Dergi Seçiminde Püf Noktaları

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  - Lancet
  - JAMA
  - British Medical Journal
  - New England Journal of Medicine
- Uzmanlık
  - Clinical Infectious Diseases
  - Journal of Infectious Diseases
  - Clinical Microbiology and Infection
- Alt uzmanlık
  - Molecular Microbiology
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  - Metabolism
  - Gut
  - AIDS

Doğru dergiyi seçmek

- Dergi hangi alandaki yazıları yayınlıyor?
  - Temel bilimler
  - Klinik bilimler

Doğru dergiyi seçmek

- Dergileri yakından tanımak
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☐	13	INFLUENZA OTHER RESP	1750-2640	1271	2.201	1.871	0.482	85
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☐	16	J CLIN VIROL	1386-6532	6415	3.016	3.138	0.406	229
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- Intervirology ???
- Antiviral Research ???
- Future Virology ???

Intervirology

Contents: all years

Vol. 58, No. 3, 2015
Issue release date: August 2015

previous issue next

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Journal Metrics

Source Normalized Impact per Paper (SNIP): **1.099**

SCImago Journal Rank (SJR): **1.399**

Impact Factor: **3.938**

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Recent Antiviral Research Articles

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November 2015

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Perspective

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Future Virology, Vol. 10, No. 9, Pages 1033-1047.
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Overtreating versus undertreating: what is the optimized treatment duration in HCV?
Corlan O Adebajo , Nancy Reau
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Andres F Gutierrez , Hana El Sahly
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Darren Wong , Robert Grossberg
Future Virology, Vol. 10, No. 9, Pages 1069-1075.
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Morbidity and mortality in HIV-exposed uninfected children
Claire Thorne , Priscilla Idele , Dick Chamla , Sostena Romano , Chewe Luo , Marie-Louise Newell
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Review

Potential prognostic markers for predicting onset of dengue hemorrhagic fever
Shefali Banerjee , Justin Jang Hann Chu
Future Virology, Vol. 10, No. 9, Pages 1101-1108.
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Mayaro virus: a neglected arbovirus of the Americas

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CID, one of the most heavily cited journals in the fields of infectious diseases and microbiology, publishes articles on diverse topics in infectious diseases, with a focus on clinical practice. Every issue includes special sections focusing on key topics such as HIV/AIDS, antimicrobial resistance, aging and infectious diseases, and biological weapons. Many articles are published with commentaries by prominent researchers, and current trends and best practices are regularly covered in review articles and practice guidelines. CID also publishes supplements devoted to single topics in the field.

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ISSN: 0022-1899.

Latest Issue
VOLUME 196 NUMBER 9
1 NOVEMBER 2007

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ISSN: 0022-1899.

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1 NOVEMBER 2007

Hedef Kitle

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  - Geniş kapsamı olan bir dergi
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  - Alana özgü dergi

The NEW ENGLAND JOURNAL of MEDICINE

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BRIEF REPORT

Zika Virus Associated with Microcephaly

Jernej Mlakar, M.D., Misa Korva, Ph.D., Nataša Tul, M.D., Ph.D., Mara Popović, M.D., Ph.D., Mateja Poljšak-Prijatelj, Ph.D., Jerica Mraz, M.Sc., Marko Kolenc, M.Sc., Katarina Resman Rus, M.Sc., Tina Vesnaver Vipotnik, M.D., Vesna Fabjan Vodušek, M.D., Alenka Vizjak, Ph.D., Jože Pižem, M.D., Ph.D., Miroslav Petrovec, M.D., Ph.D., and Tatjana Avšič Županc, Ph.D.

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Cell Stem Cell
Brief Report

CellPress

Zika Virus Infects Human Cortical Neural Progenitors and Attenuates Their Growth

Hengli Tang,[1,11,*] Christy Hammack,[1,11] Sarah C. Ogden,[1,11] Zhexing Wen,[2,3,11] Xuyu Qian,[2,4,11] Yujing Li,[9] Bing Yao,[9] Jaehoon Shin,[2,5] Feiran Zhang,[9] Emily M. Lee,[1] Kimberly M. Christian,[2,3] Ruth A. Didier,[10] Peng Jin,[9] Hongjun Song,[2,3,5,6,7,*] and Guo-li Ming[2,3,5,6,7,8,*]

