

La sottoscritta CHIARA TAIANA
Sr customer success & training specialist per UpToDate

dichiara di
non avere conflitto di interessi rispetto al corso
ma di avere un conflitto di interessi in generale
in quanto dipendente di Wolters Kluwer
portatore di interessi commerciali in ambito sanitario



UpToDate corso avanzato

Chiara Taiana – Sr Customer
Success & Training specialist

5 giugno 2025

UpToDate®

uno strumento elettronico di supporto alle decisioni cliniche scritto, controllato e aggiornato da medici di fama internazionale e basato sulle migliori evidenze.



UpToDate® Anywhere: supporto alle decisioni cliniche

Panoramica delle funzionalità avanzate:

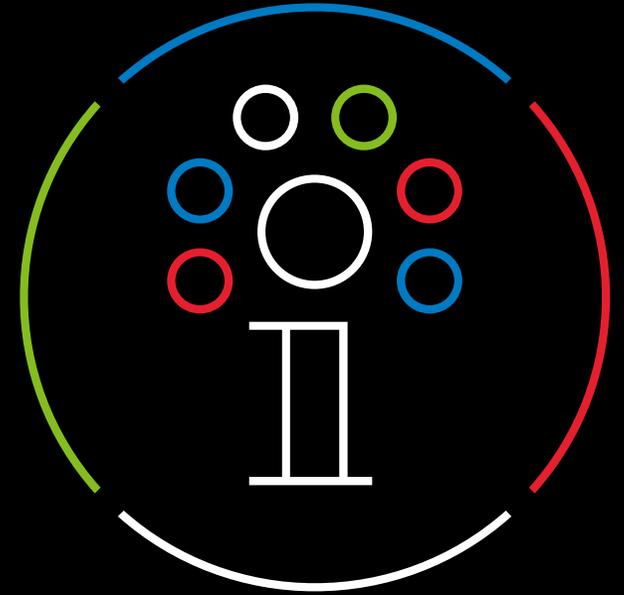
- cronologia delle ricerche, argomenti più visualizzati, segnalibri
- aggiornamenti agli argomenti consultati, notifiche
- novità nella propria specialità e aggiornamenti sui cambiamenti nella pratica clinica
- bibliografia e link alle fonti
- come porre un quesito agli autori/peer reviewer

Novità per un'individuazione più rapida della risposta al proprio quesito clinico:

- algoritmi/tabelle/immagini, Key Points Panels, Graphical Answers
- come stampare, condividere, utilizzare questi materiali
- indicazioni terapeutiche e dosaggi dei farmaci anche per popolazioni specifiche
- interpretazione dei test genetici e implicazioni per la pratica clinica

- Domande

Alcune funzionalità avanzate in UpToDate



Cronologia delle ricerche, più visualizzati, segnalibri

UpToDate®

Cerca in UpToDate



Cronologia | Più visualizzati | Segnalibri

May 28, 2025

What's new in cardiovascular medicine

May 27, 2025

An overview of asthma management in children and adults

May 19, 2025

What's new in psychiatry

Cancella cronologia

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Aggiornamenti sui cambiamenti nella pratica

View All

INFECTIOUS DISEASES: Tecovirimat not effective for mpox (May 2025)

NEUROLOGY: No benefit of mechanical thrombectomy for acute stroke due to medium

Alert e notifiche sugli aggiornamenti agli argomenti consultati



Cerca in UpToDate



Guida



CME 165.53

Disconnett

Contenuto Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

[Indietro](#)

Topic Graphics (8)

Outline

SUMMARY AND RECOMMENDATIONS

PRACTICE CHANGING UPDATE

INTRODUCTION

CLINICAL MANIFESTATIONS

Immediate reactions

- Anaphylaxis
 - Incidence
 - Timing
- Mimics of anaphylaxis
 - Vasovagal reactions
 - Anxiety-related symptoms

Delayed vaccine reactions

REACTIONS TO COVID-19 VACCINES

REACTIONS TO VACCINE CONSTITUENTS

Sources of information

Gelatin

Hen's egg

Cow's milk

Allergic reactions to vaccines



AUTHOR: John M Kelso, MD
SECTION EDITOR: N Franklin Adkinson, Jr, MD
DEPUTY EDITOR: Anna M Feldweg, MD

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Feb 2025**.

