MAKALE GİRİŞ BÖLÜMÜ NASIL OLMALIDIR?

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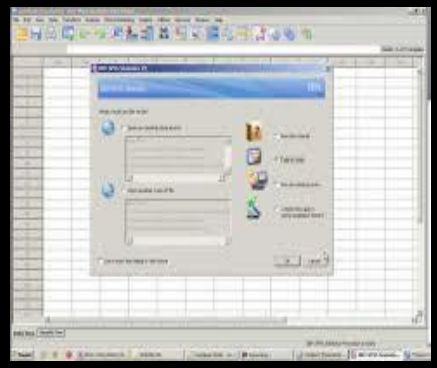
İstanbul

Akademisyenliğe giriş- ilk 6 ay

- Klinik işleyişine adapte olmak
- Rutini tam ve eksiksiz yapmak
- Verilen işleri angarya görmemek
- **Asla** yapamam dememek
- Yalan söylememek (Ahlaki ve etik değerlere bağlılık)

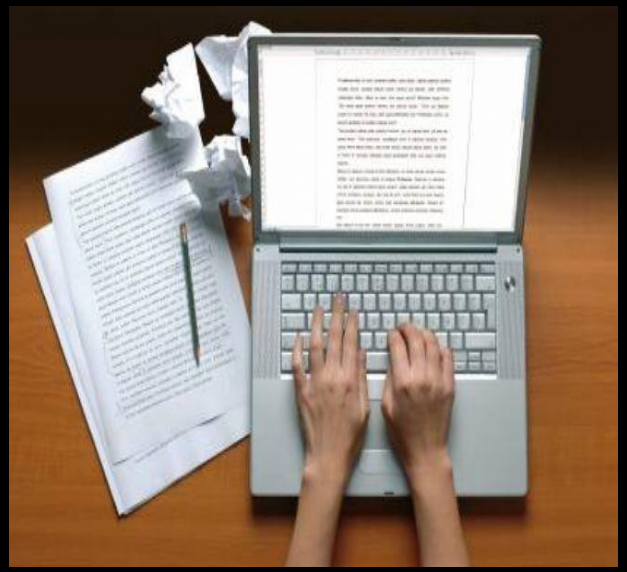
Akademisyenliğe giriş- ikinci 6 ay

- Akademik çalışan hocaları tespit etmek
- Yayın ile uğraşan kıdemlilerin fikirlerini almak
- Excel/SPSS'i ve istatistik öğrenmek



Makale yazma

- Bilimsel makale: Araştırmanın en üst noktası
- Her makale daha iyi yazılabilir
- İyi bir bilimsel makale yazabilmek için çok okumak gerekir!



Bilimsel çalışmaya başlarken!

- Özgün konular seçilmeli
- Literatürde eksik veya yetersiz alanı bulma
- Yayın tarama (dar alandan geniş alana)
- Bütçe ve kurumun alt yapısı dikkate alınmalı
- Sonuçlar ve gözlemler iyi not edilmeli


Tokat'a
gitmek
lazım


COOPER
CITY


STOCKYARDS CITY

GİRİŞE BAŞLAMADAN ÖNCE

- Makalenin ana hatlarını ve başlığını aklınızda tutun
- Makaleyi yazdığınız okurların düzeylerini göz önüne alınız
- Deney sistemi ve malzeme hala el altındayken yazmaya başlayınız