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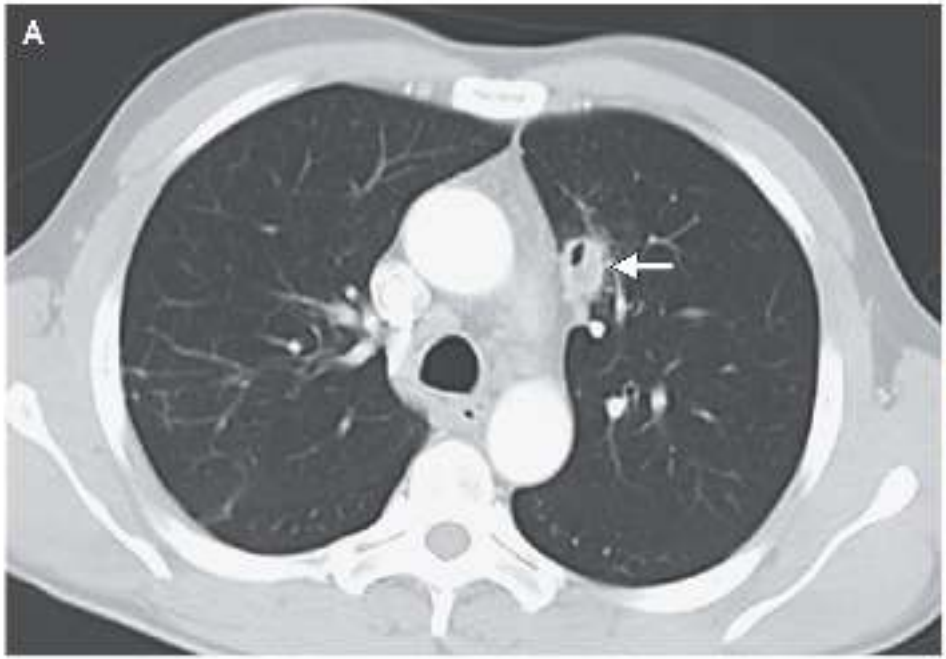
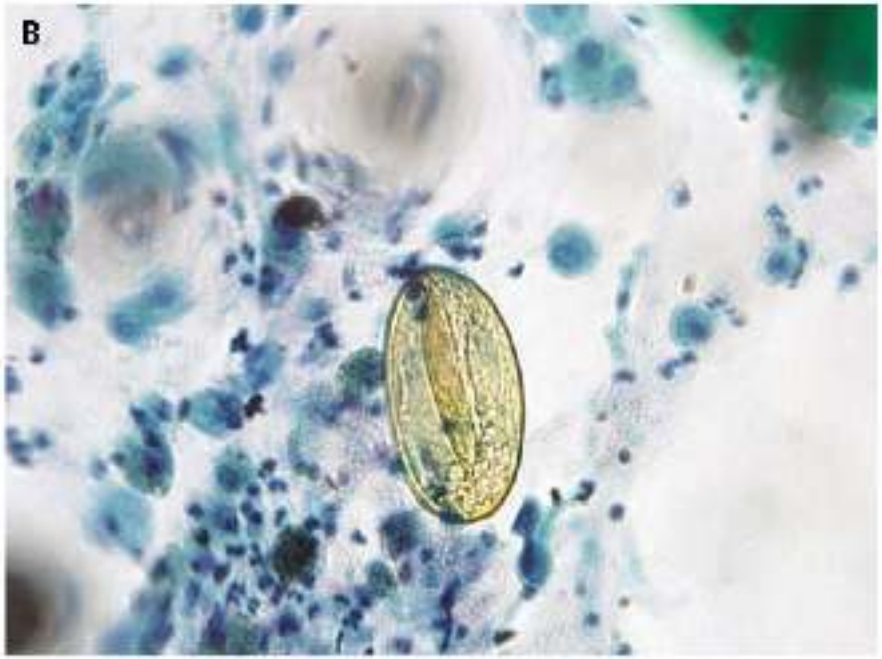
http://dx.doi.org/10.1016/j.stem.2016.02.016