This topic last updated: **Feb 16, 2025**.

ATTENZIONE!
Sono disponibili solo
facendo il login

Practice Changing UpDate

ALLERGY AND IMMUNOLOGY (February 2025)

Egg allergy no longer a concern for any vaccines

Some vaccines contain trace amounts of egg protein ([table 1](#)), but none contain enough to cause reactions in egg-allergic patients. For the last several years, it has been recommended that patients not be asked about egg allergy prior to receiving influenza vaccine. More recently, data have accumulated to show that egg allergy is similarly not a concern for administration of the [yellow fever vaccine](#). In the largest study to date, 171 children with egg allergy, including 24 percent with a history of anaphylaxis, underwent skin testing with the yellow fever vaccine and then received it regardless of skin test results, with no allergic reactions [1]. Thus, we no longer inquire about egg allergy prior to the administration of any vaccine. Vaccine providers should remain prepared to treat rare allergic reactions that may occur after any vaccine, but no special precautions are necessary for recipients with egg allergy. (See "[Allergic reactions to vaccines](#)", section on 'Hen's egg'.)

INTRODUCTION

Severe allergic reactions to vaccines are rare and difficult to predict. An allergic reaction may be defined as an idiosyncratic reaction that is caused by an immunologic mechanism.

The World Allergy Organization (WAO) has recommended categorizing immunologic reactions to drugs (including vaccines) based upon the timing of the appearance of symptoms [1]. This system defines two general types of reactions: immediate and delayed. This approach is intended to distinguish immunoglobulin E (IgE) mediated (type I immunologic reactions), which account for many immediate reactions, from other types because these reactions occur throughout life, threatening anaphylaxis if the patient is re-exposed ([table 1](#)).

Novità nella propria specialità e Aggiornamenti sui cambiamenti nella pratica clinica (Practice Changing updates)

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Guida Chiara Taiana CME 8.0 Disconnetti

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Cerca in UpToDate

Cronologia | Più visualizzati | Segnalibri

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Aggiornamenti sui cambiamenti nella pratica [View All](#)

INFECTIOUS DISEASES: Tecovirimat not effective for mpox (May 2025)

NEUROLOGY: No benefit of mechanical thrombectomy for acute stroke due to medium vessel occlusion (May 2025)

PRIMARY CARE: Male partner treatment to prevent recurrence of bacterial vaginosis (April 2025)

Novità [View All](#)

Oncology

<https://www.uptodate.com/contents/practice-changing-updates>

STRUMENTI

- Interazioni farmacologiche
- Calcolatori
- UpToDate Pathways

CONTENUTO

- Aggiornamenti sui cambiamenti nella pratica
- Novità
- Formazione del paziente
- Informazioni sui farmaci
- Argomenti per specialità
- Autori e redattori

Nel menu **CONTENUTO** (in alto a destra), ma anche in basso a sinistra nella homepage, troviamo:

Aggiornamenti sui cambiamenti nella pratica clinica –

Aggiornamenti e raccomandazioni che si ritiene possano cambiare la pratica clinica. Sono in ordine cronologico inverso (dalla più recente)

Novità – con la sintesi delle novità più importanti per specialità (e il link per approfondimenti)

[Video UpToDate: Novità e Aggiornamenti sui cambiamenti nella pratica clinica](#)

Bibliografia e link alle fonti

Preference for concurrent rather than sequential treatment — We suggest that treatment start concurrently with chemotherapy during cycle 1 or 2. However, initiation of chemotherapy should not be delayed to accommodate delivery of RT with cycle 1.

