

Literatura ACTA MEDICINAE 15/2020 Praktický lékař

- 3 **Venkovské praktické lékařství v České republice a v Evropě**
MUDr. Jan Bělobrádek Ústav sociálního lékařství, LF UK Hradec Králové
- 3 **Nejčastější chyby v poskytování pracovnělékařských služeb**
MUDr. Ilona Králová Praktický lékař Radotín, s. r. o.
- 3 **Fixní kombinace v léčbě hypertenze**
doc. MUDr. Ondřej Petrák, Ph.D. Centrum pro výzkum, diagnostiku a léčbu arteriální hypertenze, III. interní klinika – klinika endokrinologie a metabolismu, VFN a 1. LF UK, Praha
- 3 **Kardiovaskulární onemocnění a chřipka**
doc. MUDr. Petr Peichl, Ph.D. Klinika kardiologie, Institut klinické a experimentální medicíny, Praha
- 4 **Topická léčba erektilní dysfunkce alprostadilem u diabetiků, výsledky prospektivní studie**
MUDr. Taťána Šramková, CSc. Urologická klinika 1. LF UK a VFN, Praha, Sexuologické oddělení FN Brno, Klinika traumatologie Masarykovy univerzity, Brno
MUDr. Kateřina Šramková Urologické oddělení Fakultní nemocnice u svaté Anny v Brně
RNDr. Jiří Jarkovský, Ph.D. Institut biostatistiky a analýz, LF MU, Brno
- 4 **Ibuprofén – systémová a topická analgetická liečba a jej uplatnenie sa v menežmente bolesti**
MUDr. Andrej Švec, PhD. 1. ortopedicko-traumatologická klinika. Lekárska fakulta Univerzity Komenského, Bratislava
PharmDr. Andrea Gažová, PhD. Ústav farmakológie a klinickej farmakológie, Lekárska fakulta Univerzity Komenského, Bratislava
prof. PharmDr. Ján Kyselovič, CSc. V. interná klinika, Lekárska fakulta Univerzity Komenského, Bratislava
- 4 **Současný přístup k bolestem v zádech**
MUDr. Štěpán Rusín ARO, Ambulance léčby bolesti, Masarykův onkologický ústav, Brno
- 4 **Účinnost topicky podávaného diklofenaku a dalších nesteroidních antiflogistik**
doc. PharmDr. Mgr. David Vetchý, Ph.D. Ústav technologie léků, Farmaceutická fakulta, Veterinární a farmaceutická univerzita, Brno
- 5 **Kombinace tramadol-hydrochloridu s paracetamolem u pacientů s akutní bolestí bederní páteře – klinický výzkum TREASURE**
Dr hab. n. med., prof. CMKP Małgorzata Malec-Milewska Klinika anestezioologie a intenzivní terapie, Centrum postgraduálního lékařského vzdělávání ve Varšavě (Centrum Medyczne Kształcenia Podyplomowego w Warszawie)
prof. Simeon Grazio, MD University Clinical Hospital Center Sestre Milosrdnice, Záhřeb, Chorvatsko
prim. Gorazd Pozlep, MD University Medical Centre Ljubljana, Lublaň, Slovinsko
MUDr. Igor Karen Poliklinika, Benátky nad Jizerou, ČR
- 5 **Blokátory systému renin-angiotenzin a riziko infekce covid-19**
prof. MUDr. Jiří Widimský jr., CSc. III. interní klinika VFN a 1. LF UK, Praha
- 5 **SARS-CoV-2: potřeba efektivní diagnostiky**
MUDr. Jiří Slíva, Ph.D. Ústav farmakologie, 3. LF UK, Praha
- 6 **Obvyklá léčba běžných infekcí horních dýchacích cest**
doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství, 1. LF UK, Praha
MUDr. Ludmila Bezdičková Společnost všeobecného lékařství ČLS JEP
- 6 **Vymyťme covid-19 i cystickou fibrózu korunovými samoodběrovými nanotesty**
RNDr. Emanuel Žďářský, CSc. Centrum primární DNA prevence, Gen Detective, s. r. o., Praha
- 6 **Mukoprotektory (tanát želatiny) a tyndalizovaná probiotika v léčbě akutního i chronického průjmu**
prof. MUDr. Jiří Ehrmann, CSc. II. interní klinika gastroenterologie a geriatrie LF UP a FN Olomouc
- 6 **Kritéria pro onemocnění asociované s imunoglobulinem IgG₄**
prof. MUDr. Zdeněk Adam, CSc. Interní hematologická a onkologická klinika LF MU a FN Brno
MUDr. Aleš Čermák, Ph.D. Urologické oddělení FN Brno
MUDr. Zuzana Adamová, Ph.D. Chirurgické oddělení Vsetínské nemocnice, a. s., Vsetín
- 7 **Koinfekce HIV a HCV – co by měli vědět praktičtí lékaři**
MUDr. Dan Veselý AIDS centrum nemocnice, Klinika infekčních, parazitárních a tropických nemocí, Nemocnice Na Bulovce, Praha, Klinika infekčních a tropických nemocí 1. LF UK, Praha

- 7 **Poruchy chování u dětí**
Mgr. Renata Hermánková, Ph.D. Klinika pediatrie a dědičných poruch metabolismu VFN, Praha
- 8 **Fosfomycin v léčbě nekomplikovaných cystitid a antibiotické profylaxi biopsie prostaty**
MUDr. Marcela Čechová, FEBU Urologická klinika 2. LF UK a FN v Motole, Praha
- 8 **Flebazol 500 mg a Flebazol 1 000 mg – lékový profil**
MUDr. Jiří Slíva, Ph.D. Ústav farmakologie 3. LF UK, Praha
- 8 **Mnohočetný myelom – diagnostika a léčba – kazuistika**
MUDr. Jan Straub I. interní klinika – klinika hematologie a ČMS 1. LF UK a VFN, Praha
- 8 **Med a propolis**
MUDr. Milan Urík, Ph.D. Klinika dětské otorinolaryngologie FN Brno a LF MU, Brno
- 8 **Pimekrolimus v léčbě atopického ekzému**
MUDr. Zuzana Nevoralová, Ph.D. Dermatovenerologické oddělení, Nemocnice Jihlava
- 9 **Saturace kalciem a vitaminem D v ambulanci praktického lékaře**
MUDr. Jiří Jenšovský, CSc. Interní klinika 1. LF UK a ÚVN-VFN Praha
- 9 **Vitamin D a oko**
MUDr. Veronika Löfflerová Oční oddělení, Krajská nemocnice Liberec, a. s.

Venkovské praktické lékařství v České republice a v Evropě

MUDr. Jan Bělobrádek Ústav sociálního lékařství, LF UK Hradec Králové

- 1 Seifert, B. – Býma, S., et al.: Všeobecné praktické lékařství. Praha, Galén, 2019, s. 157–162.
- 2 Kolektiv autorů: Úvod do regionálních věd a veřejné správy. Vysokoškolská učebnice Plzeň, 2004.
- 3 Pělucha, M., et al.: Venkov na prahu 21. století. Praha, Alfa Nakladatelství, 2012.
- 4 Šídlo, L. – Novák, M. – Štých, P. – Bürchin, B.: Hodnocení dostupnosti primární zdravotní péče v Česku – dostupnost všeobecného praktického lékařství. Praha, Nakladatelství P3K, 2017.
- 5 Šídlo, L. – Novák, M. – Štých, P. – Bürchin, B.: Kotáže hodnocení dostupnosti zdravotní péče v Česku. Časopis lékařů českých, 2017, 156, s. 43–50.
- 6 Maláková, K. – Šídlo, L. – Bělobrádek, J.: Region, věk a dostupnost zdravotních služeb: případ všeobecného praktického lékařství v Česku. Demografie, 2020, 62, s. 14–26.
- 7 Šídlo, L.: Regionální diferenciace věkové struktury praktických lékařů v České republice na počátku 21. století. Praktický lékař, 2010, 90, s. 704–707.
- 8 Petrazzoli, F. – Ugan, M.: Rural medicine in the world (1): a focus on rural primary care in Europe. Türkiye Klinikleri. *J Fam Med Special Topics*, 2018, 9, s. 256–261.
- 9 Weinhold, I. – Gurtner, S.: Understanding shortages of sufficient health care in rural areas. *Health Policy*, 2014, 118, s. 201–214.
- 10 Petrović, R.: Defining rural, remote and isolated practices: the example of Slovenia. 2016. *Family Medicine & Primary Care Review*, 2016, 18, s. 391–393.
- 11 Boerma, W. G. – Groenewegen, P. P. – Van der Zee, J.: General practice in urban and rural Europe: the range of curative services. *Soc Sci Med*, 1998, 47, s. 445–453.
- 12 OECD, Regions at Glance, 2016. Dostupné z: https://read.oecd-ilibrary.org/governance/oecd-regions-at-a-glance-2016_reg_glance-2016-en#page141, vyhledáno 15. 9. 2020.
- 13 OECD, Regional Typology, 2011. Dostupné z: https://www.oecd.org/cfe/regional-policy/OECD_Regional_Typology_Nov2012.pdf, vyhledáno 15. 9. 2020.
- 14 The New Rural Paradigm: Policies and Governance, OECD, 2006. Dostupné z: https://www.oecd-ilibrary.org/governance/the-new-rural-paradigm_9789264023918-en, vyhledáno 15. 9. 2020.
- 15 Pracovní skupina venkovského lékařství SVL ČLS JEP. Dostupné z: <https://www.svl.cz/o-nas/pracovni-skupina-venkovskeho-lekarstvi-1/>, vyhledáno 15. 9. 2020.
- 16 EURIPA – the European Rural and Isolated Practitioners Association. Dostupné z: <https://euripa.woncaeurope.org/>, vyhledáno 15. 9. 2020.
- 17 Bělobrádek, J.: Rozdíly v chování praxí dle počtu pacientů a lokace. *Medical Tribune*, 2016, 12, s. B6–B7.
- 18 Deklarace z Dillí 2018, The Delhi Declaration 2018. Dostupné z: http://www.who.int/hrh/news/2018/delhi_declaration/en/, vyhledáno 15. 9. 2020.

Nejčastější chyby v poskytování pracovnělékařských služeb

MUDr. Ilona Králová Praktický lékař Radotín, s. r. o.

