

# ORAL CANCER A MEDICAL DICTIONARY, BIBLIOGRAPHY, AND ANNOTATED RESEARCH GUIDE TO INTERNET REFERENCES pdf

## 1: Canker Sores | [www.enganchecubano.com](http://www.enganchecubano.com)

*In addition to offering a structured and comprehensive bibliography, this medical reference on oral cancer will quickly direct you to resources and reliable information on the Internet, from the essentials to the most advanced areas of research.*

The long-term objectives of this project are to determine the role of craniofacial sensory feedback in normal function and to determine how these processes are altered in oro-facial dysfunctions including bruxism, masticatory muscle and temporomandibular disorders. Three hypotheses are proposed: Hypothesis 1 will be tested by characterizing the physiological and morphological properties of these neurons using in vivo intracellular recording and 8 Bruxism staining. These pathways are expected to convey discriminative, autonomic and emotional aspects of orofacial nociception; as well as innocuous proprioceptive and autonomic sensory feedback. Hypothesis 2 will be tested by characterizing neuronal circuitry from trigeminal ganglion muscle and joint afferents to brainstem neurons by combining in vivo retrograde and intracellular neuronal labeling. It is also predicted that primary afferent depolarization PAD and centrifugal action potentials can be evoked in these afferent axons which may induce neurogenic inflammation. Hypothesis 3 will be tested by determining if the anatomical substrate for presynaptic modulation of non-spindle muscle and jaw joint afferent terminals is present using intracellular labeling, confocal and electron microscopy. This hypothesis will also be tested by directly monitoring the membrane potential in primary afferent axons using in vivo intra-axonal recording during electrical and chemical stimulation of orofacial tissues. Data from experiments in this proposal will provide better understanding of the morphology and physiology of deep orofacial primary afferent neurons and their brainstem circuitry. This knowledge will not only lead to a better understanding of brain mechanisms but is needed to develop rational treatment strategies for managing musculoskeletal and orofacial disorders. These data will also be used to investigate potential gender differences in the morphological substrate and physiological mechanisms of primary afferent neurons involved in musculoskeletal and orofacial disorders including musculoskeletal pain, temporomandibular disorders TMD, fibromyalgia and myofascial pain. PubMed One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals. To generate your own bibliography of studies dealing with bruxism, simply go to the PubMed Web site at <http://pubmed.ncbi.nlm.nih.gov/>: The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication. Journal of Oral Rehabilitation. Piquero K, Sakurai K. Proc Finn Dent Soc. The Journal of Prosthetic Dentistry. Austin D, Attanasio R. Molin C, Levi L. Bull Mich Dent Hyg Assoc. The New England Journal of Medicine. Roczn Akad Med Białymst. Dent Clin North Am. The Journal of the American Dental Association. J Nebr Dent Assoc. Lindqvist B, Rinqvist M. Archives of Physical Medicine and Rehabilitation. R I Dent J. J Conn State Dent Assoc. Literature review and case reports. Love R, Clark G. The American Journal of Psychiatry. J Assoc Physicians India. Pollack IA, Cwik V. Lindqvist B, Heijbel J. Louis ED, Tampone E. Official Journal of the Movement Disorder Society. J Clin Pediatr Dent. Journal of Clinical Pediatric Dentistry Summer; 23 4: Ergul N[corrected to Oncag O]. Lobbezoo F, Naeije M. Archives of Internal Medicine. Dental Assistant Chicago, Ill. J Med Assoc Ga. Clinical Neurology and Neurosurgery. The Journal of Clinical Psychiatry. Granada S, Hicks RA. Harness DM, Peltier B. Archives of Oral Biology. A tooth wear analysis from south east Queensland. Frontiers of Medical and Biological Engineering: Lobbezoo F, Lavigne GJ. Hirsch LJ, Crispin D. Journal of Behavior Therapy and Experimental Psychiatry. Journal of Dental Research. Int J Oral

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### 2: Infectious Mononucleosis | [www.enganchecubano.com](http://www.enganchecubano.com)

*Get this from a library! Oral cancer: a medical dictionary, bibliography and annotated research guide to Internet references. [James N Parker; Philip M Parker;].*

