

Zapomenutý orgán

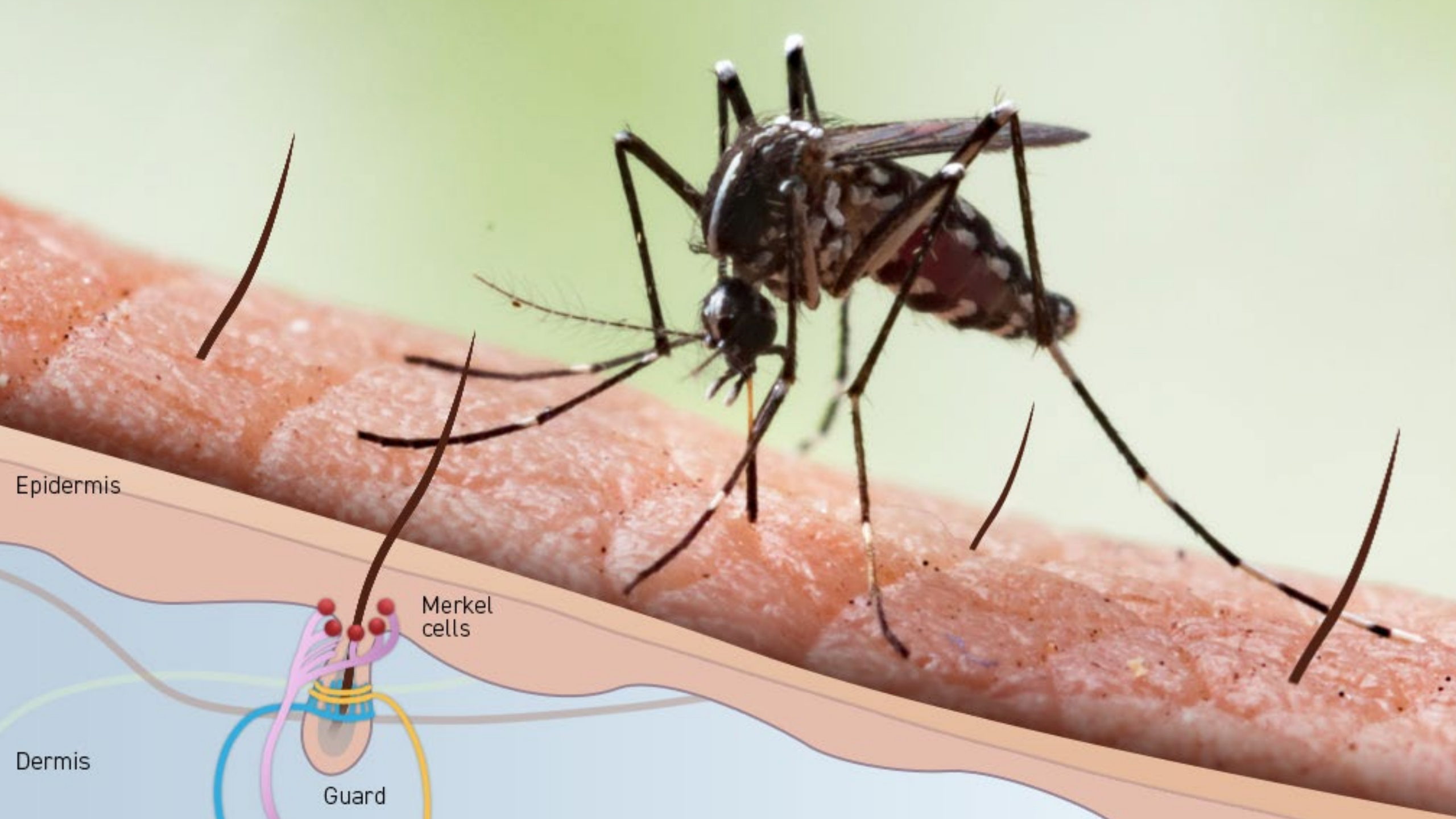
R. Zajíček¹, J. Štuková³, M. Švecová¹, B. Bakalář².