Yazı için bir dergiyi hedef seçmek

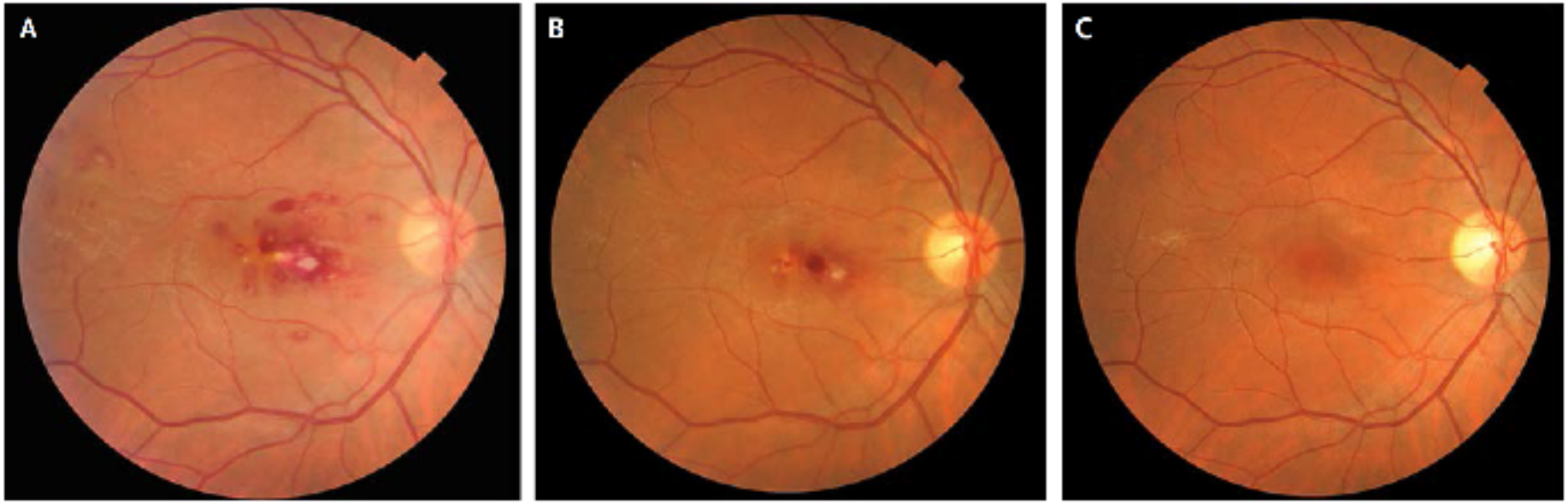
- Potansiyel dergileri yakından tanımaya çalışın
- Dergi ne tür yazılar basıyor? (makale, editöre mektup, derleme, yorum, soru-cevap, klinik imaj?)
- Derginin “kültürü”?
- Ulusal-uluslar arası spektrum?

Hemoptysis Associated with *Paragonimus westermani*

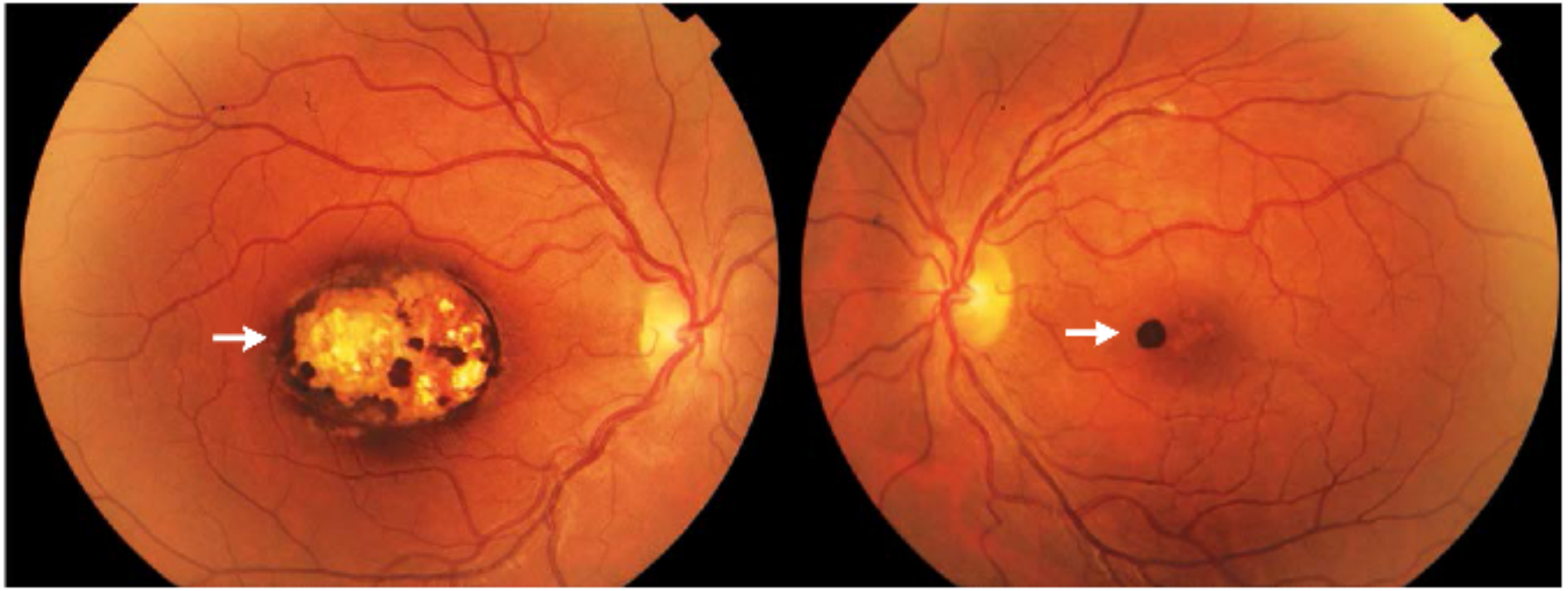




Roth Spots in Infective Endocarditis



Chorioretinal Toxoplasmosis



Hand, Foot, and Mouth Disease

A 4-YEAR-OLD BOY PRESENTED WITH A 5-DAY HISTORY OF MILD FEVER Nadir Goksugur, M.D.

