

Bibliographie/Veille

Cas Clinique

- Patiente de 8 ans
- Douleurs musculaires
- Faiblesse musculaire
- Éruption cutané
- Pas de fièvre

- Hypothèse diagnostique ?

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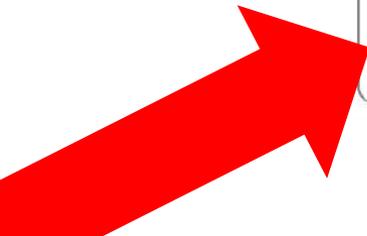
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Créer simplement des requêtes bibliographiques complexes en combinant des termes médicaux de langue française (MeSH)

🔍 Chercher un terme

Commencer à taper un terme ici

#1 manifestations cutanées.mc[TER_MSH]

?

336

4236



🔗 Combiner

Ajouter

Parenthésage automatique

Ajouter à l'historique



manifestations cutanées [🔗](#)

🇬🇧 skin manifestations

Dermatologic disorders attendant upon non-dermatologic disease or injury.

Description



Hiérarchies



Relations



🔍 Options du terme



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Commencer à taper un terme ici

#1	manifestations cutanées.mc[TER_MSH]	?	336	4236	🗑️
#2	faiblesse musculaire.mc[TER_MSH]	?	7	89	🗑️

Combiner

ET OU SAUF

(manifestations cutanées.mc[TER_MSH]) AND faiblesse musculaire.mc[TER_MSH]

Parenthésage automatique Ajouter à l'historique

Résultats

Options de la requête

PubMed **CiSMeF** **LiSSa**

? Résultats 0 Résultats 1 Résultats

faiblesse musculaire [🔗](#)

🇬🇧 muscle weakness

Définition

Vague état de débilité, de fatigue ou d'épuisement attribuable à l'affaiblissement des divers muscles. L'affaiblissement peut être subaigu ou chronique, souvent progressif, étant une manifestation de plusieurs maladies musculaires ou neuromusculaires. [Traduction effectuée avant 2008]

Description Hiérarchies Relations

Options du terme

Pubmed

Review > Nat Rev Rheumatol. 2018 May;14(5):269-278. doi: 10.1038/nrrheum.2018.41.

Epub 2018 Apr 12.

Classification of myositis

Ingrid E Lundberg^{1 2}, Marianne de Visser³, Victoria P Werth⁴

Affiliations + expand

PMID: 29651121 DOI: 10.1038/nrrheum.2018.41

Abstract

The idiopathic inflammatory myopathies (IIMs; also known as myositis) are a heterogeneous group of disorders in which a common feature is chronic inflammation of skeletal **muscle**, leading to **muscle weakness**. Other organs are frequently affected in IIMs, such as the **skin**, joints, lungs, gastrointestinal tract and heart, contributing to morbidity and mortality. Currently, IIMs are most often subclassified into polymyositis, dermatomyositis and inclusion body myositis, but this subclassification has limitations as these subgroups often have overlapping clinical and histopathological features, and outcomes vary within the subgroups; additionally, subgroups without considerable myopathy are not included. A new way of subgrouping patients could be on the basis of the presence of myositis-specific autoantibodies. These autoantibodies are associated with distinct clinical features and, moreover, can help to identify subsets of IIMs in which extramuscular symptoms, such as **skin manifestations**, arthritis or interstitial lung disease, might be the presenting or predominant feature when **muscle** symptoms are mild or absent. The recognition that subphenotypes with single-organ involvement other than muscles exist is important for identifying patients with early disease, for clinical care demanding team management and in designing clinical studies to improve our understanding of this heterogeneous disease to develop new therapies.

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Key Points

- The clinical spectrum of idiopathic inflammatory myopathies (IIMs) has evolved from diseases in which muscle weakness was the main manifestation to systemic inflammatory diseases with multiple organ involvement.
- The EULAR–ACR classification criteria for adult and juvenile IIMs and their major subgroups capture patients with the typical skin rash of dermatomyositis without muscle weakness (amyopathic dermatomyositis).

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REVIEWS

Classification of myositis

Ingrid E. Lundberg^{1,2*}, Marianne de Visser³ and Victoria P. Werth⁴

Abstract | The idiopathic inflammatory myopathies (IIMs, also known as myositis) are a heterogeneous group of disorders in which a common feature is chronic inflammation of skeletal muscle, leading to muscle weakness. Other organs are frequently affected in IIMs, such as the skin, joints, gastrointestinal tract and heart, contributing to morbidity and mortality. Currently, IIMs are most often subclassified into polymyositis, dermatomyositis and inclusion body myositis, but this subclassification has limitations as these subgroups often have overlapping clinical and histopathological features, and outcomes vary within the subgroups; additionally, subgroups without considerable myopathy are not included. A new way of subgrouping patients could be on the basis of the presence of myositis-specific autoantibodies. These autoantibodies are associated with distinct clinical features and, moreover, can help to identify subsets of IIMs in which extramuscular symptoms, such as skin manifestations, arthritis or interstitial lung disease, might be the presenting or predominant feature when muscle symptoms are mild or absent. The recognition that subphenotypes with single-organ involvement other than muscles exist is important for identifying patients with early disease, for clinical care demanding team management and in designing clinical studies to improve our understanding of this heterogeneous disease to develop new therapies.

