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分子诊断与治疗杂志

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分子诊断与治疗杂志

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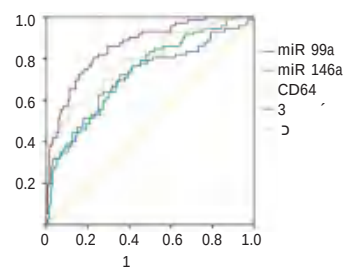
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ROC

	^d	AUC ^d	95% CI	%	%	
miR 99a	≥1.35	0.716	0.638~0.793	69.44	65.93	0.354
miR 146a	≥1.40	0.734	0.662~0.805	72.22	64.44	0.367
CD64	≥3.2	0.790	0.724~0.856	75.00	68.15	0.431
3		0.860	0.808~0.912	86.11	70.37	0.565



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- 9 2019 18 9 900 901.
- 10 2021 56 9 951 953.
- 11 2020 49 6 113 117.
- 12 Culina S

1 PGE 2

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toms such as pain and swelling and significantly reduces related inflammatory indicators IL 1 PGE 2 . Additionally it carries a lower risk of complications. This method is recommended for postoperative care.

KEY WORDS Mixed hemorrhoids Shuanghuang detergent Smoked sitz bath External application of medication Wound healing Interleukin 1 Prostaglandin E2

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E mail MLvjun2024@163.com

traumatic osteoarthritis. The Pearson correlation coefficient was used to analyze the relationship between peripheral blood PGC1 α sICAM 1 AOFAS AH score and ankle joint activities varus activity valgus activity dorsiflexion activity plantar flexion activity in patients with ankle fractures within one year of confirmed traumatic osteoarthritis after the initial fracture. Results Among 98 patients with ankle fractures there were 25 cases 25.51% of traumatic osteoarthritis and 73 cases 74.49% without traumatic osteoarthritis within 1 year after the fracture. There were no statistical differences in general clinical data between the two groups at admission $P>0.05$. Upon admission the level of PGC1 α in the occurrence group was lower than that in the non occurrence group while the level of sICAM 1 was higher than that in the non occurrence group with statistical differences $P<0.05$. According to ROC analysis the areas under the ROC curves AUCs of PGC1 α and sICAM 1 levels were 0.769 and 0.788 and the sensitivities were 58.82% and 74.51% the specificities were 89.36% and 78.72% and the Youden indexes were 0.4819 and 0.5323 respectively $P<0.05$. Pearson correlation coefficient analysis showed that after patients with ankle fractures were diagnosed with traumatic osteoarthritis within 1 year post fracture peripheral blood PGC1 α was positively correlated with joint function and peripheral blood sICAM 1 was negatively correlated with joint function $P<0.05$. Conclusion The levels of PGC1 α and sICAM 1 in peripheral blood can be used to predict the development of traumatic osteoarthritis after an ankle fracture and are closely related to the recovery of joint function.

KEY WORDS Ankle fracture Traumatic osteoarthritis PGC1 α sICAM 1 Joint function

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MMP

cal four point UNsuture in cervical CKC surgery UN shorten surgical time improve cervical morphology significantly decrease inflammation and stress reactions and lower the occurrence of complications.

KEY WORDS CKC Sturmdorf sewing method Cervical four point U Nsuture method

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 χ^2 30 χ^2 23 χ^2 χ^2 χ^2 χ^2 χ^2 χ^2
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σ	$P > 0.05$	в	к	е	л	л
к	л	б	а	в	г	д

1.2 $\tilde{a} \otimes \psi^* \Omega$ $\tilde{A}$
1.2.1 $\tilde{a}$ $\tilde{A}$

X ã ê ǎ ċ ê ɔ ´ ı T h⁵
 O Ꞥ CKC

$$\psi^j \quad \theta \quad \epsilon \quad 3 \quad 0 \quad \sim \quad \cdot$$

1.2.2 $\tilde{A}$

E e Ÿ γ

3-7 3 3 0 X

$\ddot{e} \quad \dot{i} \quad \equiv \quad z \quad z' \quad E$

ь

1.2.3 $\Omega \uparrow \mathfrak{A}$

1.3 CKC W E
N CKC A Sturmdorf
B U U N A
H A W Y U
W I ~ A 2 ~ ~ 12
1 B A U T N 5 mm
ě U T U N ê ~
ê T Ů Í W Ů A U V U N Ů ě
3 3C 3D 1 Ů 2
~ O L 4 O V U N 11~1 3
10~8 35~7 1 L 12 3 3 3 A 6
Í Sturmdorf A N X O 8
O ♣ 48 h ~ O A

1.4

1.4.1 $\tilde{a}$

$N \quad 3 \quad X \quad 3 \quad \sim \quad 'O \quad 3 \quad \sim \quad H$

1.4.2 3

Л	Ф	З	~	1 d	N	3 mL	3 500
r/min	э			10 min	А		т W
	Т	Г		Д		0y	А "
Cortisol	Cor	З				Angiotensin	Ang
У	Aldosterone	ALD			в		

1.4.3 9 Matrix metalloproteinase 9
MMP 9 3C 3C C reactive protein CRP 3C 3C
α Tumor necrosis factor α TNF α 3C 3C 6 Inter
leukin 6 IL 6

Ъ Ѡ 3 ~ 1 d N 3 mL 3 500
 r/min 3 10 min "A X 4

Figure 6 shows the results of the analysis of variance for the effect of treatment on the response variables. The analysis was conducted using a two-way ANOVA with treatment and sex as factors. The results are presented in Table 2.

1.4.4

D E X n o y
n L z W n O

с ъ Ѣ Ѧ

ѡ Ѣ ѣ ѥ

$$\frac{\pi}{\sqrt{L}} \approx \frac{W}{n} \approx \frac{n}{\pi}$$

δ π σ h
 Π L 3 W πO

2.4 N
B ~ 6 T
σ P<0.05 4 6

1.4.5 T
N 6 T N
3 3 T T y 6

1.5
F SPSS 26.0 ψ ũ 6
% n í ω c²
ê 4 ũ á í ω 3 t
6 P<0.05 σ 6

2.4 N

B ~ 6 T

σ P<0.05 4 6

4 n

á	n
A	53 39 73.58 10 18.87 9
B	59 52 88.14 4 6.78
c² d	
P d	

2.5 N T

t B T T H, A

σ P<0.05 6 5 6

2

2.1 N ä
B A X 3 ~ O A
σ P<0.05 6 1 6

1			2		
α	$n_{\min}$	X'O mL	$\sim$ O mL	$\sim$ H _d	
A	53	30.54±4.43	15.54±1.72	22.32±2.65	3.80±0.17
B	59	25.54±3.38	5.25±0.43	9.65±2.43	3.75±0.15
d	t	6.754	44.453	26.395	1.654
P^d		<0.001	<0.001	<0.001	0.101

2.2 N
N ~ 1 d Cor 3Ang 3ALD A B
H, A σ P<0.05 6 2 6

2.3 N MMP 9 3CRP 3TNF α 3L 6
N ~ 1 d MMP 9 H, A 3N
σ P>0.05 N CRP 3TNF α 3L 6
A B H, A σ P<0.05 6
3 6

3

CKC h ũ 3 E h T
δ Ž l T O
y T T ' δ ä 6
Sturmdorf ' ~ ω Ω
3 E ' O ' ũ H Ω X O
~ O T 3 3
6 3 U N ' ~ ω ũ ũ
T ω X O O ' ũ H Ω
X ä 3 6 B
X O 3 ~ O ~ 6 T
T T H E

2

2

á	n	Cor ng/L	Ang ng/mL	ALD µg/L
		6	~ 1 d	6
A	53	126.92±10.65	175.65±10.97 ^a	237.09±12.68
B	59	127.13±10.54	133.54±11.54 ^a	236.43±12.54
d	t	1.866	170.892	1.338
P d		0.065	<0.001	0.184

* 6 ^aP<0.05 6

3

MMP 9 CRP TNF α IL 6

á	n	MMP 9 ng/mL	CRP µg/L	TNF α pg/mL	IL 6 pg/mL
		6	~ 1 d	6	~ 1 d
A	53	214.09±31.59	98.97±13.65 ^a	12.67±2.51	38.92±5.62 ^a
B	59	213.54±31.43	98.54±12.43 ^a	12.54±2.43	33.43±5.21 ^a
d	t	1.927	0.174	0.278	5.364
P d		0.862	0.862	0.781	<0.001

* 6 ^aP<0.05 6

TEMP320

Ũ TEMP320 ' ♣ ŷ ħ ű 'H ' 3 120 3
 ' 4 e 2022 6 2024 3 3 120 3
 Ũ ŷ 60 3 ŷ TEMP320 ŷ 60 3 TEMP320 Ā ' ♣ ŷ
 ŷ N 3H ' Ā 3 Ā 3 ~ TEMP320 ŷ
 H ŷ e σ $P<0.05$ ~ N X * d
 NLR 3C CRP 3 3 3D Ī M H 3O TEMP320 ŷ NLR 3CRP 3
 3 3D Ī M H ŷ e σ $P<0.05$ TEMP320 ŷ ' 3 3
 H ŷ e σ $P<0.05$ 3 TEMP320 ' ♣ ŷ ~ ħ ' 3
 3 3 ~ Ā 3 TEMP320 Ā ' ♣ ŷ

The effect of TEMP320 compression cryotherapy on the swelling of lower limb fracture and its effect on coagulation function and inflammatory factors

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ABSTRACT **Objective** To analyze the effect of TEMP320 compression cryotherapy on swelling of lower limb fracture and its influence on coagulation function and inflammatory factors. **Methods** A total of 120 patients with unilateral lower limb fracture admitted to the Department of Orthopaedics Gaochun District People's Hospital from June 2022 to March 2024 were selected and divided into conventional cryotherapy group (60 cases) conventional cryotherapy and TEMP320 cryotherapy group (60 cases) TEMP320 automatic compression cold hot compress therapy system cryotherapy by random number table method. The degree of swelling coagulation function and inflammation related indicators and safety indicators were compared between the two groups. **Results** After treatment the swelling degree of TEMP320 cryotherapy group was statistically significantly lower than conventional cryotherapy group ($P<0.05$). After treatment the levels of neutrophil to lymphocyte ratio (NLR) C reactive protein (CRP) fibrinogen and D dimer in the two groups were decreased and the levels of NLR CRP fibrinogen and D dimer in the TEMP320 cryotherapy group were lower than those in the conventional cryotherapy group the differences were statistically significant ($P<0.05$). The total incidence of adverse reactions in TEMP320 cryotherapy group was statistically significantly lower than conventional cryotherapy group ($P<0.05$). **Conclusion** TEMP320 compression cryotherapy can effectively improve the levels of coagulation function and inflammatory factors and relieve swelling after lower limb fracture with good safety.

KEY WORDS Compression cryotherapy Lower extremity fractures and swelling Coagulation function Inflammation TEMP320 automatic cold and hot compress treatment system

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2.2 N 3
 3 N 3
 σ P>0.05 ~ N NLR3CRP H O
 TEMP320 3 HJb 3 3 σ P<
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2

MRI	PSA	PSAD	f/tPSA
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[illegible]

Diagnostic value of MRI combined with serum PSA, PSAD, and f/tPSA for early prostate cancer

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ABSTRACT

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curve analysis was performed to determine the predictive value of serum indicators for MCI. Results The serum level of 25 OH D3 in the study group was lower than that in the control group with statistical significance $P<0.05$. Additionally the serum levels of 8 OHdG and YKL 40 were higher in the study group compared to the control group also with statistical differences $P<0.05$. Furthermore when comparing patients with mild OSAHS it was found that the serum 25 OH D3 levels were significantly decreased in the former group while the levels of 8 OHdG and YKL 40 were significantly increased with statistical differences $P<0.05$. Spearman correlation analysis further confirmed that the 25 OH D3 concentration was significantly negatively correlated with the severity of OSAHS while the levels of 8 OHdG and YKL 40 were significantly positively correlated with the severity of OSAHS $P<0.05$. In the MCI group the level of serum 25 OH D3 was lower compared to the normal cognition group while the levels of 8 OHdG and YKL 40 were higher with statistical differences all $P<0.05$. Additionally the serum 25 OH D3 level showed a positive correlation with MOCA score

2

2.1

25 OH D3 ҲЉ σ
 $P < 0.05$ 8 OHdG 3YKL 40 Љ
 σ $P < 0.05$ 6 1 6

2.2 OSAHS

≡ ʔ ʔ Ғ
 AHI 120 ʔ OSAHS 52 ʔ 68 ʔ
 δ X 6 25 OH D3 Љ X
 σ $P < 0.05$ 8 OHdG 3YKL 40 ҲЉ X
 σ $P < 0.05$ 6 2 6

2.2 OSAHS

≡ * ă
 Spearman ă ũ 25 OH D3 * OSAHS
 ≡ ʋ ă = -0.495 $P < 0.05$ 8 OHdG 3YKL 40
 * ≡ ʋ ă = 0.511 0.603 $rP < 0.05$ 6

2.3 OSAHS

MCI ʔ ʔ ʔ Ғ
 MOCA ũ ʔ ũ OSAHS X 37 ʔ
 δ MCI ă MCI ҒÆ ă 6 MCI
 25 OH D3 ҲЉ 8 OHdG 3YKL 40
 Љ σ $P < 0.05$ 6 3 6

2.4 OSAHS

MOCA ũ * ă
 Spearman ă ũ 25 OH D3 *
 MOCA ũ ʋ ă = 0.496 $P < 0.05$ 8 OHdG 3YKL 40
 * MOCA ũ ʋ ă = -0.624 0.581 $P < 0.05$ 6

2.5

OSAHS MCI ʔ Θ^d
 ROC ũ 25 OH D3 38 OHdG 3YKL 40
 OSAHS MCI ʔ AUC δ 0.888 Ғ Љ ʔ
 $P < 0.05$ 6 4 3 1 6

3

OSAHS ă δ ʋ ʋ Ғ
 ʔ δ 6 ʋ ʔ ʔ ʔ 6 ʔ
 δ ʔ ʋ ʋ 6 * ʋ ʋ ʔ ʔ ʔ
 ʔ ʔ Ҳ ʔ ʔ ʔ ʔ ʔ
 ≡ ʔ * ʔ¹⁰ 6
 X ʔ 25 OH D3 * OSAHS ≡
 6 ă 6 ũ ʔ 25 OH D3 Ҳ *
 ʔ ă ʔ 6 ʋ ʔ ʔ ʔ
 OSAHS ε 25 OH D3 Ҳ
 ʔ ʔ ≡ 6 Kilavuz¹¹ ʔ OSAS ≡
 25 OH D3 25
 OH D3 * OSAS ≡ ă 6 ʔ
 OSAHS 25 OH D3 * MoCA ũ ʋ
 ă ε 25 OH D3 ʔ ʔ ʔ
 ʔ ʔ 6 D ʔ ʔ ʔ
 6 Cheng¹² 25 OH D3 ω ʔ
 ũ ʔ ʔ ʔ ʔ ʔ ʔ
 D ʔ ʔ ʔ ʔ
 OSAHS / ʔ ʔ ʔ ʔ ʔ
 ʔ ʔ ʔ ʔ ʔ ʔ ʔ ʔ ʔ ʔ
 ʔ¹³ 6 ʔ 8 OHdG * OSAHS ≡
 ʔ ă * MOCA ũ ʔ ă 6
 Ғ ʔ ʔ Љ DNA ũ X ʔ ʔ ʔ ʔ ʔ 8
 T ʔ ʔ ʔ ʔ ʔ ʔ ʔ ʔ
 ʔ DNA X ʔ Ғ X 8 ʔ ʔ ʔ DNA ʔ
 ʔ ă

ǎ ě ǒ YKL 40^h ǎ
 三 ǎ 5. f
 YKL 40¹⁵ ǒ ǎ YKL 40
 MCI ǎ ǎ ǎ YKL 40^h ǎ k
 ǎ ǎ Zhang¹⁶ X ǎ
 YKL 40 ǎ p
 ǎ ǎ ǎ YKL 40
 ǎ ǎ ǎ ǎ
 AUC^d Ē ǎ
 f ǎ ǎ OSAHS
 ǎ MCI ǎ
 ǎ OSAHS 25 OH D3ǎ OHdG ǎ
 YKL 40 ǎ ǎ MCI ǎ ǎ ǎ
 ǎ ǎ OSAHS ǎ
 OĒ ǎ ǎ MCI ǎ ǎ ǎ
 25 OH D3ǎ OHdG ǎ YKL 40 ǎ ǎ OSAHS
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 2021 36 4 651 655.
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 γ OSAHS ǎ ǎ
 X ǎ 2024 37 6 116 119.
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 2023 15 6 939 942.
 4 m ǎ ǎ D3 ǎ ǎ
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 2023 38 12 918 923.
 5 E ǎ W ǎ 8 OHdG ǎ cad ǎ
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 2024 52 4 592 595.
 6 E ǎ ǎ YKL 40 ǎ

ǎ J. X ǎ
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 YKL 40ǎ HIF 1ǎ ǎ CAM 1 ǎ ǎ ǎ ǎ ǎ
 ǎ ǎ ǎ 2025 38 2 174 179.
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9 2023 9 34' p m δ f = x ũ v Logistic e ũ N h ~

ROC v Θ e % HbA1c z

PLT z % ũ'H z APTT z z FIB z v vWF zH

'H ' TAT z α₂ ' PIC v TM σ P <

0.05 v ā ũ X X vWF ' h ≡ VCSS ũ v ā R=0.601 P<

0.001 PLT v ā R=-0.245 P=0.030 TM v ā R=0.275 P=0.015 z e ũ T

HbA1c APTT vWF ' LLVV v ā TM ' LLVV v ā ā Prob=1/

e^ Y Y=-9.831+6.327×HbA1c+1.266×APTT+1.049×vWF+0.826×TM ROC ũ z

0.960 δ 92.9% δ 92.1% δ 92.6% e APTT z vWF ' HbAc

LLVV T o z TM LLVV T ' z δ LLVV W E e

z vWF %

Diagnostic value of coagulation markers in lower extremity varicose veins

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ABSTRACT Objective To explore the relationship between coagulation markers and lower limb varicose veins and construct a disease prediction model. Methods 99 patients with lower extremity varicose veins LLVV who attended Fengfeng General Hospital of North China Medical and Health Group from Sep tember 2020 to September 2023 were included in the disease group and 34 patients with health examinations were included in the control group during the same period. The clinical data from both groups were analyzed us ing univariate analysis and multivariate logistic regression and then building a prediction model whose predic tion effect was evaluated by an ROC curve and prediction accuracy. Results The differences in HbA1c platelet count PLT activated partial prothrombin time APTT fibrinogen FIB vascular von Willebrand factor vWF thrombin antithrombin complex TAT plasmin α₂ antiplasmin complex PIC and thrombo modulin TM between the two groups were statistically significant all P<0.05 . There was a significant positive correla tion between vWF and VCSS score in the disease group R=0.601 P<0.001 PLT showed a weak negative cor relation R=-0.245 P=0.030 TM showed a weak positive correlation R=0.275 P=0.015 . The multivariate regression analysis found that HbA1c APTT vWF was positively associated with LLVV TM was negatively The prediction model based on the association index Prob=1/ e^ Y =-9.831+6.327×HbA1c+1.266×APTT+ 1.049×vWF+0.826×TM which was analysis by the ROC and the area under the curve was 0.960 the sensitivity was 92.1% and the accuracy of the model was 92.6%. Conclusion APTT vWF and HbA1c are risk factors for LLVV while TM is a protective factor for LLVV. This introduces a new idea for diagnosing LLVV.

