects. The oral cavity is a common site for hemorrhagic problems because of its rich blood supply and susceptibility to trauma from such normal activities as speaking and eating. Commonly performed dental manipulations such as extractions, periodontal surgery, biopsies and scaling expose the oral soft tissues to significant iatrogenic insults. The author covers the normal physiology of hemostasis; disorders of hemostasis, including **idiopathic thrombocytopenic purpura** (ITP), thrombotic thrombocytopenic purpura (TTP), and thrombasthenia; the patient evaluation, including history taking, physical findings, and laboratory evaluation; and treatment recommendations, including therapies to reduce bleeding in hemophilia A. The author notes that patients with occult bleeding defects are often initially diagnosed following a dental procedure. 10 figures. 6 tables. 12 references. (AA-M).

- **Recurrent Hemolytic Uremic Syndrome**

Source: in Kaplan, B.S., Trompeter, R.S., and Moake, J.L., eds. Hemolytic Uremic Syndrome and Thrombotic Thrombocytopenic Purpura. New York, NY: Marcel Dekker, Inc. 1992. p. 151-162.

Contact: Available from Marcel Dekker, Inc. P.O. Box 5005, Monticello, NY 12701. (800) 228-1160 or (212) 696-9000. Fax (914) 796-1772. E-mail: bookorders@dekker.com. PRICE: \$215.00. ISBN: 0824786637.

Summary: This chapter, from a medical text on hemolytic uremic syndrome and thrombotic thrombocytopenic purpura, discusses recurrent hemolytic uremic syndrome (HUS). The author provides an current review of the cases in the literature, and then re-evaluates the problem of recurrent HUS. Topics include definitions; recurrences with nonspecific prodromal illnesses; recurrent HUS in families; recurrent HUS before and after renal transplantation; recurrent HUS with abnormalities of serum complement; recurrences with reduced production of prostacyclin; recurrent HUS associated with pregnancy; recurrent HUS and oral contraception; recurrent HUS and cancer; HUS and **idiopathic thrombocytopenic purpura**; and the pathology of recurrent HUS. An extensive table summarizes the cases reported to date in the literature. 3 tables. 63 references. (AA-M).



## CHAPTER 5. PERIODICALS AND NEWS ON IDIOPATHIC THROMBOCYTOPENIC PURPURA

### Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover idiopathic thrombocytopenic purpura.

### News Services and Press Releases

One of the simplest ways of tracking press releases on idiopathic thrombocytopenic purpura is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

#### PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “idiopathic thrombocytopenic purpura” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

#### Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to idiopathic thrombocytopenic purpura. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “idiopathic thrombocytopenic purpura” (or synonyms). The following was recently listed in this archive for idiopathic thrombocytopenic purpura:

- **Rituximab may be option for treatment of idiopathic thrombocytopenic purpura**  
Source: Reuters Medical News  
Date: August 14, 2001

- **Risk of idiopathic thrombocytopenic purpura with MMR vaccination confirmed**

Source: Reuters Medical News

Date: February 21, 2001

**The NIH**

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at [http://www.nlm.nih.gov/medlineplus/alphaneews\\_a.html](http://www.nlm.nih.gov/medlineplus/alphaneews_a.html). MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

**Business Wire**

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

**Market Wire**

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at [http://www.marketwire.com/mw/release\\_index?channel=MedicalHealth](http://www.marketwire.com/mw/release_index?channel=MedicalHealth). Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "idiopathic thrombocytopenic purpura" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

**Search Engines**

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo ([http://dir.yahoo.com/Health/News\\_and\\_Media/](http://dir.yahoo.com/Health/News_and_Media/)), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "idiopathic thrombocytopenic purpura" (or synonyms). If you know the name of a company that is relevant to idiopathic thrombocytopenic purpura, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

**BBC**

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "idiopathic thrombocytopenic purpura" (or synonyms).

## Academic Periodicals covering Idiopathic Thrombocytopenic Purpura

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to idiopathic thrombocytopenic purpura. In addition to these sources, you can search for articles covering idiopathic thrombocytopenic purpura that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to **<http://www.ncbi.nlm.nih.gov/pubmed>**, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: **<http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>**. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At **<http://locatorplus.gov/>**, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."



## CHAPTER 6. RESEARCHING MEDICATIONS

### Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

### U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for idiopathic thrombocytopenic purpura. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at <http://www.usp.org/>. The USP currently provides standards for over 3,700 medications. The resulting USP DI® Advice for the Patient® can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration's (FDA) Drug Approvals database, located at <http://www.fda.gov/cder/da/da.htm>.

While the FDA database is rather large and difficult to navigate, the Pharmacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: <http://www.nlm.nih.gov/medlineplus/druginformation.html>. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with idiopathic thrombocytopenic purpura. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-

interaction risks, etc.). The following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to idiopathic thrombocytopenic purpura:

### Heparin

- **Systemic - U.S. Brands:** Calciparine; Liquaemin  
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202280.html>

### Sulfonamides

- **Ophthalmic - U.S. Brands:** Ak-Sulf; Bleph-10; Cetamide; Gantrisin; Isopto-Cetamide; I-Sulfacet; Ocu-Sul-10; Ocu-Sul-15; Ocu-Sul-30; Ocusulf-10; Ophthacet; Sodium Sulamyd; Spectro-Sulf; Steri-Units Sulfacetamide; Sulf-10; Sulfair; Sulfair 10; Sulfair 15; Sulfair Forte; Sulfamide  
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202539.html>
- **Systemic - U.S. Brands:** Gantanol; Gantrisin; Thiosulfil Forte; Urobak  
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202540.html>
- **Vaginal - U.S. Brands:** AVC; Sultrin; Trysul  
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202541.html>

## Commercial Databases

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

### Mosby's Drug Consult™

Mosby's Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: <http://www.mosbysdrugconsult.com/>.

### PDRhealth

The PDRhealth database is a free-to-use, drug information search engine that has been written for the public in layman's terms. It contains FDA-approved drug information adapted from the Physicians' Desk Reference (PDR) database. PDRhealth can be searched by brand name, generic name, or indication. It features multiple drug interactions reports. Search PDRhealth at [http://www.pdrhealth.com/drug\\_info/index.html](http://www.pdrhealth.com/drug_info/index.html).

### Other Web Sites

Drugs.com ([www.drugs.com](http://www.drugs.com)) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. (<http://www.medletter.com/>) which allows users to download articles on various drugs and therapeutics for a nominal fee.



If you have any questions about a medical treatment, the FDA may have an office near you. Look for their number in the blue pages of the phone book. You can also contact the FDA through its toll-free number, 1-888-INFO-FDA (1-888-463-6332), or on the World Wide Web at **[www.fda.gov](http://www.fda.gov)**.



# APPENDICES



## APPENDIX A. PHYSICIAN RESOURCES

### Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

### NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute<sup>6</sup>:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

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<sup>6</sup> These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at [http://www.ninds.nih.gov/health\\_and\\_medical/disorder\\_index.htm](http://www.ninds.nih.gov/health_and_medical/disorder_index.htm)
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at [http://grants.nih.gov/grants/becon/becon\\_info.htm](http://grants.nih.gov/grants/becon/becon_info.htm)
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at [http://kb.nih.gov/www\\_query\\_main.asp](http://kb.nih.gov/www_query_main.asp)
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at [http://rarediseases.info.nih.gov/html/resources/rep\\_pubs.html](http://rarediseases.info.nih.gov/html/resources/rep_pubs.html)
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

## NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.<sup>7</sup> Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:<sup>8</sup>

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: [http://www.nlm.nih.gov/databases/databases\\_bioethics.html](http://www.nlm.nih.gov/databases/databases_bioethics.html)
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfo.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: [http://www.nlm.nih.gov/databases/databases\\_population.html](http://www.nlm.nih.gov/databases/databases_population.html)
- **Cancer Information:** Access to cancer-oriented databases: [http://www.nlm.nih.gov/databases/databases\\_cancer.html](http://www.nlm.nih.gov/databases/databases_cancer.html)
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: [http://www.nlm.nih.gov/databases/alerts/clinical\\_alerts.html](http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html)
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): [http://www.nlm.nih.gov/databases/databases\\_space.html](http://www.nlm.nih.gov/databases/databases_space.html)
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: [http://www.nlm.nih.gov/databases/databases\\_medline.html](http://www.nlm.nih.gov/databases/databases_medline.html)

<sup>7</sup> Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

<sup>8</sup> See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:  
[http://www.nlm.nih.gov/research/visible/visible\\_human.html](http://www.nlm.nih.gov/research/visible/visible_human.html)

### The NLM Gateway<sup>9</sup>

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.<sup>10</sup> To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "idiopathic thrombocytopenic purpura" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

### Results Summary

Category	Items Found
Journal Articles	3847
Books / Periodicals / Audio Visual	15
Consumer Health	56
Meeting Abstracts	39
Other Collections	19
Total	3976

### HSTAT<sup>11</sup>

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.<sup>12</sup> These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.<sup>13</sup> Simply search by "idiopathic thrombocytopenic purpura" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

<sup>9</sup> Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

<sup>10</sup> The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

<sup>11</sup> Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

<sup>12</sup> The HSTAT URL is <http://hstat.nlm.nih.gov/>.

<sup>13</sup> Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.



### Coffee Break: Tutorials for Biologists<sup>14</sup>

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.<sup>15</sup> Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.<sup>16</sup> This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

### Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

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<sup>14</sup> Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

<sup>15</sup> The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

<sup>16</sup> After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.



## APPENDIX B. PATIENT RESOURCES

### Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on idiopathic thrombocytopenic purpura can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

### Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to idiopathic thrombocytopenic purpura. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

#### The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

#### Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to idiopathic thrombocytopenic purpura. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “idiopathic thrombocytopenic purpura”:

- Other guides

- Anemia**

- <http://www.nlm.nih.gov/medlineplus/anemia.html>

- Bleeding Disorders**

- <http://www.nlm.nih.gov/medlineplus/bleedingdisorders.html>

- Bruises**

- <http://www.nlm.nih.gov/medlineplus/bruises.html>

- Huntington's Disease**

- <http://www.nlm.nih.gov/medlineplus/huntingtonsdisease.html>

- Immune System and Disorders**

- <http://www.nlm.nih.gov/medlineplus/immunesystemanddisorders.html>

- Lupus**

- <http://www.nlm.nih.gov/medlineplus/lupus.html>

- Movement Disorders**

- <http://www.nlm.nih.gov/medlineplus/movementdisorders.html>

- Neuromuscular Disorders**

- <http://www.nlm.nih.gov/medlineplus/neuromusculardisorders.html>

- Restless Legs**

- <http://www.nlm.nih.gov/medlineplus/restlesslegs.html>

- Sickle Cell Anemia**

- <http://www.nlm.nih.gov/medlineplus/sicklecellanemia.html>

- Spleen Diseases**

- <http://www.nlm.nih.gov/medlineplus/spleendiseases.html>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

### **The National Guideline Clearinghouse™**

The National Guideline Clearinghouse™ offers hundreds of evidence-based clinical practice guidelines published in the United States and other countries. You can search this site located at <http://www.guideline.gov/> by using the keyword "idiopathic thrombocytopenic purpura" (or synonyms). The following was recently posted:

- **Idiopathic thrombocytopenic purpura: a practice guideline developed by explicit methods for the American Society of Hematology**

Source: American Society of Hematology - Medical Specialty Society; 1996 January 25 (reviewed 2001)

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=1922&nr=1148&string=idiopathic+AND+thrombocytopenic+AND+purpura](http://www.guideline.gov/summary/summary.aspx?doc_id=1922&nr=1148&string=idiopathic+AND+thrombocytopenic+AND+purpura)

- **Intravenous immunoglobulin preparations**

Source: University HealthSystem Consortium - Private Nonprofit Organization; 1999 March; 216 pages

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=1976&nbr=1202&string=idiopathic+AND+thrombocytopenic+AND+purpura](http://www.guideline.gov/summary/summary.aspx?doc_id=1976&nbr=1202&string=idiopathic+AND+thrombocytopenic+AND+purpura)

- **Management of chronic kidney disease and pre-ESRD in the primary care setting**

Source: Department of Defense - Federal Government Agency [U.S.]; 2000 November; Various pagings

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=3099&nbr=2325&string=autoimmune+AND+thrombocytopenic+AND+purpura](http://www.guideline.gov/summary/summary.aspx?doc_id=3099&nbr=2325&string=autoimmune+AND+thrombocytopenic+AND+purpura)

- **Thrombocytopenia**

Source: Finnish Medical Society Duodecim - Professional Association; 2001 April 30; Various pagings

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=3393&nbr=2619&string=idiopathic+AND+thrombocytopenic+AND+purpura](http://www.guideline.gov/summary/summary.aspx?doc_id=3393&nbr=2619&string=idiopathic+AND+thrombocytopenic+AND+purpura)

### **The NIH Search Utility**

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to idiopathic thrombocytopenic purpura. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

### **Additional Web Sources**

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: [http://directory.google.com/Top/Health/Conditions\\_and\\_Diseases/](http://directory.google.com/Top/Health/Conditions_and_Diseases/)
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: [http://dmoz.org/Health/Conditions\\_and\\_Diseases/](http://dmoz.org/Health/Conditions_and_Diseases/)
- Yahoo.com: [http://dir.yahoo.com/Health/Diseases\\_and\\_Conditions/](http://dir.yahoo.com/Health/Diseases_and_Conditions/)
- WebMD®Health: [http://my.webmd.com/health\\_topics](http://my.webmd.com/health_topics)

## Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to idiopathic thrombocytopenic purpura. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with idiopathic thrombocytopenic purpura.

### The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about idiopathic thrombocytopenic purpura. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

### Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "idiopathic thrombocytopenic purpura" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

### The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "idiopathic thrombocytopenic purpura". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "idiopathic thrombocytopenic purpura" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

**The National Organization for Rare Disorders, Inc.**

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type “idiopathic thrombocytopenic purpura” (or a synonym) into the search box, and click “Submit Query.”





## APPENDIX C. FINDING MEDICAL LIBRARIES

### Overview

In this Appendix, we show you how to quickly find a medical library in your area.

### Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.<sup>17</sup>

### Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

### Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

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<sup>17</sup> Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)<sup>18</sup>:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfghdean.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwdlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaenet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

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<sup>18</sup> Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), [http://www.christianacare.org/health\\_guide/health\\_guide\\_pmri\\_health\\_info.cfm](http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm)
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), [http://cmc.mcg.edu/kids\\_families/fam\\_resources/fam\\_res\\_lib/frl.htm](http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm)
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), [http://www.nmh.org/health\\_info/hlc.html](http://www.nmh.org/health_info/hlc.html)
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), [http://www.deerlodge.mb.ca/crane\\_library/about.asp](http://www.deerlodge.mb.ca/crane_library/about.asp)
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), [http://www.nebh.org/health\\_lib.asp](http://www.nebh.org/health_lib.asp)
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), [http://www.lvcld.org/special\\_collections/medical/index.htm](http://www.lvcld.org/special_collections/medical/index.htm)
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commmlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), [http://www.hsls.pitt.edu/guides/chi/hopwood/index\\_html](http://www.hsls.pitt.edu/guides/chi/hopwood/index_html)
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscare.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

## ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:  
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):  
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):  
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):  
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:  
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD ([http://my.webmd.com/adam/asset/adam\\_disease\\_articles/a\\_to\\_z/a](http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a)). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on idiopathic thrombocytopenic purpura:

- **Basic Guidelines for Idiopathic Thrombocytopenic Purpura**

### **Bernard-Soulier syndrome**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000582.htm>

### **Hypersplenism**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001314.htm>

### **Idiopathic thrombocytopenic purpura (ITP)**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000535.htm>

### **Itp**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000535.htm>

### **Sle**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000435.htm>

### **Ttp**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000552.htm>

- **Signs & Symptoms for Idiopathic Thrombocytopenic Purpura**

**Bleeding disorder**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001304.htm>

**Bruising**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003235.htm>

**Enlarged spleen**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003276.htm>

**Epistaxis**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003106.htm>

**Gi bleeding**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003133.htm>

**Petechiae**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003235.htm>

**Pinpoint red spots**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003235.htm>

**Purpura**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003232.htm>

**Rash**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

**Splenomegaly**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003276.htm>

- **Diagnostics and Tests for Idiopathic Thrombocytopenic Purpura**

**ANA**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm>

**Biopsy**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003416.htm>

**Bone marrow aspiration**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003658.htm>

**CBC**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

**Peripheral smear**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003665.htm>

**Platelet aggregation test**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003669.htm>



**Platelet associated antibodies**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003552.htm>

**Platelet count**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003647.htm>

**Platelets**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003647.htm>

**PT**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003652.htm>

**PTT**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003653.htm>

**TSH**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003684.htm>

- **Nutrition for Idiopathic Thrombocytopenic Purpura**

**Protein**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002467.htm>

- **Surgery and Procedures for Idiopathic Thrombocytopenic Purpura**

**Splenectomy**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002944.htm>

- **Background Topics for Idiopathic Thrombocytopenic Purpura**

**Antibodies**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002223.htm>

**Bleeding**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000045.htm>

**Chronic**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm>

**Incidence**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002387.htm>

**Physical examination**

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002274.htm>

## Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):  
**<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>**
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **<http://mel.lib.mi.us/health/health-dictionaries.html>**
- Patient Education: Glossaries (DMOZ Open Directory Project):  
**[http://dmoz.org/Health/Education/Patient\\_Education/Glossaries/](http://dmoz.org/Health/Education/Patient_Education/Glossaries/)**
- Web of Online Dictionaries (Bucknell University):  
**<http://www.yourdictionary.com/diction5.html#medicine>**

# IDIOPATHIC THROMBOCYTOPENIC PURPURA DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

**Abdominal:** Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

**Acute lymphoblastic leukemia:** ALL. A quickly progressing disease in which too many immature white blood cells called lymphoblasts are found in the blood and bone marrow. Also called acute lymphocytic leukemia. [NIH]

**Acute lymphocytic leukemia:** ALL. A quickly progressing disease in which too many immature white blood cells called lymphoblasts are found in the blood and bone marrow. Also called acute lymphoblastic leukemia. [NIH]

**Acute renal:** A condition in which the kidneys suddenly stop working. In most cases, kidneys can recover from almost complete loss of function. [NIH]

**Adrenal Cortex:** The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

**Adrenal Glands:** Paired glands situated in the retroperitoneal tissues at the superior pole of each kidney. [NIH]

**Adverse Effect:** An unwanted side effect of treatment. [NIH]

**Affinity:** 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant ( $K$  litres mole<sup>-1</sup>), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

**Albumin:** 1. Any protein that is soluble in water and moderately concentrated salt solutions and is coagulable by heat. 2. Serum albumin; the major plasma protein (approximately 60 per cent of the total), which is responsible for much of the plasma colloidal osmotic pressure and serves as a transport protein carrying large organic anions, such as fatty acids, bilirubin, and many drugs, and also carrying certain hormones, such as cortisol and thyroxine, when their specific binding globulins are saturated. Albumin is synthesized in the liver. Low serum levels occur in protein malnutrition, active inflammation and serious hepatic and renal disease. [EU]

**Algorithms:** A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

**Alkaloid:** A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

**Alleles:** Mutually exclusive forms of the same gene, occupying the same locus on homologous chromosomes, and governing the same biochemical and developmental process. [NIH]

**Allogeneic:** Taken from different individuals of the same species. [NIH]

**Alopecia:** Absence of hair from areas where it is normally present. [NIH]

**Alpha Particles:** Positively charged particles composed of two protons and two neutrons, i.e., helium nuclei, emitted during disintegration of very heavy isotopes; a beam of alpha particles or an alpha ray has very strong ionizing power, but weak penetrability. [NIH]

**Alternative medicine:** Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Amino Acid Sequence:** The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

**Amino-terminal:** The end of a protein or polypeptide chain that contains a free amino group (-NH<sub>2</sub>). [NIH]

**Amyloidosis:** A group of diseases in which protein is deposited in specific organs (localized amyloidosis) or throughout the body (systemic amyloidosis). Amyloidosis may be either primary (with no known cause) or secondary (caused by another disease, including some types of cancer). Generally, primary amyloidosis affects the nerves, skin, tongue, joints, heart, and liver; secondary amyloidosis often affects the spleen, kidneys, liver, and adrenal glands. [NIH]

**Anaemia:** A reduction below normal in the number of erythrocytes per cu. mm., in the quantity of haemoglobin, or in the volume of packed red cells per 100 ml. of blood which occurs when the equilibrium between blood loss (through bleeding or destruction) and blood production is disturbed. [EU]

**Anaphylatoxins:** The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

**Anaplasia:** Loss of structural differentiation and useful function of neoplastic cells. [NIH]

**Anatomical:** Pertaining to anatomy, or to the structure of the organism. [EU]

**Androgenic:** Producing masculine characteristics. [EU]

**Androgens:** A class of sex hormones associated with the development and maintenance of the secondary male sex characteristics, sperm induction, and sexual differentiation. In addition to increasing virility and libido, they also increase nitrogen and water retention and stimulate skeletal growth. [NIH]

**Anemia:** A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

**Antiallergic:** Counteracting allergy or allergic conditions. [EU]

**Antibodies:** Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the

lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

**Antibody:** A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

**Antigen:** Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

**Antigen-Antibody Complex:** The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

**Anti-inflammatory:** Having to do with reducing inflammation. [NIH]

**Anti-Inflammatory Agents:** Substances that reduce or suppress inflammation. [NIH]

**Antineoplastic:** Inhibiting or preventing the development of neoplasms, checking the maturation and proliferation of malignant cells. [EU]

**Aorta:** The main trunk of the systemic arteries. [NIH]

**Aortic Aneurysm:** Aneurysm of the aorta. [NIH]

**Aplastic anemia:** A condition in which the bone marrow is unable to produce blood cells. [NIH]

**Apoptosis:** One of the two mechanisms by which cell death occurs (the other being the pathological process of necrosis). Apoptosis is the mechanism responsible for the physiological deletion of cells and appears to be intrinsically programmed. It is characterized by distinctive morphologic changes in the nucleus and cytoplasm, chromatin cleavage at regularly spaced sites, and the endonucleolytic cleavage of genomic DNA (DNA fragmentation) at internucleosomal sites. This mode of cell death serves as a balance to mitosis in regulating the size of animal tissues and in mediating pathologic processes associated with tumor growth. [NIH]