- 1 Šubrt, B. – Tuček, M.: Pracovnělékařské služby: povinnosti zaměstnanců a lékařů. Olomouc, ANAG, 2017.
- 2 Zákon č. 373/2011 Sb., o specifických zdravotních službách, ve znění
- 3 zákona 4. 202/2017 Sb.
- 4 Vyhláška č. 79/2013, o pracovnělékařských službách a některých druzích posudkové péče, ve znění vyhlášky č. 436/2017 Sb.
- 4 Zákon č. 262/2006 Sb., zákoník práce

Fixní kombinace v léčbě hypertenze

doc. MUDr. Ondřej Petrák, Ph.D. Centrum pro výzkum, diagnostiku a léčbu arteriální hypertenze, III. interní klinika – klinika endokrinologie a metabolismu, VFN a 1. LF UK, Praha

- 1 Cifkova, R. – Bruthans, J. – Wohlfahrt, P., et al.: 30-year trends in major cardiovascular risk factors in the Czech population, Czech MONICA and Czech post-MONICA, 1985–2016/17. *PLoS One*, 2020, 15, e0232845.
- 2 Gupta, A. K. – Arshad, S. – Poulter, N. R.: Compliance, safety, and effectiveness of fixed-dose combinations of antihypertensive agents: a meta-analysis. *Hypertension*, 2010, 55, s. 399–407.
- 3 Widimsky, J. Jr. – Filipovský, J. – Ceral, J., et al.: Doporučení pro diagnostiku a léčbu arteriální hypertenze ČSH 2017. *Hypertenze & kardiovaskulární prevence*, 2018, 7, s. 1–20.
- 4 Calhoun, D. A. – Jones, D. – Texier, S., et al.: Resistant hypertension: diagnosis, evaluation, and treatment. A scientific statement from the American Heart Association Professional Education Committee of the Council for High Blood Pressure Research. *Hypertension*, 2008, 51, s. 1403–1419.
- 5 Williams, B. – MacDonald, T. M. – Morant, S., et al.; British Hypertension Society's PSG: Spironolactone versus placebo, bisoprolol, and doxazosin to determine the optimal treatment for drug-resistant hypertension (PATHWAY-2): a randomised, double-blind, crossover trial. *Lancet*, 2015, 386, s. 2059–2068.
- 6 Satný, M. – Tůmová, E. – Vrablik, M., et al.: Studie LipitenCliDec – profil pacientů s nekontrolovanou arteriální hypertenzí a/nebo dyslipidemií v primární péči v Česku: výsledky 2. fáze. *Athero Rev*, 2020, 5, s. 117–123.

Kardiovaskulární onemocnění a chřípka

doc. MUDr. Petr Peichl, Ph.D. Klinika kardiologie, Institut klinické a experimentální medicíny, Praha

- 1 Mamas, M. A. – Fraser, D. – Neyses, L.: Cardiovascular manifestations associated with influenza virus infection. *Int J Cardiol*, 2008, 130, s. 304–309.
- 2 Ross, R.: Atherosclerosis – an inflammatory disease. *N Engl J Med*, 1999, 340, s. 115–126.
- 3 Ridker, P. M. – Hennekens, C. H. – Buring, J. E. – Rifai, N.: C-reactive protein and other markers of inflammation in the prediction of cardiovascular disease in women. *N Engl J Med*, 2000, 342, s. 836–843.
- 4 Van Lenten, B. J. – Hama, S. Y. – De Beer, F. C., et al.: Anti-inflammatory HDL becomes pro-inflammatory during the acute phase response. Loss of protective effect of HDL against LDL oxidation in aortic wall cell cocultures. *J Clin Invest*, 1995, 96, s. 2758–2767.
- 5 Hebsur, S. – Vakil, E. – Oetgen, W. J., et al.: Influenza and coronary artery disease: Exploring a clinical association with myocardial infarction and analyzing the utility of vaccination in prevention of myocardial infarction. *Rev Cardiovasc Med*, 2014, 15, s. 168–175.
- 6 Smeeth, L. – Thomas, S. L. – Hall, A. J., et al.: Risk of myocardial infarction and stroke after acute infection or vaccination. *N Engl J Med*, 2004, 351, s. 2611–2618.
- 7 Madjid, M. – Miller, C. C. – Zarubaev, V. V., et al.: Influenza epidemics and acute respiratory disease activity are associated with a surge in autopsy-confirmed coronary heart disease death: results from 8 years of autopsies in 34,892 subjects. *Eur Heart J*, 2007, 28, s. 1205–1210.
- 8 Kwong, J. C. – Schwartz, K. L. – Campitelli, M. A., et al.: Acute myocardial infarction after laboratory-confirmed influenza infection. *N Engl J Med*, 2018, 378, s. 345–353.
- 9 Warren-Gash, C. – Bhaskaran, K. – Hayward, A., et al.: Circulating influenza virus, climatic factors, and acute myocardial infarction: a time series study in England and Wales and Hong Kong. *J Infect Dis*, 2011, 203, s. 1710–1718.
- 10 Siriwardena, A. N. – Gwini, S. M. – Coupland, C. A. C.: Influenza vaccination, pneumococcal vaccination and risk of acute myocardial infarction: Matched case – Control study. *CMAJ*, 2010, 182, s. 1617–1623.
- 11 Modin, D. – Jørgensen, M. E. – Gislason, G., et al.: Influenza vaccine in heart failure: cumulative number of vaccinations, frequency, timing, and survival: a Danish nationwide cohort study. *Circulation*, 2019, 139, s. 575–586.
- 12 Johnstone, J. – Loeb, M. – Teo, K. K., et al.: Influenza vaccination and major adverse vascular events in high-risk patients. *Circulation*, 2012, 126, s. 278–286.
- 13 Buxton Bridges, C. – Thompson, W. W. – Meltzer, M. I., et al.: Effectiveness and cost-benefit of influenza vaccination of healthy working adults: A randomized controlled trial. *J Am Med Assoc*, 2000, 284, s. 1655–1663.
- 14 Herrera, G. A. – Iwane, M. K. – Cortese, M., et al.: Influenza vaccine effectiveness among 50–64-year-old persons during a season of poor antigenic match between vaccine and circulating influenza virus strains: Colorado, United States, 2003–2004. *Vaccine*, 2007, 25, s. 154–160.
- 15 Gurfinkel, E. P. – De La Fuente, R. – Mendiz, O., et al.: Flu vaccination in acute coronary syndromes and planned percutaneous coronary interventions (FLUVACS) Study: One-year follow-up. *Eur Heart J*, 2004, 25, s. 25–31.
- 16 Gurfinkel, E. P. – De La Fuente, R. L. – Mendiz, O., et al.: Influenza vaccine pilot study in acute coronary syndromes and planned percutaneous coronary interventions: The FLU Vaccination Acute Coronary Syndromes (FLUVACS) study. *Circulation*, 2002, 105, s. 2143–2147.
- 17 Gurfinkel, E. P. – De La Fuente, R. L.: Two-year follow-up of the FLU Vaccination Acute Coronary Syndromes (FLUVACS) Registry. *Tex Heart Inst J*, 2004, 31, s. 28–32.
- 18 Ciszewski, A. – Bilinska, Z. T. – Brydak, L. B., et al.: Influenza vaccination in secondary prevention from coronary ischaemic events in coronary artery disease: FLUCAD study. *Eur Heart J*, 2008, 29, s. 1350–1358.
- 19 Davis, M. M. – Taubert, K. – Benin, A. L., et al.: Influenza vaccination as secondary prevention for cardiovascular disease. A science advisory from the American Heart Association/American College of Cardiology. *J Am Coll Cardiol*, 2006, 48, s. 1498–1502.

Topická léčba erektilní dysfunkce alprostadilem u diabetiků, výsledky prospektivní studie

MUDr. Taťána Šrámková, CSc. Urologická klinika 1. LF UK a VFN, Praha, Sexuologické oddělení FN Brno, Klinika traumatologie Masarykovy univerzity, Brno

MUDr. Kateřina Šrámková Urologické oddělení Fakultní nemocnice u svaté Anny v Brně

RNDr. Jiří Jarkovský, Ph.D. Institut biostatistiky a analýz, LF MU, Brno

- 1 Cummings, M. F.: The impact of erectile dysfunction and its treatment with phosphodiesterase type-5 (PDE5) inhibitors in patients with diabetes. *Pract Diab Int*, 2004, 21, s. 225–230.
- 2 Fonseca, V. – Seftel, A. – Denne, J., et al.: Impact of diabetes mellitus on the severity of erectile dysfunction and response to treatment: analysis of data from tadalafil clinical trials. *Diabetologia*, 2004, 47, s. 1914–1923.
- 3 Meier-Davis, S. R. – Debar, S. – Siddoway, J., et al.: Daily application of alprostadil topical cream (Vitaros) does not impact vaginal pH, flora, or histology in female cynomolgus monkeys. *Int J Toxicol*, 2015, 34, s. 11–15.
- 4 Moncada, I. – Cuzin, B.: Clinical efficacy and safety of Vitaros/Virirec (Alprostadil cream) for the treatment of erectile dysfunction. *Urology*, 2015, 82, s. 84–92.
- 5 Anaisie, J. – Hellstrom, W. J. G.: Clinical use of alprostadil topical cream in patients with erectile dysfunction: a review. *Res Rep Urol*, 2016, 8, s. 123–131.
- 6 Araujo, A. B. – Allen, K. R. – Ni, X. – Rosen, R. C.: Minimal clinically important differences in the vaginal insertion and successful intercourse items of the sexual encounter profile. *J Sex Med*, 2012, 9, s. 169–179.
- 7 Rosen, R. C. – Riley, A. – Wagner, G., et al.: The International Index of Erectile Function (IIEF): a multidimensional scale for assessment of erectile dysfunction. *Urology*, 1997, 49, s. 822–830.
- 8 Goldstein, I. – Mulhall, P. – Buskmain, A. G., et al.: 8. The erection hardness score and its relationship to successful sexual intercourse. *J Sex Med*, 2008, 5, s. 2374–2380.
- 9 Axtell, A. L. – Gomari, F. A. – Cooke, J. P.: 9. Assessing endothelial vasodilator function with the Endo-PAT 2000. *J Vis Exp*, 2010, 15, s. 1–5.
- 10 Montorsi, F. – Adaikan, G. – Becher, F., et al.: Summary of the recommendations on sexual dysfunction in men. *J Sex Med*, 2010, 7, s. 3572–3588.
- 11 Hatzichristou, D. – Gambla, M. – Rubio-Auriolest, E., et al.: Efficacy of tadalafil once daily in men with diabetes mellitus and erectile dysfunction. *Diabetic Medicine*, 2008, 25, s. 138–146.
- 12 Hatzimouratidis, K. – Giuliano, F. – Moncada, I., et al.: EAU Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Dostupné z: <https://uroweb.org/guideline/male-sexual-dysfunction/>, vyhľadáno 27. 10. 2020.
- 13 Calvaiheira, A. A. – Pereira, N. M. – Maroco, J., et al.: Dropout in the treatment of erectile dysfunction with PDE5s: a study on predictors and a qualitative analysis or reasons for discontinuation. *J Sex Med*, 2012, 9, s. 2361–2369.
- 14 Rendell, M. S. – Rajfer, J. – Wicker, P. A., et al.: Sildenafil for treatment of erectile dysfunction in men with diabetes: a randomized controlled trial. *Sildenafil Diabetes Study Group*. *JAMA*, 1999, 281, s. 421–426.
- 15 Saenz de Tejada, I. – Anglin, G. – Knight, J. R., et al.: Effects of tadalafil on erectile dysfunction in men with diabetes. *Diabetes Care*, 2002, 25, s. 2159–2164.
- 16 Cuzin, B.: Alprostadil cream in the treatment of erectile dysfunction: clinical evidence and experience. *The Adv Urol*, 2016, 8, s. 249–256.
- 17 Linet, O. I. – Ogrinc, F. G.: Efficacy and safety of intracavernosal alprostadil in men with erectile dysfunction. *The Alprostadil study group*. *N Engl J Med*, 1996, 334, s. 873–887.
- 18 Kamenov, Z. A.: A comprehensive review of erectile dysfunction in men with diabetes. *Exp Clin Endocrinol Diabetes*, 2015, 3, s. 141–158.
- 19 Heaton, J. P. – Lordling, D. – Liu, S. N., et al.: Intracavernosal alprostadil is effective for the treatment of erectile dysfunction in diabetic men. *Int J Impot Res*, 2001, 13, s. 317–321.
- 20 Padma-Nathan, H. – Yeager, J. L.: An integrated analysis of alprostadil topical team for the treatment of erectile dysfunction in 1732 patients. *Urology*, 2006, 68, s. 386–391.
- 21 Mulhall, J. – Porst, H. – Goldstein, I.: Comparison of Vitaros efficacy and safety with short-term and longer term use. *J Sex Med*, 2013, 10, s. 264–265.

