TABLES

At least 2 columns, showing relationship between data

Table 1
Worrisome signs and symptoms to prompt further workup in pediatric patients with chest pain (partial list)

Workup	History/Symptom	Sign
Chest radiograph	Fever	Fever
	Cough	Tachypnea, rales, distress
	Shortness of breath	Ill-appearing/sick
	History of trauma	Significant trauma
	Pain wakes from sleep	Extreme tachycardia
	History of drug use (eg, cocaine)	Pathologic auscultation of heart
	Associated with exercise	Absent/decreased breath sounds
	Acute onset of pain	Palpation of subcutaneous air
	Serious medical problems (Marfan, Kawasaki, lupus)	Tall, thin
	Foreign body ingestion (coin, button battery)	Drooling, gagging
ECG	Associated with exercise	Pathologic auscultation of heart
	Associated with syncope	Tachycardia (>180 bpm)
	History of drug use (eg, cocaine)	Ill-appearing/sick
	Consider with fever	Consider with fever

Abbreviations: bpm, beats per minute; ECG, electrocardiogram.

Table 1
Suggested MRI protocol for liver imaging in patients with suspected liver metastases

Sequence	Acquisition Plane	TR/TE	Slice Thickness (mm)/gap (%)	Matrix
T1 GRE in and out of phase	Axial	188/2.2–4.4	8/20	178 × 256
T2 TSE fat-suppressed	Axial	~2000–4000/85	8/20	192 × 256
Single shot T2 TSE non fat suppressed	Coronal	90–infinity/65	4/20	256 × 256
Fat-suppressed SS EPI diffusion[a] (breath-hold or respiratory triggered)	Axial	1600–2000 (BH)-1 respiratory cycle (RT)/minimum	6 (RT)–7 (BH)/20	144 × 192
Three-dimensional T1 fat-suppressed GRE Pre– and 3 post–contrast acquisitions (dual arterial, portal venous [60 s], and equilibrium [180 s] phases)	Axial	3.5/1.6	2.1–2.5/NA	256 × 256 (interpolated)

Abbreviations: BH, breath-hold; GRE, gradient-recalled echo; NA, not available; RT, respiratory-triggered; SS EPI, single-shot echo planar imaging; TE, echo time; TR, repetition time; TSE, turbo spin echo.
[a] b Values: 0, 50, 500 s/mm² (BH) or 0, 50, 500, 1000 s/mm² (RT).

LISTS

Lists are enumerations, whether listed directly in text or presented in a features box:

On the basis of these trial results, in 2007, the ACS recommended annual screening MRI as a supplement to annual screening mammography for women at very high risk of breast cancer.[73]
These included women who:

- BRCA1 or 2 mutation or are untested first-degree relatives of a BRCA carrier
- lifetime risk of 20% to 25% or more using a breast cancer risk model, such as BRCAPRO(BRCA probability), Tyrer-Cuzick, BOADICEA(Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm), Gail, or Claus.

Based on expert consensus opinion, the ACS also recommended annual mammography and annual MRI screening for the following women:

- History of receiving radiation to the chest between age 10 and 30 years, usually for treatment of Hodgkin disease
- Those with Li-Fraumeni, Cowden, or Bannayen-Riley-Ruvalcaba syndromes or their first-degree relatives.

Box 1
Treating Patients with IBS in Clinical Practice

1. The most effective treatments of IBS remain those that influence bowel function.

2. Effective secretagogues, lubiprostone and linaclotide, accelerate small bowel and colonic transit and relieve abdominal symptoms as well as bowel dysfunction in IBS.

3. Despite meta-analyses of antidepressants in IBS, the pharmacodynamics and clinical trial evidence of efficacy of antidepressants are limited.

4. Probiotics tend to relieve bloating, flatulence, and, possibly, pain in IBS.

5. Nonabsorbable antibiotics, such as rifaximin, persist for some weeks after cessation of therapy; efficacy is unrelated to result of sugar substrate–hydrogen breath test.