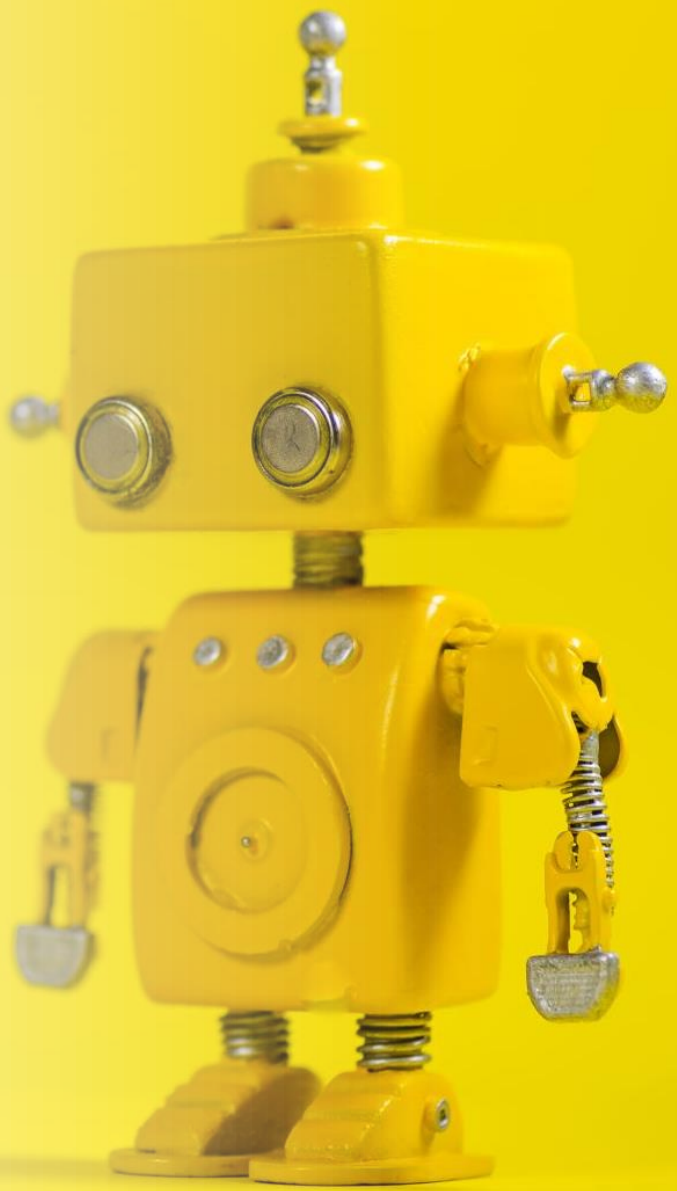
Etkili bir poster nasıl hazırlanır ?

Tayibe BAL



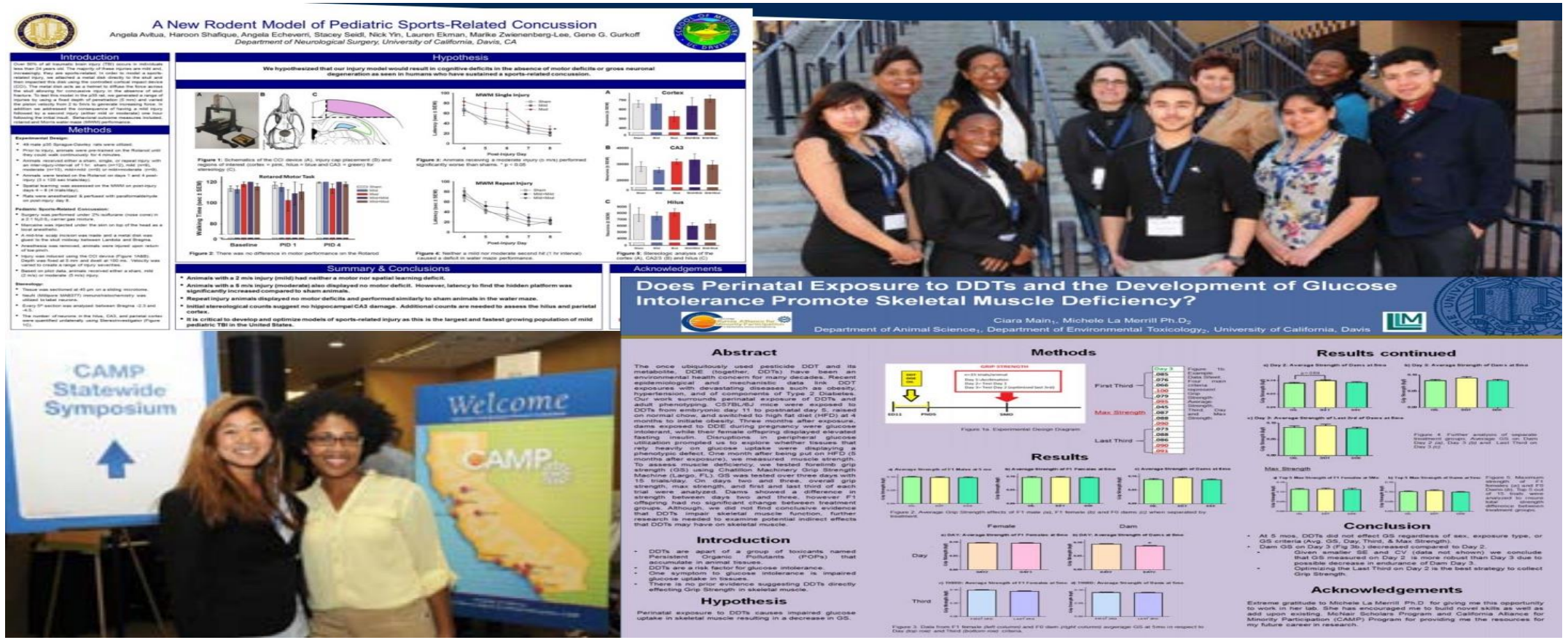
Neden poster bildiri yapalım ?