International Journal of Dermatology

Tropical medicine rounds

Epidemiological and clinical characteristics of 7172 patients with cutaneous leishmaniasis in Sanliurfa, between 2001 and 2008

Mucahit Yemisen[1], MD, Yilmaz Ulas[2], MD, Hakim Celik[3], PhD, and Nurten Aksoy[3], MD

Netherlands
The Journal of Medicine

PHOTO QUIZ

A family with skin lesions

R. Ozaras[1*], E. Polat[2], G. Aygun[2], M. Yemisen[1], B. Mete[1], N. Goksugur[3], F. Tabak[1]

Figure 1

Figure 2

Figure 3

Figure 4

This family was from Southeast Anatolia, which is an endemic area for leishmaniasis. Biopsies of the skin lesions revealed amastigotes in the tissue. The cultures on specific *Leishmania* media (Nicolle Novy MacNeal -NNN) showed promastigotes (*figure 5*).

Leishmania infection can be divided into cutaneous, mucocutaneous, or visceral disease. Cutaneous leishmaniasis is the most common form of leishmaniasis caused by a single celled parasite. It is transmitted by sandfly bites. Cutaneous lesions tend to occur on exposed areas of skin. It begins as a red papule, enlarges to form an ulcer with granulomatous tissue at the base and raised, heaped up margins. The ulcers are characteristically painless unless secondarily infected.[1] Cutaneous leishmaniasis lesions typically undergo spontaneous resolution varying according to the infecting *Leishmania* species and the immune reaction of the host. A residual hypopigmented, depressed scar at the site is common following curation. Cutaneous leishmaniasis is treated to accelerate curation to reduce scarring, especially in cosmetic sites, and to prevent parasite dissemination (i.e. mucosal leishmaniasis) or relapse.[2]

The leishmaniases are caused by *Leishmania*, a protozoon transmitted by the bite of a tiny 2 to 3 millimetre-long insect vector, the phlebotomine sandfly (*figure 6*).

Cutaneous leishmaniasis is endemic in more than 70 countries worldwide, and 90% of cases occur in Afghanistan, Algeria, Brazil, Pakistan, Peru, Saudi Arabia, and Syria (*figure 7*).[3] There are about 1.5 million cases of cutaneous leishmaniasis worldwide each year and according to the World Health Organisation, leishmaniasis is endemic in 88 countries, with a total of 350 million people at risk.[4] It is a public health concern in most countries bordering the Mediterranean littoral[5] and also the southeast region of Turkey.[6] In relation to the recent increase of international military activity in Southwest and Central Asia, cutaneous leishmaniasis has become an increasing problem in military personnel. During deployment in northern Afghanistan, a total of 172 Dutch military personnel and three civilians embedded with the armed forces were infected with *L. major*.[7]

The development of one or more chronic skin lesions with the appropriate characteristics and a history of exposure in an endemic area suggest cutaneous leishmaniasis.

Figure 5

Figure 6

source: http://www.who.int/leishmaniasis/leishmaniasis_maps/en/index.html

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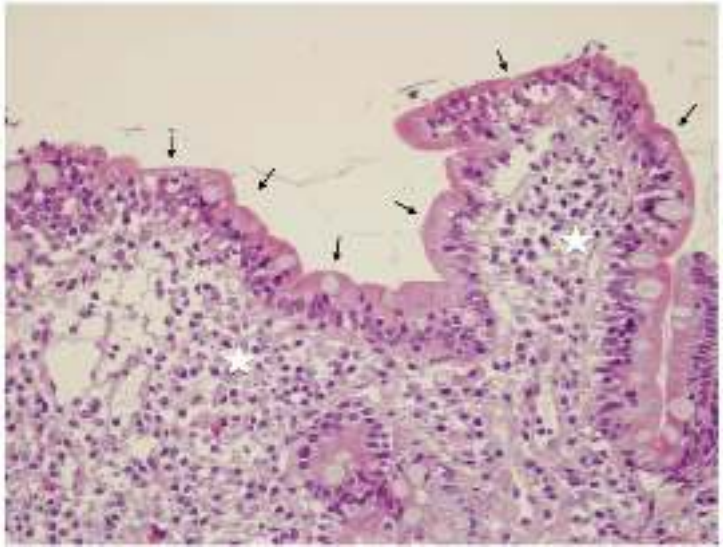
Figure 7