¹ Klinika popáleninové medicíny 3. LF UK a FNKV Praha

² Klinika anesteziologie a resuscitace 3. LF UK a FNKV Praha

³ Burn Fighters a Spolek Bolíto



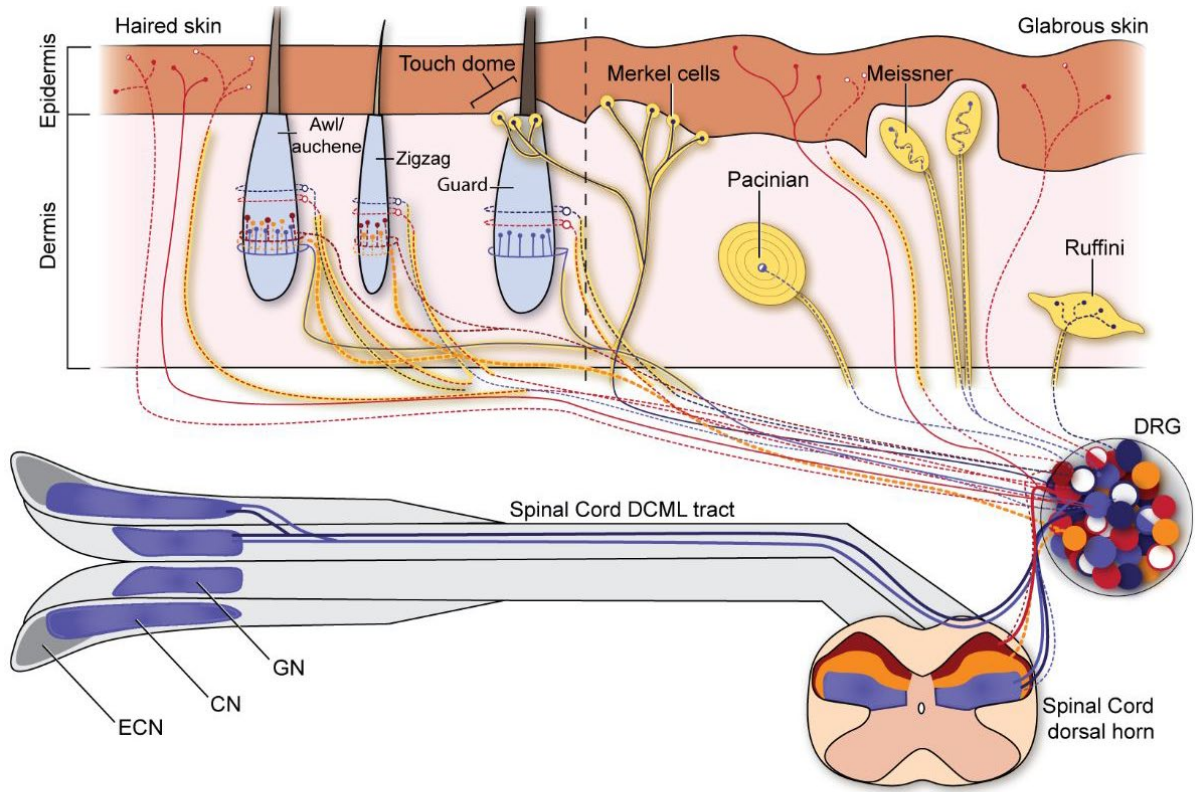


Epidermis

Merkel cells

Dermis

Guard



- | Nociceptors | | Mechanoreptors | |
|-------------|--------------------------------|----------------|-------------------|
| | Peptidergic C nociceptor | | RA A-beta LTMR |
| | Non-peptidergic C nociceptor | | SAI A-beta LTMR |
| | Peptidergic A-delta nociceptor | | RAII A-beta LTMR |
| | Pruriceptors | | SAII A-beta LTMR |
| | | | A-beta Field LTMR |
| | | | A-delta LTMR |
| | | | C LTMR |