- Araştırmamızın duyulmasını sağlamak
- Nadir vakaları paylaşmak
- Bir konunun tartışılmasını sağlamak
- Geri bildirim almak
- Sunum ve yazma pratiği yapmak

Gerçek

- Kongre katılım bursundan faydalanmak

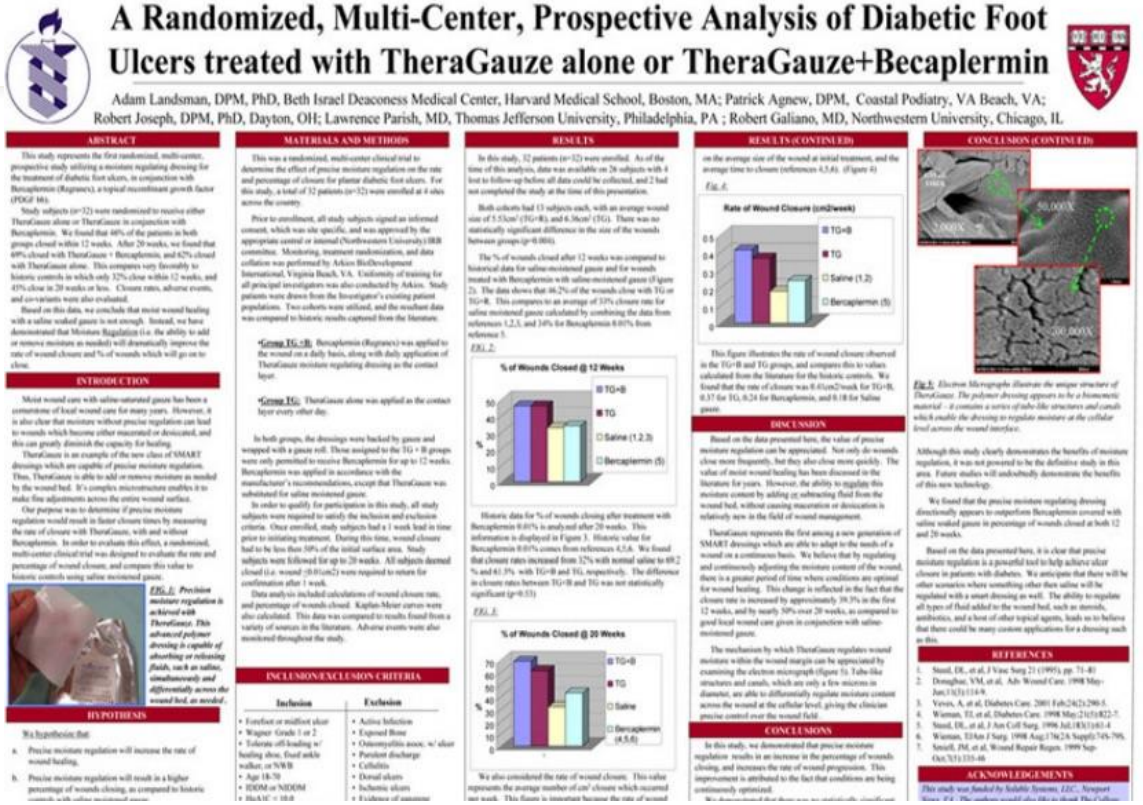
Daha çok görsel, daha az yazı !



Only one minute !

- Dinleyiciler yaklaşık 1 dk’da poster içeriğinin anahatlarını çözmüş olmalılar

Hangisini okumayı tercih edersiniz ?



A Randomized, Multi-Center, Prospective Analysis of Diabetic Foot Ulcers treated with TheraGauze alone or TheraGauze+Becaplermin

Adam Landsman, DPM, PhD, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA; Patrick Agnew, DPM, Coastal Podiatry, VA Beach, VA; Robert Joseph, DPM, PhD, Dayton, OH; Lawrence Parish, MD, Thomas Jefferson University, Philadelphia, PA ; Robert Galiano, MD, Northwestern University, Chicago, IL

ABSTRACT

MATERIALS AND METHODS

RESULTS

RESULTS (CONTINUED)

CONCLUSION (CONTINUED)