ÖZET-ABSTRACT

GİRİŞ-INTRODUCTION

GEREÇ VE YÖNTEMLER-MATERIAL-METHOD

BULGULAR-RESUTS

TARTIŞMA-DISCUSSION

- **IMRAD (1978 ICMJE)**

ÖZET

GİRİŞ

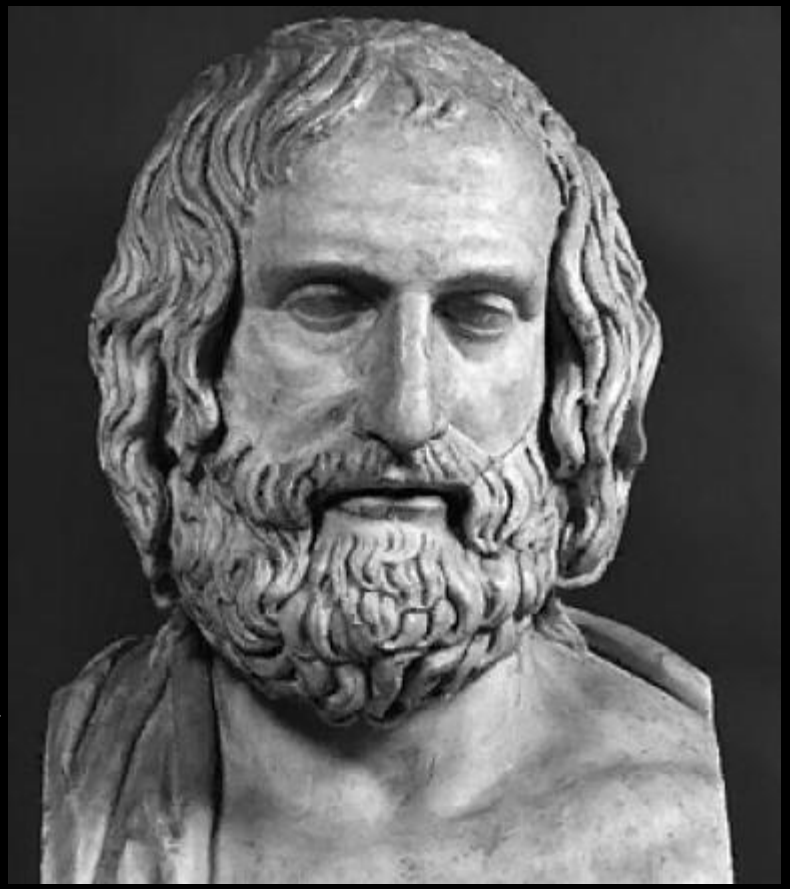
GEREÇ VE YÖNTEMLER

BULGULAR

TARTIŞMA

KÖTÜ BİR BAŞLANGIÇ,

KÖTÜ BİR SON YARATIR



EURİPİDES

Introduction-Giriş

- Yanıt aranan sorunun önemini aktarmaya yetecek kadar ayrıntılı, Gereğini aşmayacak kadar kısa
- Bir, bir buçuk sayfa
- Makalelerde giriş ve amaç şeklinde birleştirilir
- İdeali iki- üç paragraf

Giriş-Amaç

- **Okuyucunun konuyla ilgili önceki yayınlara bakmaya ihtiyaç duymaksızın, şimdiki çalışmanın sonuçlarını anlayıp değerlendirmesine imkan verecek, yeterli ölçüde temel bilgileri temin etmektir**
- Çalışmanın gerek ve mantığını açıkça ortaya koymak

Giriş-Amaç

- Araştırma sonunda ne yarar elde edilecek?
- Sonuçlar nerede ve nasıl kullanılacak?
- Hangi pratik soruna nasıl çözüm getirecek?
- Bilime ve uygulamaya ne katkı yapacak?
- Konu nasıl şekillendirildi ve sınırlandırıldı?

GİRİŞ YAZARKEN PÜF NOKTALAR

- Yeterli ölçüde temel bilgi verilmelidir,
- Çalışmanın gerekliliği gösterilmelidir,
- Çalışmanın mantığı ortaya konulmalıdır,
- Amaç kısa ve açık olarak bildirilmelidir

GİRİŞ YAZARKEN PÜF NOKTALAR

- Referans olarak sadece en önemli temel kaynaklar verilmeli,
- Gereksiz referanstan kaçınılmalı,
- Geniş zamanda yazılmalı,
- Ancak uzun tutulmamalı!

GİRİŞ YAZARKEN PÜF NOKTALAR

- Açık ve net bir dil kullanılmalı
- Okuyucuyu hedef konuya yönlendirebilmeli
- Araştırma yöntemini belirtmeli.
- Esrarengiz cümleler kullanılmamalı

- Bilimsel bir makaleyi okumak detektif romanı okumaya benzememelidir. Başlangıçtan itibaren katilin uşak olduğu bildirilmelidir.