Sequential, concurrent, and alternating approaches integrating chemotherapy and thoracic RT have all been studied in trials demonstrating a survival benefit for chemoradiation over chemotherapy [54-57]. Sequential therapy refers to treatment with one modality at a time, while concurrent therapy indicates that chemotherapy and thoracic RT are delivered simultaneously. Alternating therapy refers to delivery of thoracic RT on days when chemotherapy is not given, in such a fashion that the timing of the next chemotherapy cycle is not altered. In this treatment scheme, thoracic RT is necessarily delivered as a split course.

The concurrent and alternating approaches are intuitively appealing because they enable delivery of multiple chemotherapy cycles without interruption. Insofar as SCLC is a systemic disease, the optimal delivery of systemic treatment is crucial. However, concurrent or alternating regimens have been associated with more toxicity (myelosuppression, esophagitis, pneumonitis) when compared with sequential treatment [36]. This increased toxicity is considered acceptable based on improved outcomes with concurrent regimens [58].

1.

1. Numeri tra parentesi nel testo

Limited-stage small cell lung cancer: Initial management

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2. Referenze complete con abstracts e link PubMed

→ REFERENCES

1. Gaspar LE, Gay EG, Crawford J, et al. Limited-stage small-cell lung cancer (stages I-III): observations from the National Cancer Data Base. *Clin Lung Cancer* 2005; 6:355.
2. Jänne PA, Freidlin B, Saxman S, et al. Twenty-five years of clinical research for patients with limited-stage small cell lung carcinoma in North America. *Cancer* 2002; 95:1528.
3. Vallières E, Shepherd FA, Crowley J, et al. The IASLC Lung Cancer Staging Project: proposals regarding the relevance of TNM in the pathologic staging of small cell lung cancer in the forthcoming (seventh) edition of the TNM classification for lung cancer. *J Thorac Oncol* 2009; 4:1049.
4. Wakeam E, Acuna SA, Leigh NB, et al. Surgery Versus Chemotherapy and Radiotherapy For Early and Locally Advanced Small Cell Lung Cancer: A Propensity-Matched Analysis of Survival. *Lung Cancer* 2017; 109:78.
5. Yang CF, Chan DY, Speicher PJ, et al. Role of Adjuvant Therapy in a Population-Based Cohort of Patients With Early-Stage Small-Cell Lung Cancer. *J Clin Oncol* 2016; 34:1057.
6. Shepherd FA, Ginsberg RJ, Feld R, et al. Surgical treatment for limited small-cell lung cancer. The University of Toronto Lung Oncology Group experience. *J Thorac Cardiovasc Surg* 1991; 101:385.
7. Mountain CF. Clinical biology of small cell carcinoma: relationship to surgical therapy. *Semin Oncol* 1978; 5:272.

Come porre un quesito rispetto ad un argomento/farmaco/immagine

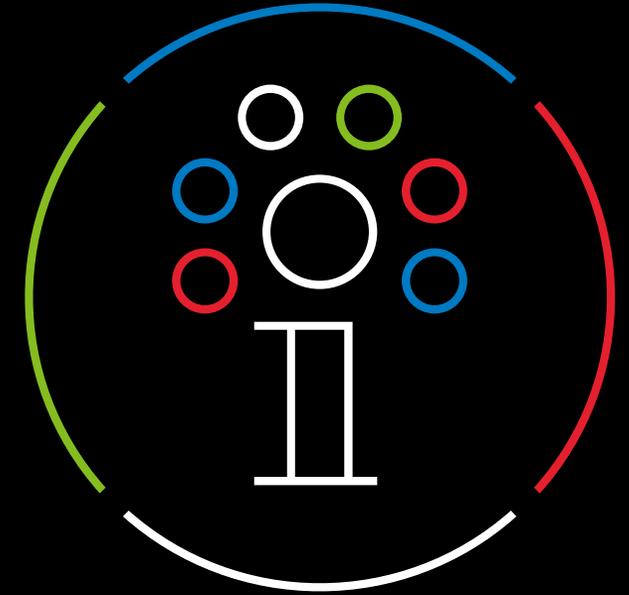
The screenshot shows a web interface for a medical topic. The top navigation bar includes 'Contenuto', 'Calcolatori', 'Interazioni farmacologiche', 'UpToDate Pathways', and 'Rx Transitions for Mental Health'. The main title is 'Approach to the adult patient with...'. A left sidebar contains a table of contents with sections like 'SUMMARY AND RECOMMENDATIONS', 'INTRODUCTION', 'TERMINOLOGY', 'CLINICAL MANIFESTATIONS', 'INITIAL EVALUATION', and 'ADDITIONAL EVALUATION TO DETERMINE THE UNDERLYING ETIOLOGY'. At the bottom of the sidebar, a 'Topic Feedback' button is highlighted with a red box. The main content area shows author information (Joel B Mason, MD) and the start of the 'INTRODUCTION' section.