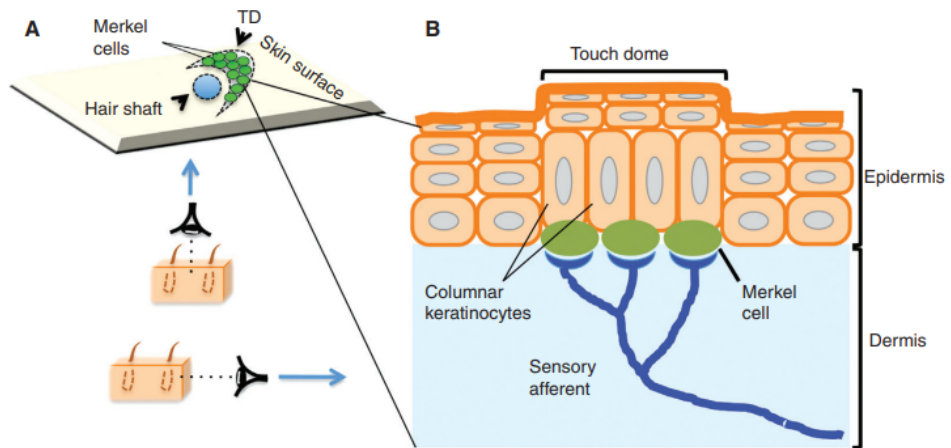
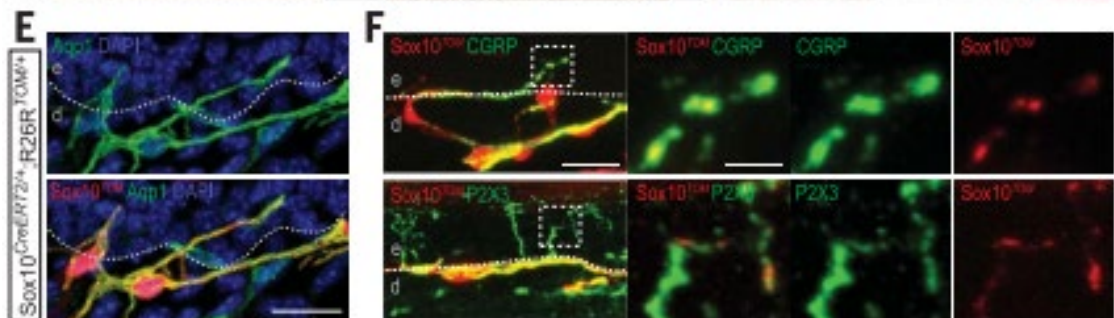
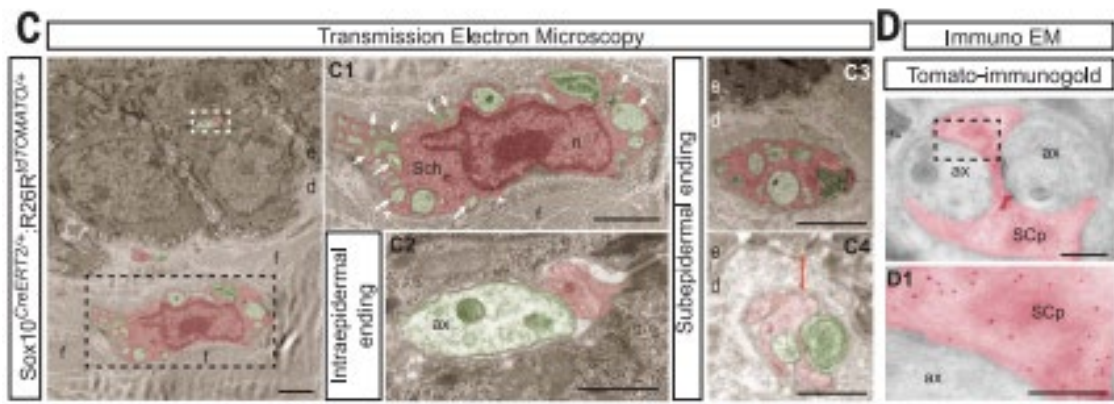
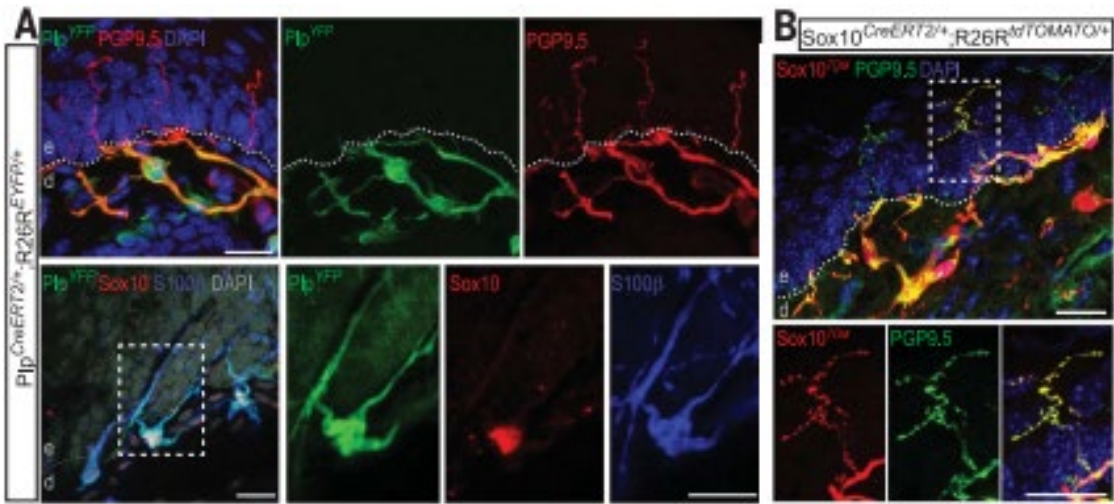