While mononucleosis is not usually a serious disease, its primary symptoms of fatigue and lack of energy can linger for several months. Description Infectious mononucleosis, frequently called "mono" or the "kissing disease," is caused by the Epstein-Barr virus EBV found in saliva and mucus. The virus affects a type of white blood cell called the B lymphocyte, producing characteristic atypical lymphocytes that may be useful in the diagnosis of the disease. The disease typically runs its course in four to six weeks in people with normally functioning immune systems. People with weakened or suppressed immune systems, such as AIDS patients or those who have had organ transplants, are particularly vulnerable to the potentially serious complications of infectious mononucleosis. Demographics While anyone, even young children, can develop mononucleosis, it occurs most often in young adults between the ages of 15 and 35 and is especially common in teenagers. The mononucleosis infection rate among college students who have not previously been exposed to EBV has been estimated to be about 15 percent. In younger children, the illness may not be recognized. Causes and symptoms The EBV that causes mononucleosis is related to a group of herpes viruses, including those that cause cold sores, chickenpox, and shingles. Most people are exposed to EBV at some point during their lives. Mononucleosis is most commonly spread by contact with virus-infected saliva through coughing, sneezing, kissing, or sharing drinking glasses or eating utensils. In addition to general weakness and fatigue, symptoms of mononucleosis may include any or all of the following: In rare instances, the spleen may rupture, producing sharp pain on the left side of the abdomen, a symptom that warrants immediate medical attention. Additional symptoms of a ruptured spleen include light-headedness, rapidly beating heart, and difficulty breathing. Other rare, but potentially life-threatening, complications may involve the heart or brain. Symptoms do not usually appear until four to seven weeks after exposure to EBV. An infected person can be contagious during this incubation time period and for as many as five months after the disappearance of symptoms. Also, the virus will be excreted in the saliva intermittently for the rest of their lives, although the individual will experience no symptoms. Contrary to popular belief, the EBV is not highly contagious. Diagnosis If symptoms associated with a cold persist longer than two weeks, mononucleosis is a possibility; however, a variety of other conditions can produce similar symptoms. If mononucleosis is suspected, a physician will typically conduct a physical examination, including a "Monospot" antibody blood test that can indicate the presence of proteins or antibodies produced in response to infection with the EBV. These antibodies may not be detectable, however, until the second or third weeks of the illness. Occasionally, when this test is inconclusive, other blood tests may be conducted. Treatment The most effective treatment for infectious mononucleosis is rest and a gradual return to regular activities. Individuals with mild cases may not require bed rest but should limit their activities. Any strenuous activity, athletic endeavors, or heavy lifting should be avoided until the symptoms completely subside, since excessive activity may cause the spleen to rupture. The sore throat and dehydration that usually accompany mononucleosis may be relieved by drinking water and fruit juices. Gargling salt water or taking throat lozenges may also relieve discomfort. While antibiotics do not affect EBV, the sore throat accompanying mononucleosis can be complicated by a streptococcal infection, which can be treated with antibiotics. Cortisone anti-inflammatory medications are also occasionally prescribed for the treatment of severely swollen tonsils or throat tissues. Prognosis While the severity and length of illness varies, most people diagnosed with mononucleosis are able to return to their normal daily routines within two to three weeks, particularly if they rest during this time period. One of the most common problems in treating mononucleosis, particularly in teenagers, is that people return to their usual activities too quickly and then experience a relapse of symptoms. Once the disease has completely run its course, the person cannot be reinfected. Prevention Although there is no way to avoid becoming infected with EBV, paying general

attention to good hygiene and avoiding sharing beverage glasses or having close contact with people who have mononucleosis or cold symptoms can help prevent infection. Parental concerns The main concern for parents of children with mononucleosis is to keep the child resting until he or she fully recovers from the illness. Parents should also be aware of the symptoms of more serious complications of the liver and spleen, and should seek medical attention for a child who complains of severe abdominal pain, light-headedness, rapid heartbeat, or difficulty breathing. It is uniquely designed to attack and neutralize the specific antigen that triggered the immune response. Herpes virus "A family of viruses including herpes simplex types 1 and 2, and herpes zoster also called varicella zoster. Herpes viruses cause several infections, all characterized by blisters and ulcers, including chickenpox, shingles, genital herpes, and cold sores or fever blisters. Symptoms include uncontrollable vomiting, often with lethargy, memory loss, disorientation, or delirium. Swelling of the brain may cause seizures, coma, and in severe cases, death. Edited by Richard E. Edited by Sarah S.

