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Vladimír Karen

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Zvyšte své šance na úspěch s žádostí o grant

Nabízíme také předrecenzní řízení a pomoc s odpověďmi na komentáře recenzentů

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Odborná korektura Charlesworth připraví váš článek k vydání

Introduction: DA double aortic arch refers to the is a congenital vascular variation with the character of the in which there is formation of an anatomically complete ring[1] around the trachea and esophagus[1]. It occurs due to the failure offailed regression of the right eighth segment of the dorsal aortic root during development of the branchial artery developmenties. This anatomical anomaly may can compress the trachea and esophagus and may cause leading to symptoms like such as: stridor, wheezing, or and dysphagia which; dysphagia requires surgical transection of the fibrous cord. Additionally, mMany patients with a double aortic arch would patients have distal atresia of the distal portion of the smaller arch where it at the inserts insertion into the descending thoracic aorta[2].

Here, We we report a rare case of double aortic arch with double aortic arch that was identified with echo and computed tomography (CT) angiography imaging findings. Although surgical approaches are well documented in the pediatric literature, there is a paucity of data of data in describing double aortic arch cases. To the best of our knowledge, we describe for the first this is the first description of time, a patient of double aortic arch with double aortic arch patient identified due to a foreign body object in the esophagus as initial symptom.

Case report: A 2-year-old boy presented with coughing forlussis (15 days) and emesisvomiting (for 2 days). And heHe had a history of coin swallowedswallowing a coin. Routine chest x-rays showed aindicated that a rounded metal foreign body object was present in the upper esophagus [(figure Figure 1)]. EAn emergent gastrduodenoscopy revealed a half-Yuan coin in lodged in the upper esophagus; the object which was taken outremoved immediately. And An esophagus esophageal ulceration was also revealed. Due However, with to ssubsequent recurrence of respiratory symptoms, double aortic arch was suspected. The symptoms, a were investigated using- transthoracic echocardiography was performed by which double aortic arch was suspected (Supplemental [(Video 1, 2)]). The Measurements revealed that the right aortic arch was the dominant arch [(9mm)]. The with right subclavian artery arising arose from the right arch, and leftThe left subclavian and and the left and right common carotid and right common carotid arteries arising arose from the left arch ([4mm)]. While the The distal left arch can notwas not be showed clearlyclearly imaged. No associated intra-cardiac anomaly anomalies was foundwere discovered. CT angiography was performed to confirm the diagnosis and determine collect additional further details. CT engiography with Tthree-dimensional reconstructions showed that the double aortic arch forming formed a vascular ring, which, encircling encircled and compressing compressed the trachea and esophagus. CT And CT angiography also showed the indicated atresia of the distal left arch atresia (FHigure 2)]. The patient underwent corrective surgery. Vascular ligation was achieved by division of the lesser left-sided arch distal to the left-sided subclavian and the stumps were oversewn. The left-sided ligamentum was divided and oversewn, along with the. The distal arch and the adhesions was were loosened. The patient made a full recovery after the operation.

Discussion: Patients with double aortic arch can present with respiratory, gastrointestinal and cardiac symptoms, due toas vascular structures encircle and compress the trachea and/or esophagus. The severity of symptoms depends on the degree of tightness of the ring and on

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subsequent tracheoesophageal compression. In a case series of 81 patients, 91% had respiratory, 40% had gastrointestinal and 28% had cardiac symptoms[3]. Very few patients experienced partial or no compressions with subclinical presentations, and even. It was very rare rare for patients to present in adulthood. Some And there were adultadult patients that were asymptomatic and were diagnosed incidentally by transthoracic echocardiography or coronary angiography[4-6]. In thiseur case, the patient had no signs of stridor, wheezing, or dysphagia until he accidentally swallowed a coin whichthat was stuckbecame lodged in the upper esophagus. Resultant]And the gesophageal ulceration might may have caused some edema that then resultedled to in tracheal impingement.

