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Bratisl Lek Listy 2005; 106 (1)

### Review

#### **Cardiovascular effects of aldosterone**

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At present ARAs are indicated in the management of primary hyperaldosteronism, in oedematous conditions in patients with congestive heart failure, in cirrhosis of the liver accompanied by oedema and ascites, in essential hypertension and in hypokalaemic states. Its indication as adjunctive therapy of heart failure is currently under investigation.

### Experimental Study

#### **Carvedilol – a $\beta$ -blocker with considerable antiaggregatory effect on human blood platelets**

Petrikova M, Jancinova V, Nosal R, Majekova M, Fabryova V ..... 20  
Our study found that carvedilol to be more potent than propranolol and atenolol in inhibiting platelet aggregation and thromboxane B<sub>2</sub> production. This may be due to the different structure and the more convenient physico-chemical parameters of the carvedilol molecule. The favourable anti-platelet profile of carvedilol, may participate in its beneficial cardioprotective effect.

### Clinical Studies

#### **Complications of central venous cathetrization in hemodialysis patients**

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In the need of acute hemodialysis in a patient with no arterio-venous shunt, placement of a central venous catheter (CVC) is the ultimate solution. The authors describe the possibility of leaving the CVC in situ longer than the recommended 1–2 weeks period without encountering more frequent complications. This finding may be due to the excellent maintenance of the CVC by the dialysis nurses and thorough patient education.

#### **A study of the symptomatology of hypertrophied anal papillae and fibrous anal polyps**

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This study establishes that removal of hypertrophied anal papillae and fibrous polyps should be carried out as a routine during surgical treatment of anal fissure. This would add to effectiveness and completeness of the procedure.

#### **Variations of nerve roots of the brachial plexus**

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### Experimental Study

#### **Selected hormones levels in individuals with endothelial dysfunction and insulin resistance**

Tajtakova M, Petrovicova J, Spurny P, Pytliak M, Petrasova D, Zemberova E ..... 37  
Nižšie hladiny ghrelínu, rastového hormónu a adiponektínu spolu s vyššou hladinou inzulínu a leptínu môžu prispievať k rozvoju endotelovej dysfunkcie a inzulínovej rezistencie.

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