**Arteries:** The vessels carrying blood away from the heart. [NIH]

**Arteritis:** Inflammation of an artery. [NIH]

**Ascites:** Accumulation or retention of free fluid within the peritoneal cavity. [NIH]

**Aspiration:** The act of inhaling. [NIH]

**Assay:** Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

**Asymptomatic:** Having no signs or symptoms of disease. [NIH]

**Attenuated:** Strain with weakened or reduced virulence. [NIH]

**Autoantibodies:** Antibodies that react with self-antigens (autoantigens) of the organism that produced them. [NIH]

**Autoantigens:** Endogenous tissue constituents that have the ability to interact with autoantibodies and cause an immune response. [NIH]

**Autoimmune disease:** A condition in which the body recognizes its own tissues as foreign

and directs an immune response against them. [NIH]

**Autologous:** Taken from an individual's own tissues, cells, or DNA. [NIH]

**Autosuggestion:** Suggestion coming from the subject himself. [NIH]

**Bacteremia:** The presence of viable bacteria circulating in the blood. Fever, chills, tachycardia, and tachypnea are common acute manifestations of bacteremia. The majority of cases are seen in already hospitalized patients, most of whom have underlying diseases or procedures which render their bloodstreams susceptible to invasion. [NIH]

**Bacteria:** Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccial, rodlike or bacillary, and spiral or spirochetal. [NIH]

**Bacterium:** Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

**Base:** In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

**Benign:** Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

**Beta 2-Microglobulin:** An 11 kDa protein associated with the outer membrane of many cells including lymphocytes. It is the small subunit of the MHC class I molecule. Association with beta 2-microglobulin is generally required for the transport of class I heavy chains from the endoplasmic reticulum to the cell surface. Beta 2-microglobulin is present in small amounts in serum, csf, and urine of normal people, and to a much greater degree in the urine and plasma of patients with tubular proteinemia, renal failure, or kidney transplants. [NIH]

**Bilateral:** Affecting both the right and left side of body. [NIH]

**Bile:** An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

**Bile Ducts:** Tubes that carry bile from the liver to the gallbladder for storage and to the small intestine for use in digestion. [NIH]

**Biochemical:** Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

**Biological response modifier:** BRM. A substance that stimulates the body's response to infection and disease. [NIH]

**Biosynthesis:** The building up of a chemical compound in the physiologic processes of a living organism. [EU]

**Biotechnology:** Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

**Bleeding Time:** Duration of blood flow after skin puncture. This test is used as a measure of capillary and platelet function. [NIH]

**Blood Cell Count:** A count of the number of leukocytes and erythrocytes per unit volume in a sample of venous blood. A complete blood count (CBC) also includes measurement of the

hemoglobin, hematocrit, and erythrocyte indices. [NIH]

**Blood Platelets:** Non-nucleated disk-shaped cells formed in the megakaryocyte and found in the blood of all mammals. They are mainly involved in blood coagulation. [NIH]

**Blood vessel:** A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

**Blood Volume:** Volume of circulating blood. It is the sum of the plasma volume and erythrocyte volume. [NIH]

**Blot:** To transfer DNA, RNA, or proteins to an immobilizing matrix such as nitrocellulose. [NIH]

**Blotting, Western:** Identification of proteins or peptides that have been electrophoretically separated by blotting and transferred to strips of nitrocellulose paper. The blots are then detected by radiolabeled antibody probes. [NIH]

**Bone Cysts:** Benign unilocular lytic areas in the proximal end of a long bone with well defined and narrow endosteal margins. The cysts contain fluid and the cyst walls may contain some giant cells. Bone cysts usually occur in males between the ages 3-15 years. [NIH]

**Bone Marrow:** The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

**Bone Marrow Cells:** Cells contained in the bone marrow including fat cells, stromal cells, megakaryocytes, and the immediate precursors of most blood cells. [NIH]

**Bowel:** The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

**Bowel Movement:** Body wastes passed through the rectum and anus. [NIH]

**Brachytherapy:** A collective term for interstitial, intracavity, and surface radiotherapy. It uses small sealed or partly-sealed sources that may be placed on or near the body surface or within a natural body cavity or implanted directly into the tissues. [NIH]

**Branch:** Most commonly used for branches of nerves, but applied also to other structures. [NIH]

**Buccal:** Pertaining to or directed toward the cheek. In dental anatomy, used to refer to the buccal surface of a tooth. [EU]

**Calcium:** A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

**Carbohydrate:** An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, (CH<sub>2</sub>O)<sub>n</sub>. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

**Carcinogenic:** Producing carcinoma. [EU]

**Carcinoma:** Cancer that begins in the skin or in tissues that line or cover internal organs. [NIH]

**Cardiac:** Having to do with the heart. [NIH]

**Case report:** A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

**Case series:** A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment. [NIH]

**Cell:** The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

**Cell Death:** The termination of the cell's ability to carry out vital functions such as metabolism, growth, reproduction, responsiveness, and adaptability. [NIH]

**Cell Size:** The physical dimensions of a cell. It refers mainly to changes in dimensions correlated with physiological or pathological changes in cells. [NIH]

**Cell Transplantation:** Transference of cells within an individual, between individuals of the same species, or between individuals of different species. [NIH]

**Cervical:** Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

**Chemotactic Factors:** Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

**Chemotherapy:** Treatment with anticancer drugs. [NIH]

**Cholangitis:** Inflammation of a bile duct. [NIH]

**Cholesterol:** The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

**Chromatin:** The material of chromosomes. It is a complex of DNA, histones, and nonhistone proteins (chromosomal proteins, non-histone) found within the nucleus of a cell. [NIH]

**Chromosome:** Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

**Chronic:** A disease or condition that persists or progresses over a long period of time. [NIH]

**Chronic Disease:** Disease or ailment of long duration. [NIH]

**Chronic lymphocytic leukemia:** A slowly progressing disease in which too many white blood cells (called lymphocytes) are found in the body. [NIH]

**Clear cell carcinoma:** A rare type of tumor of the female genital tract in which the inside of the cells looks clear when viewed under a microscope. [NIH]

**Clinical study:** A research study in which patients receive treatment in a clinic or other medical facility. Reports of clinical studies can contain results for single patients (case reports) or many patients (case series or clinical trials). [NIH]

**Clinical trial:** A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

**Cloning:** The production of a number of genetically identical individuals; in genetic



engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

**Clot Retraction:** Retraction of a clot resulting from contraction of platelet pseudopods attached to fibrin strands that is dependent on the contractile protein thrombosthenin. Used as a measure of platelet function. [NIH]

**Coagulation:** 1. The process of clot formation. 2. In colloid chemistry, the solidification of a sol into a gelatinous mass; an alteration of a disperse phase or of a dissolved solid which causes the separation of the system into a liquid phase and an insoluble mass called the clot or curd. Coagulation is usually irreversible. 3. In surgery, the disruption of tissue by physical means to form an amorphous residuum, as in electrocoagulation and photocoagulation. [EU]

**Colitis:** Inflammation of the colon. [NIH]

**Collagen:** A polypeptide substance comprising about one third of the total protein in mammalian organisms. It is the main constituent of skin, connective tissue, and the organic substance of bones and teeth. Different forms of collagen are produced in the body but all consist of three alpha-polypeptide chains arranged in a triple helix. Collagen is differentiated from other fibrous proteins, such as elastin, by the content of proline, hydroxyproline, and hydroxylysine; by the absence of tryptophan; and particularly by the high content of polar groups which are responsible for its swelling properties. [NIH]

**Colorectal:** Having to do with the colon or the rectum. [NIH]

**Colorectal Cancer:** Cancer that occurs in the colon (large intestine) or the rectum (the end of the large intestine). A number of digestive diseases may increase a person's risk of colorectal cancer, including polyposis and Zollinger-Ellison Syndrome. [NIH]

**Combination Therapy:** Association of 3 drugs to treat AIDS (AZT + DDC or DDI + protease inhibitor). [NIH]

**Complement:** A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

**Complete remission:** The disappearance of all signs of cancer. Also called a complete response. [NIH]

**Complete response:** The disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured. [NIH]

**Computational Biology:** A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

**Conception:** The onset of pregnancy, marked by implantation of the blastocyst; the formation of a viable zygote. [EU]

**Connective Tissue:** Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

**Connective Tissue:** Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

**Connective Tissue Cells:** A group of cells that includes fibroblasts, cartilage cells, adipocytes, smooth muscle cells, and bone cells. [NIH]

**Connective Tissue Diseases:** A heterogeneous group of disorders, some hereditary, others acquired, characterized by abnormal structure or function of one or more of the elements of connective tissue, i.e., collagen, elastin, or the mucopolysaccharides. [NIH]

**Constitutional:** 1. Affecting the whole constitution of the body; not local. 2. Pertaining to the constitution. [EU]

**Contamination:** The soiling or pollution by inferior material, as by the introduction of organisms into a wound, or sewage into a stream. [EU]

**Contraception:** Use of agents, devices, methods, or procedures which diminish the likelihood of or prevent conception. [NIH]

**Contraindications:** Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

**Cornea:** The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside. [NIH]

**Coronary:** Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

**Coronary Angiography:** Radiography of the vascular system of the heart muscle after injection of a contrast medium. [NIH]

**Coronary Artery Bypass:** Surgical therapy of ischemic coronary artery disease achieved by grafting a section of saphenous vein, internal mammary artery, or other substitute between the aorta and the obstructed coronary artery distal to the obstructive lesion. [NIH]

**Coronary Thrombosis:** Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

**Corticosteroid:** Any of the steroids elaborated by the adrenal cortex (excluding the sex hormones of adrenal origin) in response to the release of corticotrophin (adrenocorticotrophic hormone) by the pituitary gland, to any of the synthetic equivalents of these steroids, or to angiotensin II. They are divided, according to their predominant biological activity, into three major groups: glucocorticoids, chiefly influencing carbohydrate, fat, and protein metabolism; mineralocorticoids, affecting the regulation of electrolyte and water balance; and C19 androgens. Some corticosteroids exhibit both types of activity in varying degrees, and others exert only one type of effect. The corticosteroids are used clinically for hormonal

replacement therapy, for suppression of ACTH secretion by the anterior pituitary, as antineoplastic, antiallergic, and anti-inflammatory agents, and to suppress the immune response. Called also adrenocortical hormone and corticoid. [EU]

**Cortisone:** A natural steroid hormone produced in the adrenal gland. It can also be made in the laboratory. Cortisone reduces swelling and can suppress immune responses. [NIH]

**Cranial:** Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

**CSF:** Cerebrospinal fluid. The fluid flowing around the brain and spinal cord. CSF is produced in the ventricles of the brain. [NIH]

**Curative:** Tending to overcome disease and promote recovery. [EU]

**Cutaneous:** Having to do with the skin. [NIH]

**Cyclophosphamide:** Precursor of an alkylating nitrogen mustard antineoplastic and immunosuppressive agent that must be activated in the liver to form the active aldophosphamide. It is used in the treatment of lymphomas, leukemias, etc. Its side effect, alopecia, has been made use of in defleecing sheep. Cyclophosphamide may also cause sterility, birth defects, mutations, and cancer. [NIH]