The screenshot displays a decision tree titled 'The decision to intubate'. The tree starts with the question 'Is there failure of airway maintenance or protection?'. If 'Yes', the action is 'Intubate'. If 'No', it asks 'Is there failure of oxygenation or ventilation?'. If 'Yes', it asks 'NIPPV candidate?'. If 'No', it asks 'Does the anticipated clinical course require intubation?'. The 'NIPPV candidate?' branch leads to 'Success?' (Yes) or 'Intubate' (No). The 'Does the anticipated clinical course require intubation?' branch leads to 'Intubate' (Yes) or 'Observe' (No). The 'Success?' branch leads to 'Observe' (Yes) or 'Intubate' (No). A 'Feedback' button in the top right corner is highlighted with a red box. The graphic is identified as 'Graphic 68216 Version 3.0' and includes a copyright notice for UpToDate, Inc.

Graphic Feedback

Topic/Drug Feedback

Novità per un'individuazione immediata
della risposta ad un quesito clinico in
UpToDate



Come individuare rapidamente una risposta 1/3

UpToDate® profilassi antibiotica per interventi ortopedici

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro Tutti gli argomenti Adulto Pediatrico Paziente **Immagini**

Risultati per **profilassi antibiotica per interventi ortopedici**

Antimicrobial prophylaxis for orthopedic surgery in adults

Nature of operation	Common pathogens	Patients population	Recommended antimicrobials	Usual adult dose	Duration interval*
• Clean operations involving head, neck, or foot with no penetration of foreign material			None		
• Spinal procedures	Staphylococcus aureus Staphylococcus epidermidis	All patients	Cefazolin†	1-2g IV	1-2 hours
• Hip fracture operations	Staphylococcus aureus Staphylococcus epidermidis Klebsiella pneumoniae Pseudomonas aeruginosa Enterococcus faecalis	All patients	Cefazolin† Vancomycin†	1g IV 1g IV	1-2 hours
• Total joint replacement	Staphylococcus aureus Staphylococcus epidermidis Klebsiella pneumoniae Pseudomonas aeruginosa Enterococcus faecalis	All patients	Cefazolin† Vancomycin†	1g IV 1g IV	1-2 hours
• Endovascular procedures used for treatment of acute aortic syndrome	Staphylococcus aureus Staphylococcus epidermidis Klebsiella pneumoniae Pseudomonas aeruginosa Enterococcus faecalis	All patients	Cefazolin† Vancomycin†	1g IV 1g IV	1-2 hours

Duration of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Initial selection of venous thromboembolism prophylaxis in patients undergoing major orthopedic surgery*

Repr sur

Filtro Immagini:
per accedere ad oltre
39.000 immagini:
tabelle, algoritmi, foto,
video, audio...

Come individuare rapidamente una risposta 2/3

UpToDate® faringite streptococcica vs virale

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for Mental Health

< Indietro Tutti gli argomenti Adulto Pediatrico Paziente Immagini

Risultati per **faringite streptococcica vs virale**

Evaluation of acute pharyngitis in adults

... symptoms of **viral pharyngitis** broadly overlap with **pharyngitis** caused by important treatable causes, such as group A **Streptococcus** (GAS). Using a systematic approach to diagnosis can help reduce inappropriate ...