KEY WORDS LLVV thrombo modulin vWF HbA1c Predictive Model

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1.1

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 99 Հ LLVV 34 մ ք
 ին Վ ձ Դ LLVV Դ²
 ին Ձ Ծ ՓՄ
 Վ Դ Կ Ս
 Զ Կ Վ Դ² Ծ
 Ե Վ Զ Վ Դ² Ծ
 1 Լ 94 Հ Ե Ձ Ծ Վ 2023 9 2024

1.2 ή

~~Venous Clinical Severity Score~~ VCSS
 Body Mass Index BMI
 HTN
 Aspartate Transaminase AST
 Alanine Aminotransferase ALT
 tamyl Transpeptidase GGT
 Total Protein TP
 Hypertension
 B
 y Glu
 PAB
 Albumin ALB

G ' l' k ase

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LLVV^h ɔ ɛ ɟ ɰ ɤ

♣ ʋ ɣ ʁ⁹ ɐ

LLVV X ɛ̃ k ɣ ɤ ɰ

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ʊ ʰ ʰ ɐ ʒ ɛ̃ ʋ ɐ̃ ɛ̃

ɹ

CRP/LMR PCT/Lac

Lac * C ų CRP / * ȳ d LMR ȳ z PCT / †
 J J ȳ ă ę † 2021 1 2025 1 ȳ J
 =142 mų ȳ ų =54 ę h ę ă ~ 24 h ę SOFA ų ȳ
 APACHE ų CRP ȳ LMR ȳ PCT ȳ Lac ę ȳ e ų n r CRP/LMR ȳ PCT/Lac *
 SOFA ų ȳ APACHE ų ă ę Logistic ę ų ĩ ȳ ȳ ų ę ę
 ȳ ų APACHE ų ȳ SOFA ų ȳ CRP/LMR ȳ PCT/Lac ȳ
 σ P<0.05 ę SOFA ų >10 ų CRP/LMR ȳ PCT/Lac ȳ SOFA ų 6~10 ų SOFA
 ų 6~10 ų ȳ SOFA ų 1~5 ų σ P<0.05 ę CRP/
 LMR ȳ PCT/Lac * SOFA ų ȳ APACHE ų ų ă P<0.001 ę SOFA ų ȳ APACHE ų ȳ CRP/
 LMR ȳ PCT/Lac ĩ ȳ ȳ ų ę P<0.05 ę CRP/LMR ȳ PCT/Lac *
 ȳ ę ă ų ĩ ȳ ȳ ų ę ę
 C ų * ȳ d z †

The correlation of serum CRP/LMR PCT/Lac with severity of sepsis and their prognostic value

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ABSTRACT **Objective** To explore the correlation of serum C reactive protein CRP /lymphocyte to monocyte ratio LMR procalcitonin PCT /lactate Lac with the severity of sepsis in patients. **Methods** A total of 196 patients with sepsis were admitted to the Intensive Care Unit of the Cardiovascular and Cerebrovascular Disease Hospital at Ningxia Medical University General Hospital from January 2021 to January 2025. These patients were selected as research subjects and were divided into the sepsis group =142 and the septic shock group =54 based on the presence of septic shock. General data of the sepsis patients were collected and the SOFA score and APACHE score were assessed within 24 h of admission and serum CRP LMR PCT and Lac levels were detected. The Pearson method was used to analyze the correlation between serum CRP/LMR PCT/Lac and the SOFA score and APACHE score. Multifactorial logistic regression was used to analyze the factors affecting the occurrence of shock in septic patients. **Results** The APACHE score SOFA score CRP/LMR and PCT/Lac of patients in the septic shock group were significantly higher than those in the sepsis group $P<0.05$. CRP/LMR and PCT/Lac of patients with a SOFA score of >10 was significantly higher than those with a SOFA score of 6~10 and those with a SOFA score of 6~10 was significantly higher than those with a SOFA score of 1~5 score patients the difference was statistically significant $P<0.05$. Serum CRP/LMR and PCT/Lac were positively correlated with SOFA score and APACHE score in patients with sepsis $P<0.001$. SOFA score and APACHE score CRP/LMR and PCT/Lac were all significant factors influencing the occurrence of shock in septic patients the difference was statistically significant $P<0.05$. **Conclusion** Serum CRP/LMR and PCT/Lac ratios correlate with the severity of sepsis and serve as independent predictors of septic shock demonstrating potential for clinical risk stratification.

KEY WORDS C reactive protein Lymphocyte to monocyte ratio Procalcitonin Lactate Sepsis

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2	SOFA	CRP/LMR
	PCT/Lac	
SOFA	<i>n</i>	PCT/Lac
1~5	84	2.73±0.38
6~10	77	4.11±0.65 ^a
>10	35	5.86±1.02 ^{ab}
<i>F</i> ^d		305.896
<i>P</i> ^d		0.000

^a 1~5 ^b 6~10 ^c ^d

2.3 CRP/LMR ≥ PCT/Lac ^a SOFA ^b APACHE ^c ^d ^e ^f ^g ^h ⁱ ^j ^k ^l ^m ⁿ ^o ^p ^q ^r ^s ^t ^u ^v ^w ^x ^y ^z ^{aa} ^{ab} ^{ac} ^{ad} ^{ae} ^{af} ^{ag} ^{ah} ^{ai} ^{aj} ^{ak} ^{al} ^{am} ^{an} ^{ao} ^{ap} ^{aq} ^{ar} ^{as} ^{at} ^{au} ^{av} ^{aw} ^{ax} ^{ay} ^{az} ^{ba} ^{bb} ^{bc} ^{bd} ^{be} ^{bf} ^{bg} ^{bh} ^{bi} ^{bj} ^{bk} ^{bl} ^{bm} ^{bn} ^{bo} ^{bp} ^{bq} ^{br} ^{bs} ^{bt} ^{bu} ^{bv} ^{bw} ^{bx} ^{by} ^{bz} ^{ca} ^{cb} ^{cc} ^{cd} ^{ce} ^{cf} ^{cg} ^{ch} ^{ci} ^{cj} ^{ck} ^{cl} ^{cm} ^{cn} ^{co} ^{cp} ^{cq} ^{cr} ^{cs} ^{ct} ^{cu} ^{cv} ^{cw} ^{cx} ^{cy} ^{cz} ^{da} ^{db} ^{dc} ^{dd} ^{de} ^{df} ^{dg} ^{dh} ^{di} ^{dj} ^{dk} ^{dl} ^{dm} ^{dn} ^{do} ^{dp} ^{dq} ^{dr} ^{ds} ^{dt} ^{du} ^{dv} ^{dw} ^{dx} ^{dy} ^{dz} ^{ea} ^{eb} ^{ec} ^{ed} ^{ee} ^{ef} ^{eg} ^{eh} ^{ei} ^{ej} ^{ek} ^{el} ^{em} ^{en} ^{eo} ^{ep} ^{eq} ^{er} ^{es} ^{et} ^{eu} ^{ev} ^{ew} ^{ex} ^{ey} ^{ez} ^{fa} ^{fb} ^{fc} ^{fd} ^{fe} ^{ff} ^{fg} ^{fh} ^{fi} ^{fj} ^{fk} ^{fl} ^{fm} ^{fn} ^{fo} ^{fp} ^{fq} ^{fr} 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^{vs} ^{vt} ^{vu} ^{vv} ^{vw} ^{vx} ^{vy} ^{vz} ^{wa} ^{wb} ^{wc} ^{wd} ^{we} ^{wf} ^{wg} ^{wh} ^{wi} ^{wj} ^{wk} ^{wl} ^{wm} ^{wn} ^{wo} ^{wp} ^{wq} ^{wr} ^{ws} ^{wt} ^{wu} ^{wv} ^{ww} ^{wx} ^{wy} ^{wz} ^{xa} ^{xb} ^{xc} ^{xd} ^{xe} ^{xf} ^{yg} ^{yh} ^{yi} ^{yj} ^{yk} ^{yl} ^{ym} ^{yn} ^{yo} ^{yp} ^{yq} ^{yr} ^{ys} ^{yt} ^{yu} ^{yv} ^{yw} ^{yx} ^{yy} ^{yz} ^{za} ^{zb} ^{zc} ^{zd} ^{ze} ^{zf} ^{zg} ^{zh} ^{zi} ^{zj} ^{zk} ^{zl} ^{zm} ^{zn} ^{zo} ^{zp} ^{zq} ^{zr} ^{zs} ^{zt} ^{zu} ^{zv} ^{zw} ^{zx} ^{zy} ^{zz} ^{aa} ^{ab} ^{ac} ^{ad} ^{ae} ^{af} ^{ag} ^{ah} ^{ai} ^{aj} ^{ak} ^{al} ^{am} ^{an} ^{ao} ^{ap} ^{aq} ^{ar} ^{as} ^{at} ^{au} ^{av} ^{aw} ^{ax} ^{ay} ^{az} ^{ba} ^{bb} ^{bc} ^{bd} ^{be} ^{bf} ^{bg} ^{bh} ^{bi} ^{bj} ^{bk} ^{bl} ^{bm} ^{bn} ^{bo} ^{bp} ^{bq} ^{br} ^{bs} ^{bt} ^{bu} ^{bv} ^{bw} ^{bx} ^{by} ^{bz} ^{ca} ^{cb} ^{cc} ^{cd} ^{ce} ^{cf} ^{cg} ^{ch} ^{ci} ^{cj} ^{ck} ^{cl} ^{cm} ^{cn} ^{co} ^{cp} ^{cq} ^{cr} ^{cs} ^{ct} ^{cu} ^{cv} ^{cw} ^{cx} ^{cy} ^{cz} ^{da} ^{db} 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^{rc} rd ^{re} ^{rf} ^{rg} ^{rh} ^{ri} ^{rj} ^{rk} ^{rl} ^{rm} ^{rn} ^{ro} ^{rp}

analysis and systematic review J . Front Immunol 2024 15
1408700.

5 Song J Park DW Moon S et al. Diagnostic and prognostic

BTF3 CXCL5

1 **1** **2**

	CXCL5	OSCCL	X	3	BTF3	3	M5
	81 OSCC	OSCCL	2021	2	2024	2	e
	BTF3	CXCL5	y	a	M i l n	p e	
	BTF3	CXCL5	OSCCL	y	L i c i o t i	OSCCL	s
	H	Loh e e r	OSCCL	m s	f g	OSCCL	X BTF3
	CXCL5	L	P<0.05	X H	OSCCL	BTF3	
	CXCL5	L	y	OSCCL	a	M i l n	p e
	BTF3	CXCL5	X H	OS	L BTF3	CXCL5	
	Log Rank	c ² =5.711	4.111	P=0.017	0.043	X H	OSCCL
	CXCL5	L	P<0.05	g	L i c i o t	BTF3	s
	T	OR=3.655	BTF3	OR=4.133	CXCL5	OR=4.491	i OSCCL
	P<0.05	OSCCL	f	H	Loh e	P=0.715	m G m BTF3
	CXCL5	OSCCL	X H	O E	y	OSCCL	BTF3
	L						

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2.	225500
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ease progression and a poor prognosis.

ligand 5

X	ψ^*	$z \sim \bar{a}$	$\partial \partial$
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1.1

Классификация: КД 015 001 в

1.2

1.2.1 BTF3

RT52

D		BTF3			
		=58	n	=23	n
q		31	73.81	11	26.19
		27	69.23	12	30.77
	≤50	24	64.86	13	35.14
	>50	34	77.27	10	22.73
	kg/m²	<24	43	76.79	13
M		15	60.00	10	40.00
	≥24				
		25	75.76	8	24.24
	~	33	66.75	15	31.25
		29	78.38	8	21.62
γ		29	65.91	15	34.09
	~				
		24	70.59	10	29.41
		19	70.37	8	29.63
		15	75.00	5	25.00
z		31	79.49	8	20.51
	~	27	64.29		
		20	71.43		
	~	37	80.81		
		42	78.57		
H		14	56.00		
	~				
		43	79.00		
	X H	12	55.56		
	γ	12	55.56		
TNM		43	26.42		
	~				
		15	62.00		

3BTF3 3CXCL5 i OSCC ~
 o x g E z x BTF3 c "A x C x
 Bmi 1 - DNA "A 3 w
 c 7/8 i ~ 14 g CXCL5 f w Toll
 7 M 4 x kB . u 6/D ~ *
 x 3
 15 g y M
 H1 a' ~ 16 g
 c BTF3 3CXCL5 OSCC X V *
 3U 7/8 U a E X ~ ~
 d o w g X OS a
 p 2~3 T ~ * w a
 "Q C ~ g "A
 LB E e X BTF3 3CXCL5
 OSCC X e M
 W M E OSCC X U
 e q q q q q q q q q

/ B7 ↑ □ ~ F
 g Luo C 10 h
 BTF3 e d x ~ x kB □ ~
 e x 7 M 3 A ' 2
 x u OSCC g
 CXCL5 e d a x
 M A X X T a e 11 g
 OSCC X CXCL5 LB
 O E * w U 7/8 a g Deng J 12
 d CXCL5 9 "A A X
 - x kB x
 F RNA circFNDC3B g'
 CXCL5 ~ C X C 7/8 x 7 M 2
 3 / B c 7/8
 OSCC X 13 g
 h E BTF3 3CXCL5 y * OSCC
 ~ a BTF3 3CXCL5 OS
 LB BTF3 3CXCL5 x U

miR 15b 3p

[illegible]

A systematic review of the association between miR 15b 3p and diminished ovarian reserve

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ABSTRACT **Objective** To explore the relationship between microRNA miR-15b-3p and the occurrence and development of diminished ovarian reserve (DOR) through systematic review and experimental validation. **Methods** Computerized searches were conducted on PubMed, Cochrane Library, Embase, Web of Science, Wanfang, CNKI, and Chinese Biomedical Literature Database (CBM) to retrieve literature on miRNAs and DOR from database inception until November 27, 2024. Following screening based on inclusion and exclusion criteria, data extraction and quality assessment were performed on the included studies. Relevant miRNAs associated with DOR were identified through summarization, screening, and analysis. In addition, DOR patients and patients with normal ovarian reserve (NOR) who attended the Department of Traditional Chinese Medicine Gynecology at Foshan Fosun Chancheng Hospital between March 2024 and December 2024 were selected as the study subjects, and plasma miR-15b-3p expression levels were measured in both groups. **Results** A total of 1626 articles related to miRNAs and DOR were retrieved, and 8 articles were finally included, involving 125 subjects: 62 in the experimental group and 63 in the control group. These 8 articles included 10 independent studies and 5 sample types. 94 miRNAs were differentially expressed in at least 2 experiments. The average Newcastle-Ottawa Scale (NOS) quality score of the included studies was 7.75. Clinical validation revealed that plasma miR-15b-3p levels were significantly lower in DOR patients ($n=14$) compared with NOR participants ($n=35$) ($P<0.001$). **Conclusion** MiRNAs such as miR-221-3p, miR-483-3p, miR-126-5p, miR-15b-3p, and miR-140-3p are differentially expressed in DOR patients across different regions and sample

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3.	528000
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sources. Among them miR 15b 3p is closely related to the occurrence and development of DOR and may serve as a potential biomarker and therapeutic target for early diagnosis and treatment.