Figure 2. Position and structure of touch domes in mice. (A) Overhead view schematic illustrates that touch domes (TDs) are asymmetrical crescent-shaped structures that are polarized to the caudal side of tylotrich (guard) hairs in the pelage skin. (B) Sagittal view schematic illustrating the key cellular and structural elements of the touch dome including unusual columnar keratinocytes juxtaposed with mature Merkel cells, which are innervated by SAI sensory afferents.



RESEARCH

NEUROSCIENCE

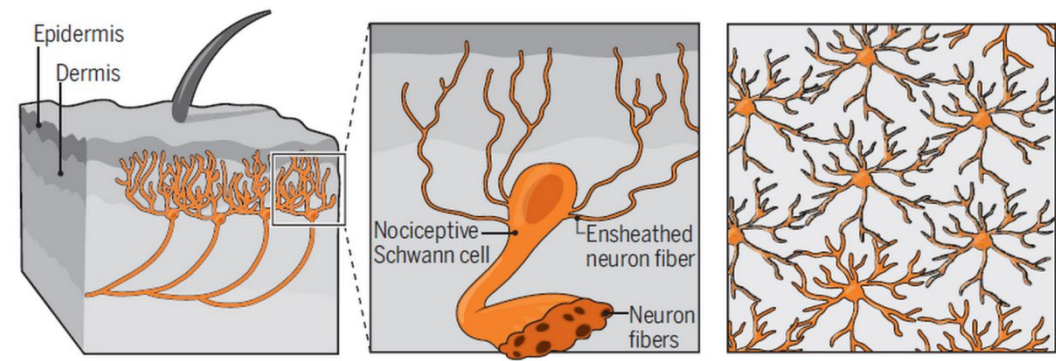
Specialized cutaneous Schwann cells initiate pain sensation

Hind Abdo^{1*}, Laura Calvo-Enrique^{1*}, Jose Martinez Lopez¹, Jianren Song², Ming-Dong Zhang¹, Dmitry Usoskin¹, Abdeljabbar El Manira², Igor Adameyko³, Jens Hjerling-Leffler¹, Patrik Ernfors^{1†}

Cutaneous sensory neurons

Nociceptive Schwann cells and nociceptive nerve terminals are intertwined in the epidermis.