Robert A. Day

GİRİŞ YAZARKEN PÜF NOKTALAR

- Girişin amacı makalenin tanıtılmasıdır,
- Konuyu niçin seçtiniz?
- Konu neden önemli? soruları cevaplanmalıdır.
- Çok yakın ilişkili makalelere atıf yapılmalıdır.

GİRİŞ YAZARKEN PÜF NOKTALAR

- Giriş kısmını başka branştan insanlar okuyunca sıkılmamalıdır.
- Kısaltmaların kullanılması için en uygun yerdir.
- Önce açık hali sonra kısaltması parantez içinde bildirilmelidir.
- Özette yapılan kısaltmalar Giriş bölümünü bağlamaz!

Initial report of microperc in the treatment of pediatric nephrolithiasis

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Key words:
Microperc;
Children;
Nephrolithiasis

Abstract

Background/Purpose: To report the first technical feasibility and safety of microperc in the treatment of pediatric nephrolithiasis.

Methods: A multicenter prospective trial was initiated and microperc was performed in 19 children from four different centers. In all cases, 4.85-Fr all-seeing needle was used to access the collecting system under direct vision. Stone fragmentation was performed using a 200-μm holmium: YAG laser fiber either through the same needle sheath or an 8-Fr microsheath. Patient- and procedure-related factors and perioperative and postoperative parameters were analyzed.

Results: The mean age of the children was 7.5 ± 4.4 years. Mean stone size was 14.8 ± 6.8 mm. Conversion to Mini-PNL was required in two patients because of optical default in one and the high stone burden in the other. The mean hospital stay was 1.8 ± 0.8 days and the mean hemoglobin decrease was 0.1 mg/dl. The overall stone-free rate at 1 month was 89.5%. In one patient with obstructed ureteropelvic junction, intravasation of the irrigation fluid has led to abdominal distention and managed with percutaneous drainage intraoperatively. No other postoperative complication was recorded and no ancillary procedure was required.

Conclusions: Microperc is a safe and effective procedure in the treatment of pediatric kidney stones.

During the last two decades, with the miniaturization of the devices, paediatric endourology has always been moving towards the invention of less invasive approaches. The treatment of kidney stones is another area which is searching for the optimal minimally or non-invasive modalities and therefore the competition between percutaneous nephrolithotomy (PNL), flexible ureteroscopy (URS) and shock wave lithotripsy (SWL) have dramatically decreased the numbers of open surgical procedures [1-3].

The 'all seeing needle' which is an optical system through a special puncture needle has recently been introduced as a novel instrument which can be safely used to obtain an optimal renal access prior to PNL [4]. It has been suggested that this system may facilitate the initial access and therefore helps the urologists to overcome one of the most important steps of the procedure. Subsequently this optical system was used for single step PNL which is then called the 'microperc'. Desai et al. have succesfully performed renal stone fragmentation in 10 cases through this 4.85 fr needle and demonstrated the first feasibility and efficacy of microperc in select patients [5].

In this study, we aimed to elucidate the applicability and safety of microperc in the treatment of paediatric kidney stones. To our knowledge this is the first report of microperc specialized to paediatric population.

ORTAMIN HAZIRLANMASI

ANA KONUYLA İLGİLİ TEMEL REFERANSLARIN TARTIŞILMASI

AMACIN BELİRTİLMESİ

ORIGINAL ARTICLE

The effects of testosterone deficiency on the structural integrity of the penile dorsal nerve in the rat