Diagnosis of double aortic arch can be made by echocardiography, 3D reconstructive CT angiography with, 3D reconstruction and cardiac magnetic resonance imaging (MRI). Echocardiography has the advantage of being a comprehensive assessment of intracardiac anatomy and function. The addition of dopplerDoppler color flow imaging is helpfulcan assist in diagnosis[7]. However, But it is limited by the need to conform to acoustic windows, a lack of depiction of airway/esophageal involvement and high intra-erobserver variability[7]. The Also segments with atresia cannot be displayed[8]. As showed in our In this case, although the right aortic arch and, the left arch together withand the branches branches can bewere clearly viewed by 2D and doppler Doppler color flow imaging, the distal left arch can not bewas not captured showed. However, CT angiography with 3D reconstruction is is an excellent non-invansive imaging technique for thethat is used to diagnosis diagnose and characterize etion of vascular rings. Using this technique, tThe exact anatomy of the an aortic arch malformation and its relationship to adjacent structures can bewas accurately defined, which assists assisted the cardiovascular surgeon in planning surgical management. It providesprovided a complete comprehensive information regardingpicture of arterial branching patterns, and pinpointed the location and extent of airway and esophageal obstructions. The third technique, Cardiac cardiac magnetic resonance imagingMRI (MRI) has the promised of being able to provid providing frequent cardiac morphology and functional evaluations non-invasively and. This also enables accurate delineation of vascular anomalies and, unlike CT angiography, does not involve radiation to airradiating young children.

In conclusion, the this case emphasizes highlights the suspicion for double aortic arch-induced vascular ring due to double aortic arch in children with who present with a foreign body object in the upper esophagus. And as shown with our case In this case, echo and 3D reconstructive CT angiography with 3D reconstruction can provideprovided reliable diagnostic information to aidthat aided the surgeon in operative planning.

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Comment [A8]: I'm using past tense here because this seems to refer to your specific case. If this is refering to a more general use of the technique, please change it to present tense. "Using this technique, the exact anatomy of an aortic arch malformation and its relationship to adjacent structures can be accurately defined, which assists the cardiovascular surgeon in planning surgical management. It provides a comprehensive picture of arterial branching patterns and pinpoints the location and extent of airway and esophageal obstructions."

Comment [A9]: or perhaps you could say 'justifies'

