학술지 창간/개편 준비

조 혜 민

필요한 사항

- 학술지 방향..Aims & Scope
- 학술지명?
- 外.. 디자인(표지&내지), 용지
- 內.. 편집위원, Title page, 간행빈도,호당 논문편수, 논문 구성(Review: 원저: technical report..), 투고규정, 편집실 무지침
- 업체 선정..출판사, 영문교정, 원고편집…
- 학술지 홈페이지, 투고시스템 구축

학술지 방향

- 국제 수준의 학술지로…
- 국내 연구자(실무자), 학생 등을 위한 최신 정보제공, 교육용 학술지로…

- SCI, SCOPUS 등재
- 연구재단 등재

- 인쇄부수, 가격(유가/무가지), Web only

학술지 명칭

- 학술지명은 주제를 명확히 나타내며 누구나 쉽게 기억할 수 있는 이름으로 결정함.
- Korean 을 넣느냐…
- 누구나 기억하기 쉬운 약어를 만드는 것도 필요
  ex) **C**linical **E**xperimental **O**torhinolaryngology

학술지 명칭 검색

- 해당 분야의 대표적인 데이터베이스 (의학의 경우 PubMed)
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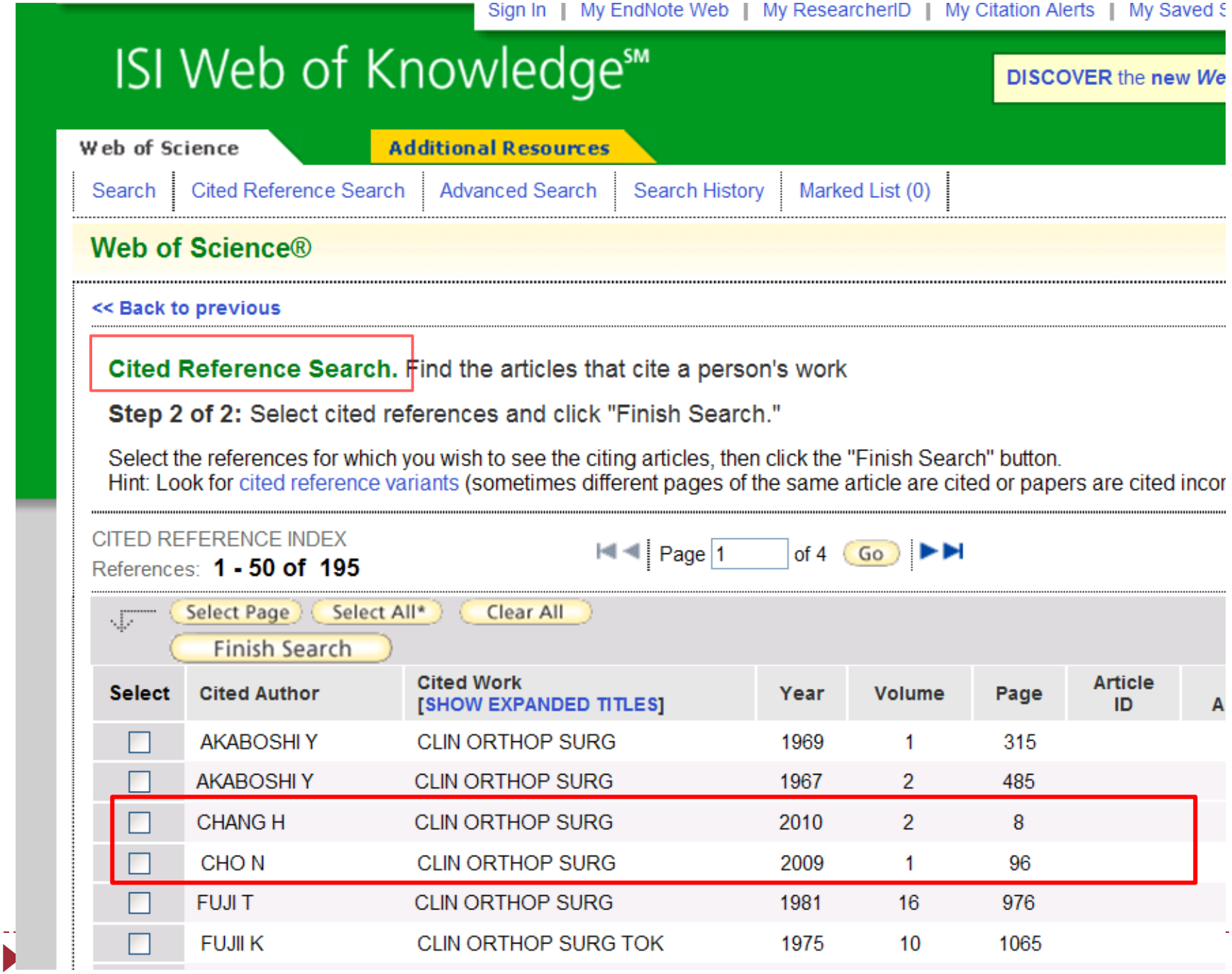
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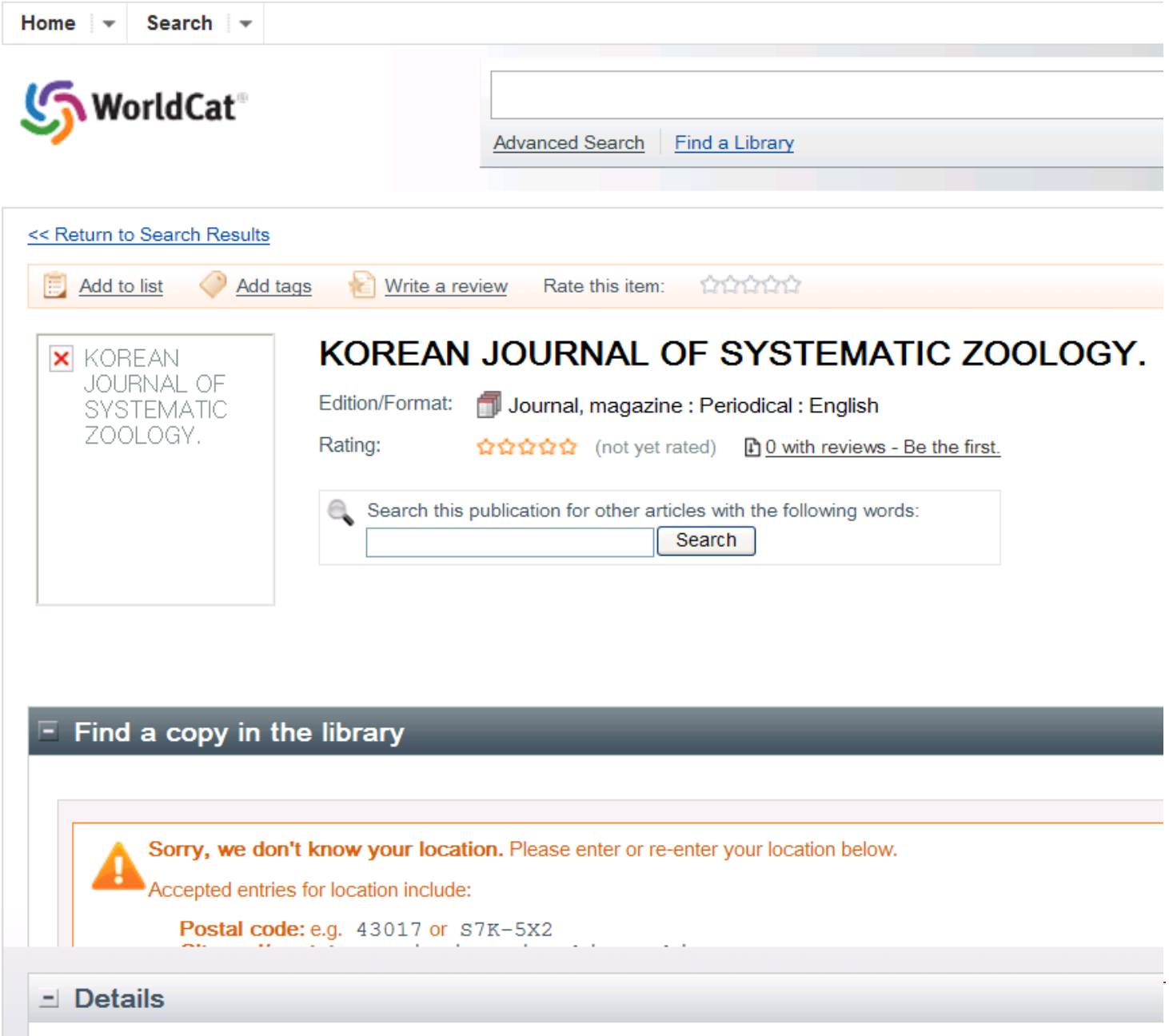
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J Periodontal Implant Sci