Identifying patients with other respiratory viral syndromes

Epstein-Barr virus and other herpes viruses

Summary and recommendations

Distinguishing viral from streptococcal pharyngitis in adults

Group A streptococcal tonsillopharyngitis in children and adolescents: Clinical features and diagnosis

... antibiotics to children with **viral pharyngitis** (most children with **pharyngitis**). The diagnosis of **GAS pharyngitis** is supported by a positive microbiologic... Group A **Streptococcus** (GAS), also known as **Streptococcus pyogenes**, is the most common cause of bacterial **pharyngitis** in children and adolescents. The clinical features and diagnosis of **GAS pharyngitis** in children...

Other infectious causes of pharyngitis

Noninfectious causes of pharyngitis

Summary and recommendations

Group B streptococcal infections in nonpregnant adults

... emerged as the most common underlying conditions in patients with invasive **GBS infection**. Malignancy, human immunodeficiency **virus** (HIV) infection, and advanced hepatic and renal disease have been identified ...

Summary and recommendations

Graphical Answers

Distinguishing viral pharyngitis from streptococcal pharyngitis in adults

Features Suggestive of Viral Pharyngitis	Features Suggestive of Streptococcal Pharyngitis
<ul style="list-style-type: none">Subacute onset of sore throatAssociated upper respiratory infection symptoms (cough, congestion, conjunctivitis, hoarse voice)Pharyngeal erythema and tonsillar edemaLow-grade or absent fever	<ul style="list-style-type: none">Acute onset of sore throatAbsence of other upper respiratory infection symptomsPharyngeal erythema and tonsillar edemaFeverTonsillar exudates
Other Findings (usually present) <ul style="list-style-type: none">Pharyngeal/tonsillar exudatesOral ulcersViral exanthem	Other Findings (usually present) <ul style="list-style-type: none">Known group A Streptococcus exposurePalatal petechiaeScarletiform rash"Strawberry" tongue

KEY CONCEPTS

There is no single clinical feature that distinguishes viral pharyngitis from streptococcal pharyngitis. However, the combination of the following findings is highly suggestive of streptococcal pharyngitis:

- Acute onset pharyngitis with tonsillar exudates
- Fever
- Central lymphadenopathy
- Absence of other upper respiratory infection symptoms (eg, cough)

Distinguishing viral pharyngitis from group A Streptococcus (GAS) pharyngitis is important because many generic strategies of the Although symptomatic care alone is appropriate for patients with pharyngitis due to common respiratory viruses, patients with confirmed streptococcal pharyngitis require antibiotic treatment.

Confirmatory testing for GAS (with a rapid antigen detection test [RADT], throat culture, or molecular assay) is indicated for all patients with suspected streptococcal pharyngitis. When there is uncertainty, a critical prediction rule (such as the Centor score) can help determine whether testing for GAS is warranted.

Graphical Answers:
Appaiono automaticamente tra i risultati della ricerca e aiutano a distinguere condizioni/patologi e spesso confuse.