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## 3: Oral Cancer A Medical Dictionary Bibliography And Annotated Research Guide To Internet References

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They begin as small, reddish swellings. Then they burst, and the rupture sores are covered with a white or yellow membrane. The edges of the sores are still red and look like a painful red halo. Without treatment, canker sores heal in two weeks or less. Description Canker sores occur inside the mouth, usually inside the lips, cheeks, or soft palate. They can also occur on or under the tongue and in the throat. Often, several canker sores appear at the same time and may be in clusters. Canker sores appear as a whitish, round area with a red border. The sores are painful and sensitive to touch. The average canker sore is about 0. Canker sores are not infectious. Demographics Anyone can get canker sores, but they are most common among teenagers and people in their twenties. Females are slightly more likely to get canker sores than males. Some people have one or two episodes a year; others have almost continual problems. Females are likely to have canker sores during their premenstrual period. Approximately 20 percent of the U. That means as of some 56 million Americans suffer annually from these small but painful ulcers. Fortunately, certain safe, natural remedies are effective in treating canker sores. Canker sores are sometimes mistaken as cold sores also known as fever blisters. Cold sores are caused by the herpes simplex virus. The sores caused by this disease, also known as oral herpes, can occur anywhere on the body. Most commonly, herpes infection occurs on the outside of lips and much less often inside the mouth. Cold sores are infectious. Causes and symptoms There is some evidence that canker sores are due in part to nutritional deficiencies and a lack of vitamin B12, folic acid, and iron. Gastrointestinal problems correlate with canker sores as well. Frequent recurrent canker sores may suggest a metabolic imbalance. The sores appear during times of stress or as a reaction to hormonal imbalances in women. A tendency to get canker sores may be inherited. As of data suggest that aphthous ulcers are a form of autoimmune disease. Other proposed causes for canker sores are trauma from toothbrush and toothpick scrapes trauma, hormones, and food allergies. Symptoms The first symptom is a tingling or mildly painful itching sensation in the area where the sore will appear. After one to several days, a small red swelling appears. The sore is round and is a whitish color with a grayish colored center. Usually, there is a red ring of inflammation surrounding the sore. The main symptom is pain. Canker sores can be very painful, especially if they are touched repeatedly by the tongue or silverware. When to call the doctor Infants and children may have difficulty sleeping because of the pain. The doctor should be called for pain relief remedies or medication to help the child through this period. The doctor should be called if the child runs a fever, refuses to eat or drink, and if the child shows signs of dehydration. Diagnosis Canker sores are diagnosed by observation of the blister, which generally appears in the mouth or throat. Canker sores are bacterial infections and not contagious. Recurrent canker sores may indicate a metabolic imbalance, dietary deficiency, stress, and a lack of rest. Children who have frequent canker sores may benefit from dietary supplements of B-complex vitamin or may undergo blood and allergy tests to see if some other underlying cause can be identified. Treatment Since canker sores heal by themselves, professional treatment is not usually necessary. Topical anesthetics may relieve the pain. The use of corticosteroid ointments sometimes speeds healing. If an ointment is used to treat a canker sore, the parent should first dry the sore. Next, a small amount of medicine should be put on a cotton swab and applied to the sore. The child should not have anything to drink or eat for 30 minutes to keep the medicine from washing away. Parents can also try preparations of tea tree oil, goldenseal, propolis, licorice, myrrh, and lysine, products with healing nutrients that are backed by research. There are several treatments for reducing the pain and duration of the sores. The drugs frequently recommended are anti-inflammatory steroid mouthwashes, analgesics, and numbing ointments containing benzocaine. The following treatments may be effective in relieving symptoms or shortening the duration of canker sores in