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KOREAN ACADEMY OF PERIODONTOLOGY

Aim and Scope

Journal of Periodontal & Implant Science (JPIS) is a peer reviewed and open-access journal providing up-to-date information relevant to professionalism of periodontology and dental implantology. JPIS publishes research articles, reviews and case reports related to basic or clinical periodontal science. Hence, JPIS welcomes practical clinical reports, evidence-based original articles and fundamental reviews covering the broad range of interests within the field of periodontology from anybody in the world.

Background

JPIS was renamed from the Journal of the Korean Academy of Periodontology, which was first published in 1971. It was initially published once a year but became a biannual journal in 1988, a tri-annual journal in 1993, a quarterly journal in 1996, and then a bimonthly journal in 2010. This journal is supported by the Korea Research Foundation Grant funded by the Korea Government (MEST, Basic Research Promotion Fund) and published in part with financial support from the Korean Federation of Science and Technology Societies. All or part of JPIS is indexed/tracked/covered by PubMed, PubMed Central, KoreaMed, Synapse, KoMCI, CrossRef and Google Scholar.

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외적요소 디자인

- 원하는 디자인 Concept
- 학술지 크기
- 색채
  (칼라, 흑백, 혼용[웹: 칼라, 출판: 흑백])
- 샘플 학술지 제시
- 업체로부터 4-5개의 시안을 받아 결정
- 가능한 초기 디자인을 많이 변경하지 않음


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Research Article

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Evaluation of vitrification for cryopreservation of teeth

Surangi C. Dissanayake[1], Zhong-Min Che[1], Seong-Ho Choi[2], Seung-Jong Lee[3], Jin Kim[1]*

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[2]Department of Periodontology, Yonsei University College of Dentistry, Seoul, Korea
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Purpose: The aim of this study was to investigate whether vitrification in the cryopreservation of periodontal ligament (PDL) cells could be useful for tooth banking.

Methods: In step 1, primary cultured human PDL cells were cryopreserved in 100% conventional cryopreservation media and 100% vitrification media (ESF40 media) in different temperatures for 2 weeks. In step 2, a series of modified vitrification formulae named T1 (75% vitrification media + 25% F-media), T2 (50% vitrification media + 50% F-media) and T3 (25% vitrification media + 75% F-media) were used to store PDL cells for 2 weeks and 4 weeks in liquid nitrogen. MTT assay was performed to examine the viability of PDL cells.

Results: Maximum cell viability was achieved in cells stored in 100% conventional cryopreservation media at -196°C (positive control group) in step 1. Compared to the positive control group, viability of the cells stored in 100% vitrification media was very low as 10% in all test conditions. In step 2, as the percentage of vitrification media decreased, the cell viability increased in cells stored for 2 weeks. In 4-week storage of cells in step 2, higher cell viability was observed in the T2 group than the other vitrification formulae while the positive control group had the highest viability. There was no statistically significant difference in the cell viability of 2-week and 4-week stored cells in the T2 group.

Conclusions: These observations indicate 100% vitrification media is not successful in PDL cell cryopreservation. Conventional cryopreservation media is currently the most appropriate media type for this purpose while T2 media would be interesting to test for long-term storage of PDL cells.

Keywords: Cryopreservation, Periodontal ligament, Tissue banks.

INTRODUCTION

Preservation of teeth for future use, mainly for autografts and for selected allografts, shows potential for organization of a tooth bank. The proper storage of donor teeth in order to maintain the viability and differentiation capability of periodontal ligament (PDL) cells is an important factor in determining success after autotransplantation. Transplantation of a healthy tooth has been reported to induce the regeneration of the destroyed alveolar bone through the differentiation capability of PDL cells [1].

Cryopreservation is the method of choice for long term storage of living tissues. Despite its disadvantages, this technique has been practiced for many decades in preserving the vital functions of the cells of many types of mammalian and human tissues. A method for cryopreservation of mature teeth has been developed by modifying the techniques used for cryopreservation of mammalian embryos [2]. Successful

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creased after BCG vaccination; however, in those with inactive asthma, FEV1 % personal best was significantly decreased.

There was an inverse correlation between age and degree of FEV1 improvement after BCG treatment (ΔFEV1), but there was a positive correlation between peripheral blood eosinophil % and ΔFEV1 (Fig. 1). FEV1 % personal best, but not FEV1 % predicted, was significantly related to ΔFEV1 (Fig. 2).

The rate of good/fair responses was significantly higher in subjects with eosinophilia (≥450/mm^3)[20] (40.0%/28.0% vs. 15.3%/14.5%, χ^2=13.5; P=0.001). Good or fair response rates each occurred in 21.3% of atopic, but only 15.8% and 10.5% of non-atopic, subjects. The 42.7% good+fair response rate in atopic subjects was significantly higher than the 26.3% rate in non-atopic subjects (P=0.045; Fig. 3). Although atopic and non-atopic male subjects did not differ in their good+fair response rate (33.3% each), atopic female subjects had a significantly higher rate of good+fair responses (57.1% vs. 21.2%; P<0.01). Among atopic subjects, the good+fair response rate in females was significantly higher than in males (57.1% vs. 33.3%; P=0.027). When the analysis was limited to subjects younger than 50 years old, 10/11 (90.9%) females showed a good or fair response compared with 4/10 (40.0%) males (P=0.024; Fig. 3).

Good responders to BCG vaccination were significantly younger and had a significantly higher blood eosinophil % than poor responders (Table 3). The distribution of subjects with eosinophilia differed significantly depending upon responses to BCG vaccination, but the distribution of subjects with positive reactions to atopy markers did not. FEV1 % predicted was significantly lower in good than that in fair responders, and FEV1 % personal best was significantly lower in good than that in fair/poor responders. The FEV1/FVC ratio was significantly higher in good than in poor responders after BCG vaccination. The grade of asthma activity before BCG vaccination was significantly higher in good than in poor responders, but this was reversed after BCG vaccination. Compared with baseline, lung function and asthma activity grade were improved after BCG vaccination in good/fair responders, with the exception of Min%/Max in fair responders. However, FEV1 % personal best was significantly decreased and asthma activity grade increased significantly after BCG vaccination in poor responders.