source: http://www.who.int/leishmaniasis/disease_epidemiology/en/index.html

Netherlands
The Journal of Medicine

Chronic Diarrhoea and Repeated Bowel Obstruction in an 84-Year-Old Woman



JAMA Clinical Challenge

Fatigue and an Elevated White Blood Cell Count

Meredith H. Sellers, MD; Shira N. Dinner, MD

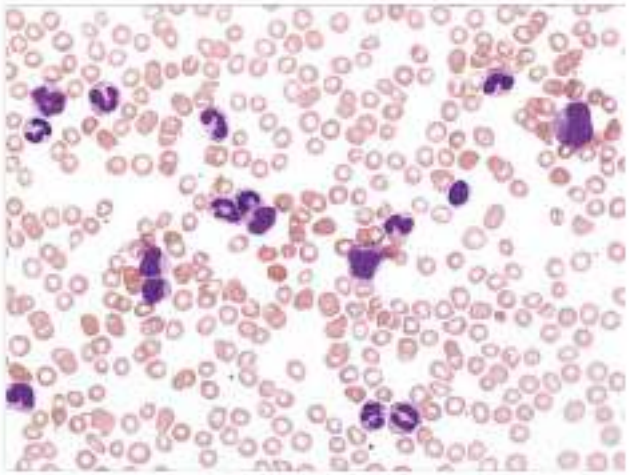


Figure 1. Peripheral blood smear (Wright-Giemsa, original magnification ×600).

A 67-year-old woman presented with fatigue for 4 weeks. She had a history of type 2 diabetes mellitus, hypertension, hyperlipidemia, and allergic rhinitis. Her medications included metformin, lisinopril, and verapamil. Her cardiac and pulmonary examinations were normal. She had no fever or lymphadenopathy. The spleen was palpable 5 cm below the left costal margin. Laboratory evaluation revealed a white blood cell (WBC) count of 91 ×10^3/μL, with 54% neutrophils, 1% blasts, 2% basophils, 8% metamyelocytes, 23% myelocytes, and 1% promyelocytes (increased immature granulocytes). Hemoglobin level was 11.7 g/dL and platelet count was 290 000 (Figure 1).

Quiz at jama.com

WHAT WOULD YOU DO NEXT?

A. Order a heterophile antibody test

B. Perform a bone marrow biopsy

C. Start cytarabine and daunorubicin chemotherapy

D. Order leukapheresis

Diagnosis

Chronic myelogenous leukemia (CML)

What to Do Next

B. Perform a bone marrow biopsy

The key to the diagnosis was the patient's leukocytosis with a granulocytic predominance. These findings suggest either a leukemoid reaction due to an infection or a myeloid malignancy. The WBC count greater than 50×10^3/μL, splenomegaly, and lack of infectious symptoms make malignancy more likely. Specifically, infectious mononucleosis attributable to Epstein-Barr virus is unlikely without fever and lymphadenopathy, despite the presence of splenomegaly. The low percentage of blasts makes acute myeloid leukemia (AML) unlikely, and the lack of dysplastic cells reduces the likelihood of myelodysplastic syndrome. The high WBC count, increased granulocytes at different stages of maturation, absolute basophilia, and normocytic anemia support a diagnosis of CML.

Discussion

CML is a clonal myeloproliferative neoplasm arising from hematopoietic progenitor cells.[1] A balanced reciprocal translocation of chromosomes 9 and 22, in which pieces of the chromosome are rearranged but no genetic material is gained or lost, results in formation of the Philadelphia (Ph) chromosome.[1,2] This rearrangement leads to the BCR gene fusing with the ABL1 gene, creating an oncogene.[2] This oncogene is translated into an oncoprotein with continuous tyrosine kinase activity that causes uncontrolled cell proliferation.[2] The incidence of CML is 0.6 to 2.0 cases per 100 000, increases with age, and is higher in men.[3] The advent of tyrosine kinase inhibitors (TKIs) led to prolonged survival, and annual all-cause mortality for patients with CML has decreased from a range of 10% to 20% in the first 10 years of treatment to 2%. In 2010, the prevalence of CML was 70 000 cases in the United States.[4]

Approximately 30% to 50% of patients with CML are asymptomatic and are diagnosed based on an abnormal complete blood cell count during routine blood work.[5] Symptoms of CML include fatigue due to anemia and early satiety and left upper quadrant discomfort due to splenomegaly.[5] CML is a triphasic disease: the chronic phase is indolent with limited blasts, the accelerated phase demonstrates increasing WBC count, blasts, and splenomegaly; the blast phase resembles AML.[1,5] CML is most often diagnosed during the chronic phase and is highly responsive to TKI therapy but it will progress to the accelerated and blast phases in 3 to 5 years if untreated.[1,2]

In addition to characteristic findings on the peripheral blood smear, CML is diagnosed by identification of the Ph chromosome on bone marrow cytogenetics and the BCR-ABL1 fusion gene by fluorescence in situ hybridization (FISH).[5] Elevated BCR-ABL transcript levels measured by quantitative reverse transcriptase polymerase chain reaction (QPCR) also support the diagnosis.[6]