KEY WORDS Systematic review MicroRNA 15b 3p Diminished ovarian reserve Therapeutic target

diminished ovarian reserve DOR
 10%~35%² DOR
 AMH FSH AFC
 microRNA miRNA
 19~25 T RNA⁵
 RNA message RNA mRNA
 DOR normal ovarian
 reserve NOR
 lousa cells GCs X miRNA
 miRNA DOR
 DOR

1

1.1 miRNA

1.1.1

PubMed Cochrane Library Embase Web of
 Science
 2024 11 27
 miRNA DOR
 miRNA MicroRNAs diminished ovarian reserve ovarian
 reserve or and

1.1.2

NoteExpress
 Microsoft
 Office Excel 2021

1.3

ψ δ SPSS 25.0 6 N
6 P<0.05 δ 6
σ 6

2

2.1 miRNA * Ů ' 'E ă Θ

2.1.1

ă 1 626 ~ ă ă 8
11 18 ă 1 6 ă ă 125 e 6 X
62 e 63 e 6 2 6



1

2.1.2 miRNA Ů ŷ

8 ă ă ŷ 10 T 94 T miRNA 2
X 6 X miR 126 5p miR 15b 3p miR 140
3p miR 378a 3p miR 103a 3p miR 509 3p miR 150 5p
miR 144 3p 3 X miR 221 3p miR 483
3p miR 126 3p 4 X 6 miR 126 3p
miR 15b 3p miR 140 3p miR 378a 3p miR 103a 3p miR
509 3p miR 150 5p 3 ă X T miR 221 3p
miR 483 3p 4 ă X T 6 ă 2 6 ă 8
X ŷ 5 Ů 6 δ GCs 3- A cumulus
cells CCs 3- ă 3- M 6 6 X ssc miR
339 let 7f 5p 19 T miRNA p h X T
miR 423 5p miR 144 3p 61 T miRNA GCs 3- CCs 3- ă
M X 2 T T miR 576 5p
miR 106a 3 GCs X T miR 483 5p CCs 3- X

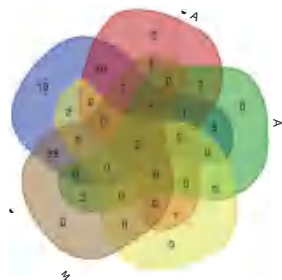
2

	°	3			miRNA	c / 3
		DOR/NOR	DOR	NOR		
Chen 2017 ¹⁸	X °	10/10	33.74±3.25	30.57±2.69	CCs	29/50
Hong 2018 ¹⁴	X °	3/3	33.32±3.98	29.4±3.37	GCs	3/5 7/7
Woo 2018 ¹⁶	°	3/3	35 33~37	32 20~37	GCs	85/20
Liu 2020 ¹⁵	X °	5/5	41.07±4.27	32.50±2.36	CCs	9/-
Abu Halima 2021 ¹¹	°	12/13	36±0.61	32±0.50	GCs	25/45
Shen 2021 ¹³	X °	15/15			ă	16/18
Liu 2023 ¹⁷	X °	5/5			ă	31/49
Shen 2023 ¹²	X °	9/9			ă	42/39
					M	1/4

T miR 6723 5p miR 1271 5p ă 3 CCs X T
miR 7 1 3p miR 21 5p ă 3- M X
T miR 502 5p miR 144 5p miR 15b 3p miR 660 5p
miR 146b 5p ă 3 GCs X T MiR 150 5p GCs 3-
CCs 3- M X T miR 126 3p ă 3 CCs 3-
GCs X T 6 ă 3 6



2 miRNA



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Epidemiological characteristics analysis of mumps in Dazhou from 2023 2024

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Disease Prevention and Control Center Dazhou Sichuan China 635002

KEY WORDS Mumps Dazhou Epidemiological characteristic

	D202410	
1.		635002
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3.		635002
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1

L	2023		=258 n	2024		=248 n
	1	3		1	3	
L	69		26.74	64		25.81
L	38		14.73	47		18.95
K	37		14.34	33		13.31
K	11		4.27	9		3.63
K	13		5.04	15		6.05
K	62		24.03	48		19.35
	28		10.85	32		12.90
χ^2 d			3.565			
P d			0.735			

2

2023-2024

Ü	2023		=258 n	2024		=248 n
	1	3		1	3	
	153		59.30	152		61.29
	105		40.70	96		38.71
χ^2 d			0.209			
P d			0.648			

Ü	2023		=258 n
	1	3	
0~5	79		
6~10	137		
11~15	8		
16~20	3		
21~30	6		
31~40			
41~50			
51~60			
>60			
χ^2 d			
P d			

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2023-2024					
T	2023		2024		
	n	%	n	%	
V	61	23.64	68	27.42	
V	30	11.62	26	10.48	
	130	50.38	120	48.39	
ωΓ	3	1.16	4	1.61	
J e v	1	0.39	1	0.40	
	2	0.78	0	0.00	
Ö	21	8.13	19	7.66	
v	2	0.81	0	0.00	
e v	3	1.16	3	1.22	
ψ Γ	4	1.54	7	2.82	
'	1	0.39	0	0.00	
c ² d		6.932			
P ^d		0.732			

3

Ukrainian Journal of Molecular Diagnostics, December 2025, Vol. 17 No. 12 £ 2317 £

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1					n					C ² d	P d
d					d						
x y		WW	WM	MM	WW		WM	MM			
CYP2C19*2		246 52.6	183 39.1	39 8.3	243 52.0	188 40.2	36 7.8				
CYP2C19*3		418 89.3	48 10.2	2 0.4	417 89.2	49 10.5	1 0.3				
CYP2C19*17		445 95.1	23 4.9	0 0.0	445 95.3	22 4.7	0 0.0				
CYP2C9*2		468 100.0	0 0.0	0 0.0	468 100.0	0 0.0	0 0.0				
CYP2C9*3		425 90.8	38 8.1	5 1.1	421 90.0	46 9.7	1 0.3				
VKORC1 1639G>A		3 0.6	75 16.0	390 83.3	4 0.9	74 15.8	391 83.4				
WW	wild type	WM	heterozygous	MM	homozygous						

WBC NPR PLR

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WBC 3NPR 3PLR

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WBC 3NPR 3PLR ũ 4 WBC 3NPR 3PLR ROC ũ 4 ~ Θ

d f Logistic g ũ i WBC 3NPR 3PLR 7b H ○

σ P<0.05 Spearman ũ 4 WBC 3NPR 3PLR * Ξ v ä

P<0.05 ~ ' 4 WBC 3NPR 3PLR

curve AUC values of WBC, NPR, PLR and combined detection for predicting prognosis were 0.805, 0.802, 0.831 and 0.908 respectively ($P < 0.05$). Logistic regression analysis showed that peripheral blood WBC $\geq 13.08 \times 10^9/L$, NPR ≥ 3.2 and PLR ≥ 175.60 were risk factors for prognosis in adult patients with community acquired pneumonia ($P < 0.05$). Conclusion: The levels of peripheral blood WBC, NPR and PLR increase with disease severity in adult patients with pneumonia. These can all be applied as auxiliary detection indicators to clinically evaluate prognosis.

KEY WORDS Community acquired pneumonia, WBC, NPR, PLR

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 NPR 3PLR л H o Spearman 5 γ WBC 3
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 3 5 0.805 5 d 5 13.08×10⁹/L WBC
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 WBC <13.08×10⁹/L=0 ≥13.08×10⁹/L=1 NPR <0.32=0 ≥
 0.32=1 PLR <175.60=0 ≥175.60=1 в Logistic 5 5
 γ WBC≥13.08×10⁹/L 3NPR≥3.2 3PLR≥175.60
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the two groups at different time points were statistically different in terms of between group analysis $P<0.05$. Compared to control group the HSS scores in the combined group were higher at 3 7 and 10 days after surgery with statistical differences $P<0.05$ while the VAS scores were lower at 3 7 and 10 days after surgery with statistical differences $P<0.05$. The level of serum MMP 9 in the two groups was lower at 3 days after surgery than before surgery and the level in the combined group was lower than in the control group with statistical significance $P<0.05$. The levels of serum NPY and NE in the control group 3 days after surgery were higher than before surgery with statistical differences $P<0.05$. However there were no statistical differences in the levels of serum NPY and NE in the combined group at 3 days after surgery compared to before surgery $P>0.05$. Serum NPY and NE levels in the combined group were lower compared to those in the control group with statistical differences $P<0.05$. Conclusion Xiaozhong Jianbu decoction combined with Bingmang powder for external application is an effective treatment for swelling and pain after TKA. This combination can effectively reduce swelling in the affected limb and lower the body's stress levels.

KEY WORDS Xiaozhong Jianbu decoction External application of Bingmang powder TKA

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total knee arthroplasty TKA

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SCr IL 6

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α	<i>n</i>		
	50	30 60.00	15 29.00
	50	23 48.00	14 28.00
C^2 ^d			4.336
<i>P</i> ^d			0.037

2		♣ mmHg		♣ mmHg	
α	<i>n</i>	$\tilde{\omega}$	$\sim$	$\tilde{\omega}$	$\sim$
	50	156.29±10.35	126.77±8.26 ^a	92.86±6.75	76.32±5.82 ^a
	50	157.75±10.81	132.53±9.43 ^a	92.17±7.23	80.58±6.37 ^a
^d	<i>r</i> ^d	0.690	3.249	0.493	3.491
<i>P</i> ^d		0.493	0.002	0.623	0.001

3							
Қ	n	24 h mg		SCr μmol/L		Cys C mg/L	
		Қ	~	Қ	~	Қ	~
d	50	512.35±67.23	142.39±35.28 ^a	131.28±20.54	113.35±16.72 ^a	1.36±0.25	0.65±0.15 ^a
	50	515.78±71.68	213.65±39.75 ^a	129.74±19.83	121.36±18.59 ^a	1.33±0.23	0.87±0.18 ^a
	t	0.247	9.481	0.381	2.265	0.624	6.639
	P d	0.806	<0.001	0.704	0.026	0.534	<0.001
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IL 6αL 1β ∕ TNF α H/Ь
σ P<0.05 в 4 в

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4							
Қ	n	IL 6 pg/mL		IL 1β pg/mL		TNF α pg/mL	
		Қ	~	Қ	~	Қ	~
d	50	25.68±5.32	18.61±4.28 ^a	18.35±3.62	13.21±2.84 ^a	30.52±6.62	23.57±4.63 ^a
	50	26.14±5.76	21.34±4.95 ^a	19.07±3.87	16.59±3.13 ^a	29.97±6.37	27.61±5.24 ^a
	t	0.415	2.950	0.961	5.655	0.423	4.085
	P d	0.679	0.004	0.339	<0.001	0.673	<0.001
Қ~		^a P<0.05 в					

5						
Қ	n	Н	Ҳ ♣	τ		
C ² d	50	3 6.00	1 2.00	3 6.00	7 14.00	
	50	1 2.00	2 4.00	2 4.00	5 10.00	
						0.379
P d						0.538

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miR 155 CK MB NLR

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Predictive efficacy of blood miR 155 CK MB and NLR levels on ventricular arrhythmia in patients with acute myocardial infarction

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Emergency Department Shuyang Affiliated Hospital Nanjing University of Traditional Chinese Medicine
Sugian Jiangsu China 223600

ABSTRACT Objective To analyze the predictive efficacy of serum miR-155, creatine kinase isoenzyme CK-MB, and neutrophil lymphocyte ratio (NLR) on ventricular arrhythmia (VA) in patients with acute myocardial infarction (AMI). Methods A total of 86 patients with AMI were admitted to Shuyang Affiliated Hospital of Nanjing University of Chinese Medicine from June 2021 to June 2023. They received symptomatic treatment including anti-infection, anticoagulation, analgesia, and sedation. The patients were followed up for 6 months, and their VA classification was evaluated using Lown classification method. Patients were stratified by Lown grade. Results The patients were stratified by Lown grade. The results showed that the predictive efficacy of serum miR-155, CK-MB, and NLR on VA was significant. Conclusion The combination of serum miR-155, CK-MB, and NLR can effectively predict VA in patients with AMI.

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Acute myocardial infarction AMI δ ή

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3 Morales Rentería A Ruiz-Santos A Amezcua Castillo LM
et al. MIR 155 as a potential biomarker for disease severity in
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university affiliated cardiovascular center J . Rev Invest Clin
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ESR CRP SDF 1 sTREM 1

Year	ESR (%)	CRP (%)	SDF (%)	TREM (%)
2023	12.7	15.7	15.7	15.7
2022	12.7	15.7	15.7	15.7
2021	12.7	15.7	15.7	15.7
2020	12.7	15.7	15.7	15.7
2019	12.7	15.7	15.7	15.7
2018	12.7	15.7	15.7	15.7
2017	12.7	15.7	15.7	15.7
2016	12.7	15.7	15.7	15.7
2015	12.7	15.7	15.7	15.7
2014	12.7	15.7	15.7	15.7
2013	12.7	15.7	15.7	15.7
2012	12.7	15.7	15.7	15.7
2011	12.7	15.7	15.7	15.7
2010	12.7	15.7	15.7	15.7
2009	12.7	15.7	15.7	15.7
2008	12.7	15.7	15.7	15.7
2007	12.7	15.7	15.7	15.7
2006	12.7	15.7	15.7	15.7
2005	12.7	15.7	15.7	15.7
2004	12.7	15.7	15.7	15.7
2003	12.7	15.7	15.7	15.7
2002	12.7	15.7	15.7	15.7
2001	12.7	15.7	15.7	15.7
2000	12.7	15.7	15.7	15.7
1999	12.7	15.7	15.7	15.7
1998	12.7	15.7	15.7	15.7
1997	12.7	15.7	15.7	15.7
1996	12.7	15.7	15.7	15.7
1995	12.7	15.7	15.7	15.7
1994	12.7	15.7	15.7	15.7
1993	12.7	15.7	15.7	15.7
1992	12.7	15.7	15.7	15.7
1991	12.7	15.7	15.7	15.7
1990	12.7	15.7	15.7	15.7
1989	12.7	15.7	15.7	15.7
1988	12.7	15.7	15.7	15.7
1987	12.7	15.7	15.7	15.7
1986	12.7	15.7	15.7	15.7
1985	12.7	15.7	15.7	15.7
1984	12.7	15.7	15.7	15.7
1983	12.7	15.7	15.7	15.7
1982	12.7	15.7	15.7	15.7
1981	12.7	15.7	15.7	15.7
1980	12.7	15.7	15.7	15.7
1979	12.7	15.7	15.7	15.7
1978	12.7	15.7	15.7	15.7
1977	12.7	15.7	15.7	15.7
1976	12.7	15.7	15.7	15.7
1975	12.7	15.7	15.7	15.7
1974	12.7	15.7	15.7	15.7
1973	12.7	15.7	15.7	15.7
1972	12.7	15.7	15.7	15.7
1971	12.7	15.7	15.7	15.7
1970	12.7	15.7	15.7	15.7
1969	12.7	15.7	15.7	15.7
1968	12.7	15.7	15.7	15.7
1967	12.7	15.7	15.7	15.7
1966	12.7	15.7	15.7	15.7
1965	12.7	15.7	15.7	15.7
1964	12.7	15.7	15.7	15.7
1963	12.7	15.7	15.7	15.7
1962	12.7	15.7	15.7	15.7
1961	12.7	15.7	15.7	15.7
1960	12.7	15.7	15.7	15.7
1959	12.7	15.7	15.7	15.7
1958	12.7	15.7	15.7	15.7
1957	12.7	15.7	15.7	15.7
1956	12.7	15.7	15.7	15.7
1955	12.7	15.7	15.7	15.7
1954	12.7	15.7	15.7	15.7
1953	12.7	15.7	15.7	

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z	=68 n	%
Ä	27	39.71
	16	23.53
,	7	10.29
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° T	2	2.94
Ä	41	60.29
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2.3 N ESR 3 CRP 3 SDF 1 3 TREM 1
ESR 3 CRP 3 SDF 1 3 TREM 1
e σ P<0.05 3 3

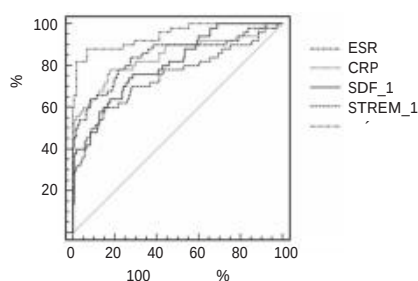
3	ESR	CRP	SDF 1	sTREM 1	P
$\bar{x}$	ESR mm/h	CRP mg/L	SDF 1 pg/mL	sTREM 1 pg/mL	
	50	52.15±17.37	16.02±5.34	204.19±67.92	64.61±21.27
	157	31.94±10.51	9.98±3.31	141.53±47.02	39.88±13.25
<i>t</i>		9.959	9.555	7.312	9.795
<i>P</i>		<0.001	<0.001	<0.001	<0.001