Crude odds ratios for good/fair responses were significant in terms of age, blood eosinophil %, atopy, FEV1 % personal best, and asthma activity grade (Table 4). In males, blood eosinophil %, FEV1 % personal best, and asthma activity grade were significant and, in females, age, blood eosinophil %, atopy and FEV1 % personal best were significant. No adjusted odds ratio was

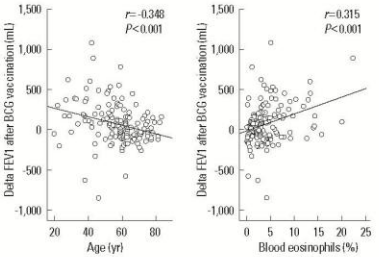

Fig. 1. Relationship between the change in forced expiratory volume in 1 sec (FEV1) after BCG vaccination and age (left panel) or peripheral blood eosinophil % (right panel).

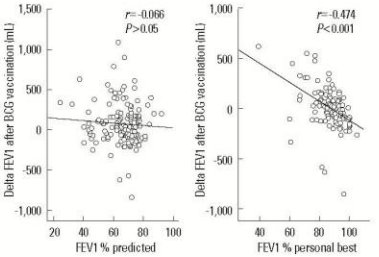

Fig. 2. Relationship between the change in forced expiratory volume in 1 sec (FEV1) after BCG vaccination and baseline FEV1 expressed as % predicted value (left panel) or % personal best value (right panel).

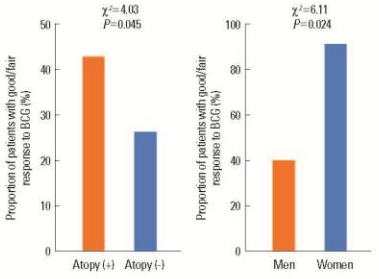

Fig. 3. Proportion of subjects who showed a good or fair response to BCG vaccination to total subjects among asthma patients with or without atopy (left panel) and in ≤50 year-old males and females with atopic asthma (right panel). Good or fair response: Δforced expiratory volume in 1 sec (FEV1) ≥6% and 100 mL or Δpeak expiratory flow (PEF) ≥10% and 30 L/min; atopy: wheal size of allergen >25% of that of histamine or allergen-specific IgE ≥0.35 kU/L (UniCAP).

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Changes in Diet and Lifestyle and Long-Term Weight Gain in Women and Men

Dariush Mozaffarian, M.D., Dr.P.H., Tao Hao, M.P.H., Eric B. Rimm, Sc.D., Walter C. Willett, M.D., Dr.P.H., and Frank B. Hu, M.D., Ph.D.

From the Division of Cardiovascular Medicine (D.M.) and Channing Laboratory (D.M., E.B.R., W.C.W., F.B.H.), Brigham and Women's Hospital and Harvard Medical School; and the Departments of Epidemiology (D.M., T.H., E.B.R., W.C.W., F.B.H.) and Nutrition (D.M., E.B.R., W.C.W., F.B.H.), Harvard School of Public Health — all in Boston. Address reprint

ABSTRACT

BACKGROUND

Specific dietary and other lifestyle behaviors may affect the success of the straightforward-sounding strategy "eat less and exercise more" for preventing long-term weight gain.

METHODS

We performed prospective investigations involving three separate cohorts that included 120,877 U.S. women and men who were free of chronic diseases and not obese

외적요소 용지

- Permanence paper, Acid free paper
- ISO/ANSI/KSO 규격용지
- Coated, Uncoated 중 선택

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- 투고규정
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- 저자체크리스트
- 약어리스트
- 원고편집 실무지침서

출판사 선정1

- 학술지를 몇 종이나 출판하는가?
- SCI/SCOPUS 학술지는 몇 종이나 출판하는가? 총 종수 대비 비교 포함
- 표나 그림의 편집이 가능한가? 수식 편집이 가능한가?
- 디자인 실력을 갖추고 있는지?
- 출판에 사용하는 프로그램은 무엇인지.. 여러 프로그램의 장단점을 알고 있는지?
- 용지에 대한 기본 지식(ISO,ANSi 규격 등)을 갖추고 있는지?
- 1호(10편 기준)를 편집하고 인쇄하는데 걸리는 시간은?

출판사 선정2

- 해당 출판사에서 가장 잘 제작된 학술지 실물 평가
- 유형(원저, technical report/case report)별 편집 형태 평가

- 가격비교(부수에 다른 가격, 칼라 or 흑백, 용지, 별책 가격 등)

patients with diabetes probably due to the quality of dialysis vascular-access points (Fig. 4F).

The quality of HD therapy has improved annually (Fig. 4G), but the protein catabolic rate has decreased recently, probably due to the increase in the number of elderly patients undergoing dialysis.

The percentage of patients using automated PD rose to 18% in 2009, but the overall PD dose (dialysate amount) did not increase (Fig. 4H).

Morbidity, causes of death, and survival rates of patients undergoing dialysis

The most common complication (51%) in patients undergoing HD was vascular disease, including

Table 2. Comorbidities of patients undergoing dialysis in 2009

	HD patients, %		PD patients, %	
Cardiac	14.6		15.9	
Coronary artery disease		6.0		7.8
Congestive heart failure		4.2		5.8
Pericardial effusion		0.7		1.0
Arrythmia		3.7		1.3
Vascular	51.0		55.7	
Cerebrovascular accident		4.3		1.5
Hypertension		44.7		53.7
Other vascular disease		2.0		0.5
Infection	5.2		9.1	
Pneumonia		1.3		1.8

Table 1. Cell grouping in step 1 according to storage conditions.