CML was the first cancer for which a molecularly targeted therapy was developed. TKIs block the BCR-ABL oncoprotein, thus halting the constant signal for cell proliferation and survival, and are the primary therapy for chronic phase CML.[5] Imatinib was the first TKI approved by the US Food and Drug Administration for CML (2001), followed by dasatinib and nilotinib.[5]

The goal of TKI therapy is complete cytogenetic response (CCyR), defined as no cells with a Ph chromosome, by 12 months after initiation.[6] Early CCyR is associated with better overall survival and decreased disease progression.[7] Early major molecular response, defined as a 3-log reduction in BCR-ABL1 transcripts by QPCR from a standardized baseline, corresponding to 0.1% of initial transcripts present, is desirable, and the prognostic significance is under investigation.[6,8,9] Patients who do not respond to TKIs or lose their response should be evaluated for BCR-ABL kinase mutations, such as T315I, that cause drug resistance.[6] If a mutation is identified, patients may respond to a different TKI or alternative therapies, including stem cell transplantation.[10]

Patient Outcome

A bone marrow biopsy showed hypercellular marrow, with increased granulocytes with a mild shift to immaturity. Cytogenetic analysis showed t(9;22) as the sole chromosome abnormality. FISH analysis revealed BCR-ABL1 fusion in 97% of analyzed cells, and BCR-ABL transcripts by QPCR in the peripheral blood were elevated by 122.68% above normal, confirming the CML diagnosis.

One month after beginning therapy with dasatinib, the patient's blood counts normalized and her splenomegaly resolved.

ARTICLE INFORMATION

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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Dergi hedefi

- Genel tıp---alana özgü dergi

Derginin önemi (impakt puanı, okuyucu kitlesi, “open access”, yazıların kalitesi, nerede dizinleniyor…)

PUBMED

Web of Science

Yayınlama Süresi

Yayınlama Süresi

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Clin Microbiol Infect 2004; 10: 537–541

Available online at www.sciencedirect.com
ScienceDirect
Linear Algebra and its Applications 430 (2009) 1–6
LINEAR ALGEBRA AND ITS APPLICATIONS
www.elsevier.com/locate/laa

Generators of matrix algebras in dimension 2 and 3

Helmer Aslaksen [a,*], Arne B. Sletsjøe [b]

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Submitted by T.J. Laffey

- **Boyut kısıtlaması**. Kelime sayısı kısıtlaması var mı?

Medicine®

Medicine:
March 2008 - Volume 87 - Issue 2 - pp 110-130
doi: 10.1097/MD.0b013e31816d1dda
Article

Bird Fancier's Lung: A Series of 86 Patients

Morell, Ferran MD; Roger, Àlex MD; Reyes, Leonardo MD; Cruz, Maria Jesús PhD; Murio, Cristina MD; Muñoz, Xavier MD

FREE

Article Outline

- Derginin sitesini ziyaret edin
  - “instructions for authors”

Önemli dergileri düşünün

- En büyük çalışma
- İlk çalışma
- İlk olgu

Brief Report

The Development of Vancomycin Resistance in a Patient with Methicillin-Resistant *Staphylococcus aureus* Infection

Krzysztof Sieradzki, Ph.D., Richard B. Roberts, M.D., Stuart W. Haber, M.D., and Alexander Tomasz, Ph.D.

SURGICAL INFECTIONS
Volume 16, Number X, 2015

DOI: 10.1089/sur.2015.038

Severe Rhabdomyolysis Associated with *Staphylococcus aureus* Acute Endocarditis Requiring Surgery

Céline Ravry,[1] Anne-Laure Fedou,[1] Maria Dubos,[1] Éric Denes,[2] Caroline Etchecopar,[3] Olivier Barraud,[4] Philippe Vignon,[1] and Bruno François[1]

Dergilerin sitelerini ziyaret edin…

Dergileri yakın takibe alın

- Eğer bir dergi benzer bir yazıyı basmışsa, sizin yazınızı da basabilir

- Yazının ulusal ya da uluslar arası okuyucusunun olup olmadığına karar vermeli

World Health Organization

GUIDELINES

CONSOLIDATED GUIDELINES ON

THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION

RECOMMENDATIONS FOR A PUBLIC HEALTH APPROACH

JUNE 2013

First Italian Consensus Statement on Diagnosis, Prevention and Treatment of Cardiovascular Complications in HIV-infected Patients in the HAART Era (2006)