2.4 ESR 3 CRP 3 SDF 1 3 TREM 1 1 $\bar{\tau}$ ψ Θ^d

ESR 3 CRP 3 SDF 1 3 TREM 1 $\bar{\tau}$ ψ Θ^d AUC

$\bar{\tau}$ $P < 0.05$ 4×10^{-4}

	d	AUC	d ^{95%}	95% CI
ESR mm/h	>37.92	0.844	0.788-0.891	
CRP mg/L	>13.23	0.845	0.788-0.892	
SDF 1 pg/mL	>158.02 ^{95%}	0.806	0.745-0.857	
sTREM 1 pg/mL	>54.58 ^{95%}	0.747	0.682-0.805	
		0.945 ^{95%}	0.904-0.972	



1 ROC

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[illegible]

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2	Hcy NT proBNP		HbA1c	
q	Hcy μmol/L	NT proBNP pg/mL	HbA1c %	
100	17.19±2.01	205.93±54.45	6.02±0.71	
100	15.42±2.09	162.07±37.19	5.54±0.42	
^d t	6.104	6.652	5.819	
P ^d	<0.001	<0.001	<0.001	

3	IVS H ₁ mm	LV mm	RV mm	EF %	PAD mm
100	3.57±0.82	16.52±1.79	8.51±1.20	60.47±1.92	8.10±1.04
100	3.16±0.71	15.94±1.35	8.02±0.73	60.18±1.49	7.58±0.82
^d t	3.780	2.587	3.489	1.193	3.926
P ^d	<0.001	0.010	<0.001	0.234	<0.001

2.3 M Hcy NT proBNP HbA1c V

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R e ā n ũr s M Hcy NT proBNP HbA1c V IVS H₁ PAD LV RV

RV^d V ā P<0.05 6 4 6

2.4 M Hcy NT proBNP HbA1c

V T Θ^d

ROC M Hcy NT proBNP HbA1c

V T AUC^d δ 0.725 AUC δ 0.863

0.731 0.712 6 3 77.0% 83.0% P<0.05 6 5 3 1 6

5	Hcy NT proBNP		HbA1c	
	AUC	95% CI	^d %	% P ^d
Hcy	0.725	0.656~0.794	16.14 μmol/L	66.0 70.0 <0.001
NT proBNP	0.731	0.661~0.801	208.11 pg/mL	61.0 89.0 <0.001
HbA1c	0.712	0.640~0.784	5.82%	60.0 77.0 <0.001
	0.863	0.813~0.912		77.0 83.0 <0.001

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Ль M X Hcy NT proBNP HbA1c

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Hcy NT proBNP HbA1c

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HbA1c ũ ā 6 h ROC

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Θ^d Ē 3

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Ль O Ē V IVS H₁ LV RV ŵ

PAD V ā 3

V T Ē Θ^d ωЛ h J

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gestational diabetes mellitus GDM 7
p l T 3 4 V p Å ' ó 5 ' È
T~ 2 13 6 E T~ 5 '
δ 22.3%~43.8%⁴⁶ 2 GDM T~
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2.4 $\text{I} \text{GDM}$ $\text{T} \sim$ $\text{I} \text{W} \text{logistics}$ е Ў
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J Mol Diagn Ther, December 2025, Vol. 17 No. 12									
Figure 2: Comparison of serum creatinine levels between the control group and the treatment group. The control group (n=71) had a mean creatinine level of 126.53 ± 16.53 μmol/L, while the treatment group (n=65) had a mean creatinine level of 121.47 ± 15.34 μmol/L. The difference was statistically significant (P < 0.05).									
2.1 N ή 2 T ~ Λ 92.96% vs 81.54% σ P<0.05 2 2 6									
2.2 N X 2 T ~ N ~ X 3 0.05 3									

2	E E .	2024 35 3 657 660.
3	W .	2021 18 4 127
4	η .	2021 19 30 15.
5	p .	2018 189.
6	W .	2008 42 1
7	. X .	2002 143 150.
8	. X .	2022 43 1 243 244.
9	. D .	2024.
10	η .	2022 37 6 45 48.
11	η .	2024.
12	. Toll .	2020 26 5 34 41.
13	. J .	2019 54 5 877 885.
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4	. T ~ 6~8 η	2018 22 5 826 829.
5	. T ~	2018 29 6 142 144.
6	. Hcy 3NLR η C *	2024 16 3 516 519.
7	. IDE x rs11187007 η *	2019 25 1 29 32.
8	X η J .	2022 57 1 3 12.
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12	. T ~	2021 31 14 31 33.
13	. T ~ 42 d	2020 23 8 27 29.
14	. T ~	2023 38 7 1266 1269.
15	. T ~ 2	2018 32 9 1415 1422.

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а	n	а	м	kg/m ²	min	7	з	з
46	48.31±6.15	17 36.96	29 63.04	23.15±2.04	25.37±4.12	15 32.61	12 26.09	10 21.74
44	47.83±5.93	19 43.18	25 56.82	23.04±2.18	24.81±3.97	14 31.82	16 36.36	11 25.00
c ² / d	t	0.377	0.363	0.247	0.656	0.006	1.108	0.134
P d		0.707	0.547	0.805	0.513	0.936	0.292	0.715

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đ	n	DAO U/mL		D LA mg/L		ET EU/mL	
		đ	~	đ	~	đ	~
	46	3.41±0.82	2.53±0.58 ^a	6.42±1.18	4.72±1.13 ^a	0.63±0.16	0.46±0.11 ^a
	44	3.44±0.75	3.12±0.69 ^a	6.35±1.24	5.82±1.25 ^a	0.62±0.14	0.55±0.15 ^a
d	t	0.181	4.398	0.274	4.383	0.315	3.256
P d		0.857	<0.001	0.784	<0.001	0.754	0.002

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2.3 N

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đ	n		h
	46	9.94±2.24	4.15±1.57
	44	15.37±3.15	7.83±1.92
d	t	9.457	9.973
P d		<0.001	<0.001

•• đ ^aP<0.05 ẽ

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đ	n	đ		đ		đ		đ	
		đ	~	đ	~	đ	~	đ	~
	46	2.05±0.21	1.17±0.37 ^a	2.31±0.18	1.51±0.32 ^a	2.11±0.22	1.05±0.29 ^a	1.25±0.15	0.84±0.14 ^a
	44	2.07±0.22	1.61±0.41 ^a	2.29±0.17	1.74±0.34 ^a	2.13±0.24	1.21±0.28 ^a	1.27±0.17	1.01±0.13 ^a
d	t	0.441	5.349	0.541	3.306	0.412	2.661	0.592	5.963
P d		0.660	<0.001	0.590	0.001	0.681	0.009	0.555	<0.001

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Q' µ à Percutaneous coronary interven
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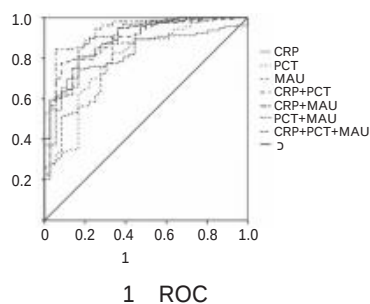
CC-BY-NC-ND 4.0 **A** On reactive protein CS ς ∞ :

MAU ё ё ё g ж L i ic ё Ўt ё s Q' PCI ~ T CIN о ж P< 0.05 ё 2 ё

ж	d	d	S.E d	dW d l	OR d	95% CI	P d
ЎЎ	ё	0.143	0.035	16.456	1.154	1.077~1.237	<0.001
CRP	ё	0.519	0.142	13.292	1.680	1.271~2.220	<0.001
PCT	ё	1.381	0.352	15.392	3.977	1.996~7.928	<0.001
MAU	ё	0.326	0.081	16.247	1.386	1.183~1.624	<0.001

2.3 CRP PCT Ў MAU Q' PCI ~ T CIN
 Ё d
 ROC Ў CRP PCT MAU ё = CRP+
 PCT CRP+MAU PCT+MAU CRP+PCT+MAU Q'
 PCI ~ T CIN ё AUC Ў ё ё 0.816 ё
 0.792 ё 0.819 ё 0.889 ё 0.893 ё 0.901 ё 0.940 P<0.05 ё 3 ё 1 ё

	Y _d	AUC	95% CI	%	%	P ^d
CRP	15.040	0.816	0.749~0.884	75.80	77.80	<0.001
PCT	4.675	0.792	0.708~0.876	75.80	72.20	<0.001
MAU	25.515	0.819	0.738~0.901	72.70	72.20	<0.001
CRP+PCT		0.889	0.834~0.944	79.50	75.00	<0.001
CRP+MAU		0.893	0.839~0.947	80.70	77.80	<0.001
PCT+MAU		0.901	0.845~0.956	85.10	83.30	<0.001
CRP+PCT+MAU		0.940	0.901~0.979	85.10	86.10	<0.001



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hs CRP IL 10

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with lower limb swelling and pain after cerebral infarction

FAN Jiaojiao YUAN Ying HE Xiaoyan KONG Yongmei CHEN Jingxia LI Juan ZHANG Xueyuan
WANG Ziyue

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ABSTRACT Objective To study the effect of mirabilite therapy on levels of serum high sensitivity C reactive protein hs CRP interleukin 10 IL 10 tumor necrosis factor TNF α and pain in patients with lower limb swelling and pain after cerebral infarction. Methods A total of 204 patients with lower limb swelling and pain after cerebral infarction were admitted to Xingtai Central Hospital from January 2023 to December 2024 and selected as research subjects. They were randomly divided into two groups the routine group 102 cases receiving routine nursing and the mirabilite group 102 cases receiving routine nursing combined with mirabilite external application. Both groups were treated for 7 days and observed until discharged. The levels of serum hs CRP IL 10 and TNF α as well as measurements at the distal femur midpoint of the patella proximal circumference of the calf pain in the affected limb and complications of the affected limb were compared between the two groups. Results After 7 days of intervention the levels of serum hs CRP and TNF α decreased in the two groups with the mirabilite group showing lower levels than the conventional group. Serum IL 10 levels increased with the mirabilite group showing higher levels than the conventional group. These differences were statistically significant $P<0.05$.

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can help eliminate swelling and alleviate pain in the affected limb as well as reduce the risk of complications. These findings iiiim j u Q ð y pa "

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15 2020 29 3 519 521.

3 2022 51 1 44 47.

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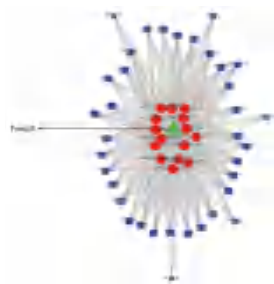
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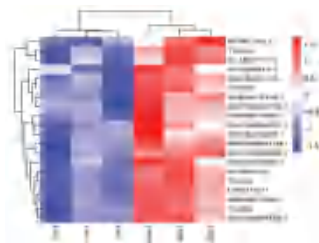


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lncRNA	Foldchange	log2 Foldchange	P d	y	
NONHSAT197842.1	6.252772532	2.644496035	0.003744685	c	
lnc CNKSR3 6 1	5.595940447	2.484380609	0.040451488	c	
ENST00000654665.1	4.483799645	2.164721814	0.001557611	c	
T163140	4.151274068	2.053554182	0.003593459	c	
T104896	3.660443994	1.872018651	0.003220876	c	
lnc MAFK 6 2	3.524012524	1.817219052	0.002332792	c	
T218918	3.099221467	1.631905852	0.009041246	c	
ENST00000661259.1	2.881481329	1.526810672	0.005058786	c	
LINC01176 11	2.662383171	1.412718219	0.002060356	c	
NONHSAT168000.1	2.473242463	1.30640368	0.027257059	c	
MSTRG.1162.3	2.447078236	1.291060227	0.022696707	c	
NONHSAT190090.1	2.403338656	1.265039954	0.048093567	c	
ENST00000449175.1	2.381114596	1.251637055	0.027380143	c	
T031242	2.35587797	1.236264812	0.001203086	c	
lnc MEGF11 1 4	2.265791776	1.180015285	0.016886665	c	
NONHSAT215097.1	2.167415313	1.115975624	0.033962408	c	
ENST00000661748.1	2.165247729	1.114532095	0.005809661	c	
NONHSAT201276.1	2.120363828	1.084311834	0.003969649	c	
ENST00000642756.1	2.0624249	1.044341587	0.01996815	c	
NONHSAT163146.1	2.036900652	1.026375616	0.003741604	c	

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3 lncRNA TF mRNA



4 Foxp3 lncRNA

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Relationship between serum 25 OH D Hcy CL21 and VEGF and disease severity and pregnancy outcomes in patients with hypertensive disorder complicating pregnancy

1. Department of Obstetrics and Gynecology Qinhuangdao Maternal and Child Health Hospital Qinhuangdao Hebei China 066000 2. Department of Obstetrics and Gynecology Qinhuangdao Maternal and Child Health Hospital Qinhuangdao Hebei China 066000 3. Department of Obstetrics and Gynecology Chengde Maternal and Child Health Hospital Chengde Hebei China 067000

ABSTRACT **Objective** To explore the relationship between serum 25 hydroxyvitamin D 25 OH D homocysteine Hcy CC chemokine ligand 21 CCL21 and vascular endothelial growth factor VEGF and disease severity and pregnancy outcomes in patients with hypertensive disorder complicating pregnancy. **Methods** 81 patients with simple gestational hypertensions in Qinhuangdao Maternal and Child Health Hospital from December 2022 to December 2024 were set as gestational hypertension group and 69 patients with pre eclampsia were included in pre eclampsia group. Serum 25 OH D Hcy CC chemokine ligand 21 CCL21 and vascular endothelial growth factor VEGF were compared between the two groups. Pearson correlation analysis was used to analyze the relationship between serum 25 OH D Hcy CCL21 and VEGF and disease severity in patients with gestational hypertension. According to the pregnancy outcomes they were divided into poor pregnancy outcome group =47 and good pregnancy outcome group =103. Multivariate logistic regression was adopted to analyze the influencing factors of pregnancy outcomes in patients with gestational hypertension. **Results** The levels of serum Hcy and CCL21 in the gestational hypertension group were higher than those in the pre eclampsia group while the levels of 25 OH D and VEGF were lower than those in the pre ec

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lampsia group $P<0.05$. Pearson analysis showed that serum 25 OH D and VEGF were negatively correlated with disease severity $P<0.05$ and Hcy and CCL21 were positively correlated with disease severity $P<0.05$. The age BMI positive rate of family history of hypertension serum Hcy CCL21 and proportion of severe disease in the poor pregnancy outcome group were higher while the levels of 25 OH D and VEGF were lower compared to the good group with statistical differences $P<0.05$. 25 OH D Hcy CCL21 VEGF and disease severity were independent factors affecting pregnancy outcomes $P<0.05$. Conclusion The mong . I

♣ ♠ ♠ ♠ ♠ $P < 0.001$ ♠ $P < 0.001$
 CCL21 ♣ ♠ ♠ ♠ $P < 0.001$
 0.001 ♠ ♠ ♠ ♠ $P < 0.001$
 2.3 ♠ ♠ ♠ ♠ $P < 0.001$
 3BMI ♠ ♠ ♠ ♠ $P < 0.001$

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		<i>n</i>	25 OH D ng/mL	Hcy μmol/L	CCL21 ng/L	VEGF pg/mL
♣ Ω d <i>P</i> d <i>t</i>	81		35.45±5.68	11.67±3.34	111.67±44.56	1027.89±207.12
	69		30.98±5.77	14.22±3.23	161.78±45.44	896.11±59.09
			4.769	4.731	6.802	5.109
			<0.001	<0.001	<0.001	<0.001

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	d	r	ΔL	P^d
25 OH D	-0.523	-0.684	-0.362	<0.001
Hcy	0.587	0.335	-0.639	<0.001
CCL21	0.502	0.351	-0.653	<0.001
VEGF	-0.538	-0.677	-0.388	<0.001