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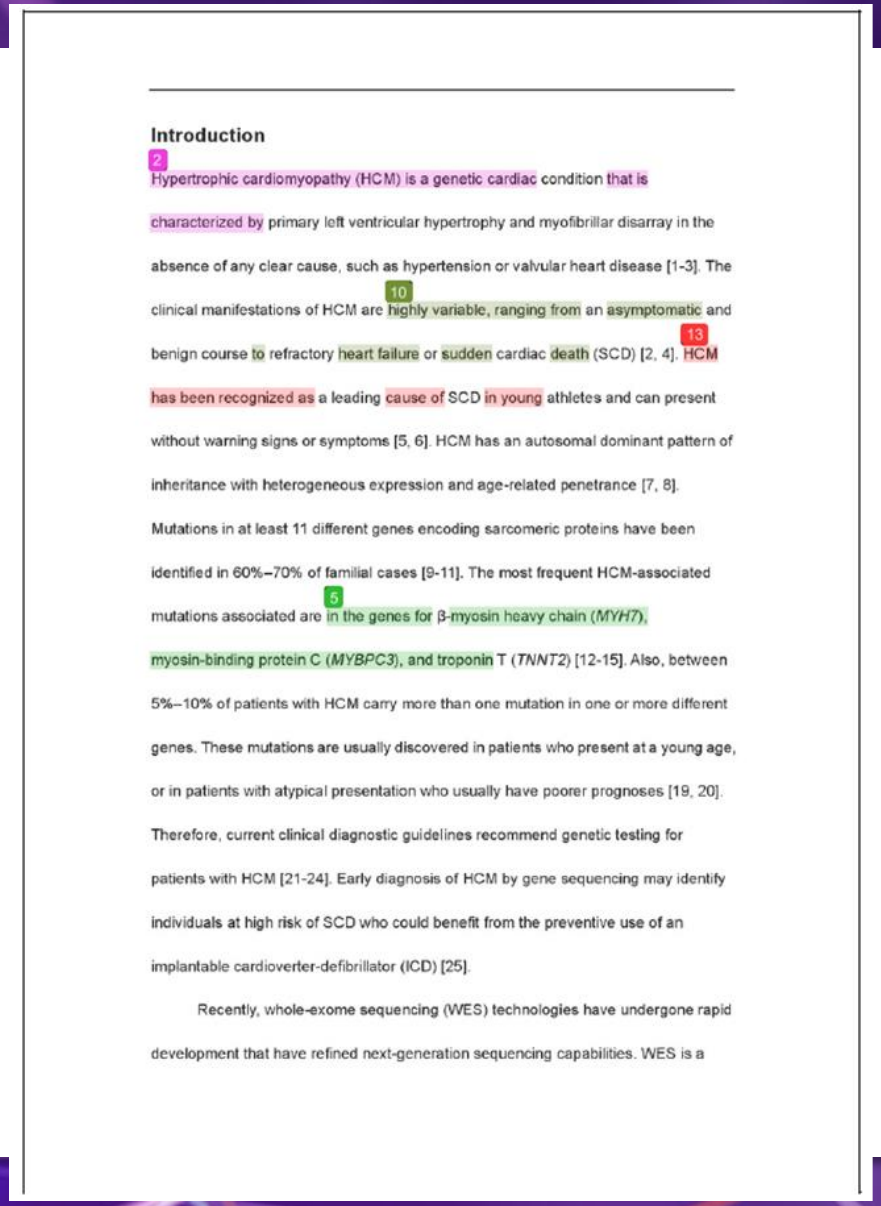
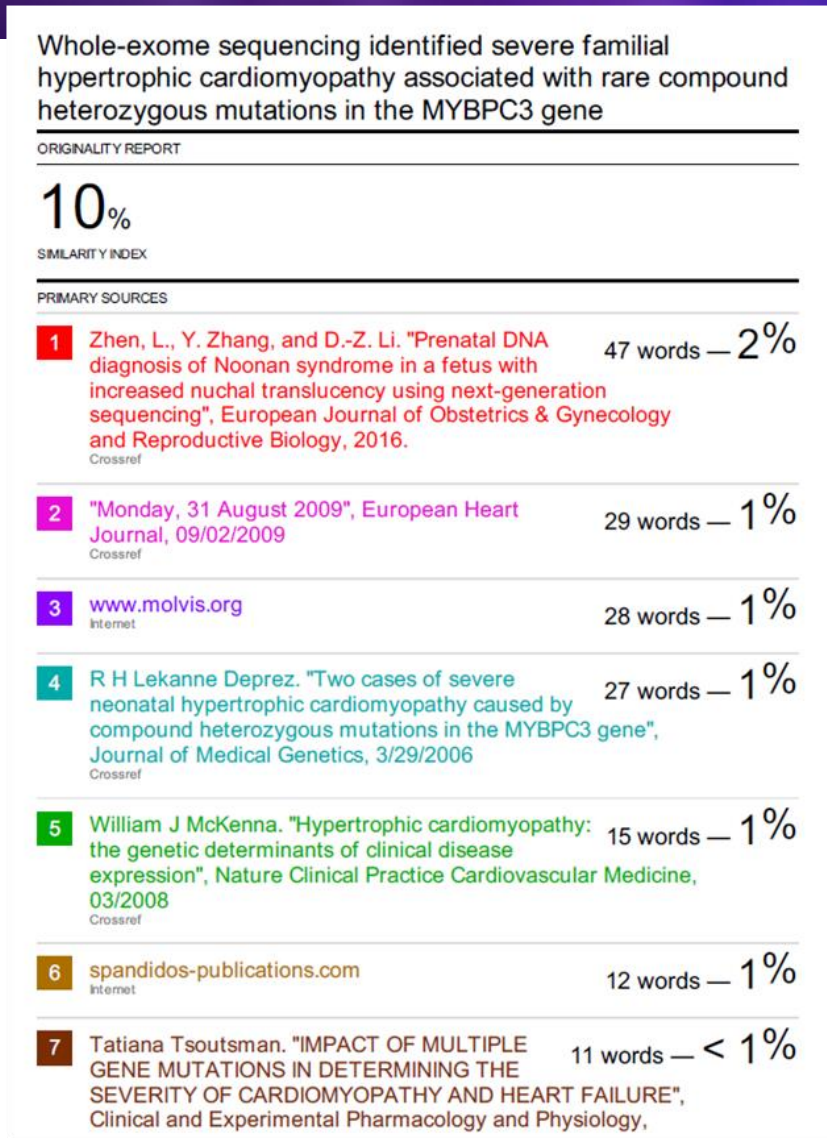