INTRODUCTION

INCLUSION/EXCLUSION CRITERIA

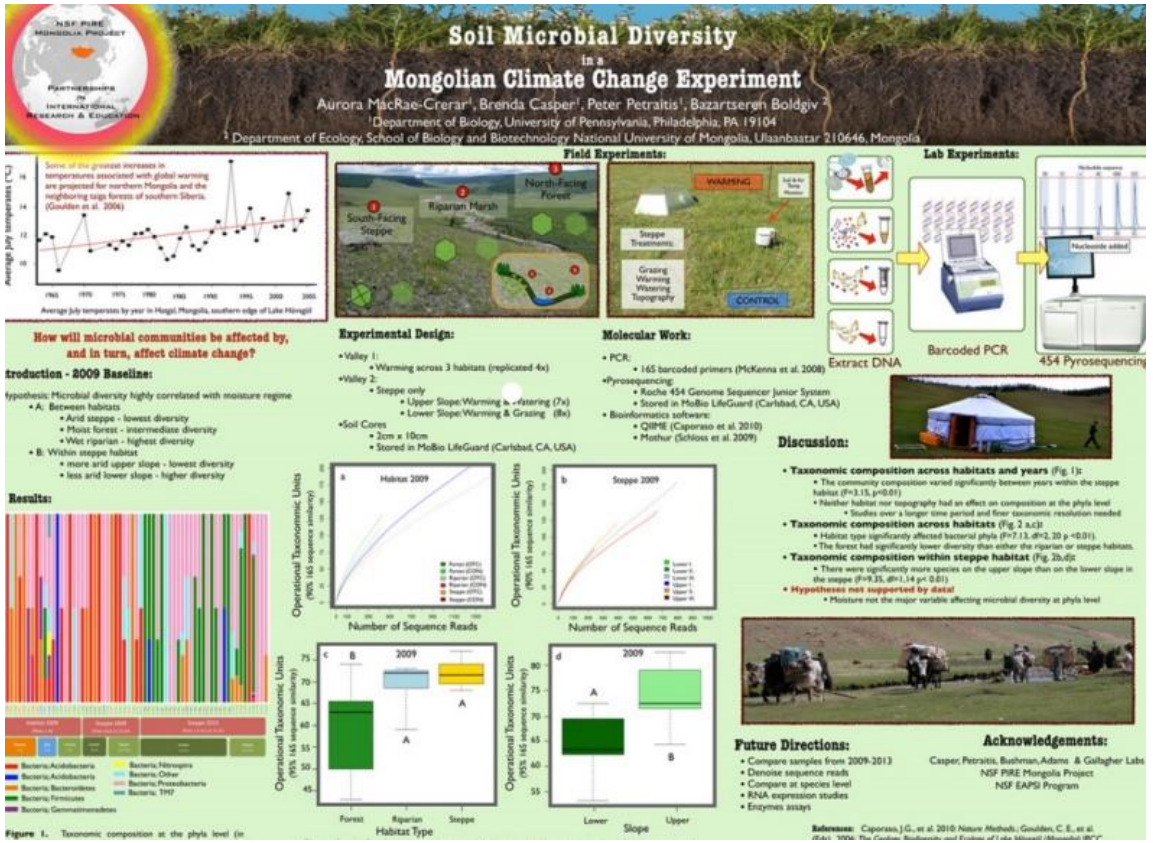
DISCUSSION

HYPOTHESIS

REFERENCES

CONCLUSIONS

ACKNOWLEDGEMENTS



Soil Microbial Diversity in a Mongolian Climate Change Experiment

Aurora MacRae-Crerar[1], Brenda Casper[1], Peter Petraitis[1], Bazartseren Boldgiv[2]

[1]Department of Biology, University of Pennsylvania, Philadelphia, PA 19104

[2]Department of Ecology, School of Biology and Biotechnology National University of Mongolia, Ulaanbaatar 210646, Mongolia

Field Experiments:

Lab Experiments:

How will microbial communities be affected by, and in turn, affect climate change?

Introduction - 2009 Baseline:

Experimental Design:

Molecular Work:

Results:

Discussion:

Future Directions:

Acknowledgements:

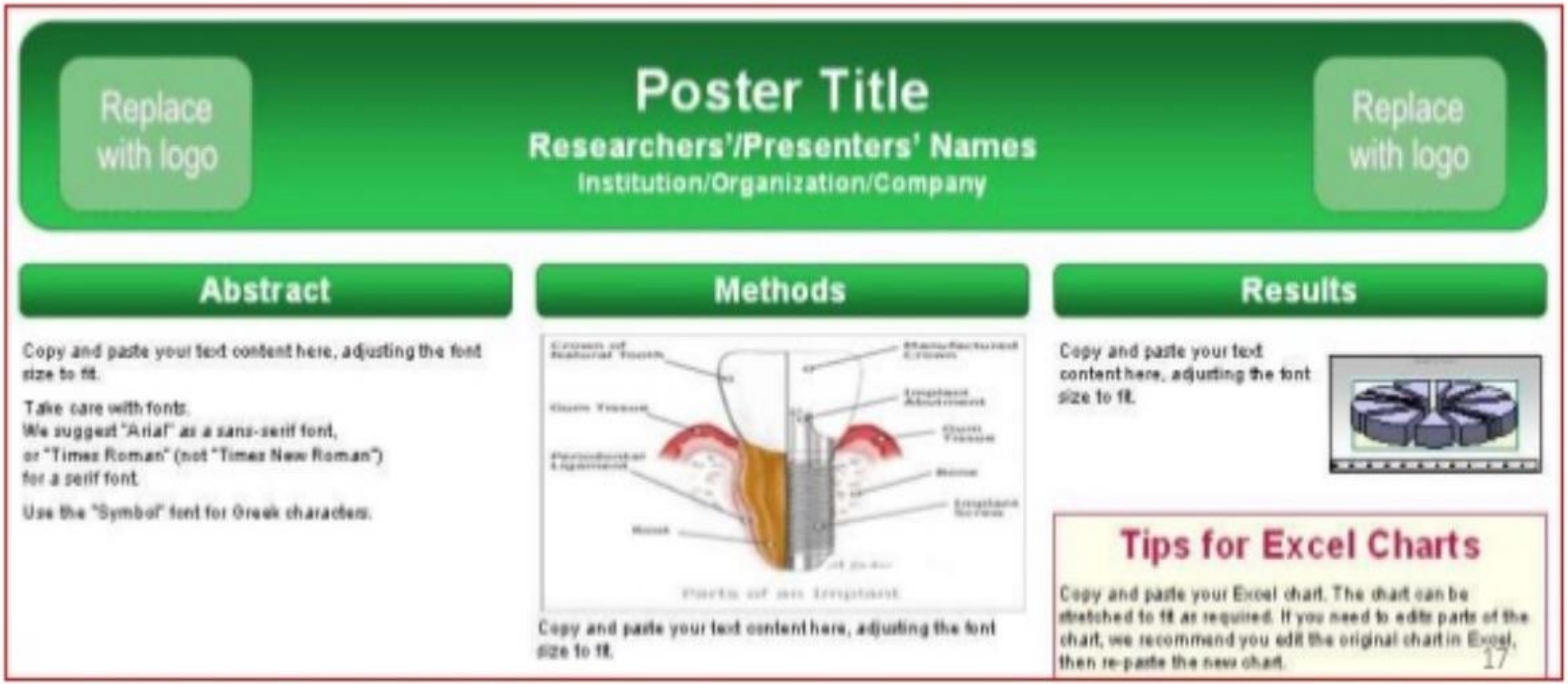
Bir posterin temel elemanları

- Başlık
- Yazarın ismi ve birimi
- Görseller
- Okunaklı bir font (Times New Roman, Arial..)
- >16 pt. font

Başlık

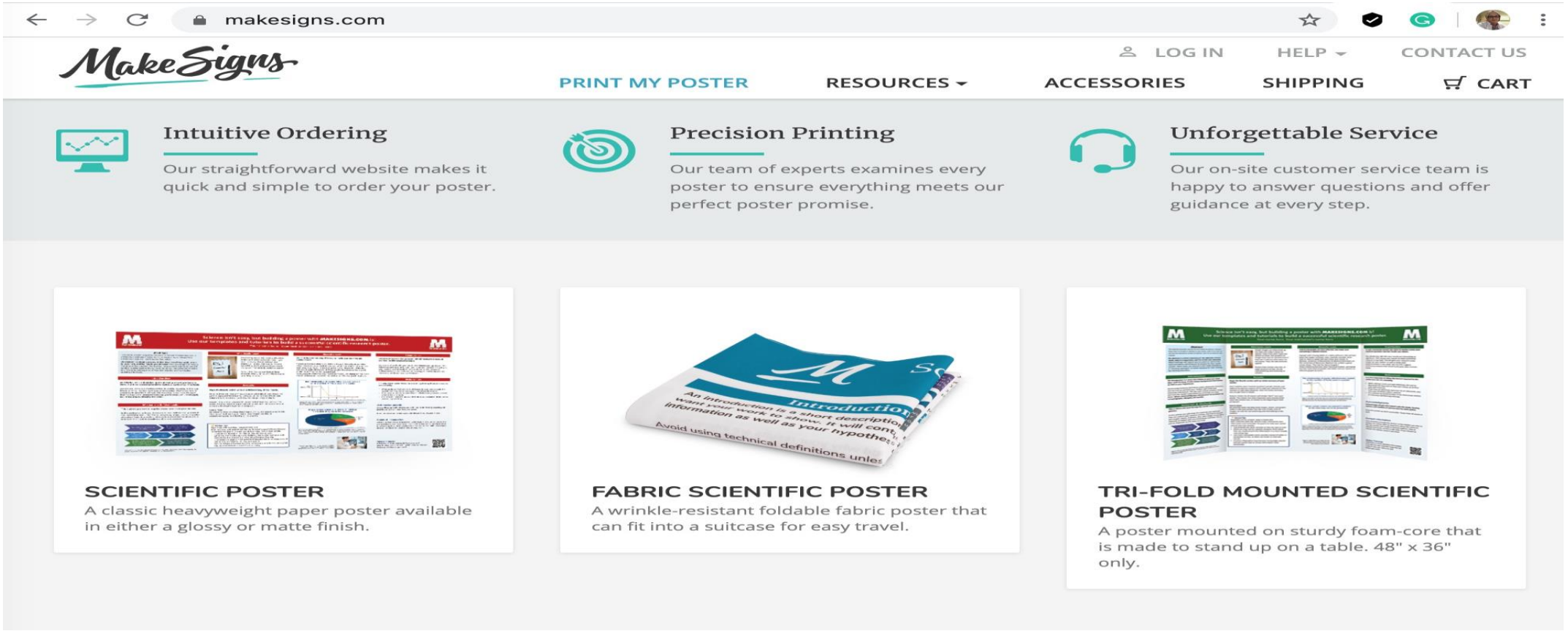
- Posterin en çok okunan bölümü
- En çarpıcı bölümü olmalı
- Posterinizi okuyanların çoğu başlıktan etkilenip içeriği okuyacak
- Soru şeklinde bir başlık ilgi çekiciliği arttırır
- Başlığın altına daha punto ile yazarlar ve kurum eklenmeli