The idiopathic inflammatory myopathies (IIMs), known collectively as myositis, constitute a large spectrum of clinical phenotypes. As indicated by the name, the classical clinical manifestations of IIMs, such as muscle weakness, relate to chronic inflammation of skeletal muscle. This inflammation frequently affects other organs, including the skin, joints, lungs, gastrointestinal tract and heart, indicating the systemic nature of this disease. On the basis of muscle symptoms, skin rash and histopathological features, different subgroups have been identified in IIM, including dermatomyositis, polymyositis, inclusion body myositis (IBM) and, in the past 15 years, immune-mediated necrotizing myopathy (IMNM)¹. These subgroups have dominated the classification criteria of IIMs to date. A limitation with this subgrouping is that the histopathological features might overlap between the subgroups, and some isolated features (for example, the presence of inflammation or rimmed vacuoles) are not specific for IIMs and can also be found in other myopathies. Moreover, in some patients with IIM, the histopathological features might be nonspecific, discrete or nearly normal, emphasizing the need to combine histopathological features with clinical and serological data in the classification of IIM. Furthermore, treatment response and prognosis vary within the subgroups, indicating that the pathogenesis differs both between and within these subgroups.

To increase our understanding of disease mechanisms and to develop new therapies, new classification criteria are needed for the IIM disease spectrum that not only identify and distinguish patients with IIM from patients with other myopathies but also capture patients with mild or no overt clinical muscle weakness involving extramuscular manifestations as the predominant clinical features, such as in amyopathic dermatomyositis and antihopsethos syndrome (ASS)^{1,2}. There are several challenges in developing classification criteria for IIMs as these are rare disorders, and the clinical and muscle tissue variables have rarely been defined or validated. Previously published criteria have been discussed in detail elsewhere³. Most available criteria until now have been based on expert opinion, of which some criteria mainly included clinical variables whereas others focused on histopathology. The strong need for new classification criteria led to the development of the EULAR-ACR classification criteria for adult and juvenile IIMs and their major subgroups⁴. These criteria are the result of an international, multidisciplinary collaboration, are data driven and include definitions of variables.

In this Review, we discuss the new EULAR-ACR classification criteria, and in this context, we also discuss the emerging importance of identifying individuals from the broad clinical spectrum of IIMs who do not have notable muscle abnormalities, such as patients with

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^{*}equal contributors
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Published online 12 April 2018

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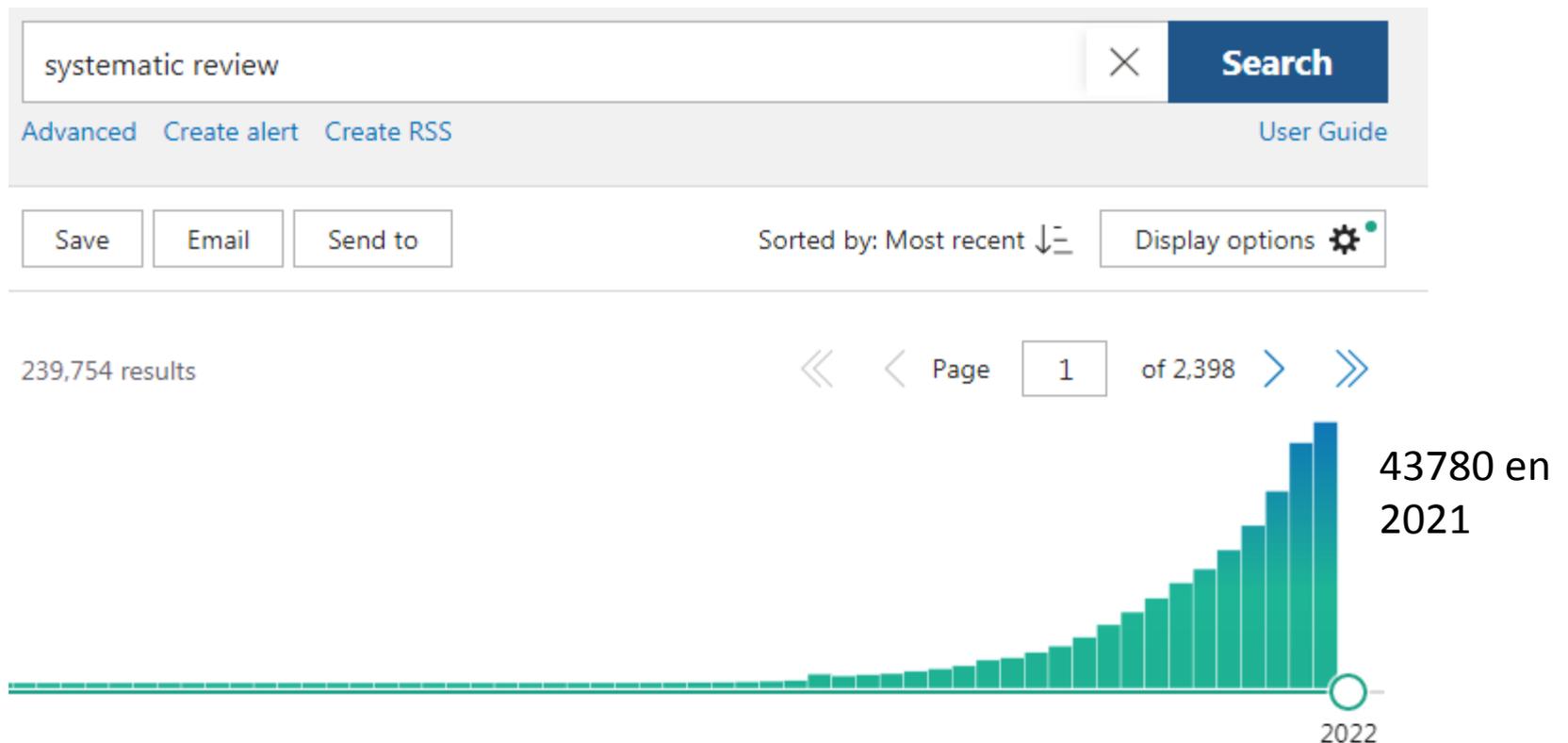
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- ◆ Anatomie [A]
- ◆ Organismes [B]
- ◆ Maladies [C]
- ◆ Produits chimiques et pharmaceutiques [D]
- ◆ Techniques et équipements analytiques, diagnostiques et thérapeutiques [E]
- ◆ Psychiatrie et psychologie [F]
- ◆ Phénomènes et processus [G]
- ◆ Disciplines et professions [H]
- ◆ Anthropologie, enseignement, sociologie et phénomènes sociaux [I]
- ◆ Technologie, industrie et agriculture [J]
- ◆ Sciences humaines [K]
- ◆ Sciences de l'information [L]
- ◆ Groupes individualisés [M]
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Inserm
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Information scientifique et technique