Introduction

Hypertrophic cardiomyopathy (HCM) is a genetic cardiac condition that is characterized by primary left ventricular hypertrophy and myofibrillar disarray in the absence of any clear cause, such as hypertension or valvular heart disease [1-3]. The clinical manifestations of HCM are highly variable, ranging from an asymptomatic and benign course to refractory heart failure or sudden cardiac death (SCD) [2, 4]. HCM has been recognized as a leading cause of SCD in young athletes and can present without warning signs or symptoms [5, 6]. HCM has an autosomal dominant pattern of inheritance with heterogeneous expression and age-related penetrance [7, 8]. Mutations in at least 11 different genes encoding sarcomeric proteins have been identified in 60%–70% of familial cases [9-11]. The most frequent HCM-associated mutations associated are in the genes for β-myosin heavy chain (*MYH7*), myosin-binding protein C (*MYBPC3*), and troponin T (*TNNT2*) [12-15]. Also, between 5%–10% of patients with HCM carry more than one mutation in one or more different genes. These mutations are usually discovered in patients who present at a young age, or in patients with atypical presentation who usually have poorer prognoses [19, 20]. Therefore, current clinical diagnostic guidelines recommend genetic testing for patients with HCM [21-24]. Early diagnosis of HCM by gene sequencing may identify individuals at high risk of SCD who could benefit from the preventive use of an implantable cardioverter-defibrillator (ICD) [25].

Recently, whole-exome sequencing (WES) technologies have undergone rapid development that have refined next-generation sequencing capabilities. WES is a



Whole-exome sequencing identified severe familial hypertrophic cardiomyopathy associated with rare compound heterozygous mutations in the MYBPC3 gene

ORIGINALITY REPORT

10%

SIMILARITY INDEX

PRIMARY SOURCES

1	Zhen, L., Y. Zhang, and D.-Z. Li. "Prenatal DNA diagnosis of Noonan syndrome in a fetus with increased nuchal translucency using next-generation sequencing", European Journal of Obstetrics & Gynecology and Reproductive Biology, 2016. Crossref	47 words — 2%
2	"Monday, 31 August 2009", European Heart Journal, 09/02/2009 Crossref	29 words — 1%
3	www.molvis.org Internet	28 words — 1%
4	R H Lekanne Deprez. "Two cases of severe neonatal hypertrophic cardiomyopathy caused by compound heterozygous mutations in the MYBPC3 gene", Journal of Medical Genetics, 3/29/2006 Crossref	27 words — 1%
5	William J McKenna. "Hypertrophic cardiomyopathy: the genetic determinants of clinical disease expression", Nature Clinical Practice Cardiovascular Medicine, 03/2008 Crossref	15 words — 1%
6	spandidos-publications.com Internet	12 words — 1%
7	Tatiana Tsoutsman. "IMPACT OF MULTIPLE GENE MUTATIONS IN DETERMINING THE SEVERITY OF CARDIOMYOPATHY AND HEART FAILURE", Clinical and Experimental Pharmacology and Physiology,	11 words — < 1%

Odborná před-recenze před odesláním článku zvýší šance na úspěšné recenzní řízení

Scientific Review Form

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Paper number:	
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1. The form below is intended to provide a structure to evaluating the article in terms of its scientific merit, and to minimise or eliminate the major reasons for rejection through journal peer review. We have constructed the form to enable review of the article according to general IMRaD structure. Any additional comments outside of this form which the editor feels important should be added to the Additional Comments box at the end of this form.

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	SECTIONAL QUESTION	COMMENTS AND RECOMMENDATIONS	ACTION NEEDED BY AUTHOR BEFORE JOURNAL (RE)SUBMISSION
TITLE & KEYWORDS	Are the title and keywords appropriate to the content, and to the target journal (if provided)?		
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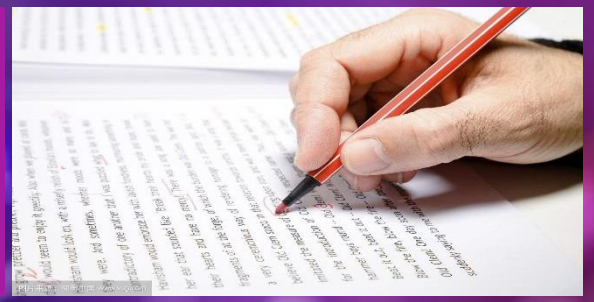
Korektoři Charlesworth jsou experty ve svých oborech

> 350 rodilých mluvčí, především z Velké Británie a USA

Průměrná zkušenost s korekturami > 7 let

> 50 % jsou aktivními recenzenty odborných časopisů

Všichni mají nejméně titul PhD



V čem je Charlesworth jiný?