$\frac{m}{n}$	%	n
0.00	0.00	100
0.01	0.01	100
0.02	0.02	100
0.03	0.03	100
0.04	0.04	100
0.05	0.05	100
0.06	0.06	100
0.07	0.07	100
0.08	0.08	100
0.09	0.09	100
0.10	0.10	100
0.11	0.11	100
0.12	0.12	100
0.13	0.13	100
0.14	0.14	100
0.15	0.15	100
0.16	0.16	100
0.17	0.17	100
0.18	0.18	100
0.19	0.19	100
0.20	0.20	100
0.21	0.21	100
0.22	0.22	100
0.23	0.23	100
0.24	0.24	100
0.25	0.25	100
0.26	0.26	100
0.27	0.27	100
0.28	0.28	100
0.29	0.29	100
0.30	0.30	100
0.31	0.31	100
0.32	0.32	100
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0.87	0.87	100
0.88	0.88	100
0.89	0.89	100
0.90	0.90	100
0.91	0.91	100
0.92	0.92	100
0.93	0.93	100
0.94	0.94	100
0.95	0.95	100
0.96	0.96	100
0.97	0.97	100
0.98	0.98	100
0.99	0.99	100
1.00	1.00	100

	n = 47	n = 103	$\chi^2 / \text{d.f.}$	P
BMI kg/m ²	32.18±3.11	28.11±3.09	7.468	<0.001
U ₁ g/g	27.18±1.11	23.45±2.18	8.108	<0.001
U ₂ g/g	38.83±2.34	39.45±2.11	1.613	0.109
U ₃ g/g	8 17.02	10 9.71	1.634	0.201
U ₄ g/g	39 82.98	93 90.29		
U ₅ g/g	8 17.02	11 10.68	1.173	0.279
U ₆ g/g	39 82.98	92 89.32		
U ₇ g/g	18 38.30	20 19.42	6.082	0.014
U ₈ g/g	29 61.70	83 80.58		
25 OH D ng/mL	30.22±3.77	34.84±5.68	5.084	<0.001
Hcy μmol/L	16.12±3.23	11.35±2.34	3.539	<0.001
CCL21 ng/L	157.28±23.44	124.43±28.56	6.749	<0.001
VEGF pg/mL	812.11±59.09	1038.07±213.12	7.061	<0.001
FPG mmol/L	5.88±0.67	5.81±0.55	0.674	0.501
Ξ	15 31.91	66 64.08	13.440	<0.001
	32 68.09	37 35.92		

Logistic

	♂	d	d	<i>S.E</i>	Wald χ^2 d	<i>OR</i> d	95% <i>CI</i>	<i>P</i> d
		♂	0.754	0.403	3.501	2.125	0.965–4.683	0.063
BMI		♂	0.758	0.459	2.727	2.134	0.868–5.247	0.101
♣	=1	=0	-0.116	0.314	0.136	0.890	0.481–1.648	0.712
25 OH D		♂	-0.894	0.352	6.450	0.409	0.205–0.815	0.012
Hcy		♂	0.776	0.237	10.721	2.173	1.365–3.457	0.001
CCL21		♂	0.791	0.239	10.953	2.206	1.381–3.523	0.001
VEGF		♂	0.658	0.239	7.580	1.931	1.209–3.085	0.007
≡	=1	=0	0.871	0.343	6.448	2.390	1.220–4.680	0.012

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 25 OH D 3 Hcy 3 CCL21 3 VEGF 3 ≡ ï
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ABSTRACT **Objective** To explore the performance analysis of an intelligent screening and evaluation model for circulating tumor cells constructed based on deep learning algorithms and immunofluorescence in situ hybridization imFISH technology. **Methods** From January 2022 to December 2022 1 000 circulating tumor cell CTC images and 2 000 healthy cell images from the Maternal and Child Health Hospital of Jinjiang District Chengdu City were collected. The 1 000 circulating tumor cell images were randomly divided into a training set =800 and a test set =200 at an 8B2 ratio. The 2000 healthy cell images were randomly divided into a training set =1600 and a test set =400 at the same ratio. The consistency of imFISH manual diagnosis intelligent screening and evaluation model diagnosis combined diagnosis and comprehensive diagnosis was compared and the diagnostic efficacy of different diagnostic methods for tumor patient screening was evaluated. **Results** For imFISH manual diagnosis of tumor patients the sensitivity was 91.50% specificity 94.25% accuracy 93.33% and the Kappa value 0.851. For the intelligent screening and evaluation model the sensitivity was 84.00% specificity 90.25% accuracy 88.67% and Kappa value 0.736. For the combined diagnosis of imFISH manual diagnosis with the intelligent screening and evaluation model the sensitivity was 96.50% specificity 97.25% accuracy 97.00% and Kappa value 0.933. The sensitivity specificity and accuracy of the combined diagnosis were significantly higher than those of the either single diagnostic method $P<0.05$. **Conclusion** The

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Circulating Tumor Cells CTCs

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CellSearch

Food and Drug Administration FDA

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≥ 0.75 σ

		1		2		%		n	
α	n	α				M	kg/m^2		
		3		4					
p	200	106	53.00	94	47.00	56.11 ± 7.25	21.88 ± 1.53		
	400	209	52.25	191	47.75	57.29 ± 7.34	22.10 ± 1.58		
$/c^2$	t	0.301				1.864	1.625		
P	d	0.862				0.063	0.105		

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GPBB 3 RNA 21 5p iR 21 5 - ψ m p

BChE Θ^d 2022 2 2025 2 $\overline{\pi}$ X $\downarrow$

h $\downarrow$ 128 γ δ m p 128 γ δ N

GPBB 3 iR 21 5 ψ BChE m p N η Logistic ξ $\tilde{u}$

$\mathfrak{A}$ γ $\eth$ ROC $\tilde{u}$ GPBB 3 iR 21 5 ψ BChE m p

Θ^d $\mathfrak{A}$ GPBB 3 iR 21 5 - - $\mathbb{L}$ m p BChE $\mathbb{H}$ $\mathbb{L}$

σ $P < 0.05$ $\mathfrak{A}$ Logistic ξ $\tilde{u}$ Cr 3 $\mathfrak{A}$ CK MB 3 $\uparrow$

3 $\mathbb{U}$ 6 IL 6 3 CTnl 3 GPBB 3 iR 21 5 - - m p $\circ$ $\mathfrak{A}$ BChE

$\mathfrak{A}$ $\mathfrak{A}$ $P < 0.05$ $\mathfrak{A}$ GPBB 3 iR 21 5 ψ BChE $\mathfrak{A}$ m p

95%CI 3 3 δ 0.942 0.915~0.968 $\mathfrak{A}$ 0.820 $\mathfrak{A}$ 0.930 $\mathfrak{A}$ $\mathbb{L}$ $\overline{\pi}$ $P < 0.05$ $\mathfrak{A}$

$\mathfrak{A}$ GPBB 3 iR 21 5 - - $\mathbb{U}$ BChE $\mathbb{H}$ $\mathfrak{A}$ $\mathfrak{A}$

Θ^d $\mathfrak{A}$

$\mathbb{Z}$ $\mathbb{Z}$ $\mathfrak{A}$ RNA 21 5p m

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patients with acute myocardial infarction were 0.942, 0.915–0.968, 0.820 and 0.930 respectively. Conclusion The levels of GPBB and *iR 21 5* - in the peripheral blood of patients with acute myocardial infarction increase while the level of BChE decreases. The combined detection of the three has a good diagnostic value for acute myocardial infarction.

KEY WORDS Glycogen phosphorylase enzyme BB in brain microRNA 21 5p Butyrylcholinesterase Acute myocardial infarction Diagnosis

Acute myocardial infarction	AMI	2	1.2
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Q	$\frac{7}{8}$	7	3	1.2
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 RNA 21 5p microRNA 21 5p
 miR 21 5p
 4 m
 5 6
 AMI
 GPBB
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1.1 h

	2022	2	2025	2	X		h	
J								CV
	128	3	δ				M	
p	128	3	δ	ø	ä	A	'	2.48
X	J	ñ		π	h ⁷	X	J	Ä
	>18	ñ						0.27
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⌘	⌘	h	⌘	b
Body mass index BMI	⌘	⌘	⌘	♣ 3M
Interleukin 6 IL 6	⌘	6	Interleukin 6 IL 6	⌘
Cardiac troponin I CTnI	⌘	⌘	⌘	⌘
Fibrinogen FIB	⌘	⌘	⌘	⌘
Glucose Glu	⌘	⌘	Blood urea nitrogen	⌘
BUN	⌘	Lactate dehydrogenase LDH	⌘	⌘
Triglyceride TG	⌘	Alanine aminotransferase ALT	⌘	⌘
Creatinine Cr	⌘	Low density lipoprotein cholesterol LDL C	⌘	⌘
Myocardial band creatine kinase MB CK MB	⌘	⌘	⌘	⌘

1.2.2 GPBB 3 iR 21 5 W BChE m p
O ~ e ħ 6 mL
ŭ δ N Oy g^h Oy 3 000 r/min 10 ŭ
4 ĕ X ħ GPBB ħ BChE
H ŭ ħ ' Ć ~ ħ
J Ć ~ e H GPBB ĕ
CV 2.21±0.12 % 3 CV 2.64±0.23 % 3 ĕ 95.67±
2.48 % BChE ĕ CV 2.13±0.15 % 3 CV 2.59±
0.27 % 3 ĕ 96.10±2.51 % * ĕ
e ħ Oy ħ 4 e ~ f Trizol ħ
RNA A260/A280 δ 1.8~2.1 ' e Ć U6 δ ĕ
Ć W W PCR miR 21 5p
e PCR δ 95 10 min ~ 94 15 s 360 20 s 3
70 30 s 3 40 T e 3 T Ct
d Ć ħ 1.5% 2 ΔΔCt
~ Q 1 e

		1	<i>iR 21 5</i>	<i>-U6</i>	<i>m p</i>
α	ϵ	$^{\circ}\Omega 5' 3'$			$^{\circ}\Omega 5' 3'$
<i>iR 21 5</i>	- -	<i>m p</i>	TGCCTAGCTTATCAGACTGAT		CCAGTGCAGGGTCCGAGGTATT
<i>U6</i>			CGCTTCGGCAGCACATATAC		AAATATGGAACGCTTCACGA

1.3

SPSS 23.0		ψ		$\tilde{U}$		$\tilde{G}$		2	
$\pm s$		t		$\%$		n			
c^2	$\tilde{G}$	Logistic	$\tilde{G}$	$\tilde{G}$	$\tilde{I}$				2.1
	$\tilde{G}$	$\tilde{A}$	$\tilde{I}$	$\tilde{I}$	ROC	$\tilde{I}$			
GPBB	iR	21	5	ψ	BChE	m	p		

$\Theta^d \propto P^{0.05} \delta$

$\sigma \propto$

2

2.1 N γ GPBB $\propto iR^{21.5} \psi$ BChE $m p$

γ GPBB $\propto iR^{21.5} - - \text{Ль}$ $m p$ BChE

НЛь $\sigma P^{0.05} \propto 2 \propto$

μ	d	d	SE^d	dW	$\hat{C}^2$	d	l	OQI
Cr	3	1.092	0.362		9.100			
LDH	3	0.996	0.358		7.740			
CK MB	3	1.143	0.361		10.025			
CTnl	3	1.125	0.367		9.397			
IL 6	3	1.151	0.352		10.692			
GPBB	3	0.748	0.346		4.674			
miR 21 5p	3	0.760	0.344		4.881			
BChE	3	-0.874	0.351		6.200			

13 β HBB c. 81 A>C

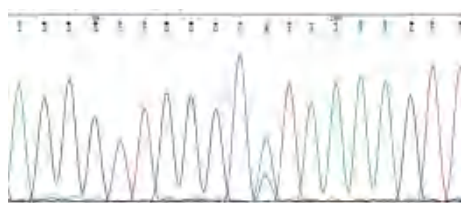
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β HBB c. 81 A>C
GAP PCR Sanger
HGVS δ HBB c. 81 A>C 31 A>C
IVS 654 C>T 654M
3 1 6
HbA₂ 4.0%~5.4%
MCV 57.1
80.8fl 11 3 MCH 16.2 26.6p P 26

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1 1 β HBB c. 81 A>C Sanger

129delCTTT CD41 42 HBB c.316 197 C>T IVS 654 HBB c. 78 A>G 28 HBB c.52 A>T CD17

HbA₂ HbF α β X γ 12

HBB c.316 197C>T IVS 654 HBB c. 81 A>C Sanger

HBB c. 81 A>C HBB c. 81 A>G β X HBB c. 81 A>C 31 A>C HBB c.316 197C>T IVS 654

HBB c. 81 A>C β X HBB c. 81 A>G β 1986 HBB c. 81 A>C 81 A>C A δ G A>G HBB c. 81 A>C 31 A>C

HBB c. 81 A>C 31 A>C HBB c. 81 A>G 31 A>C HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C

HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C

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HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C HBB c. 81 A>C 31 A>C

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HBB c. 81 A>C HBB c. 81 A>C HBB c. 81 A>C HBB c. 81 A>C

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[illegible]

2022YX103

1. 261041
2. 261072
3. 261041
4. 261053

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KEY WORDS Rhinovirus yangi Coinfections Cytological classification

1.4 BALF BALF 300 7 min 10 cm 400~600 T

1.5 SPSS 26.0 M Q1 Q3 Logistic $P < 0.05$

2 2.1 2.2 2.3

	'	=220 n
	116	52.7
° T	43	19.5
	16	7.3
X Ç	16	7.3
'	14	6.4
E ë	34	15.5
	37	16.8
° Z	12	5.5
	11	5.0
	10	4.5
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 ЛЬ SARS CoV 2' Е ё 6'
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 ψ X X ʒ ' X
 ɔ * Ё Т 7 6 Т ё 15 6 ~ ω
 з М ε щ ' 6
 * Е ё з М ă



papillomavirus HPV E ε e ↑ human
 2b recombinant human interferon α2b rhIFN α2b
 DNA A Ж E ω e ~ e h
 T 3 5 W O 5 aminolevulinic
 acid photodynamic therapy AL1 U r : P

1 α was lower than that with negative HIF 1 α HR 2.016 95% CI 9.515~10.647 $P<0.05$. The recurrence free survival rate within one year in patients with positive SGK1 was lower than that with negative SGK1 HR 2.242 95% CI 9.497~10.586 $P<0.05$. The proportions of stage endometrial cancer and low differentiation incidence of lymph node metastasis and degree of myometrial invasion in patients with N/U ≥ 0.21 were all higher than those with N/U <0.21 $P<0.05$. The proportions of stage endometrial cancer and low differentiation incidence of lymph node metastasis and degree of myometrial invasion in patients with positive HIF 1 α were all higher than those with negative HIF 1 α $P<0.05$. The proportions of stage endometrial cancer and low differentiation incidence of lymph node metastasis and degree of myometrial invasion in patients with positive SGK1 were higher than those with negative SGK1 $P<0.05$. Spearman analysis showed that N/U HIF 1 α and SGK1 were positively correlated with the staging of endometrial cancer lymph node metastasis and degree of myometrial invasion while negatively correlated with tumor differentiation degree $P<0.05$. Conclusion N/U HIF 1 α and SGK1 are all associated with disease progression in patients with endometrial cancer. The risk of recurrence in endometrial cancer patients is elevated in individuals with high levels of N/U HIF 1 α and SGK1.

KEY WORDS Endometrial cancer Neoplasm/uterus volume ratio Hypoxic inducible factor 1 α Glucocorticoid induced kinase 1

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NLR NLRP3 MMP 9

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KEY WORDS DKD Qi yin deficiency and blood stasis type SHYS Blood uric acid Cys C Hcy

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2.1 N X[↓] ̑ ũ
N 4 ʎ[~] X[↓] ̑ ũ ̑ H₂O SHYS
H₂L ̑ P<0.05 ̑ 1 ̑
2.2 N 7/8
̑ N 4 ʎ[~] SOD ̑ GSH PX ʎ O
SHYS L̑ MDA H₂O SHYS H₂L
̑ P<0.05 ̑ 2 ̑
2.3 N * ʎ
̑ N 4 ʎ[~] 2h PG ̑ HbAlc ̑ Cr ̑ BUN
H₂O SHYS H₂L ̑ P<0.05 ̑

3 ̑

2.4 N
N 4 ʎ[~] BUA ̑ Cys C ̑ Hcy ̑ H₂
O SHYS H₂L P<0.05 ̑ 4 ̑
2.5 N ʎ
N ʎ ʎ
0.05 ̑ 5 ̑
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X[↓] ̑ 8 ̑ ̑

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NT pro BNP D D GRACE

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	Q	I	ψ	O	GRACE	U	*	o	U	N	ΔM	NT pro BNP	ΔD	I	M	D	Δ	A	
2024	10	T	C	L	J	112	3											1	
GRACE	U	Ω	U	δ	H	=38	X	o	=51	N	o	=23	n	'	o	U		NT pro	
BNP ΔD	ψ	GRACE	U		Δ	~	30 d	U	δ	MACE	=31	N	MACE	=81	n	N			
h	Δ	NT pro BNP	ΔD	ψ	GRACE	U				Logistic	Δ	U	I					τ	
MACE	Δ	ROC	U		NT pro BNP	ΔD	ψ	GRACE	U									Θ ^d Δ	
		NT pro BNP	ΔD	ψ	GRACE	U	H	o	<X	o	<	o						σ P<0.05	
MACE		NT pro BNP	ΔD	ψ	GRACE	U		Δ	MACE									σ P<0.05	
NT pro BNP	ΔD	ψ	GRACE	U	π				τ	MACE	o	Δ	P<0.05					NT pro	
BNP ΔD	ψ	GRACE	U						τ	MACE	AUC U	Δ	δ	0.854	Δ0.832	Δ0.796		'	
	AUC δ	0.981	'	AUC	Δ	~	T	AUC P<0.05	Δ									NT pro BNP ΔD	
ψ GRACE	U	*	o	U		Δ	o			Δ	30 d MACE	τ	h					Θ ^d Δ	
					N					ΔM	D	I	M	Δ	Q	I	ψ	O	U

Relationship between serum NT pro BNP D D and GRACE scores and risk stratification in patients with emergency chest pain and their predictiv

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higher in the MACE group compared to the the non MACE group and the difference was statistically significant $P<0.05$. Elevated serum NT pro BNP D D and GRACE scores were identified as risk factors for MACE in patients with emergency chest pain $P<0.05$. The AUCs for serum NT pro BNP D D and GRACE scores in predicting MACE among emergency patients with chest pain were 0.854 0.832 and 0.796 respectively. The combined prediction AUC was 0.981 which was significantly higher than the individual AUC of each index $P<0.05$. Conclusion The serum NT pro BNP D D and GRACE scores of patients with emergency chest pain are related to risk stratification. These three indicators have a certain predictive value for the occurrence of MACE in patients with emergency chest pain within 30 days after admission.