Koyu zemin, açık renk bir font ideal

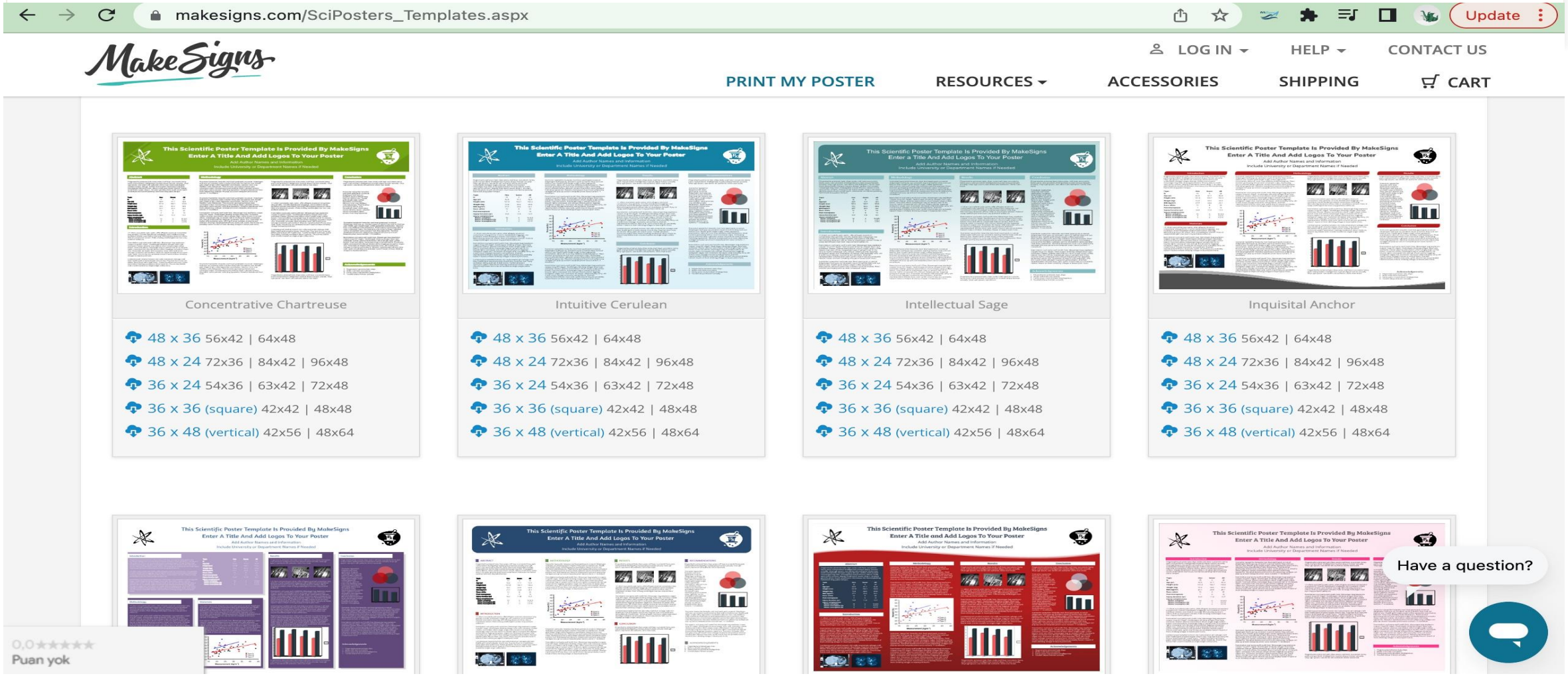


Boyut önerileri

Tasarım herşeydir !



Ücretsiz şablonlar için MakeSigns



The impact of hepatitis C viremia status on lung functions in chronic hepatitis C

Tayibe Bal, MD[1]; Yusuf Onlen, MD[2]; Cenk Babayigit, MD[3]; Yusuf Yumer, MD[3],Selma Ilkay Sahin, MD[2]

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[2]Department of Infectious Disease and Clinical Microbiology, Mustafa Kemal University, Hatay, Turkey,
[3]Department of Chest Disease, Mustafa Kemal University, Hatay, Turkey

ABSTRACT

Previous trials have investigated the effect of hepatitis C on lung functions; however, the effect of viral load levels is unclear. This study aims to investigate the effect of HCV viremia status on lung functions.

The study included 60 patients with chronic hepatitis C (CHC). Patients were classified into three groups (non-viremic, low-viremic and high-viremic) based on serum HCV RNA levels. Spirometric parameters (FEV1, FVC, FEV1/FVC) and the proportion of patients with spirometric abnormalities were compared between three groups.