Come individuare rapidamente una risposta 3/3

The screenshot shows the UpToDate website interface. At the top, the search bar contains 'faringite streptococcica trattamento'. Below the search bar, there are navigation tabs: 'Contenuto', 'Calcolatori', 'Interazioni farmacologiche', 'UpToDate Pathways', and 'Rx Transitions for M'. A secondary navigation bar includes 'Indietro', 'Tutti gli argomenti', 'Adulto', 'Pediatrico', 'Paziente', and 'Immagini'. The main content area displays 'Risultati per faringite streptococcica trattamento'. A red box highlights the 'KEY POINTS:' section, which is titled 'Pharyngitis caused by group A *Streptococcus* (GAS)'. Below this title are tabs for 'Epidemiology', 'Clinical features', 'Diagnosis', and 'Treatment'. The 'Treatment' tab is active. The 'KEY POINTS' section contains the following text: 'We recommend antibiotic treatment for any patient with symptomatic pharyngitis or tonsillopharyngitis who has a positive microbiologic test (ie, nucleic acid amplification test [NAAT], rapid antigen test, or culture) for GAS (algorithm 2 and table 3) (Grade 1A). (See "Treatment and prevention of streptococcal pharyngitis in adults and children", section on "Whom to treat".)' To the right of the text is a diagram titled 'Treatment of streptococcal pharyngitis in children and adults'. Below the text are several expandable sections: 'Preferred treatment for adults', 'Preferred treatment for children and adolescents', 'History of acute rheumatic fever', 'Alternatives for patients who cannot tolerate penicillin', and 'Follow-up test of cure'. A 'Feedback' link is located at the bottom right of the panel.

KEY POINTS Panel:
Appaiono tra i risultati della ricerca e permettono di mettere a fuoco subito i punti chiave

Come inviare, stampare, condividere clinical topics e immagini

< Indietro

Percutaneous mitral balloon commissurotomy in adults

Topic Graphics (12)

Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

USE

- Rheumatic MS
- Selective use for congenital MS
- Not used for MAC

Authors: John D Carroll, MD, Aken Desai, MD
Section Editor: Catherine M Otto, MD
Deputy Editor: Susan B Yeon, MD, JD

All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: **Feb 2025**.
This topic last updated: **Jun 28, 2024**.

Contributor Disclosures

Clinical topics: 

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INTRODUCTION

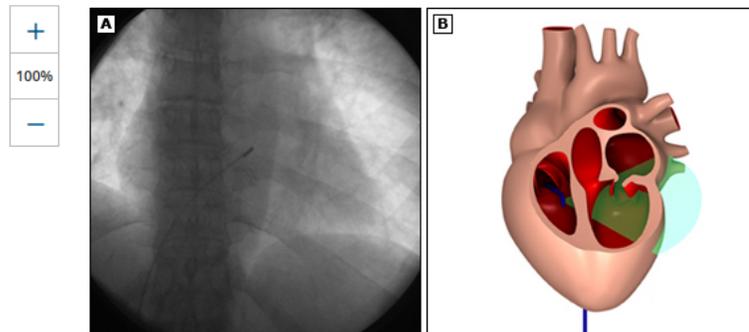
Mitral stenosis (MS) is a progressive disease that can lead to heart failure (most commonly presenting as dyspnea and sometimes causing fatigue and pulmonary edema) and additional severe

3 of 10

 Esporta in Power Point  Stampa  Condividi  Segnalibro

Valutare ☆☆☆☆☆ Feedback

Intracardiac echocardiography



(A) The radiograph shows an intracardiac ultrasound catheter in the right ventricle pointed at the mitral valve. (B) The right panel shows a 3-dimensional model of the heart and intracardiac echocardiography (ICE) catheter with an imaging plane.

Graphic 60589 Version 4.0

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Immagini:

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Come inviare, scaricare, condividere video/audio

UnToDate® ecocardiogramma video

1 of 10 | **Condividi** | Segnalibro | Valutare ☆☆☆☆☆ | Feedback

Two-dimensional transthoracic echocardiogram (2D TTE) from the apical 4-chamber view showing severe RV dysfunction

15:04:06
FPS: 61.5

0:02 / 0:16

Download
Playback speed
Picture in picture

15:04:06
FPS: 61.5

0:09 / 0:16

indicazioni terapeutiche e dosaggi dei farmaci

< Indietro

Brand Names

Canada

Pharmacologic Category

Dosing

Adult

- Adult Dosing

- Kidney Impairment

- Liver Impairment

- Obesity

- Older Adult

Pediatric

- Pediatric Dosing

- Kidney Impairment

- Liver Impairment

Adverse Reactions

Adverse Reactions (Significant)

Meropenem: Drug information

Continuous infusion method (off-label): **IV:** 2 g every 8 hours over 8 hours or 3 g every 12 hours over 12 hours (Ref). May give a loading dose of 1 to 2 g over 30 minutes, especially when rapid attainment of therapeutic drug concentrations is desired (eg, sepsis) (Ref).