PDL cell group identification	Storage media	Storage temperature (°C)	Stored in
C1 (positive control group)	100% conventional media	-196	Liquid nitrogen
C2 group	100% conventional media	-20	-20°C freezer
V1 group	100% vitrification media	-196	Liquid nitrogen
V2 group	100% vitrification media	-20	-20°C freezer
V3 group	25% of vitrification Media added at 20°C kept for 20 minutes followed by adding 100% vitrification media at 4°C	-96	Liquid nitrogen
Negative control group	100% conventional media	-4	Refrigerator

PDL: periodontal ligament.

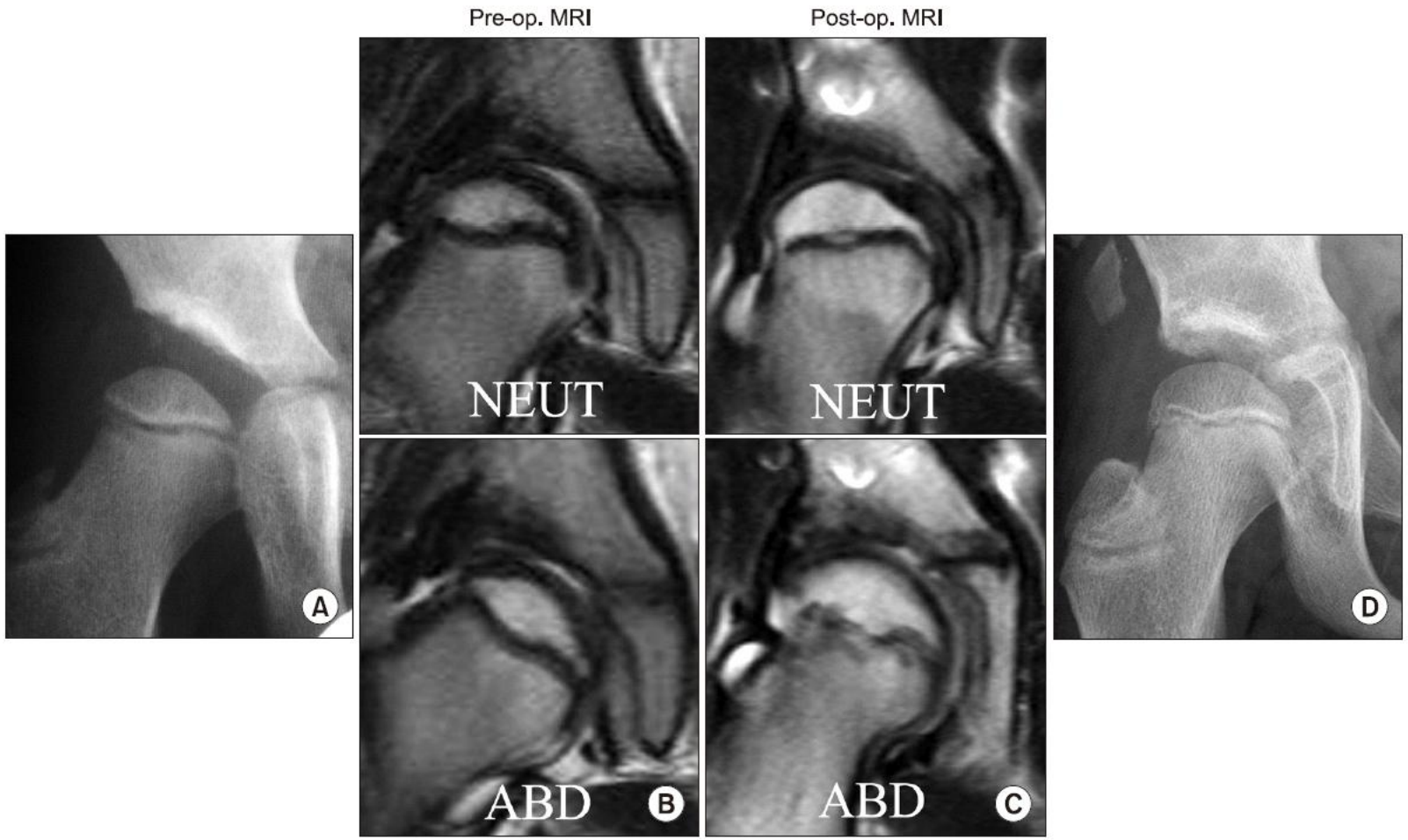
Table 2. Cell grouping in step 2 according to storage media and storage conditions.