G. Carosi, E. Quiros-Roldan, C. Torti, A. Antinori, M. Bevilacqua, R.C. Bonadonna, P. Bonfanti, A. Castagna, R. Cauda, A. d'Arminio-Monforte, P. Di Gregorio, G. Di Perri, R. Esposito, F. Fatuzzo, C. Gervasoni, C. Giannattasio, G. Guaraldi, A. Lazzarin, S. Lo Caputo, P. Maggi, F. Mazzotta, M. Moroni, T. Prestileo, R. Ranieri, G. Rizzardini, R. Russo, M. Galli, members of the Italian Cardiovascular Risk Guidelines Working Group

Scandinavian Journal of Infectious Diseases

ISSN: 0036-5548 (Print) 1651-1980 (Online) Journal homepage: http://www.tandfonline.com/loi/infd19

Prophylaxis and treatment of HIV-1 infection in pregnancy: Swedish recommendations 2013

Lars Navér, Jan Albert, Ylva Böttiger, Christina Carlander, Leo Flamholc, Magnus Gisslén, Filip Josephson, Olof Karlström, Lena Lindborg, Veronica Svedhem-Johansson, Bo Svennerholm, Anders Sönnerborg, Aylin Yilmaz & Karin Pettersson

Enferm Infecc Microbiol Clin. 2012;30(6):315–324

Enfermedades Infecciosas y Microbiología Clínica

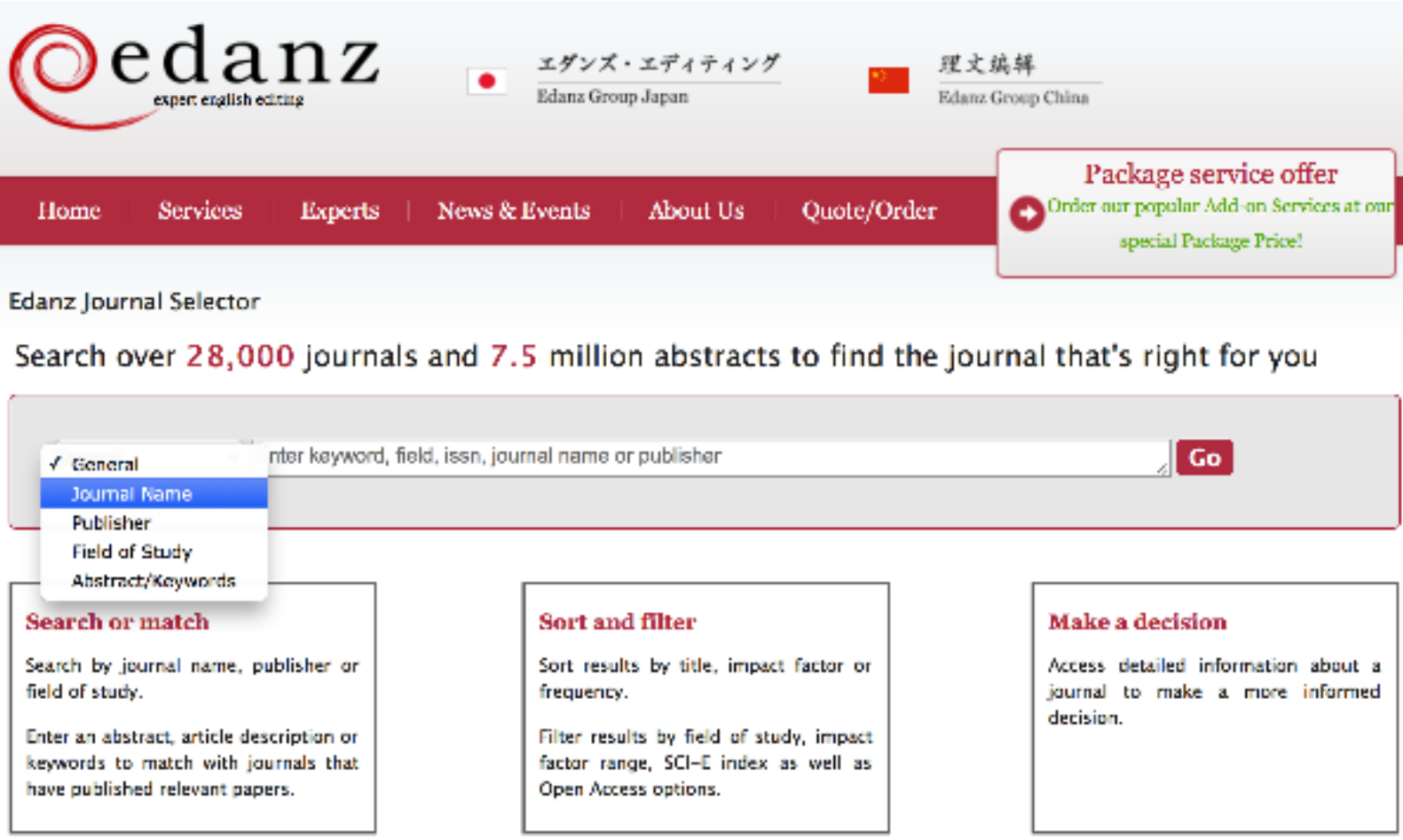
www.elsevier.es/eimc

Consensus document

Executive summary. Consensus document of GESIDA and SPNS (Spanish Secretariat for the National Plan on AIDS) regarding combined antiretroviral treatment in adults infected by the human immunodeficiency virus (January 2012)