Expand All

Anthrax, systemic, treatment

Anthrax, systemic (including meningitis), treatment (off-label use):

Note: Consult public health officials for event-specific recommendations.

IV: 2 g every 8 hours, in combination with other appropriate agents for ≥ 2 weeks; duration may be shortened and patient transitioned to oral therapy based on response and clinical judgment (Ref). Some experts suggest ≥ 3 weeks of IV combination therapy for patients with meningitis (Ref). After aerosol exposure, transition patients who are immunocompromised from treatment to postexposure prophylaxis; combined duration should total 60 days. **Note:** Administer antitoxin in addition to antibiotics for systemic anthrax (Ref).

Bloodstream infection

Cystic fibrosis, acute pulmonary exacerbation

indicazioni terapeutiche e dosaggi dei farmaci anche per popolazioni specifiche

< Indietro

Meropenem: Drug information



Brand Names

Canada

Pharmacologic Category

Dosing

Adult

- Adult Dosing

- **Kidney Impairment**

- Liver Impairment

- Obesity

- Older Adult

Pediatric

- Pediatric Dosing

- Kidney Impairment

- Liver Impairment

Dosage adjustment for concomitant therapy: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

→ Dosing: Kidney Impairment: Adult

The renal dosing recommendations are based upon the best available evidence and clinical expertise. Senior Editorial Team: Bruce Mueller, PharmD, FCCP, FASN, FNKF; Jason Roberts, PhD, BPharm (Hons), B App Sc, FSHP, FISAC; Michael Heung, MD, MS.

Altered kidney function: IV:

Meropenem Dose Adjustments in Kidney Impairment^{a,b}

CrCl (mL/minute)	If the usual recommended dose is 1 g every 8 hours ^c	If the usual recommended dose is 2 g every 8 hours ^c
>50 to <130	No dosage adjustment necessary	No dosage adjustment necessary
>25 to ≤50	1 g every 12 hours	2 g every 12 hours

interpretazione dei test genetici e implicazioni per la pratica clinica

Puoi effettuare una ricerca per gene/variante oppure per condizione

UpToDate® HFE

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for M

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **hfe**

- [HFE and other hemochromatosis genes](#)
- [Clinical manifestations and diagnosis of hereditary hemochromatosis](#)
- [Gene test interpretation: HFE \(hereditary hemochromatosis gene\)](#)
- [Management and prognosis of hereditary hemochromatosis](#)
- [Approach to the patient with suspected iron overload](#)
- [Regulation of iron balance](#)

UpToDate® dislipidemia geni

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways Rx Transitions for M

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **dislipidemia geni**

Dyslipidemia in children and adolescents: Definition, screening, and diagnosis

... links between pediatric **dyslipidemia** and early ASCVD. **Dyslipidemia** often begins in childhood and adolescence. Pediatric **dyslipidemia** contributes to early atherosclerosis and,... apolipoprotein B **genes**. Some patients may have a clinical phenotype similar to that of FH but without a single mutation of sufficient pathogenicity to produce it. Such patients likely have multiple **gene** variants...

[Definition of pediatric dyslipidemia](#)

[Summary and recommendations](#)

UpToDate® brca2 positivo gravidanza

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways

< Indietro **Tutti gli argomenti** Adulto Pediatrico Paziente Immagini

Risultati per **brca2 positivo gravidanza**

Cancer risks in BRCA1/2 carriers

... expected to have an impact only against ER-**positive** tumors, and **BRCA2**-associated tumor. We suggest that all carriers undergo rrBSO ...

[Cancer risks in BRCA1/2 carriers](#)

[Bilateral salpingo-oophorectomy](#)

[Summary and recommendations](#)

Grazie!

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[Link alla pagina UpToDate \(info e tutorial\) in
NBST](#)