**Cyclosporine:** A drug used to help reduce the risk of rejection of organ and bone marrow transplants by the body. It is also used in clinical trials to make cancer cells more sensitive to anticancer drugs. [NIH]

**Cyst:** A sac or capsule filled with fluid. [NIH]

**Cytokine:** Small but highly potent protein that modulates the activity of many cell types, including T and B cells. [NIH]

**Cytoplasm:** The protoplasm of a cell exclusive of that of the nucleus; it consists of a continuous aqueous solution (cytosol) and the organelles and inclusions suspended in it (phaneroplasm), and is the site of most of the chemical activities of the cell. [EU]

**Cytotoxicity:** Quality of being capable of producing a specific toxic action upon cells of special organs. [NIH]

**Danazol:** A synthetic steroid with antigonadotropic and anti-estrogenic activities that acts as an anterior pituitary suppressant by inhibiting the pituitary output of gonadotropins. It possesses some androgenic properties. Danazol has been used in the treatment of endometriosis and some benign breast disorders. [NIH]

**Databases, Bibliographic:** Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks. The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

**Degenerative:** Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

**Deletion:** A genetic rearrangement through loss of segments of DNA (chromosomes), bringing sequences, which are normally separated, into close proximity. [NIH]

**Density:** The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

**DES:** Diethylstilbestrol. A synthetic hormone that was prescribed from the early 1940s until 1971 to help women with complications of pregnancy. DES has been linked to an increased risk of clear cell carcinoma of the vagina in daughters of women who used DES. DES may also increase the risk of breast cancer in women who used DES. [NIH]

**Dexamethasone:** (11 beta,16 alpha)-9-Fluoro-11,17,21-trihydroxy-16-methylpregna-1,4-

diene-3,20-dione. An anti-inflammatory glucocorticoid used either in the free alcohol or esterified form in treatment of conditions that respond generally to cortisone. [NIH]

**Diagnostic procedure:** A method used to identify a disease. [NIH]

**Digestion:** The process of breakdown of food for metabolism and use by the body. [NIH]

**Digestive system:** The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

**Dilatation:** The act of dilating. [NIH]

**Direct:** 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

**Distal:** Remote; farther from any point of reference; opposed to proximal. In dentistry, used to designate a position on the dental arch farther from the median line of the jaw. [EU]

**Dorsal:** 1. Pertaining to the back or to any dorsum. 2. Denoting a position more toward the back surface than some other object of reference; same as posterior in human anatomy; superior in the anatomy of quadrupeds. [EU]

**Drug Interactions:** The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

**Duct:** A tube through which body fluids pass. [NIH]

**Dyes:** Chemical substances that are used to stain and color other materials. The coloring may or may not be permanent. Dyes can also be used as therapeutic agents and test reagents in medicine and scientific research. [NIH]

**Dysplasia:** Cells that look abnormal under a microscope but are not cancer. [NIH]

**Ectoderm:** The outer of the three germ layers of the embryo. [NIH]

**Edema:** Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

**Effector:** It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

**Efficacy:** The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

**Elastin:** The protein that gives flexibility to tissues. [NIH]

**Electrolyte:** A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

**Electrons:** Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy biproduct of nuclear decay. [NIH]

**Emboli:** Bit of foreign matter which enters the blood stream at one point and is carried until it is lodged or impacted in an artery and obstructs it. It may be a blood clot, an air bubble, fat or other tissue, or clumps of bacteria. [NIH]

**Embolization:** The blocking of an artery by a clot or foreign material. Embolization can be done as treatment to block the flow of blood to a tumor. [NIH]

**Embryo:** The prenatal stage of mammalian development characterized by rapid

morphological changes and the differentiation of basic structures. [NIH]

**Endometriosis:** A condition in which tissue more or less perfectly resembling the uterine mucous membrane (the endometrium) and containing typical endometrial granular and stromal elements occurs aberrantly in various locations in the pelvic cavity. [NIH]

**Endotoxins:** Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

**Environmental Health:** The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

**Enzymatic:** Phase where enzyme cuts the precursor protein. [NIH]

**Enzyme:** A protein that speeds up chemical reactions in the body. [NIH]

**Eosinophilia:** Abnormal increase in eosinophils in the blood, tissues or organs. [NIH]

**Epidermis:** Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

**Epithelium:** One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

**Epitopes:** Sites on an antigen that interact with specific antibodies. [NIH]

**Erection:** The condition of being made rigid and elevated; as erectile tissue when filled with blood. [EU]

**Erythrocytes:** Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

**Esophagus:** The muscular tube through which food passes from the throat to the stomach. [NIH]

**Excitation:** An act of irritation or stimulation or of responding to a stimulus; the addition of energy, as the excitation of a molecule by absorption of photons. [EU]

**External-beam radiation:** Radiation therapy that uses a machine to aim high-energy rays at the cancer. Also called external radiation. [NIH]

**Extracellular:** Outside a cell or cells. [EU]

**Extracellular Matrix:** A meshwork-like substance found within the extracellular space and in association with the basement membrane of the cell surface. It promotes cellular proliferation and provides a supporting structure to which cells or cell lysates in culture dishes adhere. [NIH]

**Extraction:** The process or act of pulling or drawing out. [EU]

**Family Planning:** Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

**Fasciitis:** Inflammation of the fascia. There are three major types: 1) Eosinophilic fasciitis, an inflammatory reaction with eosinophilia, producing hard thickened skin with an orange-peel configuration suggestive of scleroderma and considered by some a variant of scleroderma; 2) Necrotizing fasciitis, a serious fulminating infection (usually by a beta hemolytic *Streptococcus*) causing extensive necrosis of superficial fascia; 3) Nodular/Pseudosarcomatous/Proliferative fasciitis, characterized by a rapid growth of fibroblasts with mononuclear inflammatory cells and proliferating capillaries in soft tissue, often the forearm; it is not malignant but is sometimes mistaken for fibrosarcoma. [NIH]

**Fat:** Total lipids including phospholipids. [NIH]

**Febrile:** Pertaining to or characterized by fever. [EU]

**Fibrin:** A protein derived from fibrinogen in the presence of thrombin, which forms part of the blood clot. [NIH]

**Fibrinogen:** Plasma glycoprotein clotted by thrombin, composed of a dimer of three non-identical pairs of polypeptide chains (alpha, beta, gamma) held together by disulfide bonds. Fibrinogen clotting is a sol-gel change involving complex molecular arrangements: whereas fibrinogen is cleaved by thrombin to form polypeptides A and B, the proteolytic action of other enzymes yields different fibrinogen degradation products. [NIH]

**Fibroblasts:** Connective tissue cells which secrete an extracellular matrix rich in collagen and other macromolecules. [NIH]

**Fibrosarcoma:** A type of soft tissue sarcoma that begins in fibrous tissue, which holds bones, muscles, and other organs in place. [NIH]

**Fibrosis:** Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

**Filgrastim:** A colony-stimulating factor that stimulates the production of neutrophils (a type of white blood cell). It is a cytokine that belongs to the family of drugs called hematopoietic (blood-forming) agents. Also called granulocyte colony-stimulating factor (G-CSF). [NIH]

**Flow Cytometry:** Technique using an instrument system for making, processing, and displaying one or more measurements on individual cells obtained from a cell suspension. Cells are usually stained with one or more fluorescent dyes specific to cell components of interest, e.g., DNA, and fluorescence of each cell is measured as it rapidly transverse the excitation beam (laser or mercury arc lamp). Fluorescence provides a quantitative measure of various biochemical and biophysical properties of the cell, as well as a basis for cell sorting. Other measurable optical parameters include light absorption and light scattering, the latter being applicable to the measurement of cell size, shape, density, granularity, and stain uptake. [NIH]

**Fluorescence:** The property of emitting radiation while being irradiated. The radiation emitted is usually of longer wavelength than that incident or absorbed, e.g., a substance can be irradiated with invisible radiation and emit visible light. X-ray fluorescence is used in diagnosis. [NIH]

**Fluorescent Dyes:** Dyes that emit light when exposed to light. The wave length of the emitted light is usually longer than that of the incident light. Fluorochromes are substances that cause fluorescence in other substances, i.e., dyes used to mark or label other compounds with fluorescent tags. They are used as markers in biochemistry and immunology. [NIH]

**Forearm:** The part between the elbow and the wrist. [NIH]

**Fungus:** A general term used to denote a group of eukaryotic protists, including mushrooms, yeasts, rusts, moulds, smuts, etc., which are characterized by the absence of chlorophyll and by the presence of a rigid cell wall composed of chitin, mannans, and sometimes cellulose. They are usually of simple morphological form or show some reversible cellular specialization, such as the formation of pseudoparenchymatous tissue in the fruiting body of a mushroom. The dimorphic fungi grow, according to environmental conditions, as moulds or yeasts. [EU]

**Gallbladder:** The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

**Ganglion:** 1. A knot, or knotlike mass. 2. A general term for a group of nerve cell bodies located outside the central nervous system; occasionally applied to certain nuclear groups

within the brain or spinal cord, e.g. basal ganglia. 3. A benign cystic tumour occurring on a aponeurosis or tendon, as in the wrist or dorsum of the foot; it consists of a thin fibrous capsule enclosing a clear mucinous fluid. [EU]

**Gene:** The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

**Giant Cells:** Multinucleated masses produced by the fusion of many cells; often associated with viral infections. In AIDS, they are induced when the envelope glycoprotein of the HIV virus binds to the CD4 antigen of uninfected neighboring T4 cells. The resulting syncytium leads to cell death and thus may account for the cytopathic effect of the virus. [NIH]

**Gland:** An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

**Glomerular:** Pertaining to or of the nature of a glomerulus, especially a renal glomerulus. [EU]

**Glomeruli:** Plural of glomerulus. [NIH]

**Glomerulonephritis:** Glomerular disease characterized by an inflammatory reaction, with leukocyte infiltration and cellular proliferation of the glomeruli, or that appears to be the result of immune glomerular injury. [NIH]

**Glucocorticoid:** A compound that belongs to the family of compounds called corticosteroids (steroids). Glucocorticoids affect metabolism and have anti-inflammatory and immunosuppressive effects. They may be naturally produced (hormones) or synthetic (drugs). [NIH]

**Glycoprotein:** A protein that has sugar molecules attached to it. [NIH]

**Gonad:** A sex organ, such as an ovary or a testicle, which produces the gametes in most multicellular animals. [NIH]

**Gonadal:** Pertaining to a gonad. [EU]

**Gonorrhoea:** Infection due to *Neisseria gonorrhoeae* transmitted sexually in most cases, but also by contact with infected exudates in neonatal children at birth, or by infants in households with infected inhabitants. It is marked in males by urethritis with pain and purulent discharge, but is commonly asymptomatic in females, although it may extend to produce suppurative salpingitis, oophoritis, tubo-ovarian abscess, and peritonitis. Bacteraemia occurs in both sexes, resulting in cutaneous lesions, arthritis, and rarely meningitis or endocarditis. Formerly called blennorrhagia and blennorrhoea. [EU]

