

Nephropathia epidemica in Finland - a clinical, histological and epidemiological study

- - Epidemic Hemorrhagic Fever With Renal Syndrome: A Broadening Horizon

	R	P-value
Length of hospitalization	0.325	0.001
Change in weight during hospitalization	0.406	<0.001
Urinary output min	-0.332	0.002
Creatinine max	0.378	<0.001
Platelets min	-0.325	0.001
Hematocrit min	-0.369	<0.001
Leukocytes max	0.475	<0.001
CRP max	0.298	0.003
PTX3 max	0.425	0.005
IL-6 max	0.621	<0.001
IDO max	0.557	<0.001
c-DNA max	0.363	0.018

Min = minimum, Max = maximum, CRP = C-reactive protein, PTX3 = pentraxin-3, IL-6 = interleukin-6, IDO = indoleamine 2,3-dioxygenase, c-DNA = cell-free DNA
doi:10.1371/journal.pone.0071335.t003

Description: -

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Annals of clinical research -- v. 3. Suppl. ; 8Nephropathia epidemica in Finland - a clinical, histological and epidemiological study

Notes: Summary in Russian

This edition was published in 1971



Filesize: 20.65 MB

Tags: #Ecological #and #epidemiological #data #on #Hantavirus #in #bank #vole #populations #in #Belgium

Clinical and serological diagnosis of nephropathia epidemica, the mild type of haemorrhagic fever with renal syndrome

The most common presenting symptoms were fever, abdominal pain, and renal tenderness with oliguria followed by polyuria. Lähdevirta J 1971 Nephropatia epidemica in Finland.

The severity of Puumala hantavirus induced nephropathia epidemica can be better evaluated using plasma interleukin

Hautala N, Kauma H, Vapalahti O, Mahonen SM, Vainio O, Vaheri A, Prospective study on ocular findings in acute Puumala hantavirus infection in hospitalised patients. Therefore, establishment of a matched control group was not possible. Krüger DH, Ulrich R, Lundkvist AA.

Nephropathia Epidemica: Incidence of Clinical Cases and Antibody Prevalence in an Endemic Area of Sweden on JSTOR

Prog Med Virol 28: 96-113 11.

Renal MRI findings and their clinical associations in nephropathia epidemica: analysis of quantitative findings

In our study population, 23% of patients had hypertension at follow-up. Suggested citation for this article: Latus J, Schwab M, Tacconelli E, Pieper F-M, Wegener D, Dippon J, et al.

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