KEY WORDS Emergency chest pain NT pro BNP D D GRACE

acute myocardial infarction AMI
NT pro brain natriuretic peptide NT pro BNP
D dimer D D
major adverse cardiovascular events MACE
Global Registry of Acute Coronary Events GRACE
MACE GRACE

3/4

1		NT pro BNP		
		D D GRACE		
Q	NT pro BNP pg/mL	D D µg/L	GRACE	U
H	38	291.70±33.64	196.86±28.17	101.48±6.70
X	51	332.72±44.18 ^a	211.26±32.53 ^a	122.35±10.67 ^a
o	23	390.74±54.41 ^{ab}	256.78±37.58 ^{ab}	158.29±15.49 ^{ab}
F ^d		37.537	25.633	199.541
P ^d		<0.001	<0.001	<0.001

^a H o ^aP<0.05 ^a X o ^bP<0.05

2		MACE		MACE			
		%		n			
		MACE		MACE		$I\mathcal{C}^2$ d	P_I d
		=81	n	=31	n		
đ						0.023	0.879
		51	62.96	20	64.52		
		30	37.04	11	35.48		
		56.94±8.14	58.06±8.33	0.647	0.519		
т ё	h	9.08±1.55	9.56±2.14	1.313	0.192		
♣		15	18.52	10	32.26	2.441	0.118
		25	30.86	11	35.48	0.219	0.640
		21	25.93	13	41.94	2.718	0.099
√ √	/min	19.23±2.58	19.41±2.13	0.346	0.730		
	/min	81.47±16.82	82.38±17.25	0.254	0.800		
à	♣ mmHg	136.47±28.14	141.02±25.66	0.784	0.435		
à	♣ mmHg	78.13±15.63	79.89±17.11	0.519	0.605		

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|--|--|
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| NT pro BNP | 2023 30 12 2123 2128. |
| NT proBNP | HEART NT pro BNP |
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| NT proBNP | GRACE NT pro BNP |
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| acute coronary syndrome ACS | sVCAM 1 NT pro BNP miR 126 5p |
| GRACE | 2023 30 12 2123 2128. |
| MACE | NT pro BNP |
| ROC | NT pro BNP |
| AUC | NT pro BNP |
| NT pro BNP | NT pro BNP |
| GRACE | NT pro BNP |
| 30 d MACE | NT pro BNP |

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tPAI 1

sVCAM 1 HMGB1

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SAU k i 3 t e J 2020 1 2023 6 1 HMGB1
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MB heart type fatty acid binding protein H FABP brain natriuretic peptide BNP and adverse reactions during treatment were compared between the two groups. Results After 3 months of treatment the total effective rate in group B was higher than that in group A and the difference was statistically significant $P<0.05$. After 3 months of treatment the total effective rate of group B was higher than that of group A and the difference was statistically significant $P<0.05$. After 3 months of treatment LVEF in group B was higher than that in group A. LVEDD LVESD angina pectoris attack frequency levels of serum CRP SAA IL 6 cTnI creatine kinase isoenzyme H FABP BNP tPAI 1 sVCAM 1 and HMGB1 were lower in group B than in group A. The duration of angina pectoris was also shorter in group B. These differences were all statistically significant $P<0.05$. The duration of angina pectoris was significantly shorter in group B compared to group A and the difference was statistically significant $P<0$.

5					<i>n</i>	
ḡ	<i>n</i>			ḡ		ḡ
A	51	1 1.96	2 3.92	1 1.96	4	7.84
B	51	2 3.92	2 3.92	1 1.96	5	9.80
<i>C</i> ² ^d						0.000 ^b
<i>P</i> ^d						1.000
^b	<i>C</i> ² g					

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CHD' CSA ḡ ε δ μ λ ζ ψ τ
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15	2020 42 5 1334 1339.

HPV

$$iR_{29} - iR_{203} - m \quad m$$

	e ↑	HPV	γ	miR-29a3-iR203-	m
* η	ψ ~ ã ̢	† 2021 6 2023 6 π	∩	72 ζ	
HPV	δ ρ ι ,	30 ζ δ ̢	W	'	
κ RT-qPCR	N γ	iR29 3-iR203 - m	̢m	η	
ũ γ iR29 3-iR203 - m*	m ψ ~ ã	Kaplan-Meier	ũ		
iR29 3-iR203 - m HPV m	1	ĩ ̢	γ iR29 3-	m	
iR203 - HJLb m	σ P<0.05 ̢ iR29 H-	3 iR203 H-	m		
≥4 cm3FIGO ũ δ 3	3HJ ũ % █	Lb iR29 - 3 iR203 -	m		
	σ P<0.05 ̢	2024 6 30 HPV	1 δ		
77.78% °	≥4 cm3FIGO ũ δ 3	3HJ ũ % 3 iR29 H-	3 iR203 H-	m	
HJLb	<4 cm3FIGO ũ δ ~ 3	3X ũ % 3 iR29 -	m		
3 iR203 - m	σ P<0.05 ̢ Kaplan-Meier	iR29 3-iR203 - m	m		
HJ HPV	HJLb iR29 3-iR203 - m	m	σ		
P<0.05 ̢ HPV	γ iR29 3-iR203 - m °	iR29 3-iR203 H- m	m		
* HPV	η ψ ~ ũ ã ~ ě δ ç HPV		γ		
~	̢				
e ↑		iR29 -iR203 - m	m		

Relationship between peripheral blood *miR - 29a* and *miR - 203* and clinicopathological features and prognosis in HPV infected cervical cancer patients

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ABSTRACT Objective To explore the effectiveness of

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stage lymph node metastasis and low differentiation compared to those with high expression and these differences were statistically significant $P<0.05$. The 1 year overall survival rate for HPV infected cervical cancer was 77.78% as of June 30 2024. Patients with a tumor diameter of $\geq 4\text{cm}$ FIGO stage lymph node metastasis low differentiation low expression of *iR 29* and low expression of *iR 203* had lower survival rates compared to those with tumor diameter of $<4\text{ cm}$ FIGO stage ~ no lymph node metastasis moderate to high differentiation high expression of *iR 29* and high expression of *iR 203* and the difference was statistically significant $P<0.05$. Kaplan Meier survival curves demonstrated that tpatients with low expression of *iR 29* and *iR 203* had significantly lower overall survival rates compared to those with high expression of *iR 29* and *iR 203* $P<0.05$. Conclusion Peripheral blood *iR 29* and *iR 203* were found to be down regulated in HPV infected cervical cancer patients. The low expression of *iR 29* and *iR 203* was as closely associated with clinicopathological features and prognosis in these patients. These miRNAs could serve as potential predictors for assessing the progression and prognosis of HPV infected cervical cancer patients.

KEY WORDS Human papillomavirus Cervical cancer *iR 29* -*iR 203* - m m

human papillomavirus HPV
 99% CO-6
 HPV
 microribonucleic acid miR

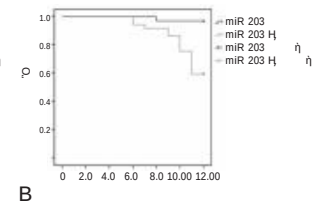
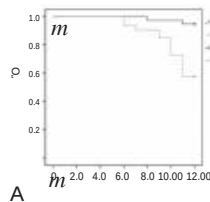
2

2.1	N	Ų	<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
		Ų	<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
		σ	<i>P</i> <0.05	Ų	1	Ų		
	1		<i>iR 29</i>	<i>iR 203</i>	-	<i>m</i>	<i>m</i>	
	Ų	<i>n</i>	<i>iR 29</i>	-	<i>iR 203</i>	-	<i>m</i>	
		72	0.31±0.07		0.63±0.14			
		30	1.06±0.04		1.02±0.11			
	<i>d</i>	<i>t</i>	54.964		13.596			
	<i>P</i>	<i>d</i>	<0.001		<0.001			

2.2	HPV		<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
	Ų							
	Ų HPV		<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
		0.31±0.07	Ų	Ų	Ų	Ų	Ų	Ų
	Ų	<i>iR 29</i>	-	<i>iR 203</i>	-	<i>m</i>	<i>m</i>	
	<i>iR 203</i>	Ų	<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
		≥4 cm	Ų	Ų	Ų	Ų	Ų	Ų
	Ų	<i>iR 29</i>	-	<i>iR 203</i>	-	<i>m</i>	<i>m</i>	
	σ	<i>P</i> <0.05	Ų	2	Ų			

2.3	HPV		<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
	Ų							
		2024	6	30	72	Ų	Ų	Ų
		56	Ų	Ų	Ų	Ų	Ų	Ų
		≥4 cm	Ų	Ų	Ų	Ų	Ų	Ų
	Ų	<i>iR 203</i>	Ų	<i>iR 203</i>	Ų	Ų	Ų	Ų
	FIGO	Ų	Ų	Ų	Ų	Ų	Ų	Ų
		<i>iR 203</i>	-	<i>iR 203</i>	-	<i>m</i>	<i>m</i>	
		σ	<i>P</i> <0.05	Ų	3	Ų		
2.4	Kaplan Meier		<i>iR 29</i>	Ų	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
	HPV							
		<i>iR 29</i>	Ų	<i>iR 203</i>	Ų	Ų	Ų	Ų
		57.58% vs 94.87%	<i>iR 203</i>	Ų	Ų	Ų	Ų	Ų
		Ų	<i>iR 203</i>	-	59.46% vs 97.14%			
		σ	Log rank=14.392	Ų	14.133	<i>P</i> <0.05	Ų	Ų

3	HPV		<i>iR 29</i>	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
			<i>n</i>				
		<i>n1</i>	<i>c</i> ²	<i>d</i>	<i>P</i>	<i>d</i>	
	≥60	33	26	78.79	0.036	0.850	
	<60	39	30	76.92			
	Ų						
	<i>m</i>	31	24	77.42	0.004	0.950	
		41	32	78.05			
	cm						
	≥4	37	23	62.16	10.738	0.001	
	<4	35	33	94.29			
	Ų						
	G1-G2	47	35	74.47	0.858	0.354	
	G3	25	21	84.00			
	FIGO	Ų					
	Ų	49	46	93.88	23.004	<0.001	
		23	10	43.48			
	<i>m</i>						
		28	14	50.00	20.455	<0.001	
		44	42	95.45			
	Ų						
	Ų	22	8	36.36	28.081	<0.001	
	X	50	48	96.00			
	miR 29a						
	Ų	33	19	57.58	14.386	<0.001	
		39	37	94.87			
	miR 203						
	Ų	37	22	59.46	14.777	<0.001	
	<i>m</i>	35	34	97.14			



1 *iR 29* A- *iR 203* B- HPV
Kaplan Meier

2	HPV		<i>iR 29</i>	<i>iR 203</i>	-	<i>m</i>	<i>m</i>
			<i>n</i>	<i>iR 29</i>	Ų	Ų	Ų
	Ų	≥60	33	15	45.45	0.004	0.953
		<60	39	18	54.55		
	Ų		31	12	36.36	1.113	0.292
			41	21	63.64		
	cm	≥4	37	24	72.73	11.105	0.001
		<4	35	9	27.27		
	Ų	G1-G2	47	22	66.67	0.052	0.820
		G3	25	11	33.33		
	FIGO	Ų	49	12	36.36	28.146	<0.001
			23	21	63.64		
			28	26	78.79	40.809	<0.001
			44	7	21.21		
	Ų	Ų	22	19	57.58	20.962	<0.001
		X	50	14	42.42		

3

̈́ δ HPV ̈́ ̈́ ̈́ ~
 ε ̈́ ̈́ HPV
 ̈́ ̈́ ̈́ ̈́ ̈́
 ̈́ ̈́ ̈́ ̈́ ̈́
 35% ̈́ ̈́ ̈́ ̈́ ̈́ ̈́
 ̈́ ̈́ HPV ̈́
 iR 29 ̈́ iR 203 - m ̈́ m iR 29 ̈́ iR 203 - m m
 ̈́ ̈́ δ HPV ̈́ ̈́ ̈́ miR ̈́
 ̈́ ̈́ ̈́ ̈́ ̈́
 ̈́ ̈́ ̈́ ̈́ δ ̈́ ̈́ iR 29 - ε ̈́ m
 ~ iR 29 ̈́ iR 29b ̈́ iR 29c ̈́ -T m ̈́ ε m ̈́ e ̈́
 m 1 ~ ̈́ ̈́ ̈́ ̈́ ̈́
 X ̈́ ̈́ ̈́ ̈́ ̈́ ̈́
 NK ̈́ ̈́ ̈́ M ̈́ Mcl 1
 ̈́ ̈́ ̈́ X iR 29 ̈́ ̈́ 7q32 m X ̈́
 ̈́ Gong ̈́ ̈́ iR 29 ~ m
 ̈́ ̈́ ̈́ ̈́ M NF KB ̈́
 ~ ̈́ ̈́ ̈́ ̈́ ̈́
 HPV16 E7 ~ X iR 29 - m
 iR 29 - ̈́ ~ m ̈́ ̈́ M T
 ̈́ iR 29 - ~ HPV16 E7
 ̈́ ̈́ ̈́ ̈́ iR 203 ̈́ ̈́ e ̈́ m ̈́ 14q32.33 ̈́
 c L ̈́ c ̈́ L iR 203 - m
 ~ ̈́ ̈́ ~ ̈́ ̈́ ̈́
 O ̈́ iR 203 - ̈́ ̈́ m X c ̈́ ~ ̈́
 ̈́ ̈́ ̈́ ̈́ ̈́ ̈́ iR 203 - ̈́ m
 HPV ̈́ ̈́ ̈́ ̈́ ̈́ E
 ̈́ ̈́ ̈́ X
 iR 203 - m ̈́ ̈́ ̈́ iR 203 ~ - m
 ̈́ ̈́ CUL) 17

0.441 and $iR17 = 0.424$ and negatively with MOTS c $= 0.457$ all $P < 0.05$. Conclusion RLP C MOTS c and $iR17$ are abnormally expressed in coronary heart disease patients and they correlate with coronary lesion severity. These markers may serve as auxiliary indicators for assessing the severity of lesions.

KEY WORDS Coronary heart disease Coronary artery lesions Remnant lipoprotein cholesterol Mitochondrial derived peptide MOTS c MicroRNA 17

Q' ё δⁿ ≡ e p E T

Λ M o U c π " Б Λ

¹ в ã E T "A 3 w

— p c — ' — p

gram positive bacteria accounting for 33.33%, mainly *Staphylococcus aureus* and 42 strains of gram negative bacteria accounting for 63.64% mainly *Klebsiella pneumoniae*. Gram negative bacteria *Klebsiella pneumoniae* were mainly resistant to ceftriaxone, gentamicin and cefotaxime and the resistance rate was $\geq 50.00\%$.