Ibuprofén – systémová a topická analgetická liečba a jej uplatnenie sa v menežmente bolesti

MUDr. Andrej Švec, PhD. 1. ortopedicko-traumatologická klinika. Lekárska fakulta Univerzity Komenského, Bratislava

PharmDr. Andrea Gažová, PhD. Ústav farmakológie a klinickej farmakológie, Lekárska fakulta Univerzity Komenského, Bratislava
prof. PharmDr. Ján Kyselovič, CSc. V. interná klinika, Lekárska fakulta Univerzity Komenského, Bratislava

- 1 Rainsford, K. D.: Ibuprofen: pharmacology, efficacy and safety. *Inflammopharmacology*, 2009, 17, s. 375–342.
- 2 Gažová, A.: Farmakologické roz hodovacie kritériá v terapii bolesti a postavenie lekárnika. *FarmineWS*, 2015, 7, s. 40.
- 3 Valášková, S. – Gažová, A. – Kyselovič, J.: Liečba bolesti u pacientov s osteoartrózou alebo reumatoidnou artritidou. *Medikom*, 2016, 6, s. 46.
- 4 Herken, C. – Naik, A. – Kalia, Y. N., et al.: Ibuprofen transport into and through skin from topical formulations: in vitro–in vivo comparison. *J Invest Dermatol*, 2007, 127, s. 135–142, doi: 10.1038/sj.jid.5700491.
- 5 Mills, S. – Nicolson, K. P. – Smith, B. H.: Chronic pain: a review of its epidemiology and associated factors in population-based studies. *Br J Anaesthesia*, 2019, 123, s. e273–e283.
- 6 Baranowski, D. Ch. – Buchanan, B. – Dwyer, H. C., et al.: Penetration and efficacy of transdermal NSAIDs in a model of acute joint inflammation. *J Pain Res*, 2018, 11, s. 2809–2819.
- 7 Argoff, C. E.: Topical analgesics in the management of acute and chronic pain. *Mayo Clin Proc*, 2013, 88, s. 195–205.
- 8 Tiso, R. L. – Tong-Ngrov, S. – Fredlund, K. L.: Oral versus topical ibuprofen for chronic knee pain: a prospective randomized pilot study. *Pain Physician*, 2010, 13, s. 457–467.
- 9 Gallegli, L. – Galasso, O. – Falcone, D., et al.: The effects of nonsteroidal anti-inflammatory drugs on clinical outcomes, synovial fluid cytokine concentration and signal transduction pathways in knee osteoarthritis. A randomized open label trial. *Osteoarthritis and Cartilage*, 2013, 21, s. 1400–1408.
- 10 Gallegli, L. – Galasso, O. – Urzino, A., et al.: Characteristics and clinical implications of the pharmacokinetic 3 profile of ibuprofen in patients with knee osteoarthritis. *Clin Drug Investig*, 2012, 32, s. 827–833.
- 11 Patel, A. – Bell, M. – O’Connor, C., et al.: Delivery of ibuprofen to the skin. *Int J Pharmaceutics*, 2013, 457, s. 9–13.

Současný přístup k bolestem v zádech

MUDr. Štěpán Rusín ARO, Ambulance léčby bolesti, Masarykův onkologický ústav, Brno

- 1 Mann, H.: Klasifikace revmatických onemocnění. In: *Revmatologie*. Maxdorf, Praha, 2012, s. 14–15.
- 2 Suchomel, P. – Krbec, M.: *Spondylolistéza – diagnostika a terapie*. Galén, Praha, 2007.
- 3 Kozák, J. – Vrba, I. – Masopust, V. – Rokyta, R.: Neuromodulace vlivem chronické bolesti. In: *Rokyta, R. – Kršák, M. – Kozák, J.: Bolest. Tigis, Praha, 2006.*
- 4 Krštek, J.: Perkutánní intervence na meziobratlovém disku. In: Hakl, M.: *Bolest zad a kloubů*. Mladá fronta, Praha, 2017.
- 5 Houdek, M. – Kozák, J. – Ševčík, P. – Vrba, I.: *Neuromodulace*. Grada Publishing, Praha, 2007.
- 6 Gabrhelík, T. – Michálek, P. – Berta, E., et al.: Pulzní radiofrekvenční terapie radikulární bolesti. *Cesk Slo Neuro N*, 2007.
- 7 Kolář, P., et al.: *Rehabilitace v klinické praxi*. Galén, Praha, 2009.
- 8 Hakl, M. – Frícová, J. – Gabrhelík, T.: Metodické pokyny pro farmakoterapii akutní bolesti: Speciální část (Guidelines for pharmacotherapy of acute pain: special section). In: *Bolest. Tigis, Praha, 2016*.
- 9 Bednářík, J.: Vertebrogenní onemocnění. In: Bednářík, J., et al.: *Klinická neurologie – část speciální*. Triton, 2010.
- 10 Hakl, M., et al.: *Bolesti zad a kloubů*. Mladá fronta, 2017.
- 11 Suchomel, T.: Stabilita v pohybovém systému a hluboký stabilizační systém – podstata a klinická výhodiska. *Rehabilitace a fyzičkání lékařství*, 2006, 3, s. 112–124.
- 12 Vrba, I.: Diferenciální diagnostika a léčba bolestí zad. *Interní medicína pro praxi*, 2008, 10, s. 142–145.
- 13 Štěkářová, I.: Bolest zad. *Medicina pro praxi*, 2007, 3, s. 124–127.
- 14 Martuliak, I.: *Patofyziológia bolesti*. Martimed, 2014.

Účinnost topicky podávaného diklofenaku a dalších nesteroidních antiflogistik

doc. PharmDr. Mgr. David Vetchý, Ph.D. Ústav technologie léků, Farmaceutická fakulta, Veterinární a farmaceutická univerzita, Brno

- 1 Derry, S. – Conaghan, P. – Da Silva, J. A. P., et al.: Topical NSAIDs for chronic musculoskeletal pain in adults. *Cochrane Database Syst Rev*, 2016, 4, CD007400.
- 2 Efe, T. – Sagnak, E. – Roessler, P. P., et al.: Penetration of topical diclofenac sodium 4% spray gel into the synovial tissue and synovial fluid of the knee: a randomised clinical trial. *Knee Surg Sports Traumatol Arthrosc*, 2014, 22, s. 345–350.
- 3 Rannou, F. – Pelletier, J. P. – Martel-Pelletier, J.: Efficacy and safety of topical NSAIDs in the management of osteoarthritis: evidence from real-life setting trials and surveys. *Semin Arthritis Rheum*, 2016, 45, suppl, s. S18–S21.
- 4 Hagen, M. – Baker, M.: Skin penetration and tissue permeation after topical administration of diclofenac. *Curr Med Res Opin*, 2017, 33, s. 1623–1634.
- 5 Brown, M. B. – Martin, G. P. – Jones, S. A., et al.: Dermal and transdermal drug delivery systems: current and future prospects. *Drug Deliv*, 2006, 13, s. 175–187.
- 6 Singh, P. – Roberts, M. S.: Skin permeability and local tissue concentrations of non-steroidal anti-inflammatory drugs after topical application. *J Pharm Exp Ther*, 1994, 268, s. 144–151.
- 7 Cordero, J. A. – Alarcon, L. – Escrivano, E., et al.: A comparative study of the transdermal penetration of a series of nonsteroidal antiinflammatory drugs. *J Pharm Sci*, 1997, 86, s. 503–508.
- 8 Brune, K.: Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability. *Curr Med Res Opin*, 2007, 23, s. 2985–2995.
- 9 Hasler-Nguyen, N. – Fotopoulos, G.: Effect of rubbing on the in vitro

- skin permeation of diclofenac-diethylamine 1.16% gel. *BMC Res Notes*, 2012, 5, s. 321.
10 Patent EP 2 214 642 B1, Topical compositions, 2017.

- 11 Derry, S. – Moore, R. A. – Gaskell, H., et al.: Topical NSAIDs for acute musculoskeletal pain in adults. *Cochrane Database Syst Rev*, 2015, 6, CD007402.

- 12 Müller, M. – Mascher, H. – Kikuta, C., et al.: Diclofenac concentrations in defined tissue layers after topical administration. *Clin Pharmacol Ther*, 1997, 62, s. 293–299.

Kombinace tramadol-hydrochloridu s paracetamolem u pacientů s akutní bolestí bederní páteře – klinický výzkum TREASURE

Dr hab. n. med., prof. CMKP Małgorzata Malec-Milewska Klinika anesteziologie a intenzivní terapie, Centrum postgraduálního lékařského vzdělávání ve Varšavě (Centrum Medyczne Kształcenia Podyplomowego w Warszawie)
prof. Simeon Grazio, MD University Clinical Hospital Center Sestre Milosrdnice, Záhřeb, Chorvatsko
prim. Gorazd Pozlep, MD University Medical Centre Ljubljana, Lublaň, Slovinsko
MUDr. Igor Karen Poliklinika, Benátky nad Jizerou, ČR