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Le MeSH (Medical Subject Headings) est le thésaurus de référence dans le domaine biomédical. La NLM (U.S. National Library of Medicine), qui l'a construit et le met à jour chaque année, utilise pour indexer et permettre d'interroger ses bases de données, notamment MEDLINE/PubMed. L'Inserm, qui est le partenaire français de la NLM depuis 1969, a traduit le MeSH en 1985, et met à jour la version française chaque année depuis lors. Dans le cadre d'un accord de coopération avec l'Inserm, l'Inist-CNRS (Institut de l'information scientifique et technique du CNRS) contribue à la mise à jour de la version française depuis 2004. L'Inserm met la version bilingue à la disposition de la communauté francophone, qui peut la consulter sur ce site ou l'obtenir sous la forme d'un fichier sous format XML. La version bilingue est souvent utilisée comme outil de traduction, ainsi que pour l'indexation et l'interrogation de bases de données en français.

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- ◆ Recherche simple ou avancée
- ◆ Navigation dans l'arborescence

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Recherche simple

Recherche avancée

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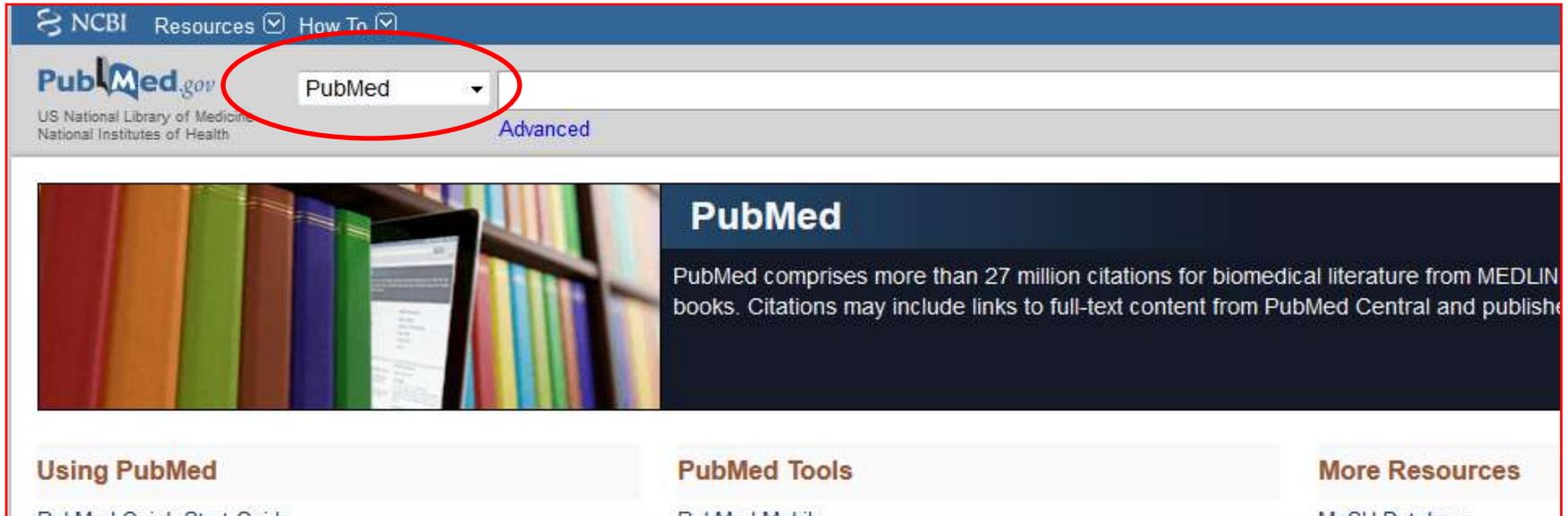
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<u>Morsures de serpent</u>	Envenimation par les serpents /	Snake Bites	Bite, Snake / Bites, Snake / Snake Bite / Snakebites / Snakebite / Snake Envenomation / Envenomation, Snake / Envenomations, Snake / Snake Envenomations /	C25.723.127.442 C26.176.724	Arborescence
<u>Venins de serpent</u>		Snake Venoms	Venoms, Snake / Snake Venom / Venom, Snake /	D20.888.850 D23.946.833.850	Arborescence
<u>Trichosanthes</u>	Trichosanthes kirilowii / Serpent végétal /	Trichosanthes	Trichosanthe / Trichosanthes kirilowii / Trichosanthes kirilowius / kirilowius, Trichosanthes / Gourd, Snake / Snake Gourd / Gourds, Snake / Snake Gourds /	B01.650.940.800.575.10 0.300.827	Arborescence
<u>Venins de crotalidé</u>	Crotaline / Venin de serpent à sonnette / Venin de crotale / Crotamine / Crotactine / Crotalotoxine /	Crotalid Venoms	Venoms, Crotalid / Pit Viper Venoms / Venoms, Pit Viper / Pit Viper Venom / Venom, Pit Viper / Viper Venom, Pit / Crotalid Venom / Venom, Crotalid / Crotalin / Crotaline Snake Venom / Snake Venom, Crotaline / Venom, Crotaline Snake / Rattlesnake Venoms / Venoms, Rattlesnake / Rattlesnake Venom / Venom, Rattlesnake / Crotamin / Crotactin / Crotalotoxin /	D20.888.850.960.200 D23.946.833.850.960.20 0	Arborescence
<u>Elapidae</u>	Élapidés / Hydrophiinae / Laticaudinae / Laticaudus / Dendroaspis / Mambas / Micrurus / Serpent corail / Hemachatus / Haemachatus / Naja haje / Cobra d'Egypte / Cobra égyptien / Naja naja / Cobra asiatique / Cobra d'Asie / Cobra indien / Boulengerina / Cobras d'eau douce / Cobra / Hydrophiidae / Hydrophiidés / Serpents marins / Naja /	Elapidae	Hydrophiinae / Laticaudinae / Laticauda / Mamba / Mambas / Dendroaspis / Micrurus / Coral Snake / Coral Snakes / Snake, Coral / Snakes, Coral / Hemachatus / Haemachatus / Ringhals / Ringhal / Naja haje / hajes, Naja / Egyptian Cobra / Cobra, Egyptian / Cobras, Egyptian / Egyptian Cobras / Naja naja / Asiatic Cobra / Asiatic Cobras / Cobra, Asiatic / Cobras, Asiatic / Boulengerina / Water Cobra / Cobra, Water / Cobras, Water / Water Cobras / Cobra / Cobras / Hydrophiidae / Sea Snakes / Sea Snake / Snake, Sea / Snakes, Sea / Naja /	B01.050.150.900.833.67 2.350	Arborescence