their children. Several herbal remedies, including calendula *Calendula officinalis* , myrrh *Commiphora molmol* , and goldenseal *Hydrastis canadensis* , may be helpful in treating existing sores. Compresses soaked in teas made from these herbs are applied directly to the sores. The tannic acid in a tea bag can also help dry up the sores when the wet tea bag is used as a compress. Taking dandelion *Taraxacum officinale* tea or capsules may help heal sores and prevent future outbreaks. Home remedies and herbal preparations may not be readily available as over-the-counter in forms suitable for pediatric patients. Since canker sores are often brought on by stress, stress-relieving techniques such as cuddling and rocking babies until they fall asleep may help relieve the stress associated with the severity of pain. Prognosis There is no cure for canker sores, and they occur more often with age. Treatments are to relieve symptoms or shorten the duration of the sore. If observation suggests a secondary infection, topical application of tetracycline to the lesion, three or four times daily, shortens healing to two to four days. Left untreated, canker sores can last as long as two weeks. Sores that persist for a longer time should be checked by a doctor. Prevention Children should avoid trauma, such as biting the inside of their mouth and tongue, or vigorous tooth brushing. Injury to the mucous membranes of the mouth and gums leaves places where bacteria can grow. This may make canker sores worse. To decrease the incidence canker sores, parents may consider changing to a toothpaste free of sodium laurylsulfate. Nutritional concerns Eating certain foods can be painful to a child with canker sores. These foods may aggravate the sores and cause unnecessary pain. Parents should encourage their children to eat yogurt with active lactobacillus cultures because it may prevent outbreaks. Parental concerns Parents are mainly concerned with the comfort of their babies and small children. They must also pay attention to the nutritional intake of infants and small children who may refuse to eat because of the pain from canker sores. Inflammation "Pain, redness, swelling, and heat that develop in response to tissue irritation or injury. Over-the-counter treatments "Medications that can be purchased without a prescription. Recurrent "Tendency to repeat. Sore "A wound, lesion, or ulcer on the skin. Ulcer "A site of damage to the skin or mucous membrane that is characterized by the formation of pus, death of tissue, and is frequently accompanied by an inflammatory reaction.

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Human granulocytic ehrlichiosis HGE is a newly recognized, tick-borne infection. The HGE agent colonizes neutrophils, resulting in fever, leukopenia, and thrombocytopenia. The HGE agent can be propagated in promyelocytic HL cells, facilitating in vitro pathogenesis studies. Preliminary studies in our laboratory suggest that during residence in HL cells, the HGE agent prevents the respiratory burst by downregulating transcription of gp91phox, an integral component of NADPH oxidase, by a currently undefined mechanism. Deciphering how the HGE agent inhibits gp91phox expression and identifying other host cell genes that are differentially expressed during infection are crucial to the rational design of therapies and vaccines. Therefore, transcriptional studies using retinoic acid-induced HL cells, metamyelocytic PLB cells, and a murine model of granulocytic ehrlichiosis will be performed to determine if gp91phox expression is inhibited by the HGE agent during residence in differentiated myeloid cells and mammalian infection, respectively. RTPCR and immunoblot analyses will assess whether the HGE agent blocks gp91phox transcription by inhibiting expression of gp91phox transcriptional regulators. Electrophoretic mobility shift assays will define whether binding of the gp91phox transcriptional regulators is inhibited by the HGE agent. These studies, in addition to providing a greater understanding of HGE, may also offer clues as to the intracellular survival mechanisms of other microbial pathogens. Immunosuppressed individuals have an increased risk of developing ultraviolet-radiation UV -induced non-melanoma skin cancer. Transplant recipients have the highest risk, times that of the general population, and tend to develop multiple, aggressive squamous cell carcinomas SCC. The immunobiology of post-transplant skin cancer, including the influence of immunosuppression on skin cancer development, has not been systematically investigated, and few clinical trials have been undertaken to prevent skin cancer in transplant patients. An appropriate animal model would greatly enhance studies aimed at 1 determining the mechanism by which immunosuppressive therapy enhances the risk of SCC, 2 testing the feasibility of chemoprevention strategies for reducing susceptibility to SCC in transplant patients, and 3 comparing the efficacy of different chemotherapeutic approaches in this population. These observations provide us with two early markers of increased skin tumor susceptibility: This application defines and develops an animal model appropriate for chemoprevention studies in post-transplant skin cancer, by characterizing the early inflammatory changes in skin that are predictive of increased skin tumor risk under conditions of immunosuppression Specific Aim 1 , and characterizing tumor multiplicity and tumor progression in hairless mice treated with clinically relevant immunosuppressants Specific Aim 2. Our model will provide us with an experimental system suitable for studying underlying mechanisms of effective chemoprevention strategies in immunosuppressed individuals. Our team of investigators is uniquely able to develop and define this model due to complementary expertise in transplant and cellular immunology VanBuskirk , photo-carcinogenesis Oberyshyn, Kusewitt , chemoprevention Oberyshyn and mouse pathobiology Kusewitt. This model will provide the pre-clinical basis for new clinical trials in immunosuppressed patients, who are at extremely high risk for developing lifethreatening, UV-induced SCC. However, when used at therapeutic doses they produce frequent and sometimes serious side effects, including fever, myalgia, CNS effects and leukopenia, which limit their use. However, as a xenoprotein IFNinterferon is not a suitable candidate for development as a parenteral drug for humans. We have synthesized an analog of human IFNalpha2b, NLVgalpha2b, which contains five amino acid substitutions at positions 19, 20, 22, 24 and 27 using residues from the corresponding positions in the IFNinterferon molecule. The in vitro and in vivo data from our SBIR phase I study demonstrated that these substitutions conferred markedly reduced cellular toxicity on the resulting molecule without diminishing its antiviral and antitumor activities. In this phase II project we will advance NLVgalpha2b into preclinical development by optimizing expression of this