- 1 Andersson, G. B.: Epidemiology of low back pain. *Acta Orthop Scand*, 1998, 69, s. 28–31.
 2 Dunn, K. M. – Croft, P. R.: Epidemiology and natural history of low back pain. *Eura Medicophys*, 2004, 40, s. 9–13.
 3 Deyo, R. A. – Phillips, W. R.: Low back pain. A primary care challenge. *Spine*, 1996, 21, s. 2826–2832.
 4 Atlas, S. J. – Deyo, R. A.: Evaluating and managing acute low back pain in the primary care setting. *J Gen Intern Med*, 2001, 16, s. 120–131.
 5 Benditz, A. – Loher, M. – Boluki, D., et al.: Positive medium-term influence of multimodal pain management on socioeconomic factors and health care utilization in patients with lumbar radiculopathy: a prospective study. *J Pain Res*, 2017, 10, s. 389–395.
 6 Hoy, D. – Brooks, P. – Blyth, F., et al.: The epidemiology of low back pain. *Best Pract Res Clin Rheumatol*, 2010, 24, s. 769–781.
 7 Ashby, S. – Fitzgerald, M. – Raine, S.: The impact of chronic low back pain on leisure participation: implications for occupational therapy. *Br J Occup Ther*, 2012, 75, s. 503–508.
 8 Oliviera, C. B. – Maher, C. G. – Pinto, R. Z., et al.: Clinical practice guidelines for the management of non-specific low back pain in primary care: an updated overview. *Eur Spine J*, 2018, 27, s. 2791–2803.
 9 Wertli, M. M. – Steurer, J.: Pain medications for acute and chronic low back pain. *Internist*, 2018, 59, s. 1214–1223.
 10 Casser, H. R. – Seddigh, S. – Rauschmann, M.: Acute lumbar back pain. *Dtsch Arztebl Int*, 2016, 113, s. 223–234.
 11 Langford, R. M.: Pain management today: what have we learned? *Clinical Rheumatol*, 2006, 25, s. 2–8.
 12 Krcevský Skvarc, N.: The place of the fixed-dose tramadol/paracetamol combination in pain management. *Res Rev Drug Deliv*, 2017, 1, s. 12–17.
 13 Raffa, R.: Pharmacological aspects of successful long-term analgesia. *Clin Rheumatol*, 2006, 25, s. 9–15.
 14 Pergolizzi, J. V. Jr. – van de Laar, M. – Langford, R., et al.: Tramadol/paracetamol fixed-dose combination in the treatment of moderate to severe pain. *J Pain Res*, 2012, 5, s. 327–346.
 15 European Medicines Agency: Modified-release paracetamol-containing products to be suspended from EU market. European Medicines Agency, 1. 3. 2018. Dostupné z: <https://www.ema.europa.eu/en/medicines/human/referrals/paracetamol-modified-release>, vyhledáno dne 23. 7. 2020.
 16 Dhillon, S.: Tramadol/paracetamol fixed-dose combination: a review of its use in the management of moderate to severe pain. *Clin Drug Investig*, 2010, 30, s. 711–738.
 17 Hewitt, D. J. – Todd, K. H. – Xiang, J., et al.: Tramadol/acetaminophen or hydrocodone/acetaminophen for the treatment of ankle sprain: a randomized, placebo-controlled trial. *Ann Emerg Med*, 2007, 49, s. 468–480.
 18 Perrot, S. – Krause, D. – Crozes, P., et al.: Efficacy and tolerability of paracetamol/tramadol (325 mg/37.5 mg) combination treatment compared with tramadol (50 mg) monotherapy in patients with subacute low back pain: a multicenter, randomized, double-blind, parallel group, 10-day treatment study. *Clin Ther*, 2006, 28, s. 1592–1606.
 19 Ruoff, G. E. – Rosenthal, N. – Jordan, D., et al.: Połączenie tramadolu/acetaminofenu stosowane w leczeniu przewlekłego bólu odcinka lędźwiowo-krzyżowego kręgosłupa: wielośrodkowe, randomizowane badanie ambulatoryjne z podwójnie ślepej próbą, kontrolowane placebo. *Clin Ther*, 2003, 25, s. 1123–1141.
 20 Pelosi, P. M. – Fortin, L. – Beaulieu, A., et al.: Skuteczność przeciwbólowa i bezpieczeństwo stosowania leku złożonego tramadolu i acetaminofenu (Ultracet) w leczeniu przewlekłego bólu odcinka lędźwiowo-krzyżowego kręgosłupa: badanie wielośrodkowe, ambulatoryjne, randomizowane, podwójnie ślepe, kontrolowane placebo. *J Rheumatol*, 2004, 31, s. 2454–2463.
 21 Lee, J. H. – Lee, C. S.: Randomizowane, podwójnie ślepe, kontrolowane-placebo, badanie równoległe w grupach w celu oceny skuteczności i bezpieczeństwa tramadolu chlorowodorku o przedłużonym uwalnianiu w skojarzeniu z ustaloną dawką chlorowodorku acetaminofenu w leczeniu przewlekłego bólu odcinka lędźwiowo-krzyżowego kręgosłupa. *Clin Ther*, 2013, 35, s. 1830–1840.
 22 Emkey, R. – Rosenthal, N. – Wu, S. C., et al.: Skuteczność i bezpieczeństwo stosowania tabletek tramadolu/acetaminofenu (Ultracet) jako dodatkowego leczenia bólu zwydrodniennego stawów u osób otrzymujących niesteroidowy lek przeciwzapalny COX-2: badanie wielośrodkowe, randomizowane, z podwójnie ślepu próbą kontrolowaną placebo. *J Rheumatol*, 2004, 31, s. 150–156.
 23 Silverfield, J. S. – Kamin, M. – Wu, S. C., et al.: Połączenie tramadolu/acetaminofenu stosowane w leczeniu bólu zwydrodnienia kości i stawów: wielośrodkowe, ambulatoryjne, randomizowane, podwójnie ślepe, kontrolowane-placebo badanie w równoległych grupach, badanie uzupełniające. *Clin Ther*, 2002, 24, s. 282–297.
 24 Lasko, B. – Levitt, R. J. – Rainsford, K. D., et al.: Tramadol/paracetamol o przedłużonym uwalnianiu w umiarkowanym w leczeniu ciężkiego bólu: randomizowane, kontrolowane-placebo badanie u pacjentów z ostrym bólem pleców. *Curr Med Res Opin*, 2012, 28, s. 847–857.
 25 Lee, J. S. – Hobden, E. – Stiell, I. G., et al.: Clinically important change in the visual analog scale after adequate pain control. *Acad Emerg Med*, 2003, 10, s. 1128–1130.
 26 Singla, N. – Hunsinger, M. – Chang, P. D., et al.: Assay sensitivity of pain intensity versus pain relief in acute pain clinical trials: ACTTION systematic review and meta-analysis. *J Pain*, 2015, 16, s. 683–691.
 27 McQuay, H. J. – Moore, R. A.: An evidence based resource for pain relief. Oxford University Press, Oxford, 1998.
 28 Salaffi, F. – Sarzi-Puttini, P. – Atzeni, F.: How to measure chronic pain: New concepts. *Best Pract Res Clin Rheumatol*, 2015, 29, s. 164–186.
 29 Froud, R. – Patterson, S. – Eldridge, S., et al.: A systematic review and meta-synthesis of the impact of low back pain on people's lives. *BMC Musculoskelet Disord*, 2014, 15, s. 50.

Blokátory systému renin-angiotenzin a riziko infekce covid-19

prof. MUDr. Jiří Widimský jr., CSc. III. interní klinika VFN a 1. LF UK, Praha

- 1 Danser, J. – Epstein, M. – Battle, D.: Renin-angiotensin system blockers and the COVID-19 pandemic at present there is no evidence to abandon renin-angiotensin system blockers. *Hypertension*, 2020, 75, s. 1382–1385; <https://doi.org/10.1161/HYPERTENSIONAHA.120.15082>.
 2 Esler, M. – Esler, D.: Can angiotensin receptor-blocking drug perhapse harm ful in the COVID-19 pandemic? *J Hypertens*, 2020, 38, s. 781–782.
 3 Kreutz, R., et al.: Hypertension, the renin-angiotensin system, and the risk of lower respiratory tract infections and lung injury: implications for COVID-19. *Cardiovasc Res*, 2020, 116, s. 1688–1699.
 4 Mehra, M. R., et al.: Cardiovascular disease, drug therapy, and mortality in COVID-19. *N Engl J Med*, 2020, 382, s. e102.
 5 Mancia, G., et al.: Renin-angiotensin-aldosterone system blockers and the risk of COVID-19. *N Engl J Med*, 2020, 382, s. 2431–2440.
 6 Reynolds, H. R., et al.: Renin-angiotensin-aldosterone system inhibitors and risk of COVID-19. *N Engl J Med*, 2020, 382, s. 2441–2448.
 7 Yang, G., et al.: Effects of angiotensin II receptor blockers and ACE (angiotensin-converting enzyme) inhibitors on virus infection, inflammatory status, and clinical outcomes in patients with COVID-19 and hypertension: a single-center retrospective study. *Hypertension*, 2020, 76, s. 51–58.
 8 Li, J., et al.: Association of renin-angiotensin system inhibitors with severity or risk of death in patients with hypertension hospitalized for coronavirus disease 2019 (COVID-19) infection in Wuhan. *China JAMA Cardiol*, 2020, 5, doi: 10.1001/jama.cardio.2020.1624.
 9 Zhang, P., et al.: Association of inpatient use of angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers with mortality among patients with hypertension hospitalized with COVID-19. *Circ Res*, 2020, 126, s. 1671–1681.
 10 Williams, B. – Mancia, G. – Spiering, W., et al.: ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of

Cardiology and the European Society of Hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension. *J Hypertens*, 2018, 36, s. 1953–2041.

- 11 Widimský, J. jr. – Filipovský, J. – Ceral, J. – Cífková, R. – Linhart, A. – Monhart, V. – Rosolová, H. – Seidlerová Mlíková, J. – Souček, M. – Špinar, J. – Tesař, V. – Vítovc, J. – Zelinka, T.: Diagnostická a léčebná postupy u arteriální hypertenze – verze 2017. Doporučení České společnosti pro hypertenci. *Hypertenze a kardiovaskulární prevence*, 2018, suppl. s. 1–22.
 12 Lopes, R. D. – Scarlatelli Macedo, A. V. – Melo de Barros e Silva, P. G., et al.: Continuing versus suspending angiotensin converting enzyme inhibitor and angiotensin receptor blockers: Impact on adverse outcomes in hospitalized patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)–The BRACE CORONA Trial. *Am Heart J*, 2020, 226, s. 49–59.

SARS-CoV-2: potřeba efektivní diagnostiky

MUDr. Jiří Slíva, Ph.D. Ústav farmakologie, 3. LF UK, Praha

- 1 Woo, P. C. – Huang, Y. – Lau, S. K. – Yuen, K. Y.: Coronavirus genomics and bioinformatics analysis. *Viruses*, 2010, 2, s. 1804–1820.
 2 Su, S. – Wong, G. – Shi, W., et al.: Epidemiology, genetic recombination, and pathogenesis of coronaviruses. *Trends Microbiol*, 2016, 24, s. 490–502.
 3 Lim, Y. X. – Ng, Y. L. – Tam, J. P., et al.: Human coronaviruses: a review of virus-host interactions. *Diseases*, 2016, 4.
 4 Ashour, H. M. – Elkhatib, W. F. – Rahman, M. M., et al.: Insights into the recent 2019 novel coronavirus (SARS-CoV-2) in light of past human coronavirus outbreaks. *Pathogens*, 2020, 9.
 5 Prompetchara, E. – Ketloy, C. – Palaga, T.: Immune responses in COVID-19 and potential vaccines: Lessons learned from SARS and MERS epidemic. *Asian Pac J Allergy Immunol*, 2020, 38, s. 1–9.
 6 Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases. Dostupné z: <https://www.who.int/publications/item/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>, vyhledáno 5. 11. 2020.
 7 Laboratorní vyšetřování původce COVID-19. Dostupné z: http://www.szu.cz/uploads/Epidemiologie/Coronavirus/Lab_vysetrovani/Mitigace_laboratori_pro_vysetrovani_puvodce_COVID_05112020.pdf, vyhledáno 5. 11. 2020.

- 8 WHO: Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays. Interim guidance. 2020. WHO/2019-nCoV_Antigen_Detection/2020.1.
 9 CDC: Interim Guidance for Rapid Antigen Testing for SARS-CoV-2. Dostupné z: <https://www.cdc.gov/Coronavirus/2019-nCoV/lab-resources/antigen-tests-guidelines.html>, vyhledáno 12. 11. 2020.

Obvyklá léčba běžných infekcí horních dýchacích cest

doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství, 1. LF UK, Praha

MUDr. Ludmila Bezdíčková Společnost všeobecného lékařství ČLS JEP

- 1 National Institute for Clinical and Health Excellence. Amantadine, oseltamivir and zanamivir for the treatment of influenza: Technology appraisal guidance [TA168] 2009. Dostupné z: nice.org.uk/guidance/ta168, vyhledáno 16. 3. 2019.
- 2 Centres for Disease Control and Prevention. Influenza Antiviral Medications: Summary for Clinicians 2019. Dostupné z: https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm, vyhledáno 16. 3. 2019.
- 3 Nicholson, K. G. – Aoki, F. Y. – Osterhaus, A. D., et al.: Efficacy and safety of oseltamivir in treatment of acute influenza: a randomised controlled trial. Neuraminidase Inhibitor Flu Treatment Investigator Group. *Lancet*, 2000, 355, s. 1845–1850.
- 4 Bongard, E. – van der Velden, A. W. – Cook, J., et al.: Antivirals for influenza-like illness? A randomised controlled trial of clinical and cost effectiveness in primary care (ALIC(4) E): the ALIC(4) E protocol. *BMJ Open*, 2018, 8, s. e021032.
- 5 Qi, T., et al.: Is oseltamivir suitable for fighting against Covid-19? In silico assessment, in vitro and retrospective study. *Bioorg Chem*, 2020, 104, 104257, doi: 10.1016/j.bioorg.2020.104257.
- 6 Bikdel, B., et al.: COVID-19 and thrombotic or thromboembolic disease: implications for prevention, antithrombotic therapy, and follow-up: JACC state-of-the-art review. *J Am Coll Cardiol*, 2020, 75, s. 2950–2973, https://doi.org/10.1016/j.jacc.2020.04.031.