The proportion of patients with spirometric abnormalities were significantly higher in the high viremic group than the low viremics and non viremics. Moreover, spirometric parameters FEV1 and FVC were significantly reduced in high viremic patients as compared to those in low viremic and non-viremic patients.

These findings suggest that the presence of viremia may reduce pulmonary functions, especially in patients with high viremia levels.

Key words: chronic hepatitis C infection, viremia, lung function tests.

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INTRODUCTION

More than 185 million people worldwide (2.8% of world population) have been infected with hepatitis C virus.

Chronic hepatitis C (CHC) infection has been considered to be related with several extrahepatic manifestations include various pulmonary hazards.

However, the influence of virological status on respiratory functions in CHC patients is unclear.

This study investigated the effect of HCV virological status and viremia levels on the lung functions in chronic hepatitis C patients.

METHODS AND MATERIALS

This prospective study was conducted in 60 chronic hepatitis C patients with and without viremia who were admitted to the Department of Infectious Diseases and Clinical Microbiology, Mustafa Kemal University, Hatay.

Patients were divided into three groups based on serum HCV RNA levels. These groups were non-viremic (HCV RNA: negative), high-viremic (HCV RNA>800.000 IU/ml) and low-viremic (HCV RNA<800.000 IU/ml) groups.

Spirometric parameters (FEV1, FVC, FEV1/FVC) and the proportion of patients with spirometric abnormalities were compared between three groups. Patients coinfected with hepatitis B, current smokers, COPD patients with an episode of exacerbation and patients who were diagnosed as having acute respiratuar infection were excluded from the study.The presence of previous chronic lung disease and previous smoking habits were also recorded.

CHC was defined by the presence of the HCV antibody and the persistence of detectable HCV RNA for at least six months. Patients who were negative for HCV RNA for at least six months were considered as non-viremic.

Statistical analyses were performed by using the SPSS software version 21. The Chi-square test or Fisher's exact test, where appropriate, was used for statistical comparisons. To determine association between lung functions and HCV viremia level the Kruskal-Wallis test were used. A p value <0.05 were considered to be statistically significant.

RESULTS

Thirty-one patients without viremia, fifteen patients with low viremia and fourteen patients with high viremia were enrolled in the study. Of the 60 patients, 48.3% were female and 51.7% were male. The mean age of the patients was 62.1 ± 7.9 (range: 38-74) years. Characteristics of each group are shown in table 1.

There was no significant difference regarding age, gender and body mass index (BMI) among non-viremic, low-viremic and high-viremic groups (p=0.106, p=0.141 and 0.823 respectively). The percentage of ex-smokers and previous pulmonary disease history were similar across the three groups (p=0.935 and p=0.157 respectively).

The proportion of patients with spirometric abnormalities were significantly higher in the high viremic group than the low viremics and non viremics (p=0.02). The distribution of pulmonary function patterns in the three groups is shown in Figure 1. Morover, spirometric parameters FEV1 and FVC were significantly reduced in high viremic patients as compared to those in low viremic and non-viremic patients (p=0.01 and p=0.03 respectively). In contrast, there were no significant differences in FEV1/FVC ratio between the three groups (p=0.432).

Table 1. Characteristics of each group (mean ± SD) and statistical differences between groups.

Characteristics	Non-viremic patients (n=31)	Low-viremic patients (n=15)	High-viremic patients (n=14)	P value
Mean age (Mean ± SD)	60.7 ± 7.1	63.5 ±7.9	63.7 ±10.2	0.106[a]
Male (%)	41.9	60	71.4	0.141[b]
Ex-smokers (%)	35.5	33.3	35.7	0.935[b]
Body mass index (kg/m², Mean ± SD)	29.3 ± 4.1	29.1 ±2.9	30 ± 4	0.823[a]
Previous pulmonary disease (%)	16.1	26.7	42.9	0.157[b]
Pulmonary function tests				
FEV1 (% of predicted± SD)	88 ± 21.1	78.4 ± 22.9	64.7 ± 22.2	0.01[a]
FVC (% of predicted± SD)	96.4 ± 17.2	91.8 ± 22.3	84.7 ±13.4	0.03[a]
FEV1/ FVC (% ± SD)	94.8 ± 17.8	87.6 ± 19.4	85.3 ± 25	0.432[a]
Proportion of spirometric abnormalities (n, %)	9 (29)	8 (53.3)	12 (85.7)	0.02[b]

[a]Kruskal-Wallis test was applied; [b] chi-square test was applied;
FVC: forced vital capacity; FEV1: forced expiratory volume in 1second

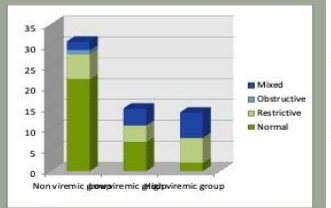

Chart 1. Distribution of pulmonary function patterns in subjects stratified by viremic status.

DISCUSSION

In this study, we found that, the proportion of patients with spirometric abnormalities were significantly higher in the high viremic group compared to other two groups. Moreover, spirometric parameters FEV1 and FVC were significantly lower in high viremic patients as compare to those in other two groups.

These findings suggested that, a high viremic level associated with a reduced lung function in patients with CHC.

The results of this study agree with Erturk et al, who reported 75% of lung involvement among CHC patients. However the results of this study disagreed with Fischer II et al, who found no association between lung functions and viral load levels in CHC patients.