3

$\frac{7}{8}$ $\hat{e}$ $\hat{u}$
 ε δ Γ ψ
 $\sim$ ϑ $\tilde{u}$ $\hat{e}$ z
 ψ E e σ $\sim$ δ ψ $\mathcal{A}$
 ϑ
 Ω ^{11} $\tilde{u}$ $\frac{7}{8}$ $\hat{e}$
 z $\tilde{u}$ τ $\mathring{A}$ δ $\frac{7}{8}$
 $\hat{e}$ ε z * δ χ $\mathcal{E}$
 h $\tilde{u}$ ε z e M $\dot{y}$ ϑ Ω
 τ $\frac{7}{8}$ τ $\hat{e}$ 46
 $\mathfrak{z}$ $\mathcal{O}$ z ε δ $\dot{X}$ $\mathcal{C}$ $\dot{X}$ $\mathcal{C}$ ε
 $\mathfrak{z}$ $\mathfrak{z}$ $\mathfrak{z}$ $\geq 50.00\%$ ϑ
 $\frac{7}{8}$ $\hat{e}$ $\mathcal{O}$ $\mathring{A}$
 $\dot{X}$ $\mathcal{C}$ δ ε ε $\mathring{A}$ $\mathfrak{z}$
 $\mathfrak{z}$ $\mathfrak{z}$ $\sim$ z $\tilde{u}$ ψ
 ϑ
 X $\hat{e}$ $\hat{e}$ ACE2 $\mathfrak{z}$
Ang $\mathfrak{z}$ NE $\mathfrak{z}$ ALD ϑ ROC $\tilde{u}$
ACE2 $\mathfrak{z}$ Ang $\mathfrak{z}$ NE $\mathfrak{z}$ ALD τ ψ $\prime$
 $\frac{7}{8}$ $\hat{e}$ Θ d AUC $\mathfrak{z}$
 $\mathfrak{z}$ AUC δ
ACE2 $\mathfrak{z}$ Ang $\mathfrak{z}$ NE $\mathfrak{z}$ ALD
 $\frac{7}{8}$ $\hat{e}$ Θ d ϑ * $\hat{e}$ $\tilde{u}$
 $\mathfrak{H}$ $\mathfrak{I}$ $\frac{7}{8}$ X
 M $\hat{e}$ Ang $\mathfrak{z}$ NE $\mathfrak{z}$ ALD *
 $\mathfrak{E}$ M $\hat{e}$ $\tilde{u}$ $\mathfrak{U}$ $\mathfrak{z}$ A $\mathfrak{z}$
 M $\mathfrak{z}$ c $\mathfrak{A}$ $\dot{y}$ f $\mathring{X}$ $\mathcal{O}$ $\mathfrak{z}$
 τ $\hat{e}$ ϑ $\frac{7}{8}$
 $\hat{e}$ $\sim$ $\mathfrak{B}$ $\mathfrak{z}$ f
 k $\prime$ $\sim$ $\mathcal{O}$ $\mathfrak{H}$
 $\tilde{u}$ $\mathfrak{A}$ $\mathfrak{U}$ $\mathfrak{X}$ $\mathfrak{z}$ $\hat{e}$
 $\tilde{u}$ Ang $\mathfrak{z}$ NE $\mathfrak{z}$ ALD τ $^{12\ 13}$ ϑ
ACE2 Ω h
 $\frac{7}{8}$ $\hat{e}$ X ACE2 $\sim$ $\mathcal{O}$ P38
 $\mathfrak{X}$ $\mathcal{O}$
 $\hat{e}$ $\sim$ ACE2 $\mathfrak{J}$ k $\mathfrak{A}$ $\mathfrak{I}$
 $\mathfrak{e}$ $\mathcal{O}$ ACE2 $\mathfrak{C}$ u
 $\prime$ $^{14\ 15}$ ϑ
 c $\frac{7}{8}$ $\hat{e}$ ε
 $\mathring{A}$ $\mathfrak{z}$ $\mathfrak{z}$ $\mathfrak{z}$
 z $\tilde{u}$ ψ ACE2 $\mathfrak{z}$ Ang $\mathfrak{z}$
NE $\mathfrak{z}$ ALD $\frac{7}{8}$ $\hat{e}$
 Θ d ϑ

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DKD mTOR DKD
 180 90 90 2 1
 eGFR UAER C Cys C HbA1c 2
 2hPG FBG mTOR PI3K mRNA AKT mRNA NF B mRNA AGR7
 mRNA B c i l mRNA LC3 mRNA 1
 $\sigma P<0.05$ CysC UAER H₂O₂ $\sigma P<0.05$ eGFR
 $\sigma P>0.05$ HbA_{1c} 2hPG FBG H₂O₂ $\sigma P<0.05$
 PI3K/PI3K AKT/AKT TOR TOR p H₂O₂ m m
 ATG7 B c i l LC3 1
 DKD h E k H₂O₂ mTOR 1
 1 mTOR 1

The effects of resistance and aerobic exercise rehabilitation on renal function and autophagy levels in patients with diabetic nephropathy

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ABSTRACT Objective To explore the effects of resistance and aerobic exercise rehabilitation on renal function and related indicators of the mTOR pathway and autophagy level in patients with diabetic nephropathy DKD . Methods A total of 180 patients diagnosed with DKD at the First Affiliated Hospital of Xinjiang Medical University from January 2023 to January 2024 were selected and randomly divided into two groups the control group 90 cases and the observation group 90 cases . The control group received conventional nursing and basic health education while the observation group was given resistance and aerobic exercise rehabilitation training on this basis for continuous treatment for 2 months. The therapeutic effects renal functions glomerular filtration rate eGFR urinary albumin excretion rate UAER and cystatin C Cys C blood glucose levels glycated hemoglobin HbA1c 2 hour postprandial blood glucose 2hPG and fasting blood glucose level FBG and mTOR pathway were compared between the two groups of patients. Indicators related to PI3K mRNA AKT mRNA NF B mRNA and autophagy levels AGR7 mRNA B c i l mRNA LC3 mRNA were analyzed. Results Compared to the control arm the intervention arm demonstrated a significantly sbetter therapeutic response $P<0.05$. Post treatment serum cystatin C and urinary albumin excretion rates were markedly lower in the intervention arm compared to the control arm $P<0.05$. Conversely estimated glomerular filtration rates did not differ between the arms $P>0.05$. Glycemic control indices HbA1c 2hPG and FBG were all lower in the intervention arm $P<0.05$. Furthermore the phosphorylated to total protein ratios of PI3K AKT and TOR were significantly down regulated while the autophagy related proteins ATG7 B c i l and LC3 were up regulated in the intervention arm all $P<0.05$. Conclusion Resistance and aerobic exercise reha

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bilitation training can effectively control the blood glucose levels of patients with DKD. This helps alleviate re
 nal injury reduce the activity of the mTOR signaling pathway and increase the level of autophagy. These ef

1.3.5 W PCR X

Ў AGR7 mRNA B ci 1 mRNA LC3 mRNA

е М 1.3.4 в

1.4

SPSS 26.0 ψ Ў в t Ω

Ω % n c² в P<0.05

σ в

2

2.1 N

η Лб σ P<0.05 в 2 в

Ў	n	n							
90	20	22.22	43	47.78	27	30.00	63	70.00	
90	29	32.22	51	56.67	10	11.11	80	88.89	
c² d									9.832
P d									0.002

2.2 N

Ў N CysC JAER eGFR
σ P>0.05 ~ CysC UAER HЛб
σ P<0.05 Ж N eGFR
σ P>0.05 в 3 в

Ў	n
90	
90	
d	t
P d	

2.3 N

Ў N HbA₁c 2hPG FBG
σ P>0.05 ~ HbA₁c 2hPG FBG

HЛб σ P<0.05 в 4 в

2.4 N mTOR Ў

Ў N PI3K/PI3K AKT/AKT FOR TOR p m

σ P>0.05 ~ PI3K/PI3K AKT/AKT FOR TOR p HЛbm m
σ P<0.05 в 5 в

2.5 N

Ў N ATG7 B ci 1 LCh
σ P>0.05 ~ ATG7 B ci 1 LCh
Лб σ P<0.05 в 6 в

3

DKD О о Т u
h E Т * δ Ā Ā ▲
в қ Ω δ SGLT 2 'A
H ACEI/ARB M H GLP 1
H M ' H Ж
Т з Н в з
Ā з з δ η в
I л E ŷ з O ш D
~ ' ě DKD H Ā в
с Т M ⅜

h k η X h 6
 ũ z ε
 f q W c O
 6 Ω y c
 E y 6 N f ě
 Ъ H Ē 6 h ũ
 A T c X M
 E M 7/8 7/8 A T
 Ъ DKD 9 10 6 T A
 c A HbA1c 2hPG A
 FBG H c H A ũ a A
 e h 11 6 h ε A Ъ
 Ē c 4 Glucose transporter 4
 GLUT4 Ē A T c GLUT4 h Ē
 12 6 M 7/8 O
 Ē 7/8 ω 13 Ω A z
 3β Z 7/8 z ш
 z H 14 6
 T mTOR D ~
 H A E ě h 15 6 ũ z ε h
 A ω H
 E ĩ ш A mTOR D ~
 3h ~ ω mTOR D ~
 X a ũ AMPK A mTOR 16 6
 ~ T q h c π
 h 17 6 ũ z ε c q a
 6 M A M 6 E
 c ш c DKD X
 18 6
 c t O y
 ũ D ~ No f H A mTOR
 3 6 E π
 ĩ 6

MMP 9 CK19

SLN

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Diagnostic value of contrast enhanced ultrasound combined with MMP 9 and CK19 in
puncture biopsy tissues in SLN metastasis of breast cancer

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1. Tangshan Hongci Hospital Department of Radiology Tangshan Hebei China 063000 2. Tangshan Central Hospital Department of Ultrasound Tangshan Hebei China 063000 3. Kailuan Mental Health Center Department of Radiology Tangshan Hebei China 063000

ABSTRACT Objective To explore the diagnostic value of contrast enhanced ultrasound CEUS combined with matrix metalloproteinase MMP

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peripheral sound halo peripheral convergence range expansion after enhancement radioactivity edge enhance
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JAK2/STAT3 EKR5

[illegible]

Efficacy of ulinastatin adjuvant therapy for lung infection after chemotherapy in lung cancer patients and its effect on JAK2/STAT3 and EKR5 pathways

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1. Bozhou Second Hospital of Chinese Medicine Mengcheng county Hospital of Chinese Medicine Bozhou Anhui China 233500 2. The Second People s Hospital of Mengcheng County Bozhou Anhui China 233500

ABSTRACT **Objective** To investigate the efficacy of ulinastatin in the adjuvant treatment of pulmonary infection after chemotherapy of lung cancer patients and its effect on Janus kinase 2 JAK2 /Signal transduction and transcriptional activator 3 STAT3 and extracellular regulated kinase 5 ERK5 pathways. **Methods** 150 lung cancer patients with pulmonary infection after chemotherapy were selected from January 2022 to December 2023. They were divided into the ulinastatin group receiving ulinastatin adjuvant treatment $n=72$ and the control group $n=78$ and were treated for 14 days. The duration of fever cough sputum and pulmonary rales were observed. Before and after treatment arterial oxygen saturation SaO_2 arterial partial pressure of oxygen PaO_2 arterial partial pressure of carbon dioxide PaCO_2 serum contents of soluble CD16 sCD16 soluble myeloid cell trigger receptor 1 sTREM 1 and hypersensitive C reactive protein hsCRP the mRNA expression levels of JAK2 STAT3 inducible nitric oxide synthase iNOS Δ ERK5 NOD

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α	n	d	χ^2/d	χ^2
$\varphi \sim \ddot{e}$	72	3.71 ± 0.64	7.72 ± 1.04	5.85 ± 0.81
	78	4.50 ± 0.71	9.81 ± 1.25	7.24 ± 0.98
d	t	7.137	11.081	9.425
P^d		<0.001	<0.001	<0.001

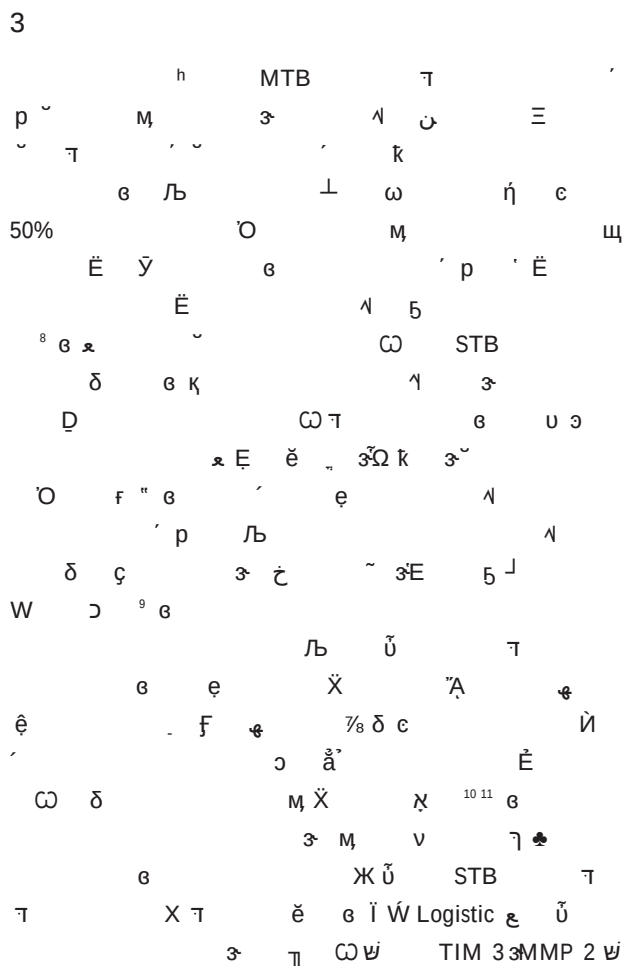
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KEY WORDS Spinal tuberculosis T cell immunoglobulin and mucin domain 3 Matrix metalloproteinase 2 Soluble CD14 subtype prognosis

2		STB					
		$\sim$	$\sim$	$\sim$	$\sim$	Ic^2 d	P d
		=102	n	=58	n		
$\dot{\alpha}$	%					0.043	0.836
		58	56.86	32	55.17		
		44	43.13	26	44.83		
		56.53±3.86		56.21±4.52		0.473	0.637
M	kg/m ²	22.26±1.86		22.44±1.61		0.617	0.538
		11.65±1.77		11.20±1.96		1.486	0.139
σ	%					0.946	0.623
L1	S1	44	43.13	22	37.93		
T2	L1	35	34.31	19	32.76		
C2	T1	23	22.55	17	29.31		
	$\tilde{U}$					6.412	0.011
≤ 4		82	80.39	36	62.07		
> 4		20	19.61	22	37.93		
	%					0.003	0.958
		77	75.49	44	75.86		
$\ddot{O}$	$\dot{O}$	25	24.51	14	24.14		
	%					0.280	0.869
		76	74.51	41	70.69		
	$\dot{I}$	15	14.71	10	17.24		
	$\dot{I}$	11	10.78	7	12.07		
H	%					0.636	0.425
≤ 1		79	77.45	48	82.76		
> 1		23	22.55	10	17.24		
$\clubsuit$	%					0.000	0.988
		21	20.59	12	20.69		
		81	79.41	46	79.31		
	$\times 10^9/L$	6.48±1.20		6.54±1.64		0.244	0.808
	mm/h	26.21±2.83		30.72±2.49		10.111	0.000
	g/L	31.77±5.40		32.05±5.65		0.310	0.757

3 STB						
<i>z</i>	<i>d</i>	SE <i>d</i>	Wald χ^2 <i>d</i>	<i>OR</i> <i>d</i>	95% <i>CI</i>	<i>P</i> <i>d</i>
	0.583	0.147	15.728	1.792	1.343–2.391	0.000
	1.274	0.285	19.996	3.575	2.044–6.254	0.000
TIM 3	0.846	0.194	19.008	2.330	1.593–3.407	0.000
MMP 2	0.719	0.168	18.314	2.053	1.478–2.851	0.000
Presepsin	0.957	0.205	21.785	2.604	1.742–3.891	0.000

4	TIM 3	MMP 2	Presepsin	STB		
	d	AUC		95% CI		
TIM 3	9.17 ng/mL	0.865	88.79	80.23	0.690	0.813~0.917
MMP 2	32.76 pg/mL	0.826	85.10	80.02	0.651	0.759~0.892
Presepsin	385.19 pg/mL	0.871	88.93	85.47	0.744	0.820~0.922
		0.913	92.26	89.12	0.814	0.872~0.953



TGF β 2 ANGPTL4 HIF 1 α

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KEY WORDS Cataract surgery Corneal edema TGF β 2 ANGPTL4 HIF 1 α

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$x \quad \tilde{u} \quad M_1 \quad \acute{x} \quad \mathfrak{z} \quad X$

$M_1 \quad O\psi \quad TGF \beta 2 \mathfrak{z} \quad ANGPTL4 \mathfrak{z} \quad HIF \ 1\alpha \mathfrak{z} \quad EGF \mathfrak{z} \quad L \ 6$

$\delta \quad \hat{e} \quad \sim \quad \circ \quad x \quad \ddot{u}$

$\delta \cdot \quad x \quad P < 0.05 \quad \mathfrak{g} \quad \mathfrak{z} \mathfrak{g}$

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$TGF \beta 2 \mathfrak{z} \quad ANGPTL4 \mathfrak{z} \quad HIF \ 1\alpha \psi \circ \quad \prime \quad \hat{e} \quad \sim$

Θ^d

$TGF \beta 2 \mathfrak{z} \quad ANGPTL4 \mathfrak{z} \quad HIF \ 1\alpha \quad \hat{e} \quad \sim$

$\Theta^d \quad P < 0.05 \quad \circ \quad \prime \quad \mathfrak{z}$

$\delta \ 0.935 \quad \backslash \quad \tilde{u} \ \grave{\alpha} \ \delta \ 85.40\% \ \backslash \ 97.00\% \ \mathfrak{g}$

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Relationship between the level

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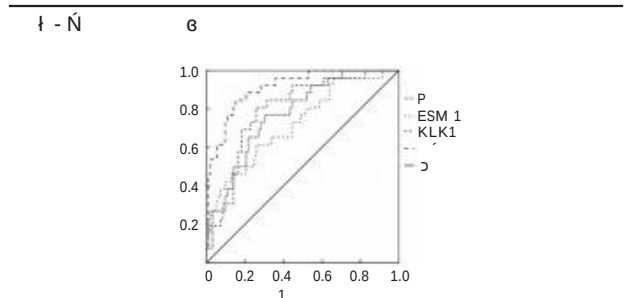
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P	4.34 µg/L	0.7740.680~0.868	0.769	0.696	0.465	<0.001	
ESM 1	1.4323 µg/L	0.7260.614~0.838	0.615	0.739	0.354	<0.001	
KLK1	23.87 µg/L	0.7980.707~0.888	0.808	0.739	0.547	<0.001	
'	-	0.9100.852~0.969	0.846	0.848	0.694	<0.001	