Panel of Experts of GESIDA & Spanish Secretariat for the National Plan on AIDS[1,0]

- Bazı yazılımlar, uygun dergiyi bulmaya yardım edebilir…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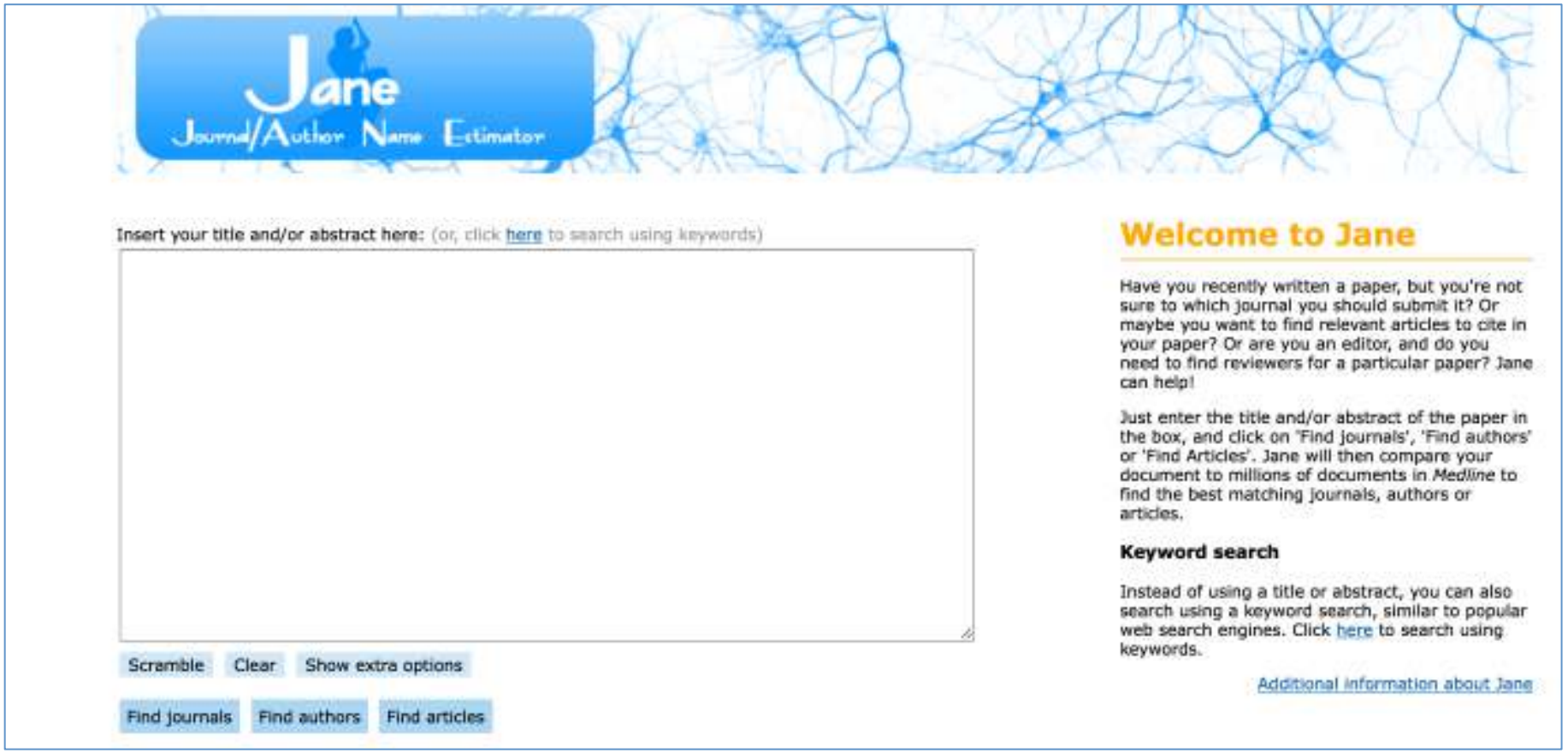

Sonuç

- Doğru dergiyi seçmek önemlidir
  - Dergileri tanımak
  - Kendi yayınımızın değerini bilmek
- Reddedilen yazılardan ders çıkarmak
  - Eleştirileri dikkate almalıyız
- Daha çok denemek, daha çok yazmak
- Yazıyı göndermeden önce arkadaşlarımıza okutmak.