7 Doporučení České společnosti pro trombózu a hemostázu. Dostupné z: https://csth.cz/doporucene-postupy/, vyhledáno 12. 11. 2020.

- 8 Hannan, H. N., et al.: Honey: A prospective therapy to fight against COVID-19. BSMIAB-COB International Conference on COVID-1, listopad 2020.

Vymytme covid-19 i cystickou fibrózu korunovými samoodběrovými nanotesty

RNDr. Emanuel Žďárský, CSc. Centrum primární DNA prevence, Gen Detective, s. r. o., Praha

- 1 Horton, R. H. – Lucassen, A. M.: Recent developments in genetic/genomic medicine. *Clin Sci*, 2019, 133, s. 697–708.
- 2 Pizza, F., et al.: Car crashes and central disorders of hypersomnolence: a French Study. *PLoS One*, 2015, 10, s. e0129386.
- 3 Vrana, M., et al.: Distribution of HLA-DQB1 in Czech patients with central hypersomnias. *Arch Immunol Ther Exp*, 2016, 64, suppl. 1, s. 89–98.
- 4 Flegl, J., et al.: Increased incidence of traffic accidents in Toxoplasma-infected military drivers and protective effect RhD molecule revealed by a large-scale prospective cohort study. *BMC Infect Dis*, 2009, 26, s. 72.
- 5 Bosch L., et al.: Cystic fibrosis carriership and tuberculosis: hints toward an evolutionary selective advantage based on data from the Brazilian territory. *BMC Infect Dis*, 2017, 17, s. 340.
- 6 Lucotte, G. – Loirat, F.: A more detailed map of the cystic fibrosis mutation DF508 frequencies in Europe. *Hum Biol*, 1993, 65, s. 503–507.
- 7 Sampao, H., et al.: Screening for spinal muscular atrophy. *Med J Aust*, 2018, 209, s. 147–148.
- 8 Lazarin, G. A., et al.: Smith-Lemli-Opitz syndrome carrier frequency and estimates of in utero mortality rates. *Prenat Diagn*, 2017, 37, s. 350–355.
- 9 Brock, D. J.: Prenatal screening for cystic fibrosis: 5 years' experience reviewed. *Lancet*, 1996, 347, s. 148–150.
- 10 Mennie, M., et al.: Attitudes of general practitioners to screening for cystic fibrosis. *J Med Screen*, 1998, 5, s. 11–15.
- 11 Žďárský, E.: Pilotní skrínnink cystické fibrózy na Chrudimsku a Havlíčkobrodsku. *Kaprasovy dny*, 13. 2. 2019, 1, LF UK.
- 12 Verlinsky, Y., et al.: Preimplantation polar body diagnosis. *Biochem Mol Med*, 1996, 58, s. 13–17.
- 13 Bergougoux, A., et al.: Current and future molecular approaches in the diagnosis of cystic fibrosis. *Expert Rev Respir Med*, 2018, 12, s. 415–426.
- 14 Vermeulen, C., et al.: Sensitive monogenic noninvasive prenatal diagnosis by targeted haplotyping. *Am J Hum Genet*, 2017, 101, s. 326–339.
- 15 Zdarsky, E., et al.: The molecular basis of brown, an old mouse mutation, and of an induced revertant to wild type. *Genetics*, 1990, 126, s. 443–449.
- 16 Heimeshoff, M., et al.: Cost of illness of cystic fibrosis in Germany: results from a large cystic fibrosis centre. *Pharmacoeconomics*, 2012, 30, s. 763–77.
- 17 Iacobucci, G. – Coombes, R.: Covid-19: Government plans to spend £100bn on expanding testing to 10 million a day. *BMJ*, 2020, 370, m3520.
- 18 Chu, D. K., et al.: Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet*, 2020, 395, s. 1973–1987.
- 19 Gibani, M. M., et al.: Covid Nudge: diagnostic accuracy of a novel lab-free point-of-care diagnostic for SARS-CoV-2. *MedRxiv*, 15. 8. 2020, https://doi.org/10.1101/2020.08.13.20174193.
- 20 James, P., et al.: LamPORE: rapid, accurate and highly scalable molecular screening for SARS-CoV-2 infection, based on nanopore sequencing. *MedRxiv*, 11. 8. 2020, https://doi.org/10.1101/2020.08.07.20161737.
- 21 Mahase, E.: Operation Moonshot: GP clinics could be used to improve access to covid-19 tests. *BMJ*, 2020, 370, m3558.

Mukoprotektory (tanát želatiny) a tyndalizovaná probiotika v léčbě akutního i chronického průjmu

prof. MUDr. Jiří Ehrmann, CSc. II. interní klinika gastroenterologie a geriatrie LF UP a FN Olomouc

- 1 Ambrožová, H., et al.: Střevní infekce. *Postgrad Gastroent Hepatol*, 2020, 6, s. 45–86.
- 2 Besselink, M. G., et al.: Probiotic prophylaxis in predicted severe acute pancreatitis: a randomised double blind, placebo-controlled trial. *Lancet*, 2008, 371, s. 651–659.
- 3 Goldberg, J., et al.: Probiotics for the prevention of Clostridium difficile – associated diarrhoea in adults and children. *Cochrane Database Syst Rev*, 2013, 5.
- 4 Hempel, S. – Newbe, S. – Ruelaz, A., et al.: Safety of probiotic used to reduce risk and prevent or treat disease. *Evid Rep Technol Assess (Full Rep)*, 2011, 200, s. 1–645.
- 5 Piqué, N. – Berlanga, M. – Miñana-Galbis, D.: Health benefits of heat – killed (Tyndallized) probiotics. An overview. *Int J Mol Sci*, 2019, 20, s. 2534–2564.
- 6 Allegrini, A. – Constantini, M.: Gelatine tanate for the treatment of acute diarrhoea in adults. *J Gastroint Dig Syst*, 2012, 2, s. 2–5.

Kritéria pro onemocnění asociované s imunoglobulinem IgG₄

prof. MUDr. Zdeněk Adam, CSc. Interní hematologická a onkologická klinika LF MU a FN Brno

MUDr. Aleš Čermák, Ph.D. Urologické oddělení FN Brno

MUDr. Zuzana Adamová, Ph.D. Chirurgické oddělení Vsetínské nemocnice, a. s., Vsetín

- 1 Hamano, H. – Kawa, S. – Horiuchi, A., et al.: High serum IgG4 concentrations in patients with sclerosing pancreatitis. *N Engl J Med*, 2001, 344, s. 732–738.
- 2 Kamisawa, T. – Funata, N. – Hayashi, Y., et al.: A new clinicopathological entity of IgG4-related autoimmune disease. *J Gastroenterol*, 2003, 38, s. 982–984.
- 3 Deshpande, V. – Zen, Y. – Chan, J. K., et al.: Consensus statement on the pathology of IgG4-related disease. *Mod Pathol*, 2012, 25, s. 1181–1192.
- 4 Stone, J. H. – Khosroshahi, A. – Deshpande, V., et al.: Recommendations for the nomenclature of IgG4-related disease and its individual organ system manifestations. *Arthritis Rheum*, 2012, 64, s. 3061–3067.
- 5 Mahajan, V. S. – Mattooo, H. – Deshpande, V., et al.: IgG4-related disease. *Annu Rev Pathol*, 2014, 9, s. 315–347.
- 6 Karim, F. – Loeffen, J. – Brumer, W., et al.: IgG4-related disease: a systematic review of this unrecognized disease in pediatrics. *Pediatr Rheumatol Online J*, 2016, 14, s. 18.
- 7 Geyer, J. T. – Niesvizky, R. – Jayabalan, D. S., et al.: IgG4 plasma cell myeloma: new insights into the pathogenesis of IgG4-related disease. *Mod Pathol*, 2014, 27, s. 375–381.
- 8 Mattooo, H. – Mahajan, V. S. – Maehara, T., et al.: Clonal expansion of CD4(+) cytotoxic T lymphocytes in patients with IgG4-related disease. *J Allergy Clin Immunol*, 2016, 138, s. 825–838.
- 9 Carruthers, M. N. – Park, S. – Slack, G. W., et al.: IgG4-related disease and lymphocyte-variant hypereosinophilic syndrome: a comparative case series. *Eur J Haematol*, 2016, 98, s. 378–387.
- 10 Mattooo, H. – Stone, J. H. – Pillai, S.: Clonally expanded cytotoxic CD4(+) T cells and the pathogenesis of IgG4-related disease. *Autoimmunity*, 2017, 50, s. 19–24.
- 11 Hubers, L. M. – Vos, H. – Schuurman, A. R., et al.: Annexin A11 is targeted by IgG4 and IgG1 autoantibodies in IgG4-related disease. *Gut*, 2018, 67, s. 728–735.
- 12 Perugini, C. A. – AlSaleem, S. B. – Mattooo, H., et al.: Identification of galectin-3 as an autoantigen in patients with IgG4-related disease. *J Allergy Clin Immunol*, 2019, 143, s. 736–745.
- 13 Wallace, Z. S. – Deshpande, V. – Mattooo, H., et al.: IgG4-related disease: clinical and laboratory features in one hundred twenty-five patients. *Arthritis Rheumatol*, 2015, 67, s. 2466–2475.
- 14 Yamada, K. – Yamamoto, M. – Saeki, T., et al.: New clues to the nature of immunoglobulin G4-related disease: a retrospective Japanese multicenter study of baseline clinical features of 334 cases. *Arthritis Res Ther*, 2017, 19, s. 262.
- 15 Wick, M. R. – O’Malley, D. P.: Lymphadenopathy associated with IgG4-related disease: diagnosis & differential diagnosis. *Semin Diagn Pathol*, 2017, 35, s. 61–66.
- 16 Chen, L. Y. C. – Mattman, A. – Seidman, M. A., et al.: IgG4-related disease: what a hematologist needs to know. *Haematologica*, 2019, 104, s. 444–455.
- 17 Della Torre, E. – Mattooo, H. – Mahajan, V. S., et al.: Prevalence of atopy, eosinophilia, and IgE elevation in IgG4-related disease. *Allergy*, 2014, 69, s. 269–272.
- 18 Gotlib, J.: World Health Organization-defined eosinophilic disorders: 2017 update on diagnosis, risk stratification, and management. *Am J Hematol*, 2017, 92, s. 1243–1259.
- 19 Dispensieri, A. – Gertz, M. A. – Therneau, T. M., et al.: Retrospective cohort study of 148 patients with polyclonal gammopathy. *Mayo Clin Proc*, 2001, 76, s. 476–487.
- 20 Zhao, E. J. – Carruthers, M. N. – Li, C. H., et al.: Prevalence of IgG4-related disease in patients with hypergammaglobulinemia. *XXXVII World Congress of the International Society of Hematology (ISH 2018)*, 14. 9. 2018, Vancouver, Britská Kolumbie, Kanada.
- 21 Engelhart, S. – Glynn, R. J. – Schur, P. H.: Disease associations with isolated elevations of each of the four IgG subclasses. *Semin Arthritis*