Construire sa recherche : PICO

Type de question clinique	Diagnostic	Étiologie	Thérapeutique /prévention	Pronostic
P	Population, Patient, Problème			
I (élément soumis à évaluation)	Nouveau test	Facteur d'exposition (facteur de risque)	Intervention thérapeutique	Facteur pronostic
C (Comparatuer)	Test de référence	Absence du facteur d'exposition évalué	Ttt ou intervention de référence, placebo, absence du ttt évalué	Absence du facteur pronostique, ...
O (critère de jugement)	Identification de la maladie	Survenue de la maladie	Résultat clinique, événement	Résultat clinique

Construire sa recherche



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[Snakes](#)

1. Limbless REPTILES of the suborder Serpentes.

[Snake Venoms](#)

2. Solutions or mixtures of toxic and nontoxic substances elaborated by **snake** (Ophidia) salivary glands for the purpose of killing prey or disabling predators and delivered by grooved or hollow fangs. They usually contain enzymes, toxins, and other factors.
Year introduced: 1976(1975)

[Snake Bites](#)

3. Bites by **snakes**. Bite by a venomous **snake** is characterized by stinging pain at the wound puncture. The venom injected at the site of the bite is capable of producing a deleterious effect on the blood or on the nervous system. (Webster's 3d ed; from Dorland, 27th ed, at **snake**, venomous)

[Coral Snakes](#)

4. Elapid **snakes** indigenous to the Southern United States, Central, and South America. They are generally less than 1 meter in length and have a brightly-colored ringed pattern.
Year introduced: 2018

[Colubridae](#)

5. The largest family of **snakes** comprising five subfamilies: Colubrinae, Natricinae, Homalopsinae, Lycodontinae, and Xenodontinae. They show a great diversity of eating habits, from eating almost anything to having a specialized diet. They can be oviparous, ovoviviparous, or viviparous. The majority of North American **snakes** are colubrids. Among the colubrids are king **snakes**, water **snakes**, and garter **snakes**. Some genera are poisonous. (Goin, Goin, and Zug, Introduction to Herpetology, 3d ed, pp321-29)
Year introduced: 1994

[Trichosanthes](#)

6. A plant species of the family CUCURBITACEAE that is a source of TRICHOSANTHIN (a ribosomal inhibitory protein).
Year introduced: 2002

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Year introduced: 2018

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 [Guyana](#)

1. A republic in the north of South America, east of VENEZUELA and west of SURINAME. Its capital is Georgetown.

 [French Guiana](#)