PDL cell group identification	Storage media	Storage condition
C1 (positive control group)	100% conventional media	-196°C liquid nitrogen
V1 group	100% vitrification media (V1 media)	-196°C liquid nitrogen
T1 group	75% vitrification media+25% F-media (T1 media)	-196°C liquid nitrogen
T2 group	50% vitrification media+50%	-196°C liquid nitrogen

ment was repeated at least three times. Cell lines from all groups were immediately thawed in a 37°C water bath and the cells were harvested in F-media at 4,000 rpm for 4 minutes. A 96-well tissue culture plate (Microtest™ 96, BD, Franklin Lakes, USA) was plated with 150 µL of F-media, containing 2×10^4 cells/well. After overnight incubation of the samples at 37°C, the remaining media was removed by aspiration. 150 µL/well of yellow MTT solution (MTT: 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyl-tetrazolium bromide at 0.05 mg/mL; Sigma Chemical, St. Louis, USA) was added to each well. The plates were incubated at 37°C, in a humidified atmosphere with 5% carbon dioxide for 3 hours. The remaining untransformed MTT in the supernatant was then removed by aspiration. The formazan crystals were dissolved by the addition of 150 µL/well of DMSO (Sigma Chemical, St. Louis, USA). After a few minutes, 80 µL/well dissolved formazan in DMSO was transferred to another 96 well plate. The plates were then placed into an enzyme-linked immunosorbent assay reader (ELISA reader; Benchmark Micro plate reader, Bio-

Table 3. Composition of media in step 2 cell grouping.

Media type	Cryoprotectant (%)	Cryoprotectant in moles (M)	FBS (%)
Conventional	DMSO 10	1.30	18.0
V1	EG 40	6.44	4.0
T1	EG 30	4.83	5.5
T2	EG 20	3.22	7.0


Pre-op. MRI
Post-op. MRI
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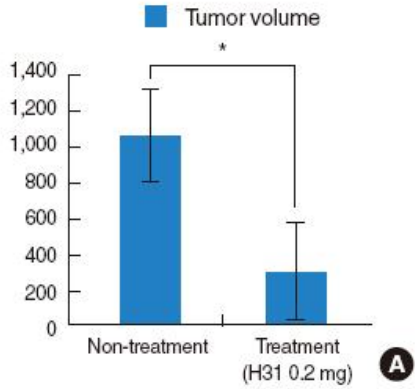
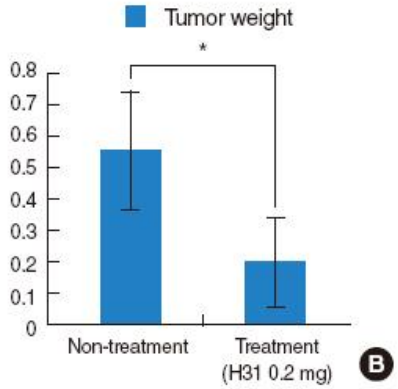
NEUT
ABD
B
ABD
C
A
D


Tumor volume
*
1,400
1,200
1,000
800
600
400
200
0
Non-treatment
Treatment (H31 0.2 mg)
A


Tumor weight
*
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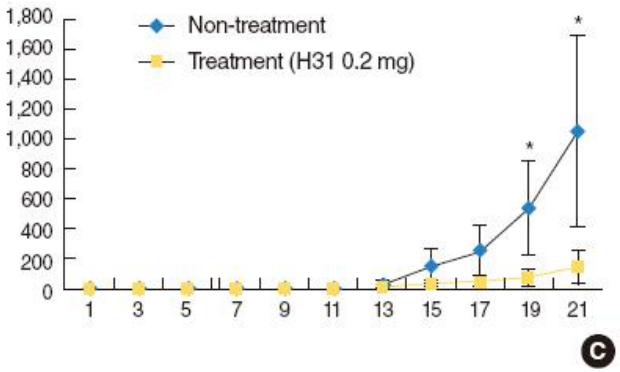
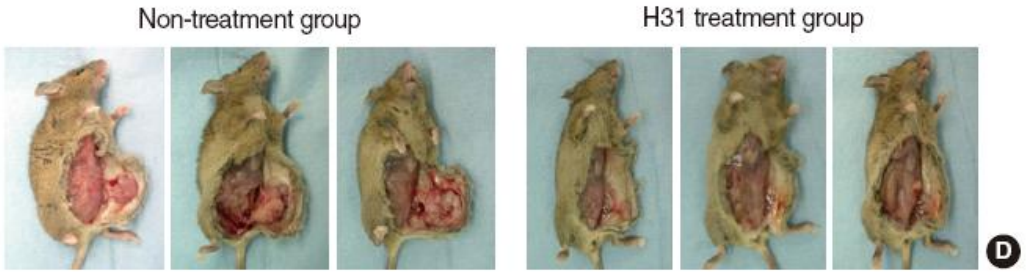
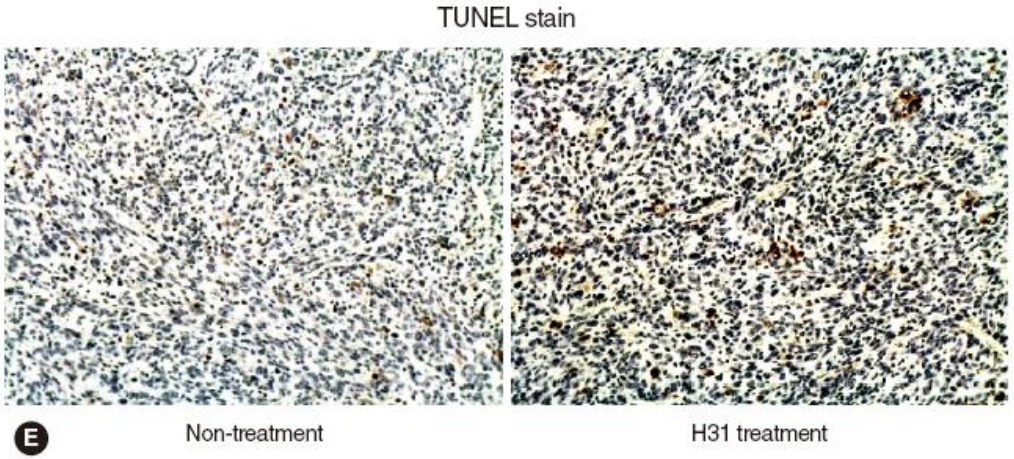
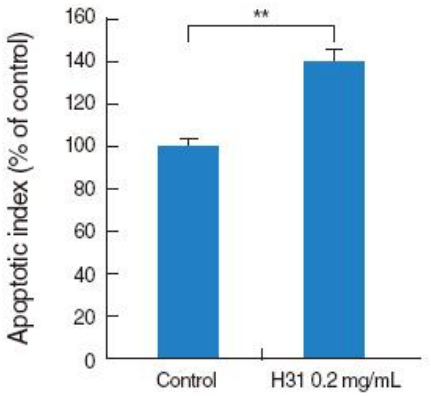
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Non-treatment
Treatment (H31 0.2 mg)
B