- Rheum, 2017, 47, s. 276–280.
- 22 Zhang, X. – Hyjek, E. – Vardiman, J.: A subset of Rosai-Dorfman disease exhibits features of IgG4-related disease. *Am J Clin Pathol*, 2013, 139, s. 622–632.
 - 23 Abla, O. – Jacobsen, E. – Picarsic, J., et al.: Consensus recommendations for the diagnosis and clinical management of Rosai-Dorfman-Destombes disease. *Blood*, 2018, 131, s. 2877–2890.
 - 24 Bledsoe, J. R. – Wallace, Z. S. – Stone, J. H., et al.: Lymphomas in IgG4-related disease: clinicopathologic features in a Western population. *Virchows Arch*, 2017, 472, s. 839–852.
 - 25 Carruthers, M. N. – Khosroshahi, A. – Augustin, T., et al.: The diagnostic utility of serum IgG4 concentrations in IgG4-related disease. *Ann Rheum Dis*, 2015, 74, s. 14–18.
 - 26 Qi, R. – Chen, L. Y. C. – Park, S., et al.: Utility of serum IgG4 levels in a multiethnic population. *Am J Med Sci*, 2018, 355, s. 61–66.
 - 27 van der Gugten, G. – DeMarco, M. L. – Chen, L. Y. C., et al.: Resolution of spurious immunonephelometric IgG subclass measurement discrepancies by LC-MS/MS. *Clin Chem*, 2018, 64, s. 735–742.
 - 28 Wallace, Z. S. – Mattoo, H. – Carruthers, M., et al.: Plasmablasts as a biomarker for IgG4-related disease, independent of serum IgG4 concentrations. *Ann Rheum Dis*, 2015, 74, s. 190–195.
 - 29 Chari, S. T. – Takahashi, N. – Levy, M. J., et al.: A diagnostic strategy to distinguish autoimmune pancreatitis from pancreatic cancer. *Clin Gastroenterol Hepatol*, 2009, 7, s. 1097–1103.
 - 30 Mann, S. – Seidman, M. A. – Barbour, S. J., et al.: Recognizing IgG4-related tubulointerstitial nephritis. *Can J Kidney Health Dis*, 2016, 3, s. 34.
 - 31 Moriama, M. – Ohta, M. – Furukawa, S., et al.: The diagnostic utility of labial salivary gland biopsy in IgG4-related disease. *Mod Rheumatol*, 2016, 26, s. 725–729.
 - 32 Wallace, Z. S. – Naden, R. P. – Chari, S., et al.: For IgG4-RD Classification Criteria Working Group: The 2019 American College of Rheumatology/European League Against Rheumatism classification criteria for IgG4-related disease. *Ann Rheum Dis*, 2020, 79, s. 77–87.
 - 33 Wallace, Z. S. – Naden, R. P. – Chari, S., et al.: IgG4-Related Disease Classification Criteria Working Group: The 2019 American College of Rheumatology/European League Against Rheumatism Classification Criteria for IgG4-Related Disease. *Arthritis Rheumatol*, 2020, 72, s. 7–19.
 - 34 Ebbo, M. – Grados, A. – Guedj, E., et al.: Usefulness of 2-[18F]-fluoro-2-deoxy-D-glucose-positron emission tomography/computed tomography for staging and evaluation of treatment response in IgG4-related disease: a retrospective multicenter study. *Arthritis Care Res*, 2014, 66, s. 86–96.
 - 35 Khosroshahi, A. – Wallace, Z. S. – Crowe, J. L.: Second International Symposium on IgG4-Related Disease. International Consensus Guidance Statement on the Management and Treatment of IgG4-Related Disease. *Arthritis Rheumatol*, 2015, 67, s. 1688–1699.
 - 36 Masaki, Y. – Matsui, S. – Saeki, T., et al.: A multi-center phase II prospective clinical trial of glucocorticoid for patients with untreated IgG4-related disease. *Mod Rheumatol*, 2017, 27, s. 849–854.
 - 37 Wang, L. – Zhang, P. – Wang, M., et al.: Failure of remission induction by glucocorticoids alone or in combination with immunosuppressive agents in IgG4-related disease: a prospective study of 215 patients. *Arthritis Res Ther*, 2018, 20, s. 65.
 - 38 Masamune, A. – Nishimori, I. – Kikuta, K., et al.: Randomised controlled trial of long-term maintenance corticosteroid therapy in patients with autoimmune pancreatitis. *Gut*, 2017, 66, s. 487–494.
 - 39 Hart, P. A. – Topazian, M. D. – Witzig, T. E., et al.: Treatment of relapsing autoimmune pancreatitis with immunomodulators and rituximab: the Mayo Clinic experience. *Gut*, 2013, 62, s. 1607–1615.
 - 40 Yunyun, F. – Yu, C. – Panpan, Z., et al.: Efficacy of cyclophosphamide treatment for immunoglobulin G4-related disease with addition of glucocorticoids. *Sci Rep*, 2017, 7, s. 6195.
 - 41 Yunyun, F. – Yu, C. – Panpan, Z., et al.: Efficacy and safety of low dose mycophenolate mofetil treatment for immunoglobulin G4-related disease. *Rheumatology*, 2018, 58, s. 1808–1814.
 - 42 Fei, Y. – Chen, Y. – Zhang, P., et al.: Efficacy of cyclophosphamide treatment for immunoglobulin G4-related disease with addition of glucocorticoids. *Sci Rep*, 2017, 7, s. 6195.
 - 43 Carruthers, M. N. – Topazian, M. D. – Khosroshahi, A., et al.: Rituximab for IgG4-related disease: a prospective, open-label trial. *Ann Rheum Dis*, 2015, 74, s. 1171–1177.
 - 44 Yueyang, G. – Ansdell, D. – Brouha, S., et al.: Coronary periarthritis in a patient with multi-organ IgG4-related disease. *J Radiol Case Rep*, 2015, 9, s. 1–17.
 - 45 Kamisawa, T. – Nakazawa, T. – Tazuma, S., et al.: Clinical practice guidelines for IgG4-related sclerosing cholangitis. *J Hepatobiliary Pancreat Sci*, 2019, 26, s. 9–42.
 - 46 Shao, S. A. N. – Chia-der, L. I. N. – Sheng-ta, T. S. A. I., et al.: Immunoglobulin G4-related disease presented as recurrent otitis media and mixed hearing loss treated with cyclophosphamide and rituximab. *Arch Rheumatol*, 2019, 34, s. 233–237.
 - 47 Ebbo, M. – Grados, A. – Samson, M., et al.: Long-term efficacy and safety of rituximab in IgG4-related disease: Data from a French nationwide study of thirty-three patients. *PLoS One*, 2017, 12, e0183844.
 - 48 Gu, W. J. – Zhang, Q. – Zhu, J., et al.: Rituximab was used to treat recurrent IgG4-related hypophysitis with ophthalmopathy as the initial presentation: A case report and literature review. *Medicine*, 2017, 96, s. e06934.
 - 49 Mochizuki, H. – Kato, M. – Higuchi, T., et al.: Overlap of IgG4-related disease and multicentric Castleman's disease in a patient with skin lesions. *Intern Med*, 2017, 56, s. 1095–1099.
 - 50 Aoudad, I. – Schneider, P. – Zmuda, M., et al.: IgG4-related disease with orbital pseudotumors treated with rituximab combined with palpebral surgery. *JAMA Dermatol*, 2017, 153, s. 355–356.
 - 51 Wallace, Z. S. – Mattoo, H. – Mahajan, V. S., et al.: Predictors of disease relapse in IgG4-related disease following rituximab. *Rheumatology*, 2016, 55, s. 1000–1008.
 - 52 Berta, A. I. – Agaimy, A. – Braun, J. M., et al.: Bilateral orbital IgG4-related disease with systemic and corneal involvement showing an excellent response to steroid and rituximab therapy: report of a case with 11 years follow-up. *Orbit*, 2015, 34, s. 299–301.
 - 53 McMahon, B. A. – Novick, T. – Scheel, P. J., et al.: Rituximab for the treatment of IgG4-related tubulointerstitial nephritis: case report and review of the literature. *Medicine*, 2015, 94, s. e1366.
 - 54 Gillispie, M. C. – Thomas, R. D. – Hennon, T. R.: Successful treatment of IgG4 related sclerosing disease with rituximab: a novel case report. *Clin Exp Rheumatol*, 2015, 33, s. 549–550.
 - 55 Yamamoto, M. – Awakawa, T. – Takahashi, H.: Is rituximab effective for IgG4-related disease in the long term? Experience of cases treated with rituximab for 4 years. *Ann Rheum Dis*, 2015, 74, s. e46.
 - 56 Wu, A. – Andrew, N. H. – Tsirbas, A., et al.: Rituximab for the treatment of IgG4-related orbital disease: experience from five cases. *Eye*, 2015, 29, s. 122–128.
 - 57 Savino, G. – Battendieri, R. – Siniscalco, A., et al.: Intraorbital injection of rituximab in idiopathic orbital inflammatory syndrome: case reports. *Rheumatol Int*, 2015, 35, s. 183–188.
 - 58 Chen, T. S. – Figueira, E. – Lau, O. C., et al.: Successful „medical“ orbital decompression with adjunctive rituximab for severe visual loss in IgG4-related orbital inflammatory disease with orbital myositis. *Ophthalmol Plast Reconstr Surg*, 2014, 30, s. e122–e125.
 - 59 Jalilian, C. – Prince, H. M. – McCormack, C., et al.: IgG4-related disease with cutaneous manifestations treated with rituximab: case report and literature review. *Australas J Dermatol*, 2014, 55, s. 132–136.
 - 60 Caso, F. – Fiocco, U. – Costa, L., et al.: Successful use of rituximab in a young patient with immunoglobulin G4-related disease and refractory scleritis. *Joint Bone Spine*, 2014, 81, s. 190–192.
 - 61 Shinoda, K. – Taki, H. – Sugiyama, T.: Recurrence of IgG4-related disease following treatment with rituximab. *Mod Rheumatol*, 2013, 23, s. 1226–1230.
 - 62 Khosroshahi, A. – Carruthers, M. N. – Deshpande, V., et al.: Rituximab for the treatment of IgG4-related disease: lessons from 10 consecutive patients. *Medicine*, 2012, 91, s. 57–66.
 - 63 Khosroshahi, A. – Bloch, D. B. – Deshpande, V., et al.: Rituximab therapy leads to rapid decline of serum IgG4 levels and prompt clinical improvement in IgG4-related systemic disease. *Arthritis Rheum*, 2010, 62, s. 1755–1762.
 - 64 Khan, M. L. – Colby, T. V. – Viggiano, R. W., et al.: Treatment with bortezomib of a patient having hyper IgG4 disease. *Clin Lymphoma Myeloma Leuk*, 2010, 10, s. 217–219.
 - 65 Kottler, D. – Barète, S. – Quéreux, G.: Retrospective multicentric study of 25 Kimura disease patients: emphasis on therapeutics and shared features with cutaneous IgG4-related disease. *Dermatology*, 2015, 231, s. 367–377.
 - 66 Kobayashi, H. – Shimokawaji, T. – Kanoh, S., et al.: IgG4-positive pulmonary disease. *J Thorac Imaging*, 2007, 22, s. 360–362.
 - 67 Jalaj, S. – Dunbar, K. – Campbell, A., et al.: Treatment of pediatric IgG4-related orbital disease with TNF-α inhibitor. *Plast Reconstr Surg*, 2018, 141, s. e10–e12.