Naši korektoři:

Opraví gramatiku, pravopis a chyby ve stavbě věty

Zajistí, že článek obsahuje metadata důležitá pro archivaci a nalezení článku

Aplikují požadavky a výjimky konkrétního časopisu

Zkontrolují správné číslování a formát citací, rovnice, obrázky a tabulky

Naši odborní specialisté dále pomohou úspěchu publikace:

Úpravou větné struktury, aby se článek četl jakoby byl napsán rodilým mluvčím

Odstraní nesprávnou nebo nejednoznačnou terminologii při zachování odborného vyznění

Zajistí konzistentní používání terminologie

Zachovají nuance vědeckých koncepcí a terminologie

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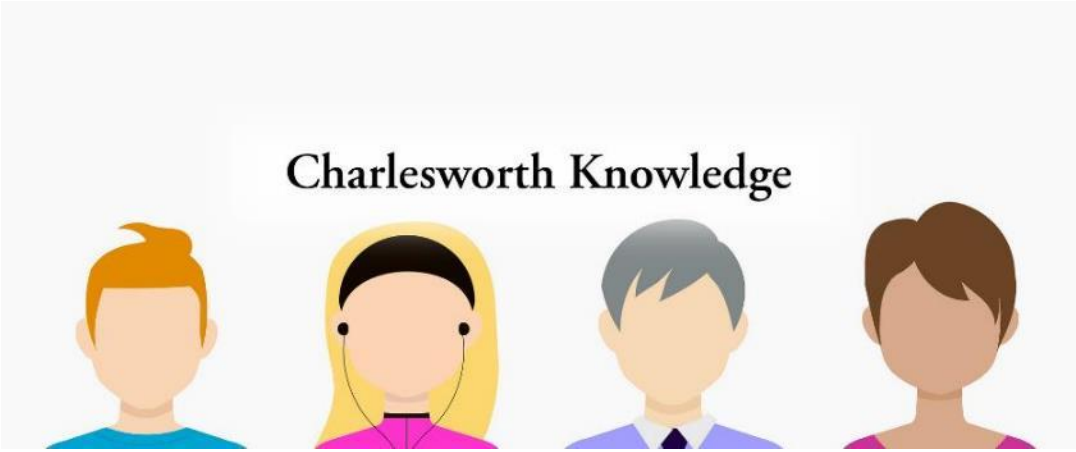

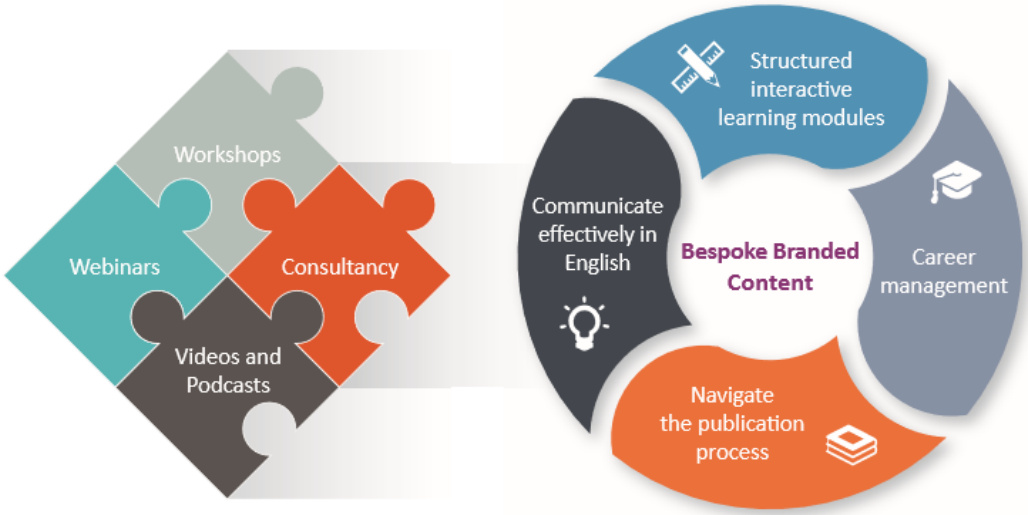

Naši školitelé

- aktivní vědci intenzivně publikující v respektovaných časopisech
- aktivní vyučujícími studentů PhD a MSc

Webináře a školící semináře na místě, ve vaší instituci, na míru vašim potřebám

Nabízíme 1:1 konzultace k vašim vědeckým a autorským projektům

Odborná školení Charlesworth Knowledge vás vtáhnou a jsou velmi praktická

Workshop s více než 260 účastníky na Hacettepe University, Ankara v září 2019

Charlesworth je vaším důvěryhodným partnerem pro jazykové korektury a školení. Podporujeme vaši akademickou kariéru.