In this study, 85.7% of the high viremic patients had an abnormal pulmonary function test result, while only 42.9% had an known previous pulmonary disease.

This finding suggested that high viremic patients with lung involvement is a frequently under-diagnosed and under-treatment condition.

CONCLUSIONS

Our results indicate that persistent HCV infection may be associated with reduced pulmonary functions, especially in patients with high viremia levels.

So that, these patients should be carefully monitored for lung functions.

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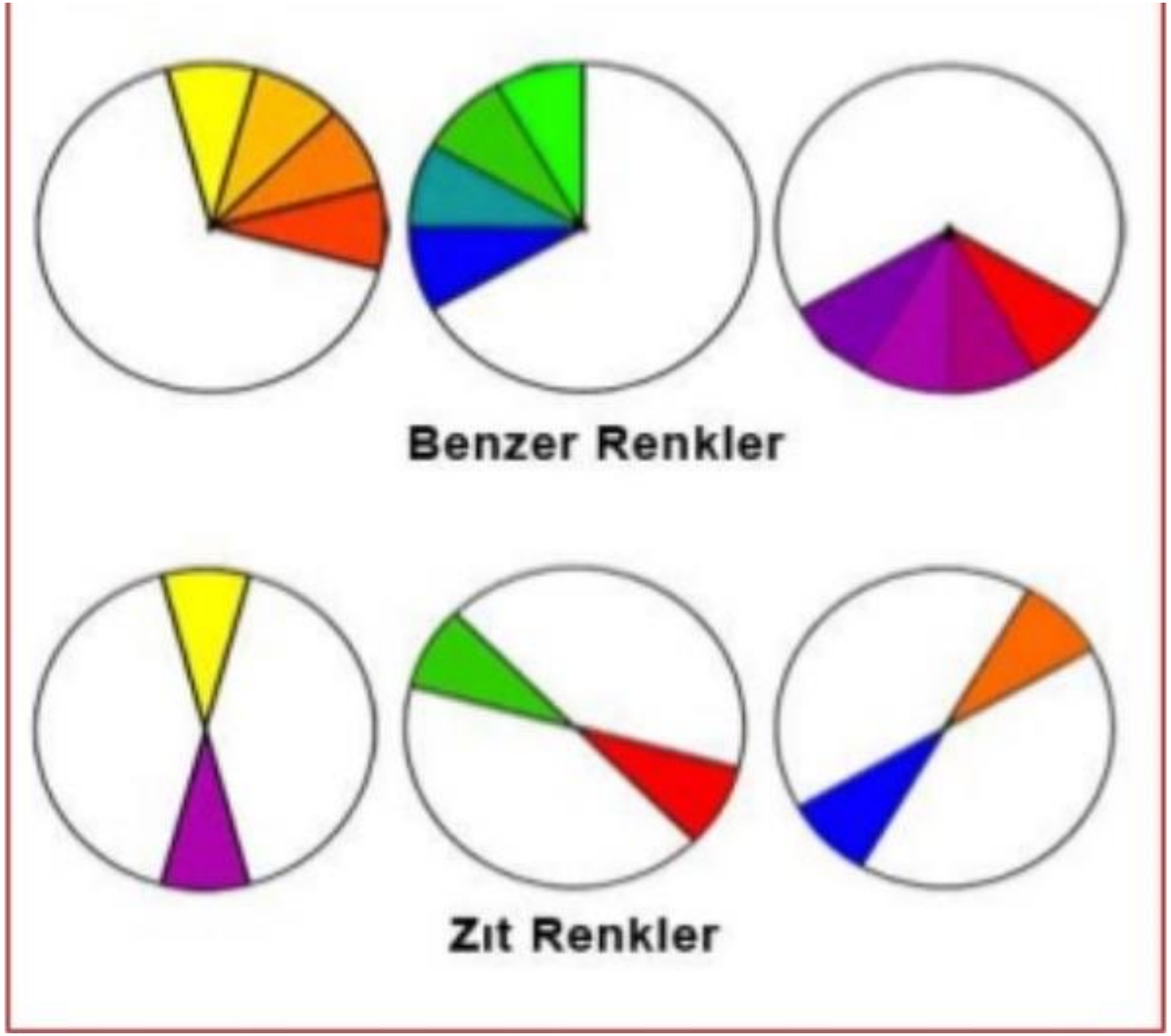
3. Erturk A, Tokgonul AN, Capan N, Erturk H et al. Pulmonary alterations in patients with chronic HCV infection. Dig Liver Dis. 2006;38(9):673-6.
4. Fisher II WA, Drummond MB, Merlo CA, Thomas DL, et al. Hepatitis C Virus Infection Is Not An Independent Risk Factor For Obstructive Lung Disease. COPD. 2014;11(1):10-6.

Düzen-simetri

- % 20 metin
- % 40 şekil
- % 40 boşluk

Renkler

- En fazla 2-3 renk
- Yakın renkler ekranda iyi olsalar da baskıda sıkıntılı
- Tercihen kontrast renkler
- Ana metin mutlaka siyah ve okunabilir
- Fona foto koymayalım !