Mesh-like network of nociceptive Schwann cells respond to mechanical stimuli.



Vollum Institute, Oregon Health & Science University, Portland, OR 97221, USA. Email: monk@ohsu.edu

Kangaroo care: the radical skin-to-skin approach to saving premature babies

A shortage of incubators and a hunch about marsupials inspired a Colombian doctor to try something radical, reports
Lena Corner



Discriminative and Affective Touch: Sensing and Feeling

Francis McGlone,^{1,3,*} Johan Wessberg,² and Håkan Olausson⁴

¹School of Natural Science & Psychology, Liverpool John Moores University, Liverpool, L3 3AF, UK

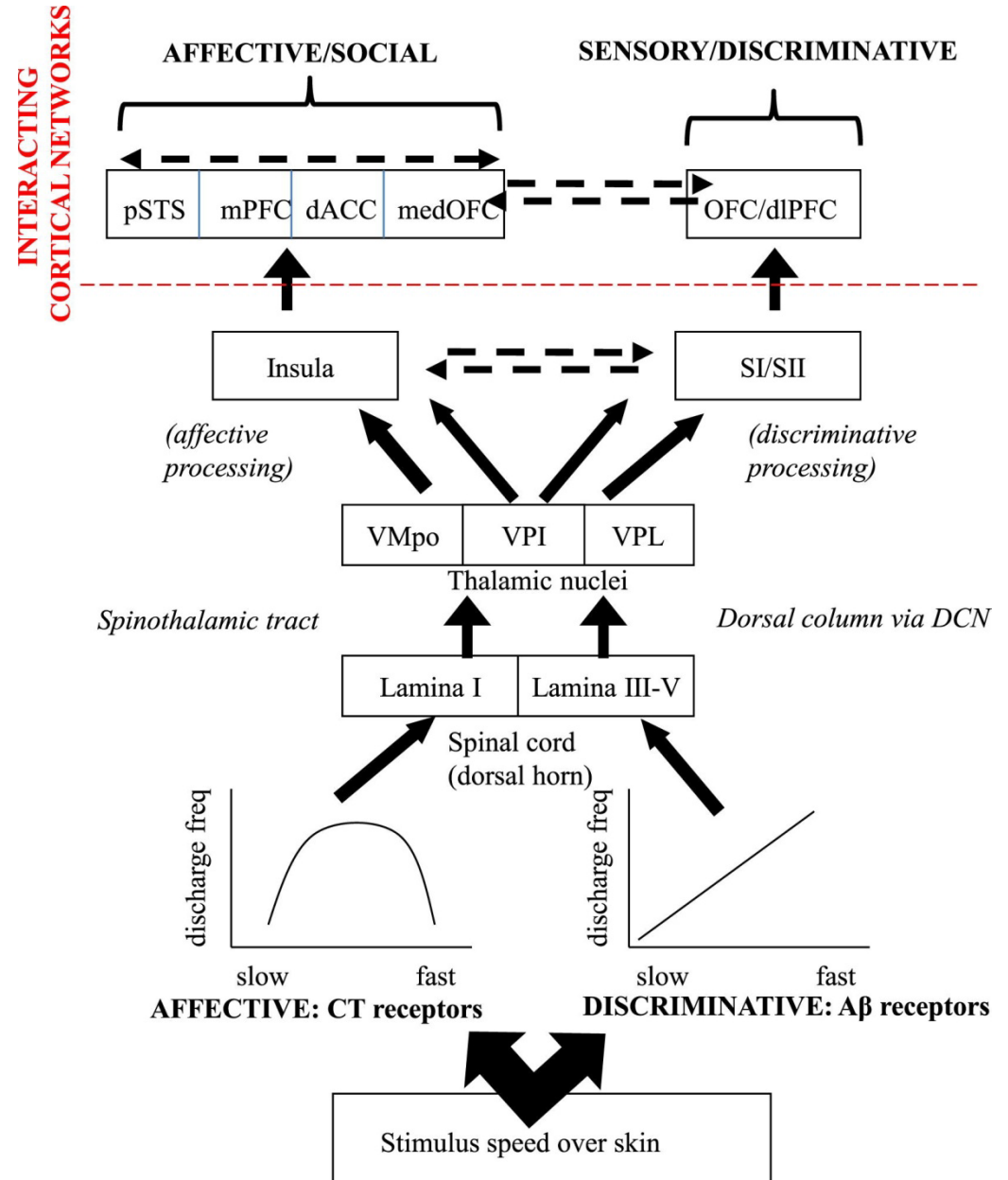
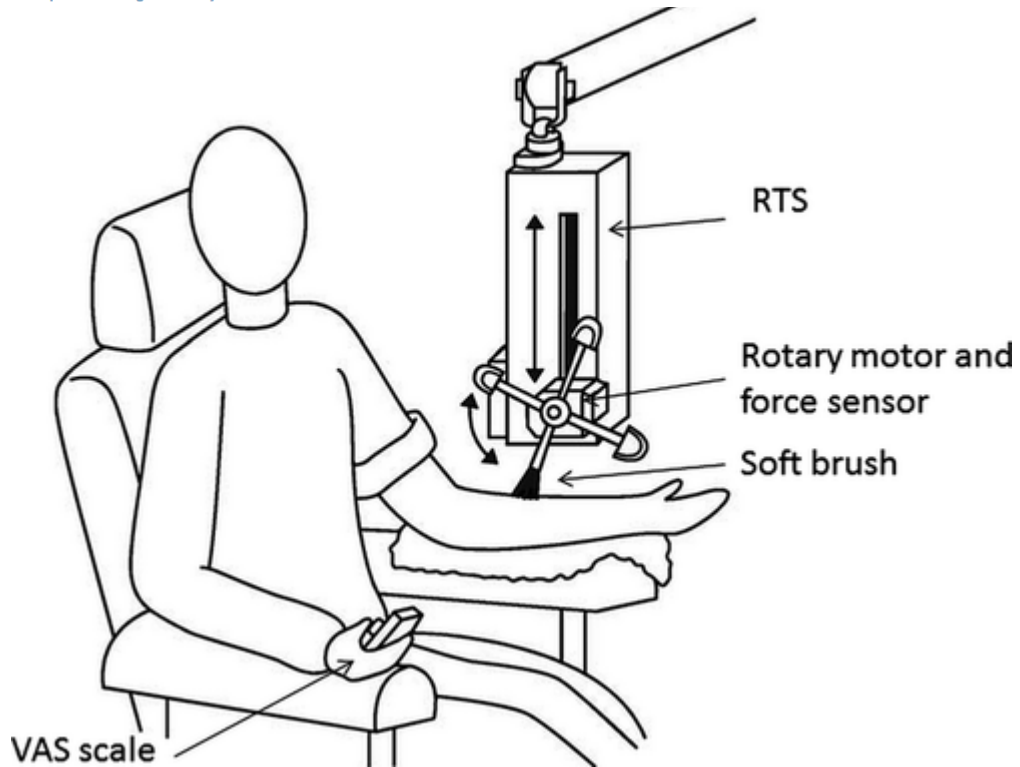
²Institute of Neuroscience and Physiology, University of Gothenburg, Box 432, 40530 Göteborg, Sweden

³Institute of Psychology, Health & Society, University of Liverpool, Liverpool, L69 3BX, UK

⁴Department of Clinical and Experimental Medicine, Division of Neuroscience, Neurophysiology, Faculty of Health Sciences, Linköping University, SE-581 83 Linköping, Sweden