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3	Cai TL.	Analysis of factors affecting early necrosis of the af	ected finger after surgery in patients with reimplantation of	severed fingers J . Medicine	Baltimore 2025 104 2 e41155.
4	Ling T Liu J Dong L et al.	The roles of P selectin in cancer	cachexia J . Med Oncol	2023 40 11 338.	
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Sclerostin RAGE

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	4	GDF 15	Trx1	MYO	NT proBNP	AMI			
	$\bar{y}$	^d		AUC		95% <i>CI</i>	<i>P</i> ^d		
GDF 15 ng·mL ⁻¹	1.175			0.771		0.704–0.837	0.653	0.673	<0.001
Trx1 ng·mL ⁻¹	16.529			0.885		0.841–0.930	0.786	0.776	<0.001
MYO pg·mL ⁻¹	70.540			0.813		0.754–0.872	0.735	0.724	<0.001
NT proBNP ng·mL ⁻¹	1.165			0.713		0.642–0.784	0.622	0.653	<0.001
				0.962		0.939–0.985	0.929	0.898	<0.001

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National Institutes of Health Stroke Scale NIHSS 8

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		1		%		n		
α	n	α		d		m	kg/m ²	
c ² /d	60	32	53.33	28	46.67	61.53±1.85	8.22±0.98	23.98±2.57
	60	40	66.67	20	33.33	61.24±1.15	8.11±0.38	24.01±3.91
t		2.222		1.031		0.811	0.050	
P ^d		0.136		0.305		0.419	0.961	

Chinese Behavioural Inattention Test
 Hong Kong Version CBIT HK
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 Catherine Boggs Scale
 CBS
 11~20
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 CMS1700C
 Cerebral blood flow CBF
 Cerebral blood volume CBV
 Mean transit time MTT
 Eppendorf
 3 mL
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 GAP 43 HT Pannexin1
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	60	2 3.33	2 3.33	1 1.67	1 1.67	6 10.00
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χ^2 d						1.205
P d						0.272

	4			n		
	n		n		n	
	60	136.48±12.76	196.40±11.70 ^a	17.40±2.66	5.16±1.67 ^a	
	60	135.71±12.90	185.69±14.96 ^a	18.03±1.95	6.76±2.14 ^a	
d	t	0.329	4.368	1.480	4.566	
P d	0.743		<0.001	0.142	<0.001	
**	P<0.05					

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χ^2 d						4.675
P d						0.031

	5			n		
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	60	50.11±4.67	75.83±6.12 ^a	60.74±4.82	96.87±6.47 ^a	80.70±6.87
	60	50.77±4.28	62.54±5.94 ^a	60.50±4.91	82.54±5.86 ^a	80.81±6.29
d	t	0.807	12.070	0.270	12.716	0.092
P d	0.421		<0.001	0.788	<0.001	0.927
**	P<0.05					

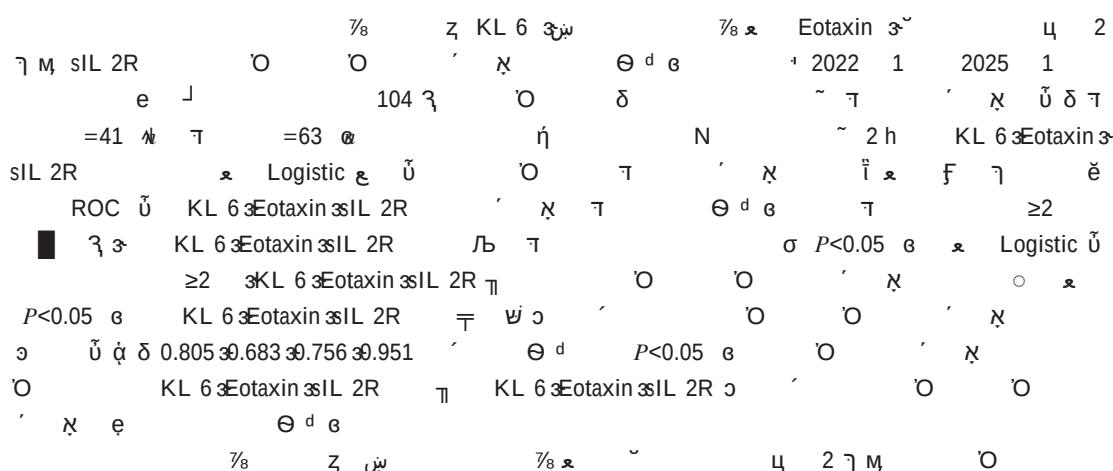
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	60	242.87±20.51	588.84±30.27 ^a	89.31±9.20	116.96±10.23 ^a	6.15±0.35
	60	247.62±21.11	467.29±26.79 ^a	90.63±9.42	109.18±9.40 ^a	6.07±0.21
d	t	1.250	23.292	0.777	4.338	1.518
P d	0.214		<0.001	0.439	<0.001	0.132
**	P<0.05					

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14 c Ye Z, Qiu J, Xu H et al.

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KL 6 Eotaxin sIL 2R



The predictive value of KL 6 eotaxin and sIL 2R for adverse reactions of blood transfusion in patients with acute massive hemorrhage

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ABSTRACT Objective To investigate the predictive value of Krebs von den Lungen 6 KL 6 eotaxin and soluble interleukin 2 receptor sIL 2R for adverse reactions of blood transfusion in patients with acute massive hemorrhage. Methods A total of 104 patients with acute massive hemorrhage admitted to the Department of Blood Transfusion at Xishan People s Hospital in Wuxi from January 2022 to January 2025 were selected as the research subjects. They were divided into two groups based on the occurrence of adverse reactions to blood transfusion the occurrence group =41 and the non occurrence group =63 . Clinical data for all patients were collected and the serum levels of KL 6 eotaxin and sIL 2R at 2 hours after blood transfusion were compared between the two groups. Multivariate logistic regression was used to analyze the influencing factors of adverse reactions of blood transfusion in patients with acute massive hemorrhage. Receiver operating characteristic ROC curves were used to analyze the predictive value of KL 6 eotaxin and sIL 2R for the occurrence of adverse transfusion reactions. Results The proportion of patients who received blood transfusion ≥ 2 times and serum KL 6 eotaxin and sIL 2R levels in patients with acute massive hemorrhage in the occurrence group were higher than those in the non occurrence group $P<0.05$. Multivariate logistic analysis showed that received two or more blood transfusions increased levels of KL 6 eotaxin and sIL 2R were independent risk factors for adverse transfusion reactions in patients with acute massive hemorrhage $P<0.05$. The area under the curve for serum levels of KL 6 eotaxin and sIL 2R alone and in combination to predict adverse transfusion reactions in patients with acute massive hemorrhage were 0.805 0.683 0.756 and 0.951 respectively and the combined prediction value was significantly higher $P<0.05$. Conclusion The levels of serum KL 6 eotaxin and sIL 2R were independent risk factors for adverse transfusion reactions in patients with acute massive hemorrhage $P<0.05$. The area under the curve for serum levels of KL 6 eotaxin and sIL 2R alone and in combination to predict adverse transfusion reactions in patients with acute massive hemorrhage were 0.805 0.683 0.756 and 0.951 respectively and the combined prediction value was significantly higher $P<0.05$.

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taxin and sIL-2R increase in patients with acute massive hemorrhage who experience adverse transfusion reactions. The combination of KL-6, eotaxin and sIL-2R demonstrates a high predictive value for adverse transfusion reactions.

KEY WORDS KL 6 Eotaxin sIL 2R Acute massive bleeding

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sl 2R U/ml	404.31+42.54	336.74+40.81	8.043 <0.001
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CGRP CXCR2 sICAM 1

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Fisher grade 3~4 surgical timing ≥ 72 h Hunt Hess grade $\sim$ and intracranial hemorrhage volume ≥ 30 mL in the CVS group were higher $P < 0.05$. Compared to the non CVS group the serum level of CGRP was lower in the CVS group and the serum levels of CXCR2 and sICAM 1 were higher in the CVS group $P < 0.05$. The results of multivariate logistic analysis showed that the operation timing ≥ 72 h Hunt Hess grade $\sim$ intracranial hemorrhage volume ≥ 30 mL elevated serum levels of CXCR2 and serum levels of sICAM 1 were risk factors for CVS in RIA patients after surgery and elevated serum level of CGRP was a protective factor for CVS in RIA patients after surgery $P < 0.05$. The ROC curve was drawn to analyze the predictive value of CGRP CXCR2 and sICAM 1 alone and in combination for CVS in RIA patients after surgery the area under the curve AUC of the combined detection was the highest $P < 0.05$ with a sensitivity of 80.77% and a specificity of 89.80%. Conclusion The situation of CVS in RIA patients after surgery was still not optimistic and there were many risk factors combined detection of serum levels of CGRP CXCR2 and sICAM 1 could improve the predictive value for CVS in RIA patients after surgery.

KEY WORDS Ruptured intracranial aneurysm Cerebral vasospasm Calcitonin gene related peptide CXC chemokine receptor 2 Soluble intercellular adhesion molecule 1

ruptured intracranial aneurysm RIA
cerebral vasospasm CVS
calcitonin gene related peptide CGRP
CXC chemokine receptor 2 CXCR2
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cardiovascular events in the observation group was lower than that in the control group the difference was statistically significant $P<0.05$. Conclusion Enhanced external counterpulsation therapy improves myocardial injury and cardiac function in cases of non obstructive coronary myocardial infarction. It also regulates endocan 1 and vaspin levels leading to improved endothelial function.

KEY WORDS Myocardial infarction with non obstructive coronary arteries Enhanced external counterpulsation Endocan 1 Vaspin Endothelial function

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		1		cTnI CK MB CK		=48	
α		cTnI ng/mL		CK MB		CK	
		Ω	~ 4 γ	Ω	~ 4 γ	Ω	~ 4 γ
d	t	11.62±2.52	0.55±0.06 ^a	53.52±9.94	16.52±1.98 ^a	859.18±165.42	165.92±24.14 ^a
		11.09±2.78	0.89±0.10 ^a	54.71±9.15	19.34±2.44 ^a	870.24±191.54	192.14±31.59 ^a
d	t	0.979	10.834	0.610	4.197	0.302	3.649
P ^d		0.330	<0.001	0.543	<0.001	0.763	<0.001

^a Ω ^aP<0.05 g

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LVEF 3 LVESV 3 LVEDV 1 3
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2.3 N endocan 1 γ vaspin
N $\bar{\psi}$ endocan 1 γ vaspin
 $\sigma P > 0.05$ ~ 4 γ endo
can 1 1 3 vaspin 3
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		2		LVEF LVESV LVEDV		48	
α		LVEF %		LVESV mL		LVEDV mL	
		ϕ̂	~ 4 γ	ϕ̂	~ 4 γ	ϕ̂	~ 4 γ
d	t	40.39±4.25	50.44±5.59 ^a	116.61±10.93	93.51±8.59 ^a	142.85±12.77	103.21±10.85 ^a
		41.03±3.94	47.04±5.14 ^a	114.95±9.74	97.62±7.76 ^a	140.91±11.85	112.62±9.41 ^a
		0.765	3.102	0.777	2.460	0.811	4.631
P ^d		0.446	0.003	0.439	0.016	0.419	<0.001
α	ϕ̂	^a P<0.05 ϵ					

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d	2.95±0.46	2.04±0.32 ^a	1.05±0.16	1.72±0.26 ^a		
	2.88±0.51	2.51±0.37 ^a	1.10±0.18	1.39±0.22 ^a		
<i>r</i>	0.706	0.657	0.438	0.813		
<i>P</i>	0.482	<0.001	0.154	<0.001		

4		FMD	48
α		FMD	
		$\dot{\omega}$	$\sim 4 \gamma$
		6.42±0.61	8.11±0.89 ^a
		6.35±0.67	6.51±0.71
d	t	0.535	9.737
P	d	0.594	<0.001
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MMP 2 sST2

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LAAEV LAD LAV MMP 2 sST2

MMP 2 sST2 1 ROC 0.838

0.688 0.694 0.666 0.718 0.667 0.669 $P < 0.05$

MMP 2 sST2

Clinical evaluation value of echocardiogram combined with peripheral blood MMP 2 and sST2 in recurrence of atrial fibrillation after catheter ablation

ZHOU Xiaojuan CHE Deqing QIAN Jingjiao

Ultrasound Department of Kunshan Integrated Traditional Chinese and Western Medicine Hospital Suzhou Jiangsu China 215300

ABSTRACT Objective To investigate the evaluation value of echocardiogram combined with peripheral blood matrix metalloproteinase 2 (MMP 2) and soluble suppression of tumorigenicity 2 (sST2) in recurrence of atrial fibrillation after catheter ablation. Methods A total of 138 patients with atrial fibrillation who underwent catheter ablation at Kunshan Integrated Traditional Chinese and Western Medicine Hospital were enrolled between January 2020 and March 2024. One day before surgery echocardiogram indexes including left atrial appendage ejection velocity (LAAEV), left atrial diameter/volume (LAD/LAV), left ventricular end diastolic/systolic diameter (LVEDD/LVESD), interventricular septum end diastolic thickness (IVSTd), left ventricular ejection fraction (LVEF) and the ratio of mitral valve blood flow E peak to annular motion E peak (E/A) were measured. Peripheral blood levels of MMP 2 and sST2 were also assessed. Based on the recurrence of atrial fibrillation during the one year postoperative follow up, patients were divided into a recurrence group and a non-recurrence group. The risk factors of postoperative recurrence were analyzed using logistic regression analysis. Receiver operating characteristic (ROC) curves were then used to evaluate the predictive efficiency of combined detection methods. Results During 1 year of postoperative follow up, there were 37 cases of atrial fibrillation recurrence. The LAAEV in the recurrence group was significantly higher than that in the non-recurrence group ($P < 0.05$).

serum MMP 2 and sST2 were independent risk factors for atrial fibrillation recurrence. The area under the ROC curve AUC

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E mail fan.yue@zs hospital.sh.cn

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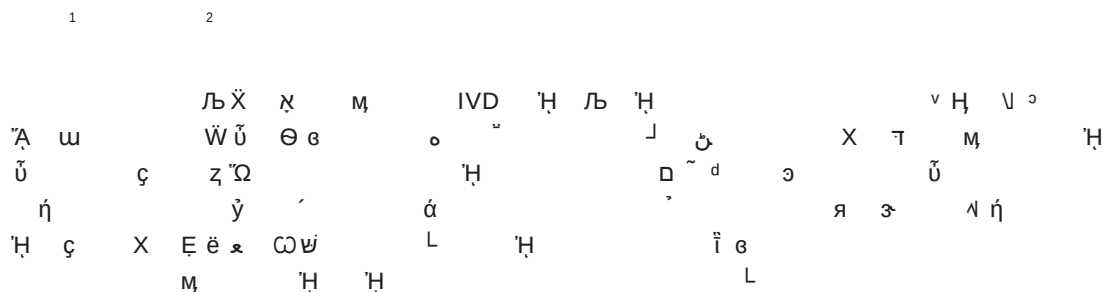
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Assessment of the high dose hook effect of *in vitro* diagnostic reagents

TAN Yan¹ WU Haonan²

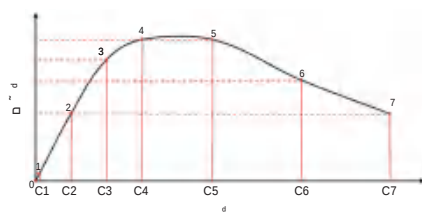
1. Great Bay Area Center for Medical Device Evaluation and Inspection of NMPA Shenzhen China 518045

2. Yangtze River Delta Center for Medical Device Evaluation and Inspection of NMPA Shanghai China 201210

ABSTRACT Manufacturers must assess the high dose hook effect for certain *in vitro* diagnostic IVD reagents to address the risk of low or false negative test results. In accordance with the Guidelines for the Registration and Review of Analytical Performance Evaluation of In Vitro Diagnostic Reagents released by the Center for Medical Device Evaluation CMDE of the National Medical Products Administration NMPA it is important to determine the appropriate initial dilution of the sample based on clinical applications. This helps identify the maximum analyte concentration at which the high dose hook effect may occur. Meanwhile factors such as dilution factors diluent solutions and extended measurement intervals should be considered in the evaluation protocol for clinical test reagents to mitigate the impact of the high dose hook effect.

KEY WORDS *In vitro* diagnostic reagents, IVD High dose hook effects Gradient dilution Extended measuring interval

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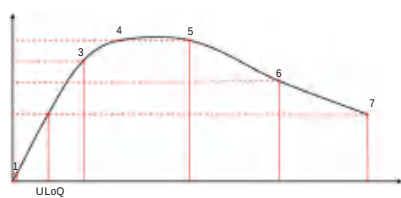
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