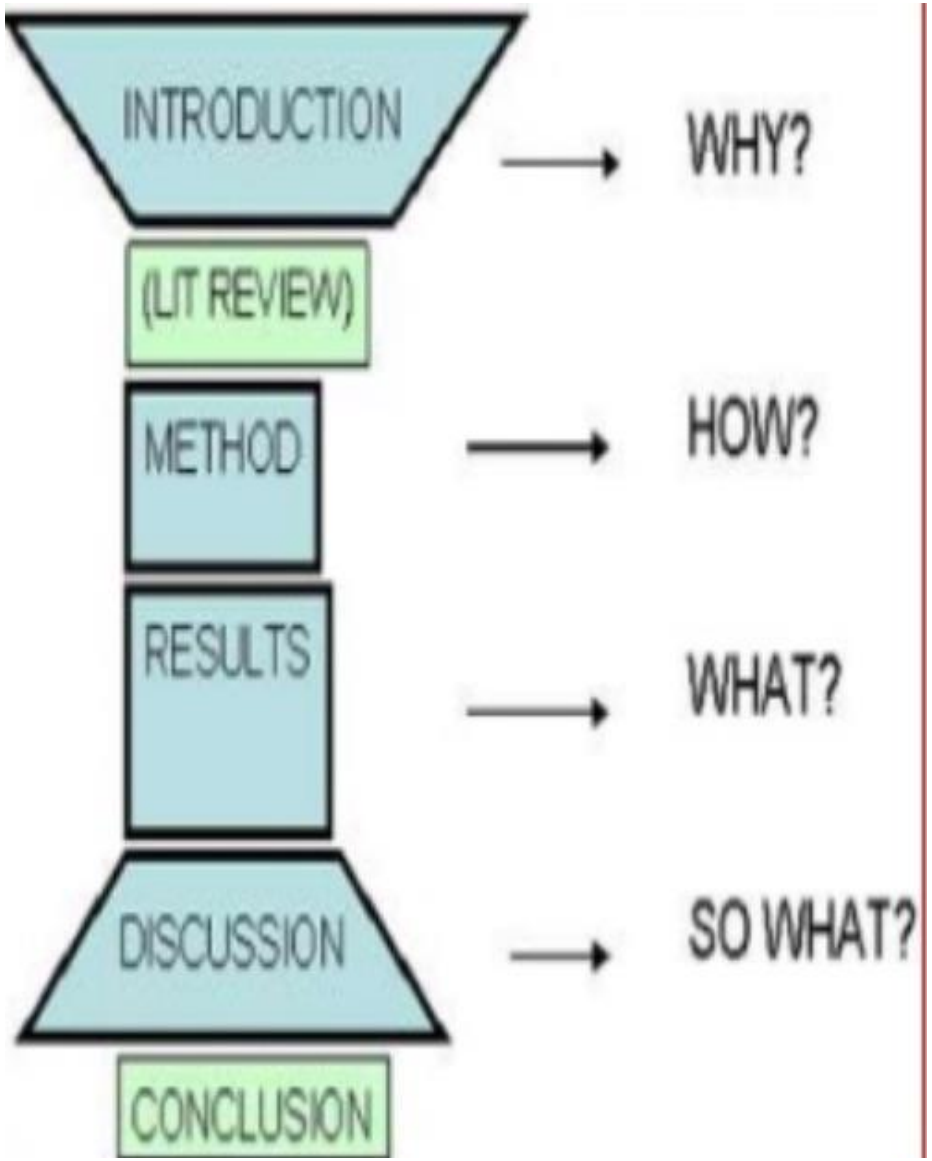


Temel teknik içerik (IMRAD)

- Özet
- Giriş
- Gereç ve Yöntem
- Bulgular
- Tartışma
- Sonuç
- Kaynaklar

IMRAD

- I: Introduction (Giriş)
- M:Method (Gereç ve yöntem)
- R: Results (Bulgular)
- And
- D: Discussion (Tartışma)



Giriş

- Hipotez
- Çözümlenen problem
- Çalışmanın önem ve amacı
- <200 kelime

Materyal ve metod

- Çalışmanın dizaynı (nerede, ne zaman, ne yapıldı, nasıl yapıldı ?)
- Kullanılan materyaller
- < 200 kelime

Bulgular

- 1. paragrafta; kalitatif ve tanımlayıcı veriler
- 2. paragrafta; Ortaya atılan hipotezi destekleyen veriler
- < 200 kelime

- Kalabalık tablolar yerine GRAFİKLER
- Tablo şart ise BASİT ve SADE
- Gereksiz ayrıntı yok

Discussion ≠Tartışma

- Sonuçların hipotezi destekleyip desteklemediği,
- Neden sonuç ilişkileri **literatür desteğiyle** tartışılır.
- Elde edilen sonuçların nasıl kullanılacağı, öneminin ne olduğu ve amaca ne denli yaklaşıldığı belirtilir.
- Gerekli yeni çalışmalara değinilebilir.

Conclusion = Sonuçta = Son söz

- Take home message
- Kaynaklar
- İletişim bilgileri

Poster günü

- Poster düzenleme komitesi tarafından belirtilen saatlerde yerine asılmalı
- Sunum için belirtilen saatlerde poster yanında olunmalı
- Herşeye hazırlıklı olunmalı

Hayal ettiğimiz

Gerçek

Teşekkürler..