Koinfekce HIV a HCV – co by měli vědět praktičtí lékaři

MUDr. Dan Veselý AIDS centrum nemocnice, Klinika infekčních, parazitárních a tropických nemocí, Nemocnice Na Bulovce, Praha, Klinika infekčních a tropických nemocí 1. LF UK, Praha

- 1 Antiretroviral Therapy Cohort Collaboration: Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies. *Lancet HIV*, 2017, 4, s. e349–e356.
- 2 Qurishi, N., et al.: Effect of antiretroviral therapy on liver-related mortality in patients with HIV and hepatitis C virus coinfection. *Lancet*, 2003, 362, s. 1708–1713.
- 3 Pembrey, L. – Newell, M. L. – Tovo, P. A.; EPHN Collaborators: The management of HCV infected pregnant women and their children: European paediatric HCV network. *J Hepatol*, 2005, 43, s. 515–525.
- 4 Treviño, A. – Soriano, V. – Rodríguez, C., et al.: Changing rate of non-B subtypes and coinfection with hepatitis B/C viruses in newly diagnosed HIV type 1 individuals in Spain. *AIDS Res Hum Retroviruses*, 2011, 27, s. 633–638.
- 5 Rockstroh, J. K. – Mocroft, A. – Soriano, V., et al.: Influence of hepatitis C virus infection on HIV-1 disease progression and response to highly active antiretroviral therapy. *J Infect Dis*, 2005, 192, s. 992–1002.
- 6 Boesecke, C. – Grint, D. – Soriano, V., et al.: Hepatitis C seroconversions in HIV infection across Europe: which regions and patient groups are affected? *Liver Int*, 2015, https://doi.org/10.1111/liv.12848.
- 7 Vogel, M. – Bieniek, B. – Jessen, H., et al.: Treatment of acute hepatitis C infection in HIV-infected patients: a retrospective analysis of eleven cases. *J Viral Hepat*, 2005, 12, s. 207–211.
- 8 Benhamou, Y. – Bochet, M. – Di Martino, V., et al.: Liver fibrosis progression in human immunodeficiency virus and hepatitis C virus coinfecting patients. The Multivirc Group. *Hepatology*, 1999, 30, s. 1054–1058.
- 9 Thomson, E. C. – Nastouli, E. – Main, J., et al.: Delayed anti-HCV antibody response in HIV-positive men acutely infected with HCV. *AIDS*, 2009, 23, s. 89–93.
- 10 Kim, A. Y. – Schulz zur Wiesch, J. – Kuntzen, T., et al.: Impaired hepatitis C virus-specific T cell responses and recurrent hepatitis C virus in HIV coinfection. *PLoS Med*, 2006, 3, s. e492.
- 11 Bischoff, J. – Mauss, S. – Cordes, C., et al.: Rates of sustained virological response 12 weeks after the scheduled end of direct-acting antiviral (DAA)-based hepatitis C virus (HCV) therapy from the National German HCV registry: does HIV coinfection impair the response to DAA combination therapy? *HIV Med*, 2018, 19, s. 299–307.

Poruchy chování u dětí

Mgr. Renata Hermánková, Ph.D. Klinika pediatrie a dědičných poruch metabolismu VFN, Praha

- 1 Gjuričová, Š. – Kubička, J.: *Rodinná terapie, systemické a narrativní přístupy*. Grada, Praha, 2009.
- 2 Hort, V. – Hrdlička, M. – Kocourková, J., et al.: *Dětská a adolescentní psychiatrie*. Portál, Praha, 2000.
- 3 Hosák, L. – Hrdlička, M. – Libiger, J.: *Psychiatrie a pedopsychiatrie*. Karolinum, Praha, 2015.
- 4 Hytyrová, M., et al.: *Děti a problémy v chování*. Portál, Praha, 2019.
- 5 Hytych, R.: *Specifika psychoterapie u dětí a dospívajících s poruchami chování*. Prevence, Praha, 2011.
- 6 Krejčířová, D., et al.: *Psychodiagnostika dětí a dospívajících*. Portál, Praha, 2001.
- 7 Langmeier, J. – Balcar, K. – Špitza, J.: *Dětská psychoterapie*. Portál, Praha, 2000.
- 8 Langmeier, J. – Krejčířová, D.: *Vývojová psychologie*. Grada, Praha, 2000.
- 9 Matějček, Z.: *Po dobrém nebo po zlém*. Portál, Praha, 2011.
- 10 Matějček, Z.: *Výbor z dila*. Karolinum, Praha, 2005.
- 11 Matějček, Z.: *Praxe dětského psychologického poradenství*. Portál, Praha, 2011.
- 12 Mezinárodní klasifikace nemocí, 10. revize. *Duševní poruchy a poruchy chování*. Psychiatrické centrum Praha, 1992.
- 13 Pacلت, I., et al.: *Hyperkinetická porucha chování a poruchy chování*. Grada, Praha, 2007.
- 14 Rogers, C. R.: *Být sám sebou*. Portál, Praha, 2015.
- 15 Theiner, P.: *Poruchy chování u dětí a dospívajících*. *Psychiatrie pro praxi*, 2007.
- 16 Train, A.: *Nejčastější poruchy chování u dětí*. Portál, Praha, 2001.
- 17 Vágnerová, M.: *Psychopatologie pro pomáhající profese*. Portál, Praha, 2004.
- 18 Žáčková, M. – Theiner, P.: *Problémové chování u adolescentů – poruchy chování, hyperkinetické poruchy a poruchy vyvolané užíváním psychoaktivních látek*. *Neurologie pro praxi*, 2008.

Fosfomycin v léčbě nekomplikovaných cystitid a antibiotické profylaxi biopsie prostaty

MUDr. Marcela Čechová, FEBU Urologická klinika 2. LF UK a FN v Motole, Praha

- 1 Bonkat, G. – Bartoletti, R. – Bruyere, F., et al.: Guidelines on Urological Infections. Edn. Presented at the EAU Annual Congress Amsterdam 2020. Dostupné z: <https://uroweb.org/guideline/urological-infections/>; vyhledáno 10. 11. 2020.
- 2 Michalopoulos, A. S. – Livaditis, I. G. – Gougioutas, V.: The revival of fosfomycin. *Int J Infect Dis.* 2011, 15, s. e732–e739.
- 3 Fajfr, M. – Louda, M. – Paterová, P., et al.: The susceptibility to fosfomycin of Gramnegative bacteria isolates from urinary tract infection in the Czech Republic: data from a unicentric study. *BMC Urol.* 2017, 17, s. 33.
- 4 Státní ústav pro kontrolu léčiv (SÚKL): Souhrn údajů o přípravku Uri-fos 3 g granule pro perorální roztok; dostupné z: <http://www.sukl.cz/modules/medication/detail.php?code=021394&tab=texts>; vyhledáno 10. 11. 2020.
- 5 Raz, R.: Fosfomycin: an old-new antibiotic. *Clin Mikrob Infect.* 2012, 18, s. 4–7.
- 6 Knothe, H. – Schafer, V. – Sammann, A. – Shah, P. M.: Influence of fosfomycin on the intestinal and pharyngeal flora of man. *Infection.* 1991, 19, s. 18–20.
- 7 Bookstaver, P. B. – Bland, C. M. – Griffin, B., et al.: A review of antibiotic use in pregnancy. *Pharmacotherapy.* 2015, 35, s. 1052–1062.
- 8 Drugs and lactation database (LactMed). Bethesda (MD): National Library of Medicine (US); 2006. Fosfomycin. Dostupné z: <https://www.ncbi.nlm.nih.gov/books/NBK501353/>; vyhledáno 10. 11. 2020.
- 9 Státní zdravotní ústav (SZÚ), EARS-Net databáze; dostupné z: <https://apps.szu.cz/earsnet/index.php>; vyhledáno 10. 11. 2020.
- 10 Pilatz, A. – Dimitropoulos, K. – Veeratterapilly, R., et al.: Antibiotic prophylaxis for the prevention of infectious complications following prostate biopsy: A systematic review and meta-analysis. *J Urol.* 2020, 204, s. 224–230.

Flebazol 500 mg a Flebazol 1 000 mg – lékový profil

MUDr. Jiří Slíva, Ph.D. Ústav farmakologie 3. LF UK, Praha

- 1 European Pharmacopoeia. Diosmin. Dostupné z: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjFiebUjK_jAhVJSsAKH-QctCK4QFJAegQIARAC&url=http%3A%2F%2Fcdn.zhihiren.com%2Fuploads%2F1513840228%2FDiosmin_test_EP8.3.docx&usg=AoVw2HacGDz5zRMZPZv5NlcHm; vyhledáno 21. 9. 2020.
- 2 Woodman, O. L. – Chan, E. C.: Vascular and anti-oxidant actions of flavonols and flavones. *Clin Exp Pharmacol Physiol.* 2004, 31, s. 786–790.
- 3 Damon, M. – Flandre, O. – Michel, F., et al.: Effect of chronic treatment with a purified flavonoid fraction on inflammatory granuloma in the rat. Study of prostaglandin E2 and F2 alpha and thromboxane B2 release and histological changes. *Arzneimittelforschung.* 1987, 37, s. 1149–1153.
- 4 Tsouderos, Y.: Are the phlebotonic properties shown in clinical pharmacology predictive of a therapeutic benefit in chronic venous insufficiency? Our experience with Daflon 500 mg. *Int Angiol.* 1989, 8, s. 53–59.
- 5 Amiel, M. – Barbe, R.: Study of the pharmacodynamic activity of daflon 500 mg. *Ann Cardiol Angeiol.* 1998, 47, s. 185–188.
- 6 Ramelet, A. A.: Pharmacologic aspects of a phlebotropic drug in CVI-associated edema. *Angiology.* 2000, 51, s. 19–23.
- 7 Casley-Smith, J. R. – Casley-Smith, J. R.: The effects of diosmin (a benzopyrone) upon some high-protein oedemas: lung contusion, and burn and lymphoedema of rat legs. *Agents Actions.* 1985, 17, s. 14–20.
- 8 Crespo, M. E. – Galvez, J. – Cruz, T., et al.: Anti-inflammatory activity of diosmin and hesperidin in rat colitis induced by TNBS. *Planta Med.* 1999, 65, s. 651–653.
- 9 Shoab, S. S. – Porter, J. – Scurr, J. H., et al.: Endothelial activation response to oral micronised flavonoid therapy in patients with chronic venous disease—a prospective study. *Eur J Vasc Endovasc Surg.* 1999, 17, s. 313–318.
- 10 Struckmann, J. R. – Nicolaides, A. N.: Flavonoids. A review of the pharmacology and therapeutic efficacy of Daflon 500 mg in patients with chronic venous insufficiency and related disorders. *Angiology.* 1994, 45, s. 419–428.
- 11 Coleridge-Smith, P. – Lok, C. – Ramelet, A. A.: Venous leg ulcer: a meta-analysis of adjunctive therapy with micronized purified flavonoid fraction. *Eur J Vasc Endovasc Surg.* 2005, 30, s. 198–208.
- 12 Krevcl, B. – Barbic-Zagar, B. – Uranic, N.: Účinnost a bezpečnost jedné dávky přípravku Flebaven (diosmin) 1000 mg denně u pacientů s chronickým žilním onemocněním. *Med Razgl.* 2020, 59, s. 107–118.

