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| Autore | George Bruce |
| Titolo | Colorectal Surgery [[electronic resource]] : Clinical Care and Management |
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| ISBN | 1-118-67477-4 |
| Descrizione fisica | 1 online resource (407 p.) |
| Altri autori (Persone) | GuyRichard JonesOliver VogelJon |
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| Note generali | Description based upon print version of record. |
| Nota di contenuto | Title Page; Copyright; Table of Contents; List of contributors; Foreword; Section A: Colorectal cancer; Incidence; Pathogenesis; Risk factors for colorectal cancer; Pathology; Clinical presentation; Investigation of colorectal cancer; Decision making: the multidisciplinary team (MDT); Surgical treatment; Postoperative management; Other tumors; References; Case 1: A screen-detected colonic conundrum; Could we have done better?; Case 2: Serrated Pathways; Could we have done better?; Reference; Case 3: Large tubulovillous adenoma of the rectum treated by TEM; Could we have done better? ReferenceCase 4: To stent or not to stent?; Could we have done better?; Case 5: Advanced rectal cancer: Brazil or Japan?; Case 6: Marginal decisions; Could we have done better?; Case 7: Locally advanced rectal cancer invading prostate; Could we have done better?; Reference; Case 8: Low rectal cancer and synchronous polyps; Could we have done better?; Case 9: Liver or rectum first?; Could we have done better?; Case 10: Beware bad livers!; Could we have done better?; Reference; Case 11: Anastomotic recurrence?; Could we have done better?; Case 12: Challenging warts; Could we have done better? Case 13: An unusual right iliac fossa massCould we have done better?; Section B: Inflammatory bowel disease; Introduction; Crohn's disease; Ulcerative colitis; References; Case 14: A problem teenager; Case 15: Recurrent Crohn's disease with intraabdominal abscess: when to |

operate?; Case 16: Very extensive small bowel stricturing disease; Reference; Case 17: Long-standing Crohn's colitis and enterocutaneous fistula; Could we have done better?; Case 18: Crohn's colitis; Case 19: Fistulating anal Crohn's disease: conservative management; Case 20: Tail end carnage; Could we have done better? Case 21: Acute severe colitis; Could we have done better?; Case 22: Snare or pouch? The problem of dysplasia in ulcerative colitis; Could we have done better?; References; Case 23: Anal fistula and ulcerative colitis; Could we have done better?; Case 24: Poor pouch function; Case 25: Low rectal cancer in a patient with ulcerative colitis: late reconstruction with continent Kock ileostomy; References; Section C: Pelvic floor disorders; Introduction; External rectal prolapse; Fecal incontinence; Obstructed defecation; Slow transit constipation; Anismus; Chronic anorectal pain (see Case 32) References; Case 26: Constrictions of prolapse surgery; Could we have done better?; Case 27: Elderly prolapse dilemma; Could we have done better?; Case 28: Chasing incontinence; Could we have done better?; Case 29: Sphincter disruption; Could we have done better?; Case 30: Stimulating complications; Could we have done better?; Case 31: Crohn's evacuation trouble; Case 32: Disabling anal pain; Could we have done better?; Section D: Proctology; Hemorrhoids; Anal fistula; Anal fissure; Pilonidal sinus; Pruritus ani; References; Case 33: Hemorrhoids and HIV; Could we have done better? Case 34: Refractory fissure

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| 2. Record Nr. | UNINA9910254184803321 |
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| Soggetti | Biomedical engineering Microbiology - Technique Cytology Food - Microbiology Biophysics Pharmaceutical chemistry Biomedical Engineering and Bioengineering Microbiology Techniques Cell Biology Food Microbiology Pharmaceutics |
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| Nota di contenuto | Preface; Satellite Events Incorporated in WC2015; Committees; Sponsors; Table of Contents; Invited Plenary Lectures; About the First Industrial Scale PEF - Plants and Heinz Doevenspeck's Role - A Historical Review; I. INTRODUCTION; II. DOEVENSPECK'S PROJECTS FROM 1958 UNTIL 1983; III. COOPERATION DOEVENSPECK- KRUPP UNTIL 1993; Harnessing the Structure Modifying Potential of Pulsed Electric Fields (PEF) - Food Processing Examples in Product Stabilization, Process Acceleration and Compound Extraction; I. INTRODUCTION; II. CASE STUDY 1: PEF IN HURDLE PRESERVATION III. CASE STUDY 2: PEF IN SPORE INACTIVATION IV. CASE STUDY 3: PEF IN |