**Governing Board:** The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

**Graft:** Healthy skin, bone, or other tissue taken from one part of the body and used to replace diseased or injured tissue removed from another part of the body. [NIH]

**Grafting:** The operation of transfer of tissue from one site to another. [NIH]

**Granulocyte Colony-Stimulating Factor:** A glycoprotein of MW 25 kDa containing internal disulfide bonds. It induces the survival, proliferation, and differentiation of neutrophilic granulocyte precursor cells and functionally activates mature blood neutrophils. Among the family of colony-stimulating factors, G-CSF is the most potent inducer of terminal differentiation to granulocytes and macrophages of leukemic myeloid cell lines. [NIH]

**Gravis:** Eruption of watery blisters on the skin among those handling animals and animal products. [NIH]

**Growth:** The progressive development of a living being or part of an organism from its

earliest stage to maturity. [NIH]

**Haematoma:** A localized collection of blood, usually clotted, in an organ, space, or tissue, due to a break in the wall of a blood vessel. [EU]

**Haemorrhage:** The escape of blood from the vessels; bleeding. Small haemorrhages are classified according to size as petechiae (very small), purpura (up to 1 cm), and ecchymoses (larger). The massive accumulation of blood within a tissue is called a haematoma. [EU]

**Heart failure:** Loss of pumping ability by the heart, often accompanied by fatigue, breathlessness, and excess fluid accumulation in body tissues. [NIH]

**Hematologic Diseases:** Disorders of the blood and blood forming tissues. [NIH]

**Hematology:** A subspecialty of internal medicine concerned with morphology, physiology, and pathology of the blood and blood-forming tissues. [NIH]

**Hemodialysis:** The use of a machine to clean wastes from the blood after the kidneys have failed. The blood travels through tubes to a dialyzer, which removes wastes and extra fluid. The cleaned blood then flows through another set of tubes back into the body. [NIH]

**Hemofiltration:** Extracorporeal ultrafiltration technique without hemodialysis for treatment of fluid overload and electrolyte disturbances affecting renal, cardiac, or pulmonary function. [NIH]

**Hemoglobin:** One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal concentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

**Hemolytic:** A disease that affects the blood and blood vessels. It destroys red blood cells, cells that cause the blood to clot, and the lining of blood vessels. HUS is often caused by the *Escherichia coli* bacterium in contaminated food. People with HUS may develop acute renal failure. [NIH]

**Hemorrhage:** Bleeding or escape of blood from a vessel. [NIH]

**Hemostasis:** The process which spontaneously arrests the flow of blood from vessels carrying blood under pressure. It is accomplished by contraction of the vessels, adhesion and aggregation of formed blood elements, and the process of blood or plasma coagulation. [NIH]

**Hepatic:** Refers to the liver. [NIH]

**Hepatitis:** Inflammation of the liver and liver disease involving degenerative or necrotic alterations of hepatocytes. [NIH]

**Hepatitis A:** Hepatitis caused by hepatovirus. It can be transmitted through fecal contamination of food or water. [NIH]

**Hepatocytes:** The main structural component of the liver. They are specialized epithelial cells that are organized into interconnected plates called lobules. [NIH]

**Hepatovirus:** A genus of Picornaviridae causing infectious hepatitis naturally in humans and experimentally in other primates. It is transmitted through fecal contamination of food or water. [NIH]

**Hereditary:** Of, relating to, or denoting factors that can be transmitted genetically from one



generation to another. [NIH]

**Heredity:** 1. The genetic transmission of a particular quality or trait from parent to offspring.  
2. The genetic constitution of an individual. [EU]

**Herpes:** Any inflammatory skin disease caused by a herpesvirus and characterized by the formation of clusters of small vesicles. When used alone, the term may refer to herpes simplex or to herpes zoster. [EU]

**Herpes Zoster:** Acute vesicular inflammation. [NIH]

**Histiocytosis:** General term for the abnormal appearance of histiocytes in the blood. Based on the pathological features of the cells involved rather than on clinical findings, the histiocytic diseases are subdivided into three groups: Langerhans cell histiocytosis, non-Langerhans cell histiocytosis, and malignant histiocytic disorders. [NIH]

**Homologous:** Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

**Hormonal:** Pertaining to or of the nature of a hormone. [EU]

**Hormone:** A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

**Host:** Any animal that receives a transplanted graft. [NIH]

**Humoral:** Of, relating to, proceeding from, or involving a bodily humour - now often used of endocrine factors as opposed to neural or somatic. [EU]

**Hypersensitivity:** Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

**Iatrogenic:** Resulting from the activity of physicians. Originally applied to disorders induced in the patient by autosuggestion based on the physician's examination, manner, or discussion, the term is now applied to any adverse condition in a patient occurring as the result of treatment by a physician or surgeon, especially to infections acquired by the patient during the course of treatment. [EU]

**Id:** The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

**Idiopathic:** Describes a disease of unknown cause. [NIH]

**Immune Complex Diseases:** Group of diseases mediated by the deposition of large soluble complexes of antigen and antibody with resultant damage to tissue. Besides serum sickness and the arthus reaction, evidence supports a pathogenic role for immune complexes in many other systemic immunologic diseases including glomerulonephritis, systemic lupus erythematosus and polyarteritis nodosa. [NIH]

**Immune response:** The activity of the immune system against foreign substances (antigens). [NIH]

**Immune Sera:** Serum that contains antibodies. It is obtained from an animal that has been immunized either by antigen injection or infection with microorganisms containing the antigen. [NIH]

**Immune system:** The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

**Immunization:** Deliberate stimulation of the host's immune response. Active immunization involves administration of antigens or immunologic adjuvants. Passive immunization involves administration of immune sera or lymphocytes or their extracts (e.g., transfer factor, immune RNA) or transplantation of immunocompetent cell producing tissue

(thymus or bone marrow). [NIH]

**Immunoblotting:** Immunologic methods for isolating and quantitatively measuring immunoreactive substances. When used with immune reagents such as monoclonal antibodies, the process is known generically as western blot analysis (blotting, western). [NIH]

**Immunodeficiency:** The decreased ability of the body to fight infection and disease. [NIH]

**Immunodeficiency syndrome:** The inability of the body to produce an immune response. [NIH]

**Immunoglobulin:** A protein that acts as an antibody. [NIH]

**Immunologic:** The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

**Immunosuppressive:** Describes the ability to lower immune system responses. [NIH]

**Impairment:** In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

**Implant radiation:** A procedure in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near the tumor. Also called [NIH]

**In situ:** In the natural or normal place; confined to the site of origin without invasion of neighbouring tissues. [EU]

**In vitro:** In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

**In vivo:** In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

**Indicative:** That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

**Infarction:** A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

**Infection:** 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

**Infiltration:** The diffusion or accumulation in a tissue or cells of substances not normal to it or in amounts of the normal. Also, the material so accumulated. [EU]

**Inflammation:** A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

**Infusion:** A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

**Inpatients:** Persons admitted to health facilities which provide board and room, for the purpose of observation, care, diagnosis or treatment. [NIH]

**Interferon:** A biological response modifier (a substance that can improve the body's natural response to disease). Interferons interfere with the division of cancer cells and can slow tumor growth. There are several types of interferons, including interferon-alpha, -beta, and -gamma. These substances are normally produced by the body. They are also made in the

laboratory for use in treating cancer and other diseases. [NIH]

**Interferon-alpha:** One of the type I interferons produced by peripheral blood leukocytes or lymphoblastoid cells when exposed to live or inactivated virus, double-stranded RNA, or bacterial products. It is the major interferon produced by virus-induced leukocyte cultures and, in addition to its pronounced antiviral activity, it causes activation of NK cells. [NIH]

**Internal Medicine:** A medical specialty concerned with the diagnosis and treatment of diseases of the internal organ systems of adults. [NIH]

**Internal radiation:** A procedure in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near the tumor. Also called brachytherapy, implant radiation, or interstitial radiation therapy. [NIH]

**Interstitial:** Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

**Intracellular:** Inside a cell. [NIH]

**Intravenous:** IV. Into a vein. [NIH]

**Ionizing:** Radiation comprising charged particles, e. g. electrons, protons, alpha-particles, etc., having sufficient kinetic energy to produce ionization by collision. [NIH]

**Irradiation:** The use of high-energy radiation from x-rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or from materials called radioisotopes. Radioisotopes produce radiation and can be placed in or near the tumor or in the area near cancer cells. This type of radiation treatment is called internal radiation therapy, implant radiation, interstitial radiation, or brachytherapy. Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Irradiation is also called radiation therapy, radiotherapy, and x-ray therapy. [NIH]

**Joint:** The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

**Kb:** A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

**Kidney Disease:** Any one of several chronic conditions that are caused by damage to the cells of the kidney. People who have had diabetes for a long time may have kidney damage. Also called nephropathy. [NIH]

**Kinetic:** Pertaining to or producing motion. [EU]

**Labile:** 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

**Large Intestine:** The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

**Lesion:** An area of abnormal tissue change. [NIH]

**Leukemia:** Cancer of blood-forming tissue. [NIH]

**Leukocytes:** White blood cells. These include granular leukocytes (basophils, eosinophils, and neutrophils) as well as non-granular leukocytes (lymphocytes and monocytes). [NIH]

**Leukocytosis:** A transient increase in the number of leukocytes in a body fluid. [NIH]

**Leukoplakia:** A white patch that may develop on mucous membranes such as the cheek, gums, or tongue and may become cancerous. [NIH]

**Library Services:** Services offered to the library user. They include reference and circulation.

[NIH]

**Ligaments:** Shiny, flexible bands of fibrous tissue connecting together articular extremities of bones. They are pliant, tough, and inextensible. [NIH]

**Linkage:** The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

**Lipid:** Fat. [NIH]

**Liver:** A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

**Localization:** The process of determining or marking the location or site of a lesion or disease. May also refer to the process of keeping a lesion or disease in a specific location or site. [NIH]

**Localized:** Cancer which has not metastasized yet. [NIH]

**Lupus:** A form of cutaneous tuberculosis. It is seen predominantly in women and typically involves the nasal, buccal, and conjunctival mucosa. [NIH]

**Lymph:** The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

**Lymph node:** A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

**Lymphatic:** The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

**Lymphatic system:** The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

**Lymphoblastic:** One of the most aggressive types of non-Hodgkin lymphoma. [NIH]

**Lymphoblasts:** Interferon produced predominantly by leucocyte cells. [NIH]

**Lymphocyte:** A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

**Lymphocytic:** Referring to lymphocytes, a type of white blood cell. [NIH]

**Lymphoid:** Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop. [NIH]

**Lymphoma:** A general term for various neoplastic diseases of the lymphoid tissue. [NIH]

**Lysine:** An essential amino acid. It is often added to animal feed. [NIH]

**Lytic:** 1. Pertaining to lysis or to a lysin. 2. Producing lysis. [EU]

**Macrophage:** A type of white blood cell that surrounds and kills microorganisms, removes dead cells, and stimulates the action of other immune system cells. [NIH]

**Macrophage Colony-Stimulating Factor:** A mononuclear phagocyte colony-stimulating factor synthesized by mesenchymal cells. The compound stimulates the survival, proliferation, and differentiation of hematopoietic cells of the monocyte-macrophage series. M-CSF is a disulfide-bonded glycoprotein dimer with a MW of 70 kDa. It binds to a specific high affinity receptor (receptor, macrophage colony-stimulating factor). [NIH]

