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Vulnerabilní plát – klinický význam a diagnostické možnosti

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Antitrombotická terapie po perkutánních strukturálních intervencích srdce

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Spontánní koronární disekce

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1 **Hayes, S. N., et al.**: Spontaneous coronary artery dissection: current state of the science: a scientific statement from the American Heart Association. *Circulation*, 2018, 137, s. e523–e557.

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Euglykemická diabetická ketoacidóza při léčbě gliflozinem – kazuistika

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1 **Škrha, J. – Prázný, M. – Haluzík, M., et al.**: Doporučení pro užití SGLT2 inhibitorů u pacientů s kardiovaskulárním a renálním rizikem. Mezioborový konsenzus. *ACTA MEDICINAE*, 2020, 14, s. 25.

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Jaterní steatóza a související rizika

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Kardiorenální syndrom v kontextu srdečního selhání a inhibitory SGLT2

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In vitro fertilizace a riziko arytmií: strukturovaný přehled

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Jak moc souvisí endokrinopatie u diabetiků s věkem?

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Pankreatitida u diabetika – zaměřeno na triglyceridy

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Blízká budoucnost terapie diabetes mellitus 2. typu: sotagliflozin, orforglipron, retatrutid

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Pásový opar – současné možnosti prevence

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Fibráty nelze vyloučit z portfolia hypolipidemik

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Deficit vitamínu B₁₂ u pacientů s diabetes mellitus 2. typu a jeho suplementace

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Canagliflozin – má místo v léčbě diabetes mellitus 2. typu? Kazuistika

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