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11:50 AM

 Hepatocellular adenoma 'A new perspective' AA Q

Literature search strategy

A systematic literature search of the PubMed and Embase databases was performed for all articles published from 1969 till March 2011, relevant to rupture and/or hemorrhage of HCA. There was no literature available prior to 1969 in either databases. Search terms used in different databases are shown in Figure 1. All titles and abstracts were screened and relevant articles were selected.

Search terms (Adenoma, Liver Cell[Mesh] OR liver cell adenoma*[tiab] OR Liver adenoma*[tiab] OR Hepatocellular adenoma*[tiab] OR Benign Hepatoma*[tiab] OR Hepatic adenoma*[tiab]) AND (Rupture, Spontaneous[mesh] OR Rupture*[tiab] OR Hemorrhage[mesh] OR Hemorrhag"[tiab] OR Haemorrhag"[tiab] OR Bleeding[tiab] OR blood[tiab]) NOT (animals[mesh] NOT humans[mesh]) AND (english[lang] OR dutch[lang]) ((liver OR hepatocellular OR hepatic) NEAR/2 adenoma*):ab,ti,de OR (benign NEAR/2 hepatoma*):ab,ti AND ('rupture'/de OR 'blood vessel rupture'/de OR rupture":ab,ti OR 'bleeding'/exp OR hemorrhag":ab,ti OR haemorrhag":ab,ti OR bleeding:ab,ti OR bloed:ab,ti) NOT ([animals]/lim NOT (humans]/lim) AND (English:la OR dutch:la) Figure 1. Search terms used in PubMed and Embase databases.

Sudies were evaluated for inclusion by two independent researchers (SMA, TT) for relevance to the subject. A random check was performed by a supervisor (JNMIJ). Study selection was accomplished through three levels of study screening (Figure 2). Articles were included if they described a series of patients with HCA seen in a particular time period. Studies which described only patients with liver adenomatosis were excluded. At level 1, duplicate articles found in both databases were excluded. At level 2, titles and abstracts of all articles were screened for relevance. Irrelevant articles, case reports, review articles and abstracts presented at scientific meetings were excluded. At level 3, a full text review was conducted for final inclusion. In case of overlapping series, only the most recent publication was included to avoid double counting of patients with HCA. Irrelevant articles were those articles that did not describe a series of patients in a particular time period, articles that gave only a summary of current knowledge of HCA, articles focusing on focal nodular hyperplasia or articles that did not answer the research

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Turning the pages

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1. Swipe the page with your finger

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A systematic literature search of the PubMed and Embase databases was performed for all articles published from 1969 till March 2011, relevant to rupture and/or hemorrhage of HCA. There was no literature available prior to 1969 in either databases. Search terms used in different databases are shown in Figure 1. All titles and abstracts were screened and relevant articles were selected.

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Embase	((liver OR hepatocellular OR hepatic) NEAR/2 adenoma*):ab,ti,de OR (benign NEAR/2 hepatoma*):ab,ti AND ("upture'/de OR blood vessel rupture'/de OR rupture':ab,ti OR bloeding'/sxp OR hemorrhag*'ab,ti OR haemorrhag*'ab,ti OR bloeding:ab,ti OR blood:ab,ti) NOT ((animals)lim NOT (humans)lim) AND (English:la OR dutch:la)
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2. Or use the scrollbar

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Looking up words

To search for a word or phrase, tap twice to select the word. It will be highlighted and a pop up menu appears.

11:39 AM Hepa ocellular adenoma 'A new perspective' Library := ${}_{\mathbf{A}}\mathbf{A}$ CASE 2 A 32-year-old woman was referred to our hospital for evaluation of multiple liver lesions. Her complaints consisted of abdominal discomfort, feeling of cramps, bloated abdomen and irregular bowel movement. Physical examination revealed normal signs,

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sions despite withdrawal of OC.