HYDROLYSIS/TERMINATION; V. CASE STUDY 4: PEF IN WASTE/VALORISATION; VI. CASE STUDY 5: PEF IN MEAT TENDERISATION; VII. CASE STUDY 6: PEF IN MEAT CURING; VIII. CONCLUSIONS; Fundamental and Applied Aspects of Pulsed Electric Fields for Microbial Inactivation; I. INTRODUCTION; II. BASICS/PRINCIPLES OF MICROBIAL INACTIVATION BY PULSED ELECTRIC FIELDS; III. FACTORS AFFECTING MICROBIAL INACTIVATION BY PULSED ELECTRIC FIELDS; IV. FOOD PRESERVATION BY PULSED ELECTRIC FIELDS How Imaging Molecule Uptake into Cells can Reveal the Mechanisms of Membrane Electroporation. I. INTRODUCTION; II. MECHANISMS OF MEMBRANE ELECTROPORATION AND DNA TRANSFER INTO CELLS.; III. LIPID VESICLES AND 3D CELL CULTURES AS OTHER MODELS TO STUDY ELECTROPORATION; IV. CONCLUSIONS; Tissue Reactions to Electroporation and Electrochemotherapy: Vascular Effects that have Implications in Tumor Treatment; I. INTRODUCTION; II. VASCULAR EFFECTS OF ELECTROPORATION; III. VASCULAR EFFECTS OF ELECTROCHEMOTHERAPY; IV. CLINICAL OBSERVATIONS AND IMPLICATIONS; V. CONCLUSIONS Nanosecond Pulses and Beyond - Towards Antenna Applications I. INTRODUCTION; II. NANOSECOND PULSED ELECTRIC FIELD EFFECTS; III. FROM NANOSECOND TO PICO SECOND PULSES; IV. PICO SECOND PULSE GENERATORS; V. BIOELECTRIC EFFECTS OF PICO SECOND PULSED ELECTRIC FIELDS (PSPEF); VI. FROM INVASIVE PULSE DELIVERY SYSTEMS TO ANTENNAS ; VII. CONCLUSION; Optimal Irreversible Electroporation Techniques in the Treatment of Locally Advanced Liver and Pancreatic Cancer; I. INTRODUCTION; II. LOCAL TISSUE FACTORS THAT AFFECT IRE; III. TECHNIQUE OF PERFORMING IRE IN LIVER FOR TUMORS WITH VASCULAR PROXIMITY IV. CLINICAL RESULTS OF IRREVERSIBLE ELECTROPORATION FOR HEPATIC MALIGNANCIES Electrotransfer of Antiangiogenic shRNA against Endoglin for Effective Cancer Treatment; I. VASCULAR TARGETED THERAPIES; II. ENDOGLIN; III. siRNA AGAINST ENDOGLIN; IV. VASCULAR TARGETED EFFECTS OF shRNA AGAINST ENDOGLIN; V. ANTITUMOR AND ANTIMETASTATIC EFFECTS OF shRNA AGAINST ENDOGLIN; VI. COMPLIANCE WITH ETHICAL REQUIREMENTS; VII. CONCLUSIONS; Abiotic Gene Transfer - A Rarity or a Ubiquity?; I. INTRODUCTION; II. DO THE THREE BIOTIC HGT MECHANISMS SUFFICE?; III. LABORATORY HGT TECHNIQUES ARE ALL ABIOTIC IV. ABIOTIC HGT MECHANISMS IN NATURE?

Sommario/riassunto

This volume presents the proceedings of the 1st World Congress on Electroporation and Pulsed Electric Fields in Biology, Medicine and Food & Environmental Technologies (WC2015). The congress took place in Portorož, Slovenia, during the week of September 6th to 10th, 2015. The scientific part of the Congress covered different aspects of electroporation and related technologies and included the following main topics:

- Application of pulsed electric fields technology in food: challenges and opportunities
- Electrical impedance measurement for assessment of electroporation yield
- Electrochemistry and electroporation
- Electroporation meets electrostimulation
- Electrotechnologies for food and biomass treatment
- Food and biotechnology applications
- In vitro electroporation - basic mechanisms
- Interfacial behaviour of lipid-assemblies, membranes and cells in electric fields
- Irreversible electroporation in clinical use
- Medical applications: electrochemotherapy
- Medical applications: gene therapy
- Non-electric field-based physical methods inducing cell poration and enhanced molecule transfer
- Non-thermal plasmas for food safety, environmental applications and medical treatments

- PEF for the food industry: fundamentals and applications
 - PEF process integration - complex process chains and process combinations in the food industry · Predictable animal models
 - Pulsed electric fields and electroporation technologies in bioeconomy · Veterinary medical applications.
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