Mnohočetný myelom – diagnostika a léčba – kazuistika

MUDr. Jan Straub I. interní klinika – klinika hematologie a ČMS 1. LF UK a VFN, Praha

- 1 Riccardi, A. – Gobbi, P. G. – Ucci, G., et al.: Changing clinical presentation of multiple myeloma. *Eur J Cancer.* 1991, 27, s. 1401–1405.
- 2 Ringe, J. D. – Mertelsmann, R.: False diagnosis of „osteoporosis“ in diffuse multiple myeloma (author's transl). *Dtsch Med Wochenschr.* 1977, 102, s. 928–931.
- 3 Varga, G. – Mikala, G. – Andrikovic, H., et al.: How long does a myeloma patient currently wait for the diagnosis in Hungary? *Orv Hetil.* 2014, 155, s. 1538–1543.
- 4 Howell, D. A. – Smith, A. G. – Jack, A., et al.: Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network. *BMC Hematology.* 2013, 13, s. 9.
- 5 Straub, J. – Adam, Z. – Gregora, E. – Hájek, R. – Kessler, P. – Maisnar, V. – Ščudla, V. – Schützová, M. – Špicák, I.: Mnohočetný myelom – projekt časné diagnostiky „CRAB“. *Medical Tribune.* 2007, 3, s. 4–5.
- 6 Straub, J., et al.: Projekt CRAB aneb časnou diagnostikou k lepší kvalitě života. *Praktický lékař.* 2008, 88, s. 59–61.
- 7 Straub, J. – Adam, Z. – Gregora, E. – Hájek, R. – Kessler, P. – Maisnar, V. – Ščudla, V. – Schützová, M. – Špicák, I.: Mnohočetný myelom – časná diagnostika. *Medicina pro praxi.* 2009, 4, s. 197–199.
- 8 Adam, Z. – Straub, J. – Ščudla, V.: Doporučení České myelomové skupiny (CMG) pro zajištění časné diagnostiky mnohočetného myelomu v podmínkách ambulantní klinické praxe. *Časopis lékařů českých.* 2007, 146, s. 671–672.
- 9 Hajek, R., et al.: Diagnostika a léčba mnohočetného myelomu. *Transfuziologie a hematologie dnes.* 2018, suppl. 1, s. 1–157.

Med a propolis

MUDr. Milan Urík, Ph.D. Klinika dětské otorinolaryngologie FN Brno a LF MU, Brno

- 1 Přidal, A.: *Včelí produkty.* Brno, Mendelova zemědělská a lesnická univerzita, 2003, s. 48–54.
- 2 Park, Y. K. – Alencar, S. M. – Aguiar, C. L.: Botanical origin and chemical composition of Brazilian propolis. *Journal of Agricultural and Food Chemistry.* 2002, 50, s. 2502–2506.
- 3 Martin, M. P. – Pileggi, R.: A quantitative analysis of Propolis: a promising new storage media following avulsion. *Dental Traumatology.* 2004, 20, s. 85–89.
- 4 Sulaiman, G. M. – Adhiah, A. H. – Al-Sammarrae, K. W., et al.: Assessing the anti-tumour properties of Iraqi propolis in vitro and in vivo. *Food and Chemical Toxicology.* 2012, 50, s. 1632–1641.
- 5 Özan, F. – Sümer, Z. – Polat, Z. A., et al.: Effect of mouth rinse containing propolis on oral microorganisms and human gingival fibroblasts. *European Journal of Dentistry.* 2007, 1, s. 195.
- 6 Demeter, Š.: *Léčení včelími produkty.* Euromedia Esence, Praha, 2015.
- 7 Hwang, S. H. – Song, J. N. – Jeong, Y. M., et al.: The efficacy of honey for ameliorating pain after tonsillectomy: a meta-analysis. *European Archives of Oto-Rhino-Laryngology (online).* 2016, 273, s. 811–818, vyhledáno 14. 10. 2020.
- 8 Paul, I. M.: Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents. *Archives of Pediatrics & Adolescent Medicine (online).* 2007, 161, vyhledáno 14. 10. 2020.

Pimekrolimus v léčbě atopického ekzému

MUDr. Zuzana Nevoralová, Ph.D. Dermatovenerologické oddělení, Nemocnice Jihlava

- 1 Bieber, T.: Mechanism of disease: atop dermatitis. *N Engl J Med.* 2008, 358, s. 1483–1495.
- 2 Cork, M. C. – Robinson, D. A. – Vasilopoulos, Y., et al.: New perspectives on epithelial barrier dysfunction in atop dermatitis: gene-environment interactions. *J Allergy Clin Immunol.* 2006, 118, s. 3–20.
- 3 Nevoralová, Z.: Trendy v léčbě atopického ekzému – 2. část. *Alergie, Astma, Bronchitida.* 2020, 2, s. 17–19.
- 4 Wollenberg, A. – Barbarot, S. – Bieber, T., et al.: Consensus-based European guidelines for treatment of atop eczema (atopic dermatitis) in adults and children: part I. *J Eur Acad Dermatol Venereol.* 2018, 32, s. 657–682.
- 5 Wollenberg, A. – Barbarot, S. – Bieber, T., et al.: Consensus-based European guidelines for treatment of atop eczema (atopic dermatitis) in adults and children: part II. *J Eur Acad Dermatol Venereol.* 2018, 32, s. 850–878.
- 6 Thestrup-Pedersen, K.: Tacrolimus treatment of atop eczema/dermatitis syndrome. *Curr Opin Allergy Clin Immunol.* 2003, 3, s. 359–362.
- 7 Gupta, A. K. – Chow, M.: Pimecrolimus: A review. *JEADV.* 2003, 17, s. 493–503.
- 8 Paller, A. – Brinkmann, W. – Rico, J., et al.: A prospective pediatric longitudinal evaluation to assess the long-term safety of tacrolimus ointment for the atop dermatitis. *J Am Acad Dermatol.* 2007, 56, suppl. 2, s. 2AB3.
- 9 Ringer, J. – Alomar, A. – Bieber, T.: Guidelines for treatment of atop eczema (atopic dermatitis) Part I. *JEADV.* 2012, 26, s. 1045–1060.
- 10 Luger, T. A. – Lahfa, M. – Fölster-Holst, R., et al.: Long term safety and tolerability of pimecrolimus cream 1% and topical corticosteroids in adults with moderate to severe atop dermatitis. *J Dermatolog Treat.* 2004, 15, s. 169–178.
- 11 Meurer, M. – Fölster-Holst, R. – Wozel, G., et al.: Pimecrolimus cream in the long-term management of atop dermatitis in adults: a six-month study. *Dermatology.* 2002, 205, s. 271–277.
- 12 Bangert, C. – Strober, B. E. – Cork, M., et al.: Clinical and cytological effects of pimecrolimus cream 1% after resolution of active atop dermatitis lesions by topical corticosteroids: a randomized controlled trial. *Dermatology.* 2011, 222, s. 36–48.

Saturace kalciem a vitaminem D v ambulanci praktického lékaře

MUDr. Jiří Jenšovský, CSc. Interní klinika 1. LF UK a ÚVN-VFN Praha

- 1 Pikner, R.: Optimální denní příjem vápníku a vitamínu D. In: Džupa, V. – Jenšovský, J., eds: *Diagnostika a léčba osteoporózy a dalších onemocnění skeletu*. Karolinum, 2018, s. 187–191.
- 2 WHO: Guideline: Calcium supplementation in pregnant women. Ženeva, 2013.
- 3 Cesareo, R. – Attanasio, R. – Caputo, M., et al.: Italian association of clinical endocrinologists (AME) and italian charter of American association of clinical endocrinologists (AACE) position statement: clinical management of vitamin D deficiency in adults. *Nutrients*, 2018, 10, s. 546.
- 4 Sebastiani, G. – Herranz, A. – Borras, C., et al.: The effects of vegetarian and vegan diet during pregnancy on the health of mothers and offspring. *Nutrients*, 2019, 11, s. 557.
- 5 Baroni, L. – Goggi, S. – Battaglino, R., et al.: Vegan nutrition for mothers and children: practical tools for health care providers. *Nutrients*, 2018, 11, s. 5.
- 6 Vitamin D. Nejzajímavější vědecké informace. Medical Press, s. r. o., www.vitamin-d.info.cz.
- 7 Ilie, P. C. – Stefanescu, S. – Smith, L., et al.: The role of vitamin D in the prevention of coronavirus disease 2019 infection and mortality. *Aging Clin Exp Res*, 6. 5. 2020, s. 1–4.
- 8 Aipio, M.: Vitamin D supplementation could possibly improve clinical outcomes of patients infected with coronavirus-2019 (COVID-19). Dostupné z: https://www.reddit.com/r/COVID19/comments/g7zl19/vitamin_d_supplementation_could_posibly_improve/, vyhledáno 26. 10. 2020.
- 9 Grant, W. B. – Ahore, H.: Evidence that vitamin D supplementation could reduce risk of influenza and COVID-19 infections and deaths. *Nutrients*, 2020, 12, s. 988.
- 10 Ebadi, M. – Montano-Loza, A. J.: Perspective: improving vitamin D status in the management of COVID-19. *Eur J Clin Nutrition*, 2020, 74, s. 856–859.
- 11 Daneshkhah, A. – Agrawal, V. – Eshein, A., et al.: The possible role of vitamin D in suppressing cytokine storm and associated mortality in COVID-19 patients. Paper in collection COVID-19 SARS-CoV-2 pre-prints from medRxiv and bioRxiv. *BMJ Yale*, doi.org/10.1101/2020.04.08.20058578.

Vitamin D a oko

MUDr. Veronika Löfflerová Oční oddělení, Krajská nemocnice Liberec, a. s.

- 1 Richter, J. – Závorková, M. – Vetricka, V.: Case report open access vitamin D and beta-glucan supplementation affects levels of leptin, apolipoproteins and general nutrition score in patients with diabetic retinopathy. *Ediorium J Pathol*, 2018, 5, 100009P03RF2018, DOI: 10.5348/100009P03RJ2018OA.
- 2 Závorková, M. – Vetricka, V. – Richter, J., et al.: Effects of glucan and vitamin D supplementation on obesity and lipid metabolism in diabetic retinopathy. *Open Biochem J*, 2018, 12, s. 36–45.
- 3 Skowron, K. – Pawlicka, I. – Gil, K.: The role of vitamin D in the pathogenesis of ocular diseases. *Folia Med Cracov*, 2018, 58, s. 103–118.
- 4 Szodoray, P., et al.: The complex role of vitamin D in autoimmune diseases. *Scand J Immunol*, 2008, 68, s. 261–269.
- 5 Yannuzzi, L. A., et al.: *The Retinal Atlas*. 2010, Elsevier, New York, USA.
- 6 Kanski, J. J., et al.: *Clinical Ophthalmology: a systematic approach*. 2011, Elsevier.
- 7 Kanski, J. J.: *Signs in Ophthalmology, Causes and differential diagnosis*. 2010, Elsevier, Mosby.
- 8 Ryan, S. – Wilkinson, Ch. – Schachat, A., et al.: *Retina*. 2006, Elsevier, Mosby.
- 9 Duker, J. S. – Waheed, N. K. – Goldman, D.: *Handbook of Retinal OCT: Optical Coherence Tomography*. 2014, Elsevier, Saunders.