2. A French overseas department on the northeast coast of South America. Its capital is Cayenne. It was first settled by the French in 1604. Early development was hindered because of the presence of a penal colony. The name of the country and the capital are variants of **Guyana**, possibly from the native Indian Guarani guai (born) + ana (kin), implying a united and interrelated race of people. (From Webster's New Geographical Dictionary, 1988, p418 and Room, Brewer's Dictionary of Names, 1992, p195)

 [Suriname](#)

3. A republic in the north of South America, bordered on the west by **GUYANA** (British **Guiana**) and on the east by FRENCH **GUIANA**. Its capital is Paramaribo. It was formerly called Netherlands **Guiana** or Dutch **Guiana** or Surinam. Suriname was first settled by the English in 1651 but was ceded to the Dutch by treaty in 1667. It became an autonomous territory under the Dutch crown in 1954 and gained independence in 1975. The country was named for the Surinam River but the meaning of that name is uncertain. (From Webster's New Geographical Dictionary, 1988, p1167 and Room, Brewer's Dictionary of Names, 1992, p526)

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guiana[Text Word]

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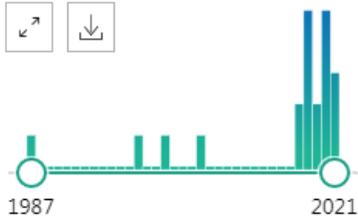
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Nouveau cas

- Patient drépanocytaire vu aux urgences
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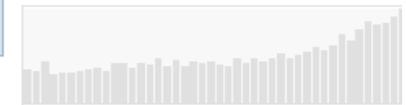
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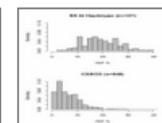
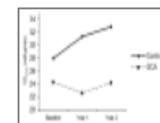
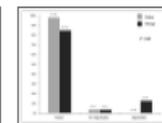
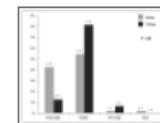
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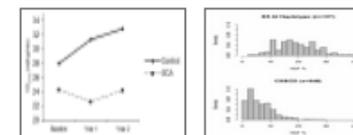
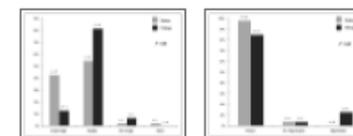
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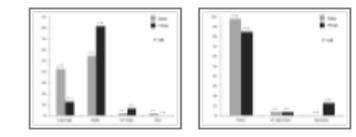
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Habibi A¹, Arlet JB², Stankovic K³, Gellen-Dautremer J⁴, Ribeil JA⁵, Bartolucci P⁶, Lionnet F⁷; centre de référence maladies rares « syndromes drépanocytaires majeurs ».

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Abstract

Sickle cell disease is a systemic genetic disorder, causing many functional and tissular modifications. As the prevalence of patients with sickle cell disease increases gradually in France, every physician can be potentially involved in the care of these patients. Complications of sickle cell disease can be acute and chronic. Pain is the main symptom and should be treated quickly and aggressively. In order to reduce the fatality rate associated with acute chest syndrome, it must be detected and treated early. Chronic complications are one of the main concerns in adults and should be identified as early as possible in order to prevent end organ damage. Many organs can be involved, including bones, kidneys, eyes, lungs, etc. The indications for a specific treatment (blood transfusion or hydroxyurea) should be regularly discussed. Coordinated health care should be carefully organized to allow a regular follow-up near the living place and access to specialized departments. We present in this article the French guidelines for the sickle cell disease management in adulthood.

KEYWORDS: Acute chest syndrome; Blood transfusion; Crise vaso-occlusive; Drépanocytose; Hydroxyurea; Hydroxyurée; Sickle cell disease; Syndrome thoracique aigu; Transfusion sanguine; Vaso-occlusive crisis

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A. Habibi ^{a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, J.-B. Arlet ^{d, e}, K. Stankovic ^f, J. Gellen-Dautremer ^a, J.-A. Ribeil ^{e, g, h}, P. Bartolucci ^{a, b, c}, F. Lionnet ^{f, h}, centre de référence maladies rares « syndromes drépanocytaires majeurs »

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Resume

La drépanocytose est une pathologie génétique du globule rouge, qui provoque des atteintes fonctionnelles et tissulaires de façon systémique. La prévalence de la drépanocytose de l'adulte est en augmentation continue en France. Tout médecin peut être conduit à prendre en charge un patient drépanocytaire. Les complications s'expriment de façon aiguë ou chronique. La douleur représente le principal symptôme qui doit être traité