**Malignancy:** A cancerous tumor that can invade and destroy nearby tissue and spread to other parts of the body. [NIH]

**Malignant:** Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

**Malignant tumor:** A tumor capable of metastasizing. [NIH]

**Mammary:** Pertaining to the mamma, or breast. [EU]

**MEDLINE:** An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

**Megakaryocytes:** Very large bone marrow cells which release mature blood platelets. [NIH]

**Membrane:** A very thin layer of tissue that covers a surface. [NIH]

**Mental Disorders:** Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

**Mercury:** A silver metallic element that exists as a liquid at room temperature. It has the atomic symbol Hg (from hydrargyrum, liquid silver), atomic number 80, and atomic weight 200.59. Mercury is used in many industrial applications and its salts have been employed therapeutically as purgatives, antisyphilitics, disinfectants, and astringents. It can be absorbed through the skin and mucous membranes which leads to mercury poisoning. Because of its toxicity, the clinical use of mercury and mercurials is diminishing. [NIH]

**Mesenchymal:** Refers to cells that develop into connective tissue, blood vessels, and lymphatic tissue. [NIH]

**Mesoderm:** The middle germ layer of the embryo. [NIH]

**Metastasis:** The spread of cancer from one part of the body to another. Tumors formed from cells that have spread are called "secondary tumors" and contain cells that are like those in the original (primary) tumor. The plural is metastases. [NIH]

**Metastatic:** Having to do with metastasis, which is the spread of cancer from one part of the body to another. [NIH]

**MI:** Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

**Mice Minute Virus:** The type species of parvovirus prevalent in mouse colonies and found as a contaminant of many transplanted tumors or leukemias. [NIH]

**Migration:** The systematic movement of genes between populations of the same species, geographic race, or variety. [NIH]

**Mineralocorticoids:** A group of corticosteroids primarily associated with the regulation of water and electrolyte balance. This is accomplished through the effect on ion transport in renal tubules, resulting in retention of sodium and loss of potassium. Mineralocorticoid secretion is itself regulated by plasma volume, serum potassium, and angiotensin II. [NIH]

**Mitosis:** A method of indirect cell division by means of which the two daughter nuclei normally receive identical complements of the number of chromosomes of the somatic cells of the species. [NIH]

**Mitotic:** Cell resulting from mitosis. [NIH]

**Mobilization:** The process of making a fixed part or stored substance mobile, as by separating a part from surrounding structures to make it accessible for an operative procedure or by causing release into the circulation for body use of a substance stored in the body. [EU]

**Modification:** A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

**Modulator:** A specific inductor that brings out characteristics peculiar to a definite region. [EU]

**Molecular:** Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

**Molecule:** A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

**Monoclonal:** An antibody produced by culturing a single type of cell. It therefore consists of a single species of immunoglobulin molecules. [NIH]

**Monoclonal antibodies:** Laboratory-produced substances that can locate and bind to cancer cells wherever they are in the body. Many monoclonal antibodies are used in cancer detection or therapy; each one recognizes a different protein on certain cancer cells. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins, or radioactive material directly to a tumor. [NIH]

**Monocyte:** A type of white blood cell. [NIH]

**Mononuclear:** A cell with one nucleus. [NIH]

**Monotherapy:** A therapy which uses only one drug. [EU]

**Morphogenesis:** The development of the form of an organ, part of the body, or organism. [NIH]

**Morphology:** The science of the form and structure of organisms (plants, animals, and other forms of life). [NIH]

**Mucosa:** A mucous membrane, or tunica mucosa. [EU]

**Multiple Myeloma:** A malignant tumor of plasma cells usually arising in the bone marrow; characterized by diffuse involvement of the skeletal system, hyperglobulinemia, Bence-Jones proteinuria, and anemia. [NIH]

**Myasthenia:** Muscular debility; any constitutional anomaly of muscle. [EU]

**Mycosis:** Any disease caused by a fungus. [EU]

**Mycosis Fungoides:** A chronic malignant T-cell lymphoma of the skin. In the late stages the lymph nodes and viscera are affected. [NIH]

**Myelodysplasia:** Abnormal bone marrow cells that may lead to myelogenous leukemia. [NIH]

**Myelodysplastic syndrome:** Disease in which the bone marrow does not function normally. Also called preleukemia or smoldering leukemia. [NIH]

**Myelofibrosis:** A disorder in which the bone marrow is replaced by fibrous tissue. [NIH]

**Myelogenous:** Produced by, or originating in, the bone marrow. [NIH]

**Myeloma:** Cancer that arises in plasma cells, a type of white blood cell. [NIH]

**Myocardial infarction:** Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

**Myocardium:** The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

**NCI:** National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal

agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at <http://cancer.gov>. [NIH]

**Necrosis:** A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

**Need:** A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

**Neonatal:** Pertaining to the first four weeks after birth. [EU]

**Neoplasm:** A new growth of benign or malignant tissue. [NIH]

**Neoplastic:** Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

**Nephropathy:** Disease of the kidneys. [EU]

**Nerve:** A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

**Nervous System:** The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

**Neural:** 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neural arch. [EU]

**Neural Crest:** A strip of specialized ectoderm flanking each side of the embryonal neural plate, which after the closure of the neural tube, forms a column of isolated cells along the dorsal aspect of the neural tube. Most of the cranial and all of the spinal sensory ganglion cells arise by differentiation of neural crest cells. [NIH]

**Neuropathy:** A problem in any part of the nervous system except the brain and spinal cord. Neuropathies can be caused by infection, toxic substances, or disease. [NIH]

**Neutrons:** Electrically neutral elementary particles found in all atomic nuclei except light hydrogen; the mass is equal to that of the proton and electron combined and they are unstable when isolated from the nucleus, undergoing beta decay. Slow, thermal, epithermal, and fast neutrons refer to the energy levels with which the neutrons are ejected from heavier nuclei during their decay. [NIH]

**Neutrophils:** Granular leukocytes having a nucleus with three to five lobes connected by slender threads of chromatin, and cytoplasm containing fine inconspicuous granules and stainable by neutral dyes. [NIH]

**Nitroblue Tetrazolium:** Colorless to yellow dye that is reducible to blue or black formazan crystals by certain cells; formerly used to distinguish between nonbacterial and bacterial diseases, the latter causing neutrophils to reduce the dye; used to confirm diagnosis of chronic granulomatous disease. [NIH]

**Nitrogen:** An element with the atomic symbol N, atomic number 7, and atomic weight 14. Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

**Nonmalignant:** Not cancerous. [NIH]

**Nuclei:** A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

**Nucleus:** A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

**Observational study:** An epidemiologic study that does not involve any intervention,

experimental or otherwise. Such a study may be one in which nature is allowed to take its course, with changes in one characteristic being studied in relation to changes in other characteristics. Analytical epidemiologic methods, such as case-control and cohort study designs, are properly called observational epidemiology because the investigator is observing without intervention other than to record, classify, count, and statistically analyze results. [NIH]

**Obstetrics:** A medical-surgical specialty concerned with management and care of women during pregnancy, parturition, and the puerperium. [NIH]

**Occult:** Obscure; concealed from observation, difficult to understand. [EU]

**Occult Bleeding:** Blood in stool that is not visible to the naked eye. May be a sign of disease such as diverticulosis or colorectal cancer. [NIH]

**Oedema:** The presence of abnormally large amounts of fluid in the intercellular tissue spaces of the body; usually applied to demonstrable accumulation of excessive fluid in the subcutaneous tissues. Edema may be localized, due to venous or lymphatic obstruction or to increased vascular permeability, or it may be systemic due to heart failure or renal disease. Collections of edema fluid are designated according to the site, e.g. ascites (peritoneal cavity), hydrothorax (pleural cavity), and hydropericardium (pericardial sac). Massive generalized edema is called anasarca. [EU]

**Oral Manifestations:** Disorders of the mouth attendant upon non-oral disease or injury. [NIH]

**Orchitis:** Inflammation of a testis. The disease is marked by pain, swelling, and a feeling of weight. It may occur idiopathically, or it may be associated with conditions such as mumps, gonorrhoea, filarial disease, syphilis, or tuberculosis. [EU]

**Organelles:** Specific particles of membrane-bound organized living substances present in eukaryotic cells, such as the mitochondria; the golgi apparatus; endoplasmic reticulum; lysosomes; plastids; and vacuoles. [NIH]

**Orofacial:** Of or relating to the mouth and face. [EU]

**Ovary:** Either of the paired glands in the female that produce the female germ cells and secrete some of the female sex hormones. [NIH]

**Palliative:** 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

**Palsy:** Disease of the peripheral nervous system occurring usually after many years of increased lead absorption. [NIH]

**Pancreas:** A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

**Papillomavirus:** A genus of Papovaviridae causing proliferation of the epithelium, which may lead to malignancy. A wide range of animals are infected including humans, chimpanzees, cattle, rabbits, dogs, and horses. [NIH]

**Partial remission:** The shrinking, but not complete disappearance, of a tumor in response to therapy. Also called partial response. [NIH]

**Parturition:** The act or process of given birth to a child. [EU]

**Parvovirus:** A genus of the family Parvoviridae, subfamily Parvovirinae, infecting a variety of vertebrates including humans. Parvoviruses are responsible for a number of important diseases but also can be non-pathogenic in certain hosts. The type species is mice minute virus. [NIH]



**Patch:** A piece of material used to cover or protect a wound, an injured part, etc.: a patch over the eye. [NIH]

**Pathogenesis:** The cellular events and reactions that occur in the development of disease. [NIH]

**Pathologic:** 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

**Pathologic Processes:** The abnormal mechanisms and forms involved in the dysfunctions of tissues and organs. [NIH]

**Pathophysiology:** Altered functions in an individual or an organ due to disease. [NIH]

**Penis:** The external reproductive organ of males. It is composed of a mass of erectile tissue enclosed in three cylindrical fibrous compartments. Two of the three compartments, the corpus cavernosa, are placed side-by-side along the upper part of the organ. The third compartment below, the corpus spongiosum, houses the urethra. [NIH]

**Peptide:** Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

**Pericardium:** The fibroserous sac surrounding the heart and the roots of the great vessels. [NIH]

**Perioperative:** Around the time of surgery; usually lasts from the time of going into the hospital or doctor's office for surgery until the time the patient goes home. [NIH]

**Peripheral blood:** Blood circulating throughout the body. [NIH]

**Peripheral Nervous System:** The nervous system outside of the brain and spinal cord. The peripheral nervous system has autonomic and somatic divisions. The autonomic nervous system includes the enteric, parasympathetic, and sympathetic subdivisions. The somatic nervous system includes the cranial and spinal nerves and their ganglia and the peripheral sensory receptors. [NIH]

**Peripheral Neuropathy:** Nerve damage, usually affecting the feet and legs; causing pain, numbness, or a tingling feeling. Also called "somatic neuropathy" or "distal sensory polyneuropathy." [NIH]