*Correspondence: f.p.mcgclone@ljamu.ac.uk

<http://dx.doi.org/10.1016/j.neuron.2014.05.001>











Proprioception
Unconscious
mysterium











YULIA --
30.10.2020 709 JIP FHEV

PROFESIONALNI PR

OVIT
10001



13letý chlapec - popálení 75% povrchu těla III. stupně elektrickým proudem vysokého napětí



185 dnů od úrazu
16 velkých výkonů
50 hodin na sále
14 Ery, 54 FFP
Náklady: 4 500 000 Kč







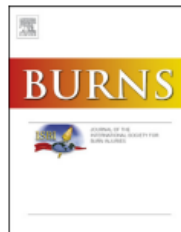


ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns



Review

Sensory alteration patterns in burned patients

Ana Tirado-Esteban^{a,*}, Jose Luis Seoane^b, Jordi Serracanta Domènech^{a,b},
Jorge Aguilera-Sáez^{a,b}, Juan P. Barret^{a,b}

^a Universitat Autònoma de Barcelona (UAB), Spain

^b University Hospital of Vall d'Hebron (HUVH), Spain

ARTICLE INFO

Article history:
Available online xxx

Keywords:

Sensory
Burns
Neuropathy
Scar
Quantitative sensory test
Von Frey filaments

ABSTRACT

Introduction: Burned patients may present with different type and severity of sensory dysfunction. Regenerative mechanisms in the peripheral nervous system are diminished after burn injury and thus unable to accurately regenerate somatosensitive skin receptors. The pattern by which neuronal regeneration occurs to regain this sensitivity in burn patients is still unclear.

Patients and method: This observational retrospective study focuses on determining the patterns of heat, heat-pain, cold, cold-pain, sympathetic skin response and touch following severe burns. Twenty-six burn patients with different type of burns were included in the study. The survey methods used included the Quantitative Sensory Test for thermoalgesic measurement, electrical SSR and the Von Frey filaments for quantitative measurements of touch/pressure.

Results: The results showed that patients present with hypoesthesia to heat, cold, and touch in postburn skin areas compared with the contralateral healthy areas. However, in the heat-pain sensation, no hypoesthesia was noted.

Conclusions: Our results suggest that burn patients have a sensitivity dysfunction in postburned skin areas. The use of QST could be considered the technique to determine the sensitivity of burned patients. Although, more high-quality studies should be done.

© 2019 Published by Elsevier Ltd.



Pain 77 (1998) 241–251

PAIN

Research Papers

Tactile, thermal and pain sensibility in burned patients with and without chronic pain and paresthesia problems

Annie Malenfant^{a,b}, Robert Forget^c, Rhonda Amsel^f, Jacques Papillon^{a,d},
Jean-Yves Frigon^b, Manon Choinière^{a,e,*}

^aBurn Centre, Montreal University Hospital, Hotel-Dieu Campus, Montreal, H2W 1T8, Canada

^bDepartment of Psychology, University of Montreal, Montreal, H3C 3J7, Canada

^cSchool of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, H3C 3J7, Canada