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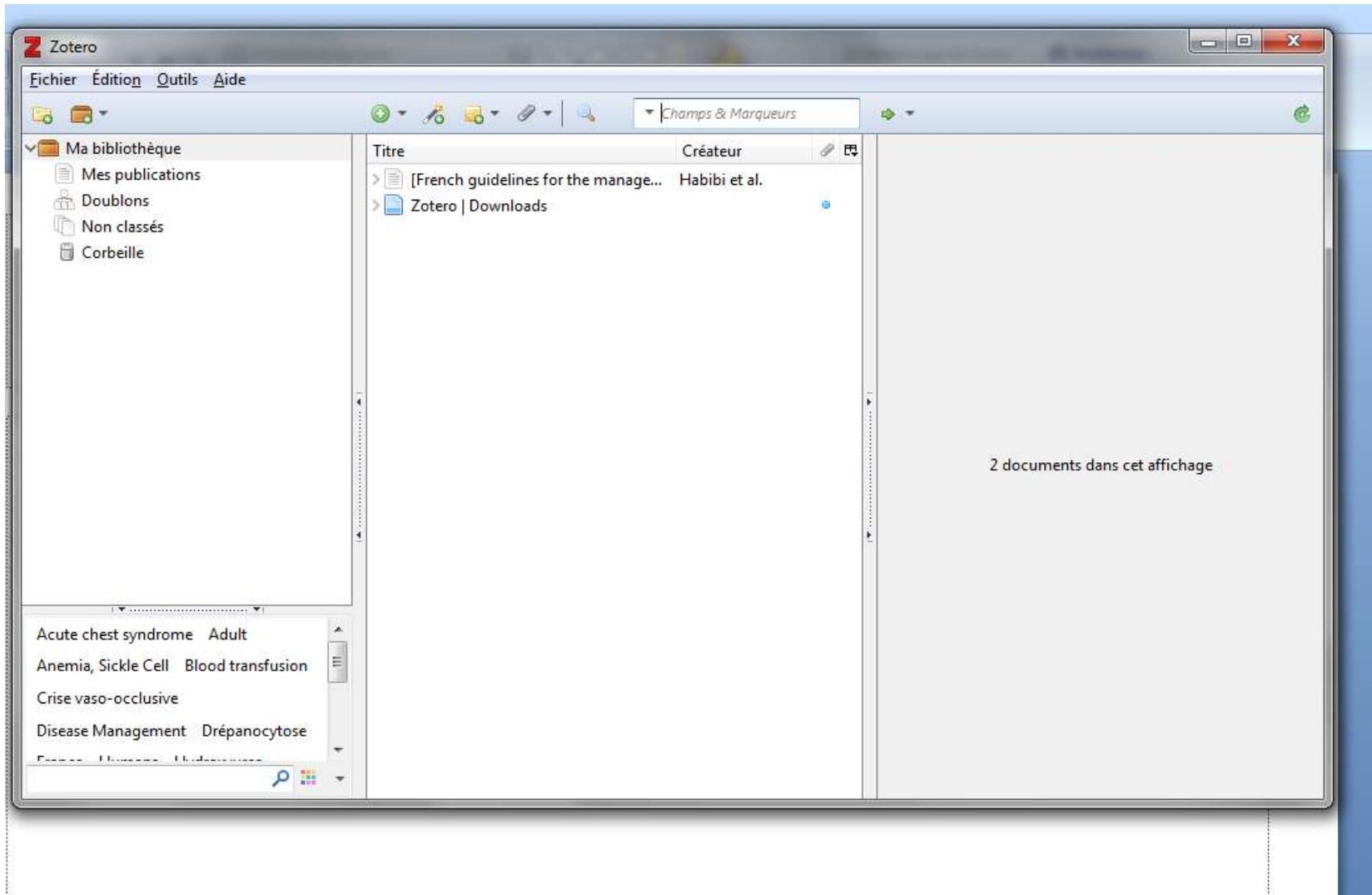
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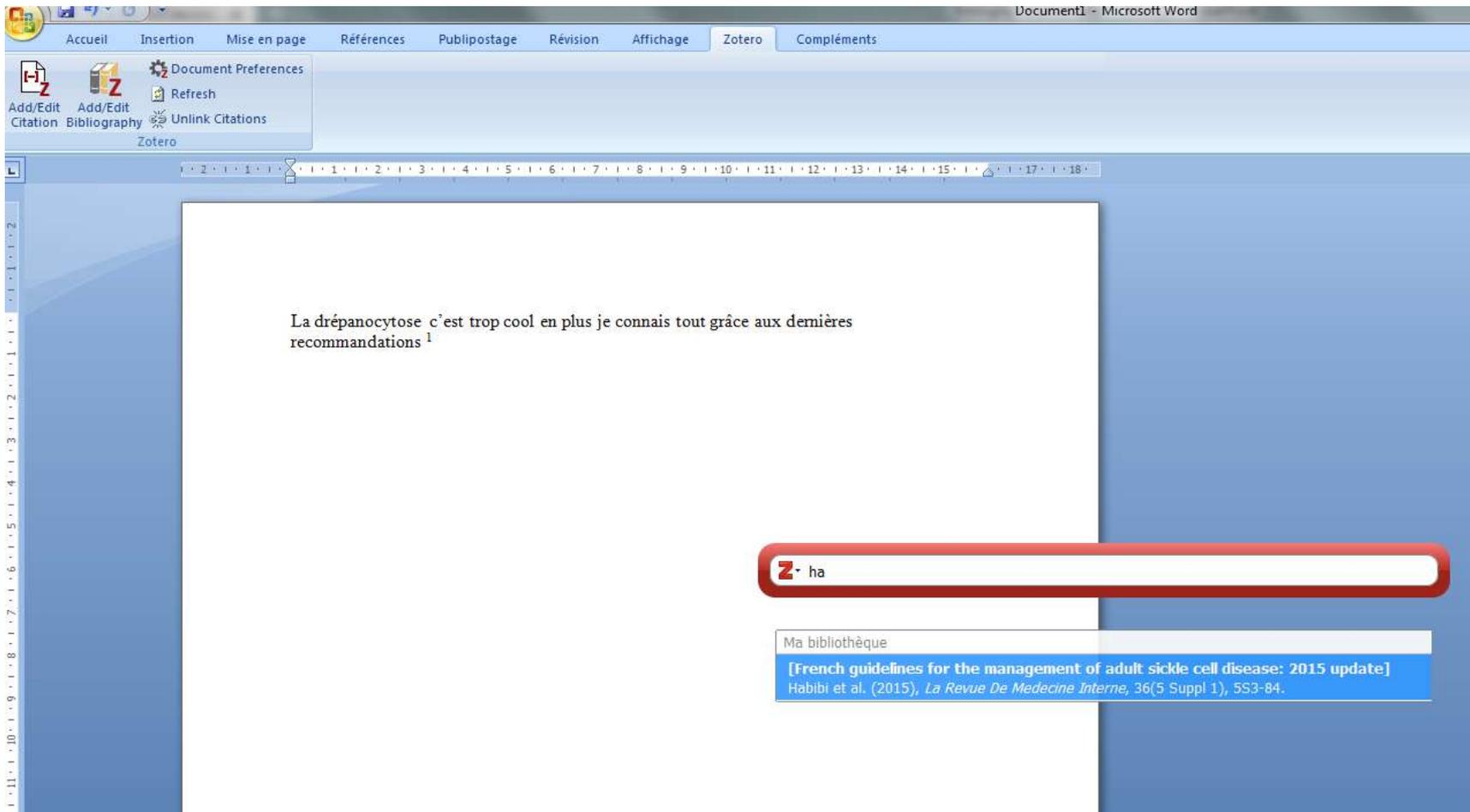
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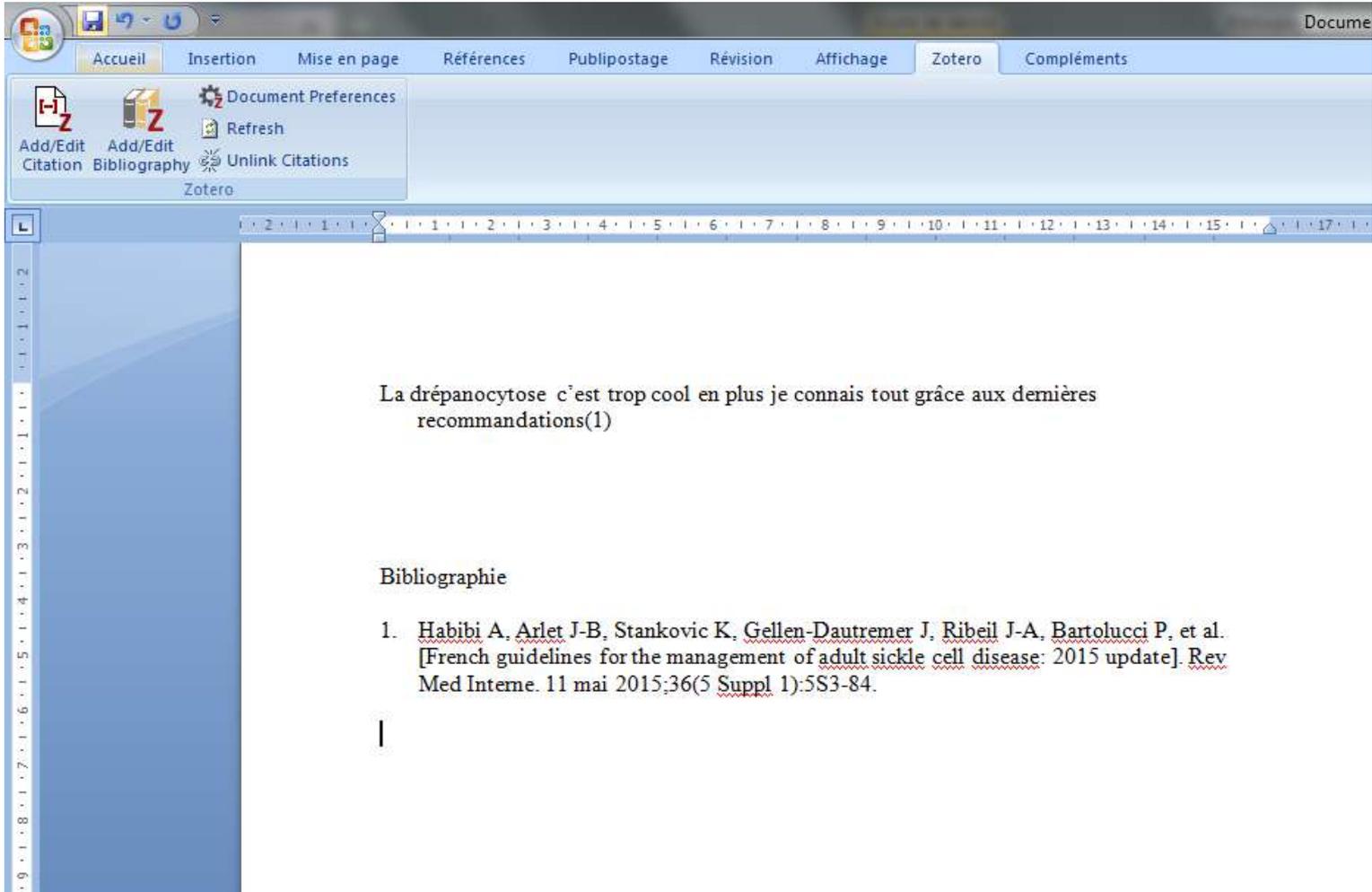
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1. Habibi A, Arlet J-B, Stankovic K, Gellen-Dautremer J, Ribeil J-A, Bartolucci P, et al. [French guidelines for the management of adult sickle cell disease: 2015 update]. Rev Med Interne. 11 mai 2015;36(5 Suppl 1):S83-84.