**Peritoneal:** Having to do with the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

**Peritoneal Cavity:** The space enclosed by the peritoneum. It is divided into two portions, the greater sac and the lesser sac or omental bursa, which lies behind the stomach. The two sacs are connected by the foramen of Winslow, or epiploic foramen. [NIH]

**Peritoneum:** Endothelial lining of the abdominal cavity, the parietal peritoneum covering the inside of the abdominal wall and the visceral peritoneum covering the bowel, the mesentery, and certain of the organs. The portion that covers the bowel becomes the serosal layer of the bowel wall. [NIH]

**Pernicious:** Tending to a fatal issue. [EU]

**Pernicious anemia:** A type of anemia (low red blood cell count) caused by the body's inability to absorb vitamin B12. [NIH]

**Petechiae:** Pinpoint, unraised, round red spots under the skin caused by bleeding. [NIH]

**Phagocyte:** An immune system cell that can surround and kill microorganisms and remove dead cells. Phagocytes include macrophages. [NIH]

**Pharmacologic:** Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

**Physiologic:** Having to do with the functions of the body. When used in the phrase

"physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

**Physiology:** The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

**Pilot study:** The initial study examining a new method or treatment. [NIH]

**Pituitary Gland:** A small, unpaired gland situated in the sella turcica tissue. It is connected to the hypothalamus by a short stalk. [NIH]

**Plants:** Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

**Plasma:** The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

**Plasma cells:** A type of white blood cell that produces antibodies. [NIH]

**Plasma Exchange:** Removal of plasma and replacement with various fluids, e.g., fresh frozen plasma, plasma protein fractions (PPF), albumin preparations, dextran solutions, saline. Used in treatment of autoimmune diseases, immune complex diseases, diseases of excess plasma factors, and other conditions. [NIH]

**Plasma protein:** One of the hundreds of different proteins present in blood plasma, including carrier proteins (such as albumin, transferrin, and haptoglobin), fibrinogen and other coagulation factors, complement components, immunoglobulins, enzyme inhibitors, precursors of substances such as angiotension and bradykinin, and many other types of proteins. [EU]

**Plasmapheresis:** Procedure whereby plasma is separated and extracted from anticoagulated whole blood and the red cells retransfused to the donor. Plasmapheresis is also employed for therapeutic use. [NIH]

**Platelet Count:** A count of the number of platelets per unit volume in a sample of venous blood. [NIH]

**Platelet Transfusion:** The transfer of blood platelets from a donor to a recipient or reinfusion to the donor. [NIH]

**Platelets:** A type of blood cell that helps prevent bleeding by causing blood clots to form. Also called thrombocytes. [NIH]

**Pleural:** A circumscribed area of hyaline whorled fibrous tissue which appears on the surface of the parietal pleura, on the fibrous part of the diaphragm or on the pleura in the interlobar fissures. [NIH]

**Pleural cavity:** A space enclosed by the pleura (thin tissue covering the lungs and lining the interior wall of the chest cavity). It is bound by thin membranes. [NIH]

**Polycythemia Vera:** A myeloproliferative disorder of unknown etiology, characterized by abnormal proliferation of all hematopoietic bone marrow elements and an absolute increase in red cell mass and total blood volume, associated frequently with splenomegaly, leukocytosis, and thrombocythemia. Hematopoiesis is also reactive in extramedullary sites (liver and spleen). In time myelofibrosis occurs. [NIH]

**Polymorphism:** The occurrence together of two or more distinct forms in the same population. [NIH]

**Polymyalgia Rheumatica:** A syndrome in the elderly characterized by proximal joint and

muscle pain, high erythrocyte sedimentation rate, and a self-limiting course. Pain is usually accompanied by evidence of an inflammatory reaction. Women are affected twice as commonly as men and Caucasians more frequently than other groups. The condition is frequently associated with temporal arteritis and some theories pose the possibility that the two diseases arise from a single etiology or even that they are the same entity. [NIH]

**Polypeptide:** A peptide which on hydrolysis yields more than two amino acids; called tripeptides, tetrapeptides, etc. according to the number of amino acids contained. [EU]

**Polysaccharide:** A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

**Practice Guidelines:** Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

**Precursor:** Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

**Prednisolone:** A glucocorticoid with the general properties of the corticosteroids. It is the drug of choice for all conditions in which routine systemic corticosteroid therapy is indicated, except adrenal deficiency states. [NIH]

**Prednisone:** A synthetic anti-inflammatory glucocorticoid derived from cortisone. It is biologically inert and converted to prednisolone in the liver. [NIH]

**Preleukemia:** Conditions in which the abnormalities in the peripheral blood or bone marrow represent the early manifestations of acute leukemia, but in which the changes are not of sufficient magnitude or specificity to permit a diagnosis of acute leukemia by the usual clinical criteria. [NIH]

**Prevalence:** The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

**Priapism:** Persistent abnormal erection of the penis, usually without sexual desire, and accompanied by pain and tenderness. It is seen in diseases and injuries of the spinal cord, and may be caused by vesical calculus and certain injuries to the penis. [EU]

**Primary Biliary Cirrhosis:** A chronic liver disease. Slowly destroys the bile ducts in the liver. This prevents release of bile. Long-term irritation of the liver may cause scarring and cirrhosis in later stages of the disease. [NIH]

**Probe:** An instrument used in exploring cavities, or in the detection and dilatation of strictures, or in demonstrating the potency of channels; an elongated instrument for exploring or sounding body cavities. [NIH]

**Procollagen:** A biosynthetic precursor of collagen containing additional amino acid sequences at the amino-terminal ends of the three polypeptide chains. Protocollagen, a precursor of procollagen consists of procollagen peptide chains in which proline and lysine have not yet been hydroxylated. [NIH]

**Progesterone:** Pregn-4-ene-3,20-dione. The principal progestational hormone of the body, secreted by the corpus luteum, adrenal cortex, and placenta. Its chief function is to prepare the uterus for the reception and development of the fertilized ovum. It acts as an antiovarian agent when administered on days 5-25 of the menstrual cycle. [NIH]

**Prognostic factor:** A situation or condition, or a characteristic of a patient, that can be used to estimate the chance of recovery from a disease, or the chance of the disease recurring (coming back). [NIH]

**Progressive:** Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

**Proline:** A non-essential amino acid that is synthesized from glutamic acid. It is an essential component of collagen and is important for proper functioning of joints and tendons. [NIH]

**Prophylaxis:** An attempt to prevent disease. [NIH]

**Prospective Studies:** Observation of a population for a sufficient number of persons over a sufficient number of years to generate incidence or mortality rates subsequent to the selection of the study group. [NIH]

**Prospective study:** An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

**Protease:** Proteinase (= any enzyme that catalyses the splitting of interior peptide bonds in a protein). [EU]

**Protein S:** The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

**Proteins:** Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

**Proteinuria:** The presence of protein in the urine, indicating that the kidneys are not working properly. [NIH]

**Proteoglycans:** Glycoproteins which have a very high polysaccharide content. [NIH]

**Proteolytic:** 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

**Protocol:** The detailed plan for a clinical trial that states the trial's rationale, purpose, drug or vaccine dosages, length of study, routes of administration, who may participate, and other aspects of trial design. [NIH]

**Protons:** Stable elementary particles having the smallest known positive charge, found in the nuclei of all elements. The proton mass is less than that of a neutron. A proton is the nucleus of the light hydrogen atom, i.e., the hydrogen ion. [NIH]

**Proximal:** Nearest; closer to any point of reference; opposed to distal. [EU]

**Public Policy:** A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

**Puerperium:** Period from delivery of the placenta until return of the reproductive organs to their normal nonpregnant morphologic state. In humans, the puerperium generally lasts for six to eight weeks. [NIH]

**Pulmonary:** Relating to the lungs. [NIH]

**Pulse:** The rhythmical expansion and contraction of an artery produced by waves of pressure caused by the ejection of blood from the left ventricle of the heart as it contracts. [NIH]

**Purpura:** Purplish or brownish red discoloration, easily visible through the epidermis, caused by hemorrhage into the tissues. [NIH]

**Purulent:** Consisting of or containing pus; associated with the formation of or caused by pus. [EU]

**Pyoderma:** Any purulent skin disease (Dorland, 27th ed). [NIH]

**Race:** A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

**Radiation:** Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

**Radiation Chimera:** An organism whose body contains cell populations of different genotypes as a result of the transplantation of donor cells after sufficient ionizing radiation to destroy the mature recipient's cells which would otherwise reject the donor cells. [NIH]

**Radiation therapy:** The use of high-energy radiation from x-rays, gamma rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body in the area near cancer cells (internal radiation therapy, implant radiation, or brachytherapy). Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Also called radiotherapy. [NIH]

**Radioactive:** Giving off radiation. [NIH]

**Radiolabeled:** Any compound that has been joined with a radioactive substance. [NIH]

**Radiotherapy:** The use of ionizing radiation to treat malignant neoplasms and other benign conditions. The most common forms of ionizing radiation used as therapy are x-rays, gamma rays, and electrons. A special form of radiotherapy, targeted radiotherapy, links a cytotoxic radionuclide to a molecule that targets the tumor. When this molecule is an antibody or other immunologic molecule, the technique is called radioimmunotherapy. [NIH]

**Randomized:** Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

**Randomized clinical trial:** A study in which the participants are assigned by chance to separate groups that compare different treatments; neither the researchers nor the participants can choose which group. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. It is the patient's choice to be in a randomized trial. [NIH]

**Receptor:** A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

**Recombinant:** A cell or an individual with a new combination of genes not found together in either parent; usually applied to linked genes. [EU]

**Reconstitution:** 1. A type of regeneration in which a new organ forms by the rearrangement of tissues rather than from new formation at an injured surface. 2. The restoration to original form of a substance previously altered for preservation and storage, as the restoration to a liquid state of blood serum or plasma that has been dried and stored. [EU]

**Rectum:** The last 8 to 10 inches of the large intestine. [NIH]

**Red blood cells:** RBCs. Cells that carry oxygen to all parts of the body. Also called erythrocytes. [NIH]

**Refer:** To send or direct for treatment, aid, information, de decision. [NIH]

**Refractory:** Not readily yielding to treatment. [EU]

**Regeneration:** The natural renewal of a structure, as of a lost tissue or part. [EU]

**Regimen:** A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

**Relapse:** The return of signs and symptoms of cancer after a period of improvement. [NIH]

**Remission:** A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

**Remission Induction:** Therapeutic act or process that initiates a response to a complete or partial remission level. [NIH]

**Renal failure:** Progressive renal insufficiency and uremia, due to irreversible and progressive renal glomerular tubular or interstitial disease. [NIH]

**Restoration:** Broad term applied to any inlay, crown, bridge or complete denture which restores or replaces loss of teeth or oral tissues. [NIH]

**Retroperitoneal:** Having to do with the area outside or behind the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

**Retrospective:** Looking back at events that have already taken place. [NIH]

**Rheumatism:** A group of disorders marked by inflammation or pain in the connective tissue structures of the body. These structures include bone, cartilage, and fat. [NIH]

**Rheumatoid:** Resembling rheumatism. [EU]

**Rheumatoid arthritis:** A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested as possible causes. [NIH]

**Risk factor:** A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

**Rituximab:** A type of monoclonal antibody used in cancer detection or therapy. Monoclonal antibodies are laboratory-produced substances that can locate and bind to cancer cells. [NIH]

**Rubella:** An acute, usually benign, infectious disease caused by a togavirus and most often affecting children and nonimmune young adults, in which the virus enters the respiratory tract via droplet nuclei and spreads to the lymphatic system. It is characterized by a slight cold, sore throat, and fever, followed by enlargement of the postauricular, suboccipital, and cervical lymph nodes, and the appearances of a fine pink rash that begins on the head and spreads to become generalized. Called also German measles, roetln, röteln, and three-day measles, and rubeola in French and Spanish. [EU]

**Rubella Virus:** The type (and only) species of Rubivirus causing acute infection in humans, primarily children and young adults. Humans are the only natural host. A live, attenuated vaccine is available for prophylaxis. [NIH]

**Saline:** A solution of salt and water. [NIH]

**Saliva:** The clear, viscous fluid secreted by the salivary glands and mucous glands of the mouth. It contains mucins, water, organic salts, and ptylin. [NIH]

**Salivary:** The duct that convey saliva to the mouth. [NIH]

**Salivary glands:** Glands in the mouth that produce saliva. [NIH]

**Salvage Therapy:** A therapeutic approach, involving chemotherapy, radiation therapy, or surgery, after initial regimens have failed to lead to improvement in a patient's condition.