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The patient was decreased in our weekly multidisciplinary meeting and because of the size of the largest advisoria and a wish for pregnancy, surgery on the largest adenoma and an open RFA of the smaller lesions was advised (Figure 3). Histological examination [including glutamine synthetase as a useful immunohistochemical marker in the diagnosis of focal nodular hyperplasie (FNH)] of the resected lesion showed FNH [7]. Because of this unexpected finding of a FNH, a radiological re-evaluation of the residual lesions was performed and the residual lesions were still regarded to be adenomas. A CT scan was performed 3 months postoperatively, and showed 7 adenomas successfully ablated at the first attempt, 1 hypervascular zone adjacent to one of the ablation fields being suspicious for vital HCA tissue, incorrect placement of the RFA needle in 1 adenoma, and 2 vital adenomas not treated with RFA and not visible at first CT scan. Because this patient had a clear pregnancy wish, percutaneous RFA of the 4 remaining lesions was advised and again performed. The MR scan which was performed 6 weeks post-RFA showed 2 adenomas that were ablated successfully and again 2 zones suspicious for residual HCA tissue, Twelve and 31 weeks after the first percutaneous RFA session, a 3rd and 4th session of percutaneous RFA was performed for the remaining 2 residual HCA tissue zones. Again a CT scan was performed, which showed adequate ablation of all lesione

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Adding highlights and notes

By double-tapping on the text, you can add highlights to sections. You can also remove them again.

> of a benchmark, which means that the implementer bases his plant specific allocation decision on severage technology and abatement costs. 276 (2) Depending on what type of benchmark is used, e.g. a Best Available Technology (IRAT). *Nistericial on technology benchmark*, different information is needed, some of which may also be obtained from the regulated parties themselves. If the implementer opes to use information provided by the parties, care must be taken to ensure the reliability of this information. If the implementer is forced to collect all data herefits a national approach may be less

II PETROLS are assigned. Most tractible permits schemes make



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This would result in a higher cost of norm achievement, and make

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mentation since the information needed (especially in the putting in

ational level and there are no apparent scale economies at the regi-

onal or global level during that initial phase. Heterogeneous prefe

place of the emissions trading raime) is most easily gathered at the

sed by the distribution of the emission reduction norm. However, the possibility to externalize costs continues to be a concern, also in the enforcement stage. With respect to emissions trading, there are two types of behavior that enforcement is set to regulate: (i) emissions that exceed the amount available to the installation on the basis of the permits that it holds, and (ii) activities that constitute market abuse within the FTS marker. The effects of the non-or under-anforcement assing these two types of behavior.

in turn affe The enforcement of a tradable permits scheme, similarly to more traditional forms of regulation, involves the monitoring of parties' behavior and the imposition of penalties in case of non-compliance. The incentives created by tradable permits greatly depend on the market price of emission permits a higher permit price raises the marginal price of emission, which affects parties' abatement choices. In order for the market to convey a strong price signal, parties need to be sure that there is effective monitoring and enforcement of emissions. Failure to maintain strong enforcement methods may lead to a drop in market prices since parties may be tempted to failify their emission reports which leads to artificial drops in demand and a lack of real reductions. 281 [

Assuming that excessive emissions (i.e. emitting without surrendering enough permits) are penalized by the imposition of fines, 282 The sub-optimal enforcement of excessive emissions can be reflected in the budget of the enforcer. Fines typically do not go directly into the budget of the enforcer, however, the enforcer may be expected to maintain a certain level of compliance or receive other benefits from a strong enforcement record through reputation or the personal advancement in the regulatory system. 283 The costs of sub-optimal enforcement incurred by the enforcer may be compensated by bribes or votes, assuming that these regulators are elected to office (if not, there is no value in terms of votes, only bribes or other side payments).

The sub-optimal enforcement of activities that constitute market abuse, such as the sale of permits that had already been surrendered, 284 Tereates even larger potential externalities since the effects can be externalized on other jurisdictions in case of a regional or global market with national enforcers. This is partly an interaction issue: 285 T if the enforcement takes place at the same level as the implementation and norm-setting and there is only trading on that level, global, regional, national respectively, this problem does not materialize. This is one of the dimensions in which market-based in-struments differ from command-and-control regulation since the latter only involves the monitoring of installation specific behavior, not behavior that may affect a secondary market created by the regulation.

The enforcement costs of tradable permits schemes are often perceived to be lower than those of traditional regulatory regimes such as command-and-control regulation but there is increasing consensus that effective enforcement for tradable permit schemes also requires significant expenditure. 286 The monitoring and verification of allowances in the enforcement phase requires installation specific information. Whether it will be more cost-effective to obtain this information locally or at a more central level will depend partly on the pre-existing expertise and administrative capacity at these levels and in part on the available technology for monitoring and verification. Technological equipment can supply information to enforcers at different locations or levels of governance, which means that there is no necessary bias in favor of centralization or decentralization. Scale economies may apply to monitoring and verification at the central level, especially with respect to the monitoring many pericement of the scale scale scale sconemies may apply to monitoring and verification at the central level, especially with respect to the moni-



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You can access them in the Table of contents.			
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Internal links



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...to read the note.



