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| **عنوان الوثيقة (Document Title)** | Prophylactic Antibiotics for ESWL Treatment. |
| **المستخلص (Abstract)** | *Abstract:*We conducted a prospective controlled study on 150 patients with sterile urine undergoing ESWL treatment for renal and ureteric stones to evaluate the value of a single dose of antibiotic prophylaxis. The patients were placed randomly in three groups with 50 patients in each group. A single dose of i.v. 1.2 g co-amoxiclav was given to patients in Group A, 80 mg gentamicin to Group B and isotonic saline was given to Group C as a control, at the beginning of ESWL treatment. Urine cultures after ESWL were obtained at 24 h and 1 week, five patients in group A (10%); six patients in Group B (12%) and five patients (10%) in the control group had positive urine cultures after ESWL. The methodology, results and conclusions drawn from this study are presented  |
| **ردمد (ISSN)** | *0379-5284*  |
| **اسم الدورية (Journal Name)** |  *Saudi Medical Journal*  |
| **المجلد (Volume)** |  *Volume: 14*  |
| **العدد (Issue Number)** |  *No: 2* |
| **سنة النشر (Publishing Year)** |  *1993* |
| **الصفحات (Pages)** |  *PP: 126-129.*من   :  إلى  :

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| **عنوان الوثيقة (Document Title)** | Relative quantitation of HIV-1 proviral DNA amplified using the polymerase chain reaction |
| **المستخلص (Abstract)** | **Abstract:** A 141-base pair fragment of human immunodeficiency virus-1 (HIV-1) DNA was amplified using the polymerase chain reaction (PCR). The products were slot-blotted onto a nitrocellulose membrane, revealed with a digoxigenin-labelled probe and quantitated by scanning densitometry. This method for the relative quantitation of HIV-1 DNA achieved reliable results and avoided the use of radioisotopes and the electrophoretic transfer of DNA. Testing of serial dilutions of HIV-1 extracted from infected cells revealed smooth titration curves. A reproducible increase in peripheral blood HIV-1 DNA was documented in a haemophilia patient during disease progression. |
| **ردمد (ISSN)** |  |
| **اسم الدورية (Journal Name)** | [Serodiagnosis and Immunotherapy in Infectious Disease](http://www.sciencedirect.com/science/journal/08880786)  |
| **المجلد (Volume)** | *Volume 6,* |
| **العدد (Issue Number)** |  [*Issue 4*](http://www.sciencedirect.com/science?_ob=PublicationURL&_tockey=%23TOC%2321373%231994%23999939995%23499116%23FLP%23&_cdi=21373&_pubType=J&view=c&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=bbdd714726ba16a6a3747dec25869dc9)*, ,* |
| **سنة النشر (Publishing Year)** | *December 1994* |
| **الصفحات (Pages)** | من   :  إلى  : Pages 209-212

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| **عنوان الوثيقة (Document Title)** | Analysis of 42 cases of septicemia caused by an epidemic strain of methicillin-resistant Staphylococcus aureus: evidence of resistance to vancomycin. |
| **المستخلص (Abstract)** | Abstract:  Recent case reports of vancomycin treatment failures in the United States, Japan, and France have prompted a retrospective analysis of 42 cases of septicemia caused by epidemic methicillin-resistant Staphylococcus aureus strain 15 (EMRSA-15), which is the most prevalent epidemic strain of methicillin-resistant S. aureus in the United Kingdom; all cases occurred in a teaching hospital in Manchester, United Kingdom, between 1994 and 1998. Mortality was lowest (4%) in patients with rifampin-susceptible isolates treated with vancomycin and rifampin. It rose to 38% in patients who were treated with both antibiotics but in whom the organism became resistant to rifampin during therapy, and it reached 78% in patients who had rifampin-resistant isolates or in whom rifampin was contraindicated (P < .0001; Fisher exact test, 2-tailed). All isolates were susceptible to vancomycin by conventional laboratory testing, but susceptibility was lost by growth in vancomycin in vitro, becoming resistant at a minimum inhibitory concentration of 8 mg/L. This was associated with accumulation of cell-wall material. The deoxyribonucleic acid fingerprint remained unchanged. This study suggests that rifampin played a key role in the prevention of deaths caused by an epidemic strain of methicillin-resistant S. aureus that readily gave rise to a subpopulation with reduced susceptibility to vancomycin.  |
| **ردمد (ISSN)** |  |
| **اسم الدورية (Journal Name)** | Published by: [The University of Chicago Press](http://www.jstor.org/action/showPublisher?publisherCode=ucpress) |
| **المجلد (Volume)** | *Vol. 31* |
| **العدد (Issue Number)** |  *No. 3*  |
| **سنة النشر (Publishing Year)** | *Sep., 2000* |
| **الصفحات (Pages)** | من   :  إلى  *: pp. 684-689*

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| **عنوان الوثيقة (Document Title)** | **A fatal non-O1 *Vibrio cholerae* septicemia in a patient** **with liver cirrhosis** |
| **المستخلص (Abstract)** | *Abstract:* *Vibrio cholerae* (*V. cholerae*) strains are usually divided into O1 and non-O1 serogroups according to the different antigens that they synthesize. *Vibrio cholerae* species cause gastrointestinal infections (especially O1), or extra-intestinal infections (particularly non-O1). There has been several reports of bacteremia and other septic conditions associated with non-O1 *V. cholerae*, many of these infections have followed a fatal course, presenting as a fulminant septicemia in patients with liver cirrhosis, who had ingested raw or undercooked seafood. In this report, we present the case of a Saudi male with Lawrence Moon Biedl syndrome, cirrhosis and diabetes mellitus (DM), who developed fatal septicemia caused by non-O1 *V. cholerae*.  |
| **ردمد (ISSN)** |  |
| **اسم الدورية (Journal Name)** | *Saudi Med.J.* |
| **المجلد (Volume)** | *Volume:25* |
| **العدد (Issue Number)** | *No. 11* |
| **سنة النشر (Publishing Year)** | *2004* |
| **الصفحات (Pages)** | من   :  إلى  :  *pp. 1730-1731*

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| **عنوان الوثيقة (Document Title)** |  |
| **المستخلص (Abstract)** |  |
| **ردمد (ISSN)** |  |
| **اسم الدورية (Journal Name)** |  |
| **المجلد (Volume)** |  |
| **العدد (Issue Number)** |  |
| **سنة النشر (Publishing Year)** |  |
| **الصفحات (Pages)** | من   :  إلى  :

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