Non-treatment
Treatment (H31 0.2 mg)
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1
3
5
7
9
11
13
15
17
19
21
*
C


Non-treatment group
H31 treatment group
D


TUNEL stain
E
Non-treatment
H31 treatment


Apoptotic index (% of control)
**
160
140
120
100
80
60
40
20
0
Control
H31 0.2 mg/mL

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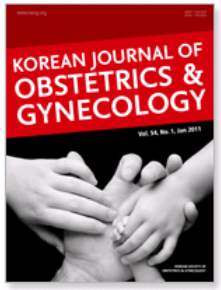

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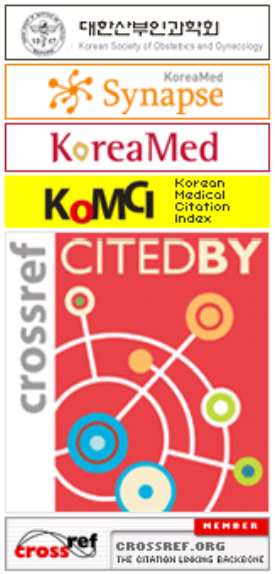

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A comparison of laparoscopic versus open appendectomy during pregnancy

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Abstract

Objective

Laparoscopic appendectomy in pregnancy has not been considered the preferred procedure in appendicitis until recently. The aim of this study was to evaluate the safety of laparoscopic appendectomy during pregnancy as compared with open appendectomy during pregnancy.

Methods

Between January 2003 and June 2010, 65 pregnant women underwent appendectomy for suspected acute appendicitis at the

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PubMed crossref

신기간 중 급성충수염으로 진단되어 충수절제술을 시행 받은 68명을 대상으로 후향적 분석을 시행하였다. 충수절제술 후 환자의 선택에 의해 소파수술을 시행한 3명을 제외한 총 65명을 대상으로 하였고, 개복 충수절제술은 49예(75.3%), 복강경 충수절제술은 16예(24.6%)에서 시행되었다.

수술 전 충수염의 진단은 수술 전 환자의 증상, 신체검사, 검사실검사, 영상검사를 종합하여 이루어졌으며 수술 전 태아의 심박동을 확인하였고, 임신 초기를 제외하고 수술 후 비수축검사를 시행하였다. 산모의 나이, 임신 주수, 증상 발현에서 병원방문까지의 시간, 백혈구 수치, 체온, 수술 소요시간, 충수염의 중증도, 입원 기간, 수술 후 합병증 등을 의무기록을 바탕으로 후향적 분석을 시행하였다. 수술 후 시행한 비수축검사를 통해 자궁수축 정도를 판단하였으며 수술 전 자궁수축억제제를 예방적으로 사용하지 않았으나 수술 후 수축의 증후가 보이는 경우 치료적으로 사용하였다. 분만의 평가는 본원에서 출산을 하지 않은 경우는 전화 추적조사를 통하여 조사하였다. 수술 방법의 결정은 충수염의 심한 정도와는 상관없이 복강경 및 개복수술에 대한 방법, 장단점, 수술 비용에 대한 설명을 들은 환자나 보호자의 선택에 의하여 결정되었다. 하지만, 임신 제3삼분기의 경우에는 복강경수술을 시행하지 않는 것을 원칙으로 하였다. 모든 환자에서 전신마취를 시행하였고, 개복 충수절제술은 우하복부의 횡행절개를 통해 통상적인 방법으로 시행

충수염의 중증도는 수술 후 병리검사 결과를 기준으로 하여 국소형, 화농성, 괴사성, 천공성으로 분류하였고, 괴사성과 천공성을 합병성 충수염으로 정의하였다. 합병증은 재원 기간 중과 퇴원 후 재입원을 요하는 경우를 모두 포함하였다. 통계 분석은 SPSS ver 18.0 (SPSS Inc., Chicago, IL, USA)를 이용하여 연속형 변수는 independent *t*-test, 범주형 변수는 χ^2 test를 통해 그룹 간의 비교를 시행하였으며 통계적 유의성은 *P*값이 0.05 미만인 경우로 하였다.