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Overview and Recommendations

Background

- Endometriosis results from the presence of endometrial tissue (glands or stroma) implanted outside of the uterus which may result in pelvic pain or infertility.
- The most common location of endometriosis is the ovaries. Other typical locations include the peritoneum, uterosacral ligaments, and retrouterine pouch.
- Associated symptoms, including chronic pelvic pain and subfertility, may be due to the estrogen-stimulated inflammatory response of the endometriotic lesions.
- Women with history of endometriosis may have slight increased risk of ovarian cancer but this risk may be reduced with > 10 years of oral contraceptive use.

Evaluation

- Pelvic pain is the most common symptom associated with endometriosis and is usually chronic.
- Pain is most intense during the late luteal phase and at the beginning of menses.
- Suspect the diagnosis of endometriosis in women with signs and symptoms on history and physical exam, including (Strong recommendation):
 - severe dysmenorrhea unresponsive to nonsteroidal anti-inflammatory drugs
 - pelvic tenderness and nodularity on palpitation of uterosacral ligament and rectovaginal fascia
- Ultrasound is the first-line imaging test to evaluate for suspected endometriosis (Strong recommendation).
- Definitive diagnosis made by laparoscopic visualization of endometrial lesions with histologic confirmation (Strong recommendation)

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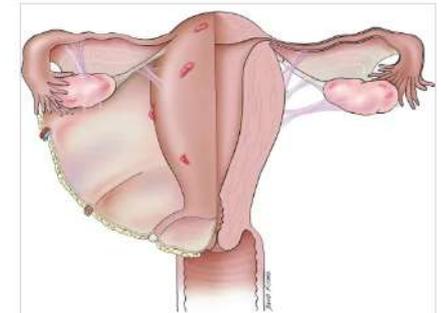
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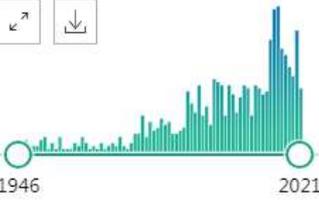
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Scorpion Stings in Saudi Arabia: An Overview.
1 Alhamoud MA, Al Fehaid MS, Alhamoud MA, Alkhalifah AA, Alzoayed MH, Menezes RG.
Cite Acta Biomed. 2021 Sep 2;92(4):e2021273. doi: 10.23750/abm.v92i4.11550.
PMID: 34487071 [Free PMC article.](#)
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Hand ulceration.
2 Wangmang F, Belk E, Usatine RP.
Cite J Fam Pract. 2021 Jul;70(6):305-306. doi: 10.12788/jfp.0240.
PMID: 34431780
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Risk factors for fatal scorpion envenoming among Brazilian children: a case-control study.
3 Almeida ACC, Carvalho FM, Mise YF.
Cite Trans R Soc Trop Med Hyg. 2021 Sep 3;115(9):975-983. doi: 10.1093/trstmh/traab120.
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Srikanth L.

J Pain Palliat Care Pharmacother. 2016 Jun;30(2):131-3. doi: 10.3109/15360288.2016.1173757. Epub 2016 May 12.

PMID: 27171792 [PubMed - indexed for MEDLINE]

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Veille flux RSS

- RSS : *Rich Site Summary* ou *Really Simple Syndication*



Veille flux RSS

- Agregateur de Flux : outlook, Thunderbird, netvibes.
- <https://www.netvibes.com/fr>

The screenshot shows a Netvibes RSS feed aggregator interface. The main content area displays a list of articles from the SFMU - Société Française de Médecine d'Urgence. The articles are organized into a table with columns for the article title, date, and actions (like, star, share). The table is titled "IL Y A PLUS DE DEUX JOURS".

Article Title	Date	Actions
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Organisation et modalités d'intervention des Cellules d'Urgence Médicopsychologique.	29 déc. 2017	Like, Star, Share
Message de la Présidente : Fin d'année 2017 — En cette fin d'année 2017 je tiens à livrer ce mandat et vous souhaiter de bonnes fêtes de fin d'année. Aye	28 déc. 2017	Like, Star, Share
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Trucs et BLOG à suivre

- Médecine d'urgences :

- Santé publique France
- <http://blog.5minsono.com/>
- <https://coreem.net/>
- <http://stemlynsblog.org/>
- <http://rebelem.com/>
- <http://blockchoc.org/>
- <http://www.sfmou.org/fr/>
- <http://www.ajar-online.fr/>
- <https://echo-urgences.com/>
- <http://la-mine.net/>

- Médecine générale

- <https://medicalement-geek.blogspot.com/>
- Jaddo.fr
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ACTUALITÉS

Guyane - les élections législatives partielles se tiendront les 4 et 11 mars

Outre-mer 1ère

... de se présenter à ces nouvelles élections. Parmi les autres candidats déclarés, il y a également David Riché, maire de Roura et Président de l'Association des Maires de **Guyane**. Richard Joigny du Parti Progressiste **Guyanais** et José Makébé, chef de file de l'Union des démocrates et indépendants.



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Une Guyanaise décède lors d'un bal carnavalesque en région parisienne

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FranceGuyane.fr

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