

Centro de Información y Documentación Científica





Contanto

BÚSQUEDA ESPECIALIZADA EN PUBMED - MESH

Lic. Ofelia Mamani Apaza CINDOC - Sede Central <u>omamani@ins.gob.pe</u> Pub



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Búsqueda en Pubmed del tema "Cáncer del Pulmón" utilizando el término natural vs. el término controlado MeSH.



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Seleccionamos MeSH desde el "All Databases" o "More Resources" y pegamos el descriptor "Lung Neoplasms".



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Abstract OBJECTIVE: The objective of our study was to assess whether CT features and FDG up-take of primary salivary gland-type tumors of the lung are associated with tumor type, disease stage, or survival.	Related citations in PubMed
MATERIALS AND METHODS: CT (n = 30) and PET (n = 15) data of 30 consecutive patients with primary salivary gland-type tumors of the lung were retrospectively evaluated for tumor size, location, and homogeneity and the presence of lymphadenopathy, pleural effusions, and metastases. Maximum FDG uptake and volumetric FDG uptake of the tumors were recorded. The Wilcoxon rank sum and Fisher exact tests and univariate Cox repression were used for statistical calculations.	lung cancer on CT and FI [Korean J Radiol 2013] Selection of sublobar resection for c-stage IA non-small ce [Ann Thorac Cardiovasc Surg. 2009]
RESULTS: Compared with muccepidermoid carcinomas, adenoid cystic carcinomas (57%) were larger (mean 3.5 vs 3.2 cm, respectively: $p = 0.03$)	metastasis in patients with [Ann Surg Oncol: 2013]
more frequently involved the central airways (94% vs 63%, p = 0.002), and had a higher median FDG uptake (p = 0.0264). Higher FDG uptake of the primary tumor was associated with nodal tumor involvement (p = 0.05). The median overall survival times for patients with adenoid cystic carcinoma	Prognostic value of metabolic tumor burden from (18)F-FDG PET in surgical pc [Acad Radio]. 2013]
and mucoepidermoid carcinoma were 7.7 and 4.0 years, respectively. Imaging features that significantly affected overall survival included the presence of mediastinal or hilar lymphadenopathy (hazard ratio [HR], 4.33, 95% CI, 1.15-16.26, p = 0.03), suspected metastatic disease (HR, 5.10, 95% CI,	Review Preoperative intrathoracic lymph node staging in patient: [Eur J Cardiothorac Surg. 2009]
1.27-20.47; p = 0.02), and primary tumor heterogeneity (HR, 3.46, 95% CI, 1.04-11.55; p = 0.04).	See reviews
CONCLUSION: Higher FDG uptake is associated with nodal disease in patients with primary salivary gland-type tumors of the lung but is not predictive of survival, whereas CT features suggestive of advanced disease correlate with worse outcome.	See all.
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