Salvage therapy is most often used for neoplastic diseases. [NIH]

**Saphenous:** Applied to certain structures in the leg, e. g. nerve vein. [NIH]

**Saphenous Vein:** The vein which drains the foot and leg. [NIH]

**Saponins:** Sapogenin glycosides. A type of glycoside widely distributed in plants. Each consists of a sapogenin as the aglycon moiety, and a sugar. The sapogenin may be a steroid or a triterpene and the sugar may be glucose, galactose, a pentose, or a methylpentose. Sapogenins are poisonous towards the lower forms of life and are powerful hemolytics when injected into the blood stream able to dissolve red blood cells at even extreme dilutions. [NIH]

**Sarcoma:** A connective tissue neoplasm formed by proliferation of mesodermal cells; it is usually highly malignant. [NIH]

**Scleroderma:** A chronic disorder marked by hardening and thickening of the skin. Scleroderma can be localized or it can affect the entire body (systemic). [NIH]

**Sclerosis:** A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

**Screening:** Checking for disease when there are no symptoms. [NIH]

**Secretion:** 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

**Sepsis:** The presence of bacteria in the bloodstream. [NIH]

**Serum:** The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

**Shock:** The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

**Side effect:** A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

**Signs and Symptoms:** Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

**Skeletal:** Having to do with the skeleton (boney part of the body). [NIH]

**Skull:** The skeleton of the head including the bones of the face and the bones enclosing the brain. [NIH]

**Smoldering leukemia:** Disease in which the bone marrow does not function normally. Also called preleukemia or myelodysplastic syndrome. [NIH]

**Soft tissue:** Refers to muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body. [NIH]

**Solvent:** 1. Dissolving; effecting a solution. 2. A liquid that dissolves or that is capable of dissolving; the component of a solution that is present in greater amount. [EU]

**Soma:** The body as distinct from the mind; all the body tissue except the germ cells; all the axial body. [NIH]

**Somatic:** 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

**Specialist:** In medicine, one who concentrates on 1 special branch of medical science. [NIH]

**Species:** A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

**Spinal cord:** The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

**Spleen:** An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

**Splenectomy:** An operation to remove the spleen. [NIH]

**Splenomegaly:** Enlargement of the spleen. [NIH]

**Spondylitis:** Inflammation of the vertebrae. [EU]

**Sprue:** A non febrile tropical disease of uncertain origin. [NIH]

**Standard therapy:** A currently accepted and widely used treatment for a certain type of cancer, based on the results of past research. [NIH]

**Stem cell transplantation:** A method of replacing immature blood-forming cells that were destroyed by cancer treatment. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells. [NIH]

**Stem Cells:** Relatively undifferentiated cells of the same lineage (family type) that retain the ability to divide and cycle throughout postnatal life to provide cells that can become specialized and take the place of those that die or are lost. [NIH]

**Sterility:** 1. The inability to produce offspring, i.e., the inability to conceive (female s.) or to induce conception (male s.). 2. The state of being aseptic, or free from microorganisms. [EU]

**Steroid:** A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

**Stomach:** An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

**Stool:** The waste matter discharged in a bowel movement; feces. [NIH]

**Stress:** Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

**Stroke:** Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

**Stromal:** Large, veil-like cell in the bone marrow. [NIH]

**Stromal Cells:** Connective tissue cells of an organ found in the loose connective tissue. These are most often associated with the uterine mucosa and the ovary as well as the hematopoietic system and elsewhere. [NIH]

**Subacute:** Somewhat acute; between acute and chronic. [EU]

**Subclinical:** Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]



**Subcutaneous:** Beneath the skin. [NIH]

**Substance P:** An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

**Substrate:** A substance upon which an enzyme acts. [EU]

**Suppression:** A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

**Syphilis:** A contagious venereal disease caused by the spirochete *Treponema pallidum*. [NIH]

**Systemic:** Affecting the entire body. [NIH]

**Systemic lupus erythematosus:** SLE. A chronic inflammatory connective tissue disease marked by skin rashes, joint pain and swelling, inflammation of the kidneys, inflammation of the fibrous tissue surrounding the heart (i.e., the pericardium), as well as other problems. Not all affected individuals display all of these problems. May be referred to as lupus. [NIH]

**Tachycardia:** Excessive rapidity in the action of the heart, usually with a heart rate above 100 beats per minute. [NIH]

**Tachypnea:** Rapid breathing. [NIH]

**Telangiectasia:** The permanent enlargement of blood vessels, causing redness in the skin or mucous membranes. [NIH]

**Temporal:** One of the two irregular bones forming part of the lateral surfaces and base of the skull, and containing the organs of hearing. [NIH]

**Testis:** Either of the paired male reproductive glands that produce the male germ cells and the male hormones. [NIH]

**Thalassemia:** A group of hereditary hemolytic anemias in which there is decreased synthesis of one or more hemoglobin polypeptide chains. There are several genetic types with clinical pictures ranging from barely detectable hematologic abnormality to severe and fatal anemia. [NIH]

**Therapeutics:** The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

**Thrombasthenia:** A congenital bleeding disorder with prolonged bleeding time, absence of aggregation of platelets in response to most agents, especially ADP, and impaired or absent clot retraction. Platelet membranes are deficient in or have a defect in the glycoprotein IIb-IIIa complex (platelet glycoprotein GPIIb-IIIa complex). [NIH]

**Thrombin:** An enzyme formed from prothrombin that converts fibrinogen to fibrin. (Dorland, 27th ed) EC 3.4.21.5. [NIH]

**Thrombocytes:** Blood cells that help prevent bleeding by causing blood clots to form. Also called platelets. [NIH]

**Thrombocytopenia:** A decrease in the number of blood platelets. [NIH]

**Thrombopoietin:** A humoral factor that controls blood platelet production through stimulation of megakaryocyte populations. Bone marrow megakaryocytes increase in both size and number in response to exposure to thrombopoietin. [NIH]

**Thrombosis:** The formation or presence of a blood clot inside a blood vessel. [NIH]

**Thymus:** An organ that is part of the lymphatic system, in which T lymphocytes grow and multiply. The thymus is in the chest behind the breastbone. [NIH]

**Thyroid:** A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

**Thyroid Gland:** A highly vascular endocrine gland consisting of two lobes, one on either side of the trachea, joined by a narrow isthmus; it produces the thyroid hormones which are concerned in regulating the metabolic rate of the body. [NIH]

**Thyroid Hormones:** Hormones secreted by the thyroid gland. [NIH]

**Tin:** A trace element that is required in bone formation. It has the atomic symbol Sn, atomic number 50, and atomic weight 118.71. [NIH]

**Tissue:** A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

**Toxic:** Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

**Toxicity:** The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

**Toxicology:** The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

**Toxins:** Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

**Trachea:** The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

**Tranexamic Acid:** Antifibrinolytic hemostatic used in severe hemorrhage. [NIH]

**Transfection:** The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

**Transfer Factor:** Factor derived from leukocyte lysates of immune donors which can transfer both local and systemic cellular immunity to nonimmune recipients. [NIH]

**Transfusion:** The infusion of components of blood or whole blood into the bloodstream. The blood may be donated from another person, or it may have been taken from the person earlier and stored until needed. [NIH]

**Transplantation:** Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

**Trauma:** Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

**Tuberculosis:** Any of the infectious diseases of man and other animals caused by species of Mycobacterium. [NIH]

**Ultrafiltration:** The separation of particles from a suspension by passage through a filter with very fine pores. In ultrafiltration the separation is accomplished by convective transport; in dialysis separation relies instead upon differential diffusion. Ultrafiltration occurs naturally and is a laboratory procedure. Artificial ultrafiltration of the blood is referred to as hemofiltration or hemodiafiltration (if combined with hemodialysis). [NIH]

**Unconscious:** Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

**Urine:** Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

**Vaccination:** Administration of vaccines to stimulate the host's immune response. This includes any preparation intended for active immunological prophylaxis. [NIH]

**Vaccine:** A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

**Vagina:** The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

**Varicella:** Chicken pox. [EU]

**Vascular:** Pertaining to blood vessels or indicative of a copious blood supply. [EU]

**Vein:** Vessel-carrying blood from various parts of the body to the heart. [NIH]

**Venous:** Of or pertaining to the veins. [EU]

**Venous blood:** Blood that has given up its oxygen to the tissues and carries carbon dioxide back for gas exchange. [NIH]

**Ventricle:** One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

**Vertebrae:** A bony unit of the segmented spinal column. [NIH]

**Veterinary Medicine:** The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

**Vinblastine:** An anticancer drug that belongs to the family of plant drugs called vinca alkaloids. It is a mitotic inhibitor. [NIH]

**Vinca Alkaloids:** A class of alkaloids from the genus of apocyanaceous woody herbs including periwinkles. They are some of the most useful antineoplastic agents. [NIH]

**Viral:** Pertaining to, caused by, or of the nature of virus. [EU]

**Virus:** Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

**Viscera:** Any of the large interior organs in any one of the three great cavities of the body, especially in the abdomen. [NIH]

**Vitro:** Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used together with artificial substrates and/or conditions. [NIH]

**Vivo:** Outside of or removed from the body of a living organism. [NIH]

**White blood cell:** A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

**Windpipe:** A rigid tube, 10 cm long, extending from the cricoid cartilage to the upper border of the fifth thoracic vertebra. [NIH]

**X-ray:** High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

**X-ray therapy:** The use of high-energy radiation from x-rays to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or from materials called radioisotopes. Radioisotopes produce radiation and can be placed in or near the tumor or in the area near cancer cells. This type of radiation treatment is called internal radiation therapy, implant radiation, interstitial radiation, or

brachytherapy. Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. X-ray therapy is also called radiation therapy, radiotherapy, and irradiation. [NIH]

**Zoster:** A virus infection of the Gasserian ganglion and its nerve branches, characterized by discrete areas of vesiculation of the epithelium of the forehead, the nose, the eyelids, and the cornea together with subepithelial infiltration. [NIH]

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