۲.	Age	BMI	Tumo	ors	s Largest Segm		ent Course *	Indication	Treatment	Complications	Outcome
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1	32	26	i.	Ľ	38	4	Unknown	Pregnancy wish	Percutaneous RF (1)		No evidence of disease
2	36	22	12	9	73	3, 5-8	Regression of lesions	Pregnancy wish	Open RF/resection (1); percutaneous RF	Hematoma in abdominal wall, no intervention	No evidence of disease
3	34	18	I	L	30	5	NA	Hormone dependency	Percutaneous RF (2)	2	Minimal residual HCA
6	31	23	12	Ľ	44	4	Unknown	Pregnancy wish	Percutaneous RF [3]		No evidence of disease
5	32	27	10	9	61	1-4, 7, 8	Unknown	Size > 5 cm	Open RF/resection (1); percutaneous RF (3)	Bleeding (rook) hepatic arte, no intervention	Minimal residual HCA
đ.	23	24	L	I.	38	5	Unknown	Pregnancy wish	Percutaneous RF (2)		Minimal residual HCA
7	23	29	L	ιF.	42	7	Regression of lesion	Pregnancy wish	Percutaneous RF (2)		No evidence of disease
8	21	20	Ľ	L	32	2	NA	Hormone Dependency	Percutaneous RF (2)		No evidence of disease
9	26	20	6	2	35	5,6	Regression of lesions	Pregnancy wish	Percutaneous RF (2)	Bleeding (liver parenchyma), no intervention	No evidence of disease
0	22	23	- E	T	15	6	Regression of lesion	Pregnancy wish	Percutaneous RF	3	No evidence of disease
1	30	32	2	2	40	2, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (1)		No evidence of disease
2	37	29	7	2	35	2,4	Unknown	Pregnancy wish	Percutaneous RF (2)		Minimal residual HCA
3	27	41	1	I.	36	4	Unknown	Pregnancy wish	Percutaneous RF	4	No evidence of disease
4	32	44	9	5	45	3-8	Regression	Pregnancy	Percutaneous		One

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Sometimes tables are too large to fit on one page, even with a very small font size. But don't worry...

								and the second			A.	1 -
	-							of lesions	wish	RF/resection (1); percutaneous RF	abdominal wall, no intervention	evidence of disease
	3	34	18	1	1	30	5	NA	Hormone dependency	Percutaneous RF (2)	с н.	Minimal residual HCA
	4	31	23	1	1	44	4	Unknown	Pregnancy wish	Percutaneous RF (3)		No evidence of disease
	5	32	27	10	9	61	1-4, 7, 8	Unknown	Size > 5 cm	Open RF/resection (1); percutaneous RF (3)	Bleeding (right hepatic artery), no intervention	Minimal residual HCA
	6	23	24	1	1	38	5	Unknown	Pregnancy wish	Percutaneous RF (2)		Minimal residual HCA
	7	23	29	1	1	42	7	Regression of lesion	Pregnancy wish	Percutaneous RF (2)	*	No evidence of disease
	8	21	20	3	1	32	2	NA	Hormone Dependency	Fercutaneous RF (2)		No evidence of disease
	9	26	20	6	2	35	5, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (2)	Bleeding (liver parenchyma), no intervention	No evidence of disease
	10	22	23	1	1	15	6	Regression of lesion	Pregnancy wish	Percutaneous RF		No evidence of disease
	11	30	32	2	2	40	2, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (1)	*	No evidence of diseas
	12	37	29	7	2	35	2.4	Unknown	Pregnancy wish	Percutaneous RF (2)		Minimal residual HCA
-		37	41	-0	1	36	4	Unknown	Pregnancy wish	Percutaneous RF		No evidence of disease
	14	32	44	9	5	45	3-8	Regression of lesions	Pregnancy wish	Percutaneous RF (3)	•	One untreated HCA
	15	33	26	4	3	36	5-8	Regression of lesions	Pregnancy wish	Percutaneous RF (1)	-	No evidence of disease
	16	28	35	2	1	28	7	Growth of lesions	Pregnancy wish	Percutaneous RF (1)	Liver abcess, percutaneous drainage	No follow-up available
	17	25	33	6	3	37	2, 3, 5	Unknown	Growth	Open RF/resection (1)		Minimal residual HCA
	18	29	24	10	1	43	6	No OC use	Growth during pregnancy	Percutaneous RF (1)	CVA, no intervention	Minimal residual HCA







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