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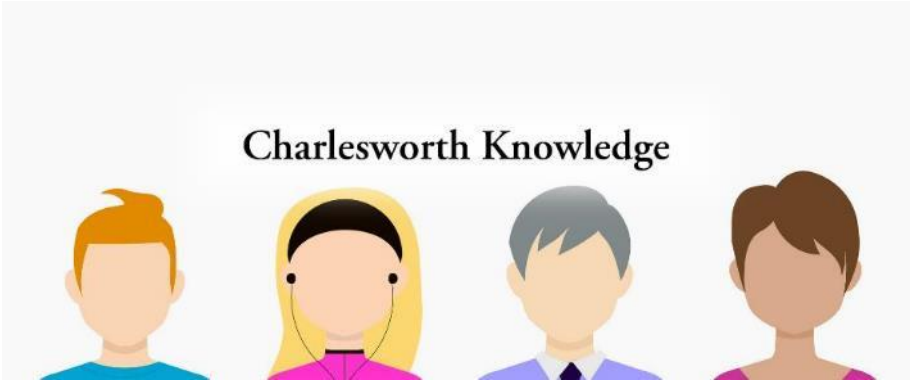

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Jak na e-knihy efektivně

Filip Vojtášek

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Je vám líto opuštěných (e-)knih?

(Ilustrační foto)

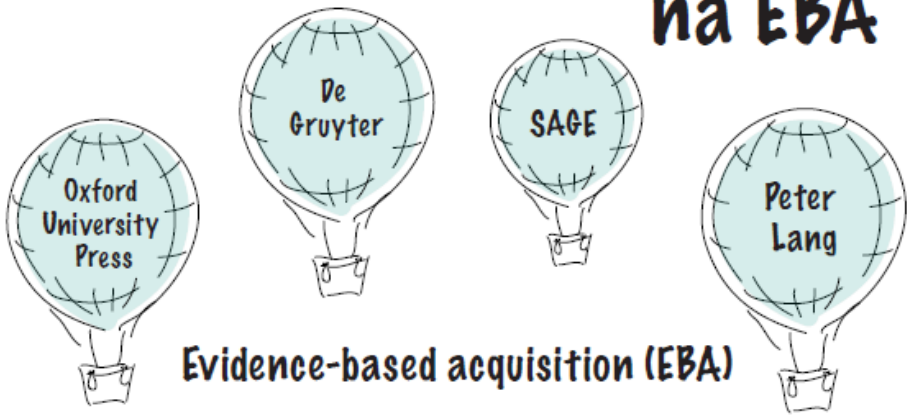
E-knihy jsou prima, ale…

- Příliš mnoho p-knih i e-knih není nikdy použito
- Nákup -> riziko, frustrace
- Jak efektivně vybrat skutečně a dlouhodobě užitečné e-knihy?
- Jakého množství e-knih si uživatelé všimnou?
- Jak uživatele do akvizice e-knih zapojit?
- Jak zabránit ztrátě kontroly ze strany knihovny (versus „klasické“ PDA)?

Evidence-Based Acquisition (EBA)

- Přístup do vybraných e-knih (řádově tisíce i více) standardně na 12 měsíců
- Značná flexibilita (rok vydání, téma, období…)
- Obvykle omezení na 1 vydavatele
- Alokace domluvené částky
- Přidávání nových e-knih odpovídajících kritériím
- Statistika na úrovni titulů
- Nákup e-knih v hodnotě depozitu
- Trvalý přístup
- OPAC a discovery jako marketingové nástroje (MARC okamžitě k dispozici)
- **Lze zařadit do grantů (nákup, nikoliv předplatné!)**

Přejděte z BA rovnou na EBA



Evidence-based acquisition (EBA)

- Neomezený přístup do všech nebo vybraných e-knih vydavatele
- K dispozici detailní statistika využití na úrovni titulů
- Nákup e-knih v celkové hodnotě odpovídající depozitu
- Přístup do vybraných e-knih zajištěn natrvalo

S dotazy se, prosím, neváhejte obrátit
na PhDr. Filipa Vojtáška
(e-mail: filip.vojtasek@aip.cz, tel.: 222 23 1212).

aip

Děkujeme za pozornost!

Vaše otázky, prosím…

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