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recombinant IFN in yeast, producing pegylated as well as unpegylated preparations and subjecting them to rigorous evaluation in well established animal models. The antiviral, anticancer, immunogenicity and toxicity profiles of NLVgalpha2b will be compared with those of commercially available IFNalpha2b. Fiscal Year Summary: This abstract is not available. This search gives you access to full-text articles. The following is a sample of items found for leukopenia in the PubMed Central database: PubMed One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine. With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print. The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals. To generate your own bibliography of studies dealing with leukopenia, simply go to the PubMed Web site at <http://pubmed.ncbi.nlm.nih.gov/>: The New England Journal of Medicine. Schmiegelow K, Bruunshuus I. Cancer Chemotherapy and Pharmacology. The American Journal of Psychiatry. Li Y, Yu G. J Tradit Chin Med. The Journal of Rheumatology. International Journal of Immunopharmacology. Furuse K, Sakuma A. The Journal of Trauma. Valente P, Axelrod JL. American Journal of Surgery. Int J Artif Organs. Litvak R, Kaelbling R. Archives of General Psychiatry. Perlino CA, Rimland D. Am Rev Respir Dis. Gez E, Sulkes A. The Journal of Surgical Research. The Journal of Urology. European Journal of Haematology. The American Journal of Medicine. Antimicrobial Agents and Chemotherapy. A possible complement mediated mechanism of peripheral leukopenia. The American Journal of the Medical Sciences. Possible role in transient leukopenia. Some clinical comments on kala-azar. Gharib M, Ziai M. The Western Journal of Medicine. Khokhar N, Akavaram NR. Epub October Nippon Gan Chiryō Gakkai Shi. Neonate with jaundice and leukopenia. N Y State J Med. The Annals of Pharmacotherapy. Archives of Internal Medicine. Ben-Chetrit E, Navon P. International Journal of Hematology. A possible mechanism of complement-mediated leukostasis and leukopenia. The Journal of Clinical Investigation. The Journal of Neuropsychiatry and Clinical Neurosciences. Malabsorption, dwarfism, leukopenia with relative granulocytopenia and thrombocytopenia. Bruserud O, Ulvestad E, Rinaldo JE, Borovetz H. American Journal of Kidney Diseases: Report of a case with associated leukopenia. Lakshminarayan S, Sahn S. A double-blind, block-randomized, controlled study. The Journal of Hospital Infection. Journal of Cancer Research and Clinical Oncology. Clinical Pharmacology and Therapeutics. Mirro R, Brown DR. American Journal of Obstetrics and Gynecology. European Journal of Cancer Oxford, England: Long-term management of the transplant recipient. Molecular and Cellular Biology. Isr J Med Sci. Reviews of Infectious Diseases. Epub May J Chin Med Assoc. American Journal of Hematology.

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