^dDepartment of Surgery, Faculty of Medicine, Montreal, H3C 3J7, Canada

^eDepartment of Anesthesia, Faculty of Medicine, Montreal, H3C 3J7, Canada

^fDepartment of Psychology, McGill University, Montreal, H3A 1B1, Canada

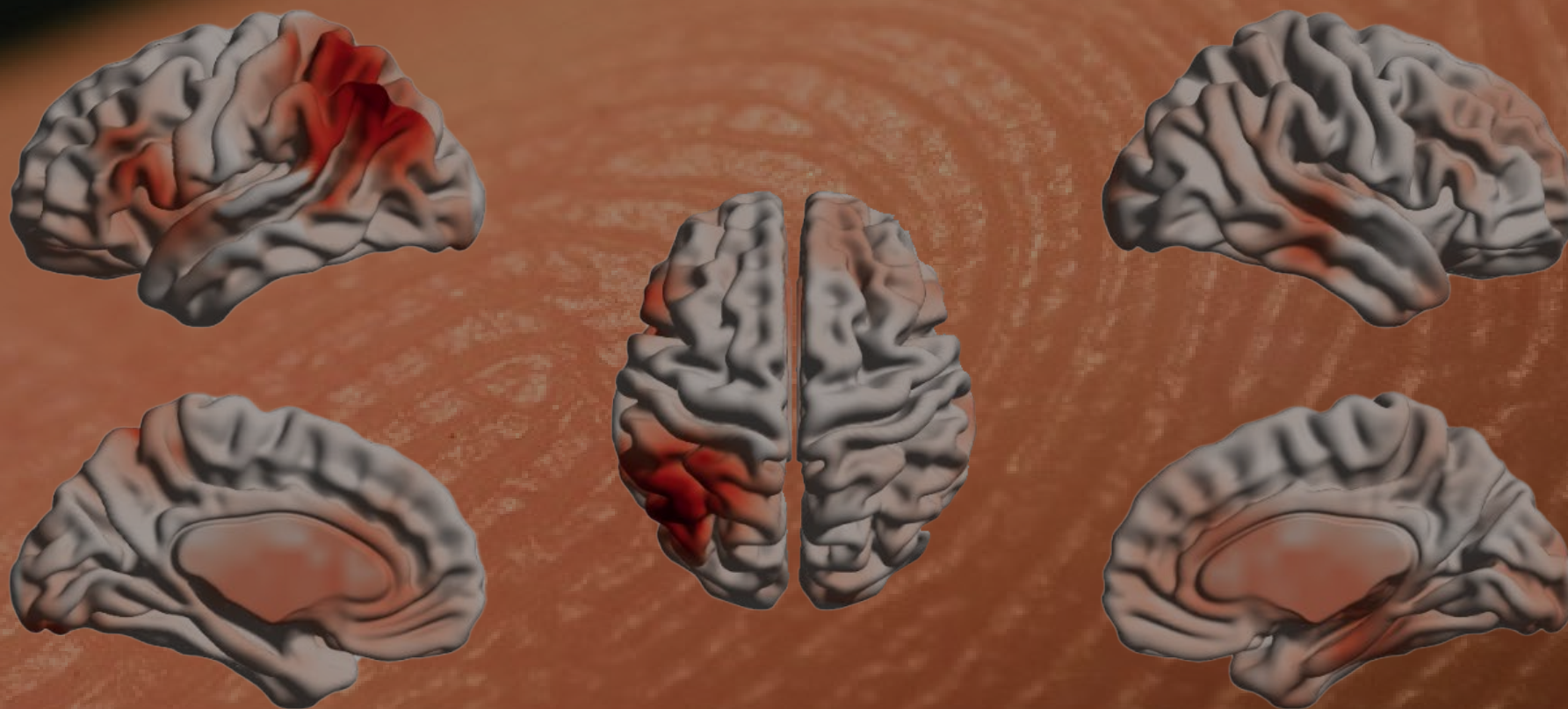
Received 5 January 1997; received in revised form 29 April 1998; accepted 21 May 1998

Table 3

Mean sensibility thresholds (\pm SD) obtained in the contralateral uninjured sites of burned patients ($n = 79$) compared to those of control subjects

Sensory tests	Burned patients	Control subjects	<i>P</i> -value
Pressure	3.37 \pm 0.42	3.21 \pm 0.38	0.009
Two-point discrimination	2.67 \pm 1.32	2.65 \pm 1.39	0.79
Heat	38.01 \pm 4.01	36.98 \pm 3.38	0.09
Cold	27.92 \pm 2.28	28.64 \pm 1.77	0.04
Heat pain	46.27 \pm 2.41 ^a	45.69 \pm 2.36	0.13

^aFour patients were assigned a conservative value of 50°C as their pain threshold was not reached at this temperature.



Děkuji za pozornost