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Androgens play a vital role in erectile function and are known to have a neuroprotective role in the nervous system. This study investigated, in a rat model, the effects of testosterone deprivation and replacement on the morphology of the dorsal nerve of the rat penis at the light microscopy level. Two weeks after castration, male rats were infused with vehicle alone or 44 μg of testosterone for 2 weeks. Age-matched, sham-operated control animals were used for comparisons. Penile tissue samples were removed for histological analyses. The following parameters were assessed: (1) total myelin sheath thickness; (2) density of nerve fibers; and (3) axon cross-sectional area per nerve fiber. Castration resulted in a significant increase in axon cross-sectional area compared to that of the control and testosterone-treated animals ($6.97 \pm 0.59\,\mu m^2$ per fiber in control animals to $14.32 \pm 0.44\,\mu m^2$ per fiber in castrated animals). Qualitatively, there were signs of nerve degeneration, particularly myelin sheath degeneration, in all sample groups. We did not observe statistically significant changes in myelin sheath thickness. There was a trend of reduced nerve density. Nerve degeneration was not quantified since this study was performed at the light microscopic level. This study suggests that testosterone has a neuroprotective role in the nerve fibers of the dorsal nerve and testosterone deficiency may lead to different forms of nerve degeneration resulting in anatomic alterations, thus contributing to erectile dysfunction.

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published online 27 September 2007

Keywords: erectile function; testosterone; penis; dorsal nerve; structure

Introduction

Androgens and penile physiology

Androgens are integral for penile-tissue development, growth and maintenance of erectile function;[1] however, their exact role in erectile function and dysfunction is unclear. Laboratory studies using animal models have demonstrated that testosterone plays a role in the peripheral modulation of erectile function and the composition of penile tissue. In the rat model, castration has been shown to result in a significant reduction in intracavernosal pressure, indicating decreased erectile function.[2–5] When androgen replacement is administered, erectile function is restored.[4,6] Armagan *et al.*[4] proposed that erectile function declines below 10% of the normal physiological plasma testosterone concentration in a dose-dependent fashion.

Limited studies on the role of androgens in the maintenance of penile neural structure and function are available. Studies have suggested that circulating androgens are critical for the maturation and maintenance of the structure of certain neuron groups of the pelvic autonomic pathways.[7–10] Keast *et al.*[9] demonstrated that testosterone is essential for the maturation and maintenance of terminal axon density and neuropeptide expression in the vas deferens. Kurz *et al.*[11] studied the effects of castration and androgen replacement on androgen-sensitive motoneurons responsible for copulatory behavior in male rats. Castration resulted in decreased dendritic length and soma size in the motoneurons while testosterone treatment reversed the structural changes back to normal levels, suggesting androgens' role in neuronal function regulation. Giuliano *et al.*[6] postulated that androgens directly affect neurons and concluded that the proerectile postganglionic parasympathetic neurons may be a site of direct androgen action. In conjunction with a decreased number of erections, Baba *et al.*[3,12] found that the number of NOS-containing nerve fibers in the corpora cavernosal and dorsal nerves decreased in castrated rats compared to the controls; with testosterone treatment, the number of nerve fibers was restored to the control levels. In addition, Rogers *et al.*[13] showed that the castration specifically changed the ultrastructure of the dorsal nerve in the rat. Through transmission electron microscopy, both myelinated and nonmyelinated-axon nerve bundles in the dorsal nerve were found to be smaller in diameter in the castrated rats compared to the sham-operated ones. Nonmyelinated nerve fibers appeared smaller and less distinct and there was also an increase in the number of nucleated Schwann cells. The restoration of the castrated rat nerve fibers and myelin sheath structure similar to that of the sham group strongly suggests that androgens have a role in maintaining the peripheral autonomic and sensory nerve structure and function in the penis. However, further study must be conducted to understand the role of androgens in maintaining nerve fiber structure in the corpora cavernosa.

The goal of this study was to investigate the effects of testosterone deprivation and replacement on the morphology of the dorsal nerve fibers by measuring the parameters of myelin sheath thickness, density of nerve fibers and axon cross-sectional area.

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Sonuç Olarak

- Değerlendirebilme için yeterli düzeyde temel bilgiler
- Yayınların eleştirisi çalışmanın amacını destekliyor ise yayınların eleştirisi – yoksa tartışmaya bırakılmalı
- Soru anlaşılabilir ve mantıklı – niçin seçildi, niçin önemli – ilgi
- Her türlü özel terim ve kısaltmaların tanımlanması
- Geniş zamanda yazılım
- Varsayım ve amacın belirtilmesi ile sonlandırma