결 과

1. 수술 전 환자 임상 양상

대상 환자의 평균 연령은 개복군 25.5세, 복강경군 27.3세였고, 수술 당시 평균 임신 주수는 각각 16.5주와 18.8주로 두 군 간의 차이는 없었다. 임신 제2삼분기에서 52.3%의 빈도로 가장 많이 발생하였다. 수술 전 초음파검사를 시행 받은 환자는 총 45명으로 그 중 18명(40%)에서 충수를 발견하지 못했다. 또한 증상 발현에서 병원방문까지의 시간, 백혈구 수치, 체온 등에서도 두 군 사이에 차이가 없었다(Table 1).

2. 수술 및 수술 후 경과

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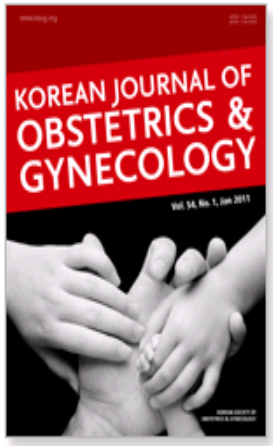

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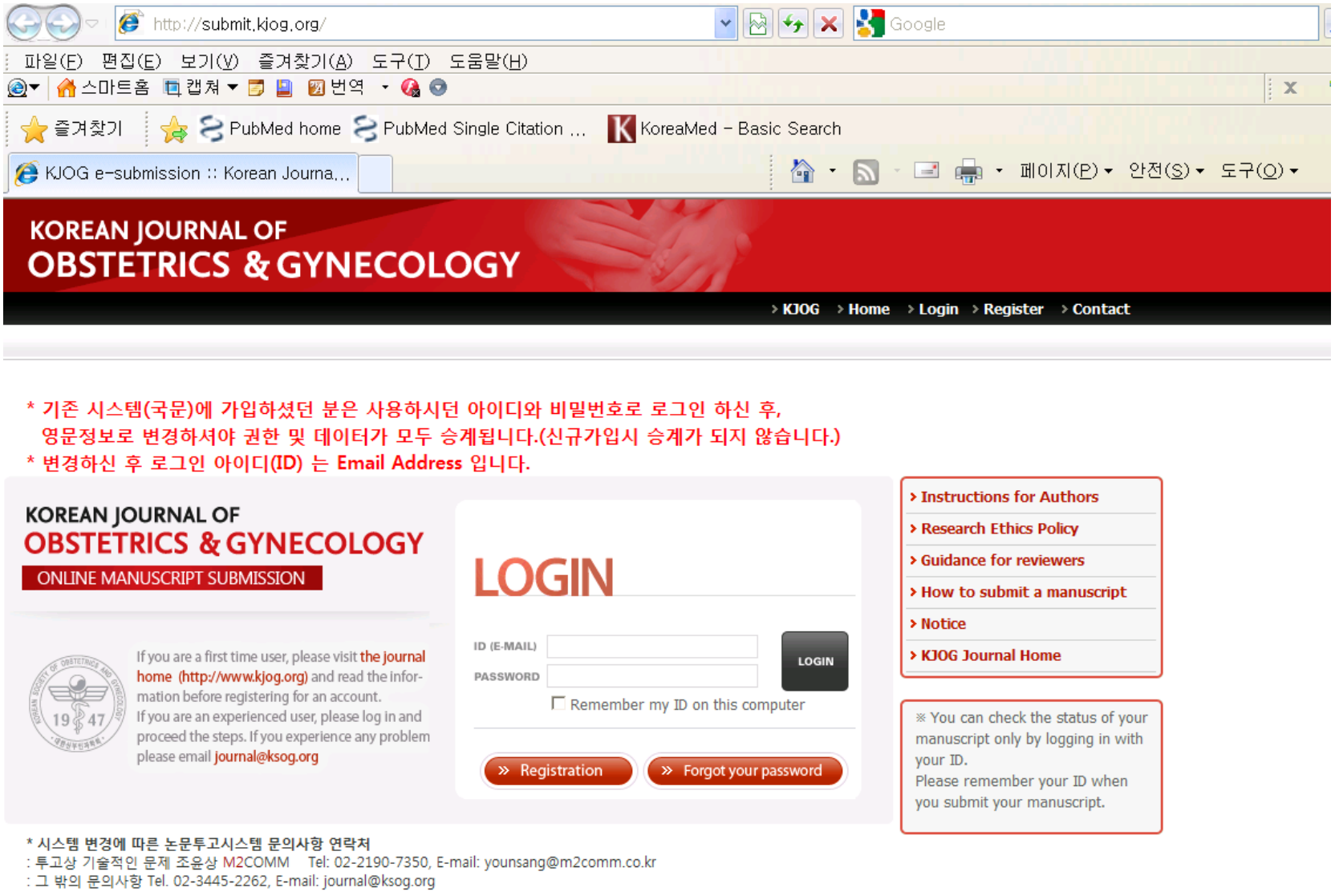
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