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## Acute coronary syndrome meaning

[Skip to Navigation] Amsterdam EA, Wenger NK, Brindis RG, et al. 2014 AHA/ACC guideline for the management of patients with non-ST-elevation acute coronary syndromes: a report of the American College of Cardiology/ American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2014;64(24):e139-e228. PMID: 25260718 pubmed.ncbi.nlm.nih.gov/25260718/Bohula EA, Morrow DA. ST-elevation myocardial infarction: management. In: Zipes DP, Libby P, Bonow RO, Mann DL, Tomaselli GF, Braunwald E, eds. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 11th ed. Philadelphia, PA: Elsevier; 2019:chap 59.Eckel RH, Jakicic JM, Ard JD, et al. 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2014;129(25 Suppl 2):S76-S99. PMID: 24222015 pubmed.ncbi.nlm.nih.gov/24222015/Giugliano RP, Braunwald E. 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AHA/ACC secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update: a guideline from the American Heart Association and American College of Cardiology Foundation. Circulation. 2011;124(22):2458-2473. PMID: 22052934 pubmed.ncbi.nlm.nih.gov/22052934/Device 2TRANSTHORACIC ECHOCARDIOGRAM (TTE) TTE is the type of echocardiogram that most people will have.A trained sonographer performs the test. A heart doctor (cardiologist) interprets the results.An instrument called a transducer is placed on various locations on your chest and upper abdomen and directed toward the heart. This device releases high-frequency sound waves. The transducer picks up the echoes of sound waves and transmits them as electrical impulses. The echocardiography machine converts these impulses into moving pictures of the heart. Still pictures are also taken.Pictures can be two-dimensional or three-dimensional. The type of picture will depend on the part of the heart being evaluated and the type of machine.A Doppler echocardiogram evaluates the motion of blood through the heart. An echocardiogram shows the heart while it is beating. It also shows the heart valves and other structures.In some cases, your lungs, ribs, or body tissue may prevent the sound waves and echoes from providing a clear picture of heart function. If this is a problem, the health care provider may inject a small amount of liquid (contrast) through an IV to better see the inside of the heart.Rarely, more invasive testing using special echocardiography probes may be needed.TRANSESOPIHAGEAL ECHOCARDIOGRAM (TEE) For a TEE, the back of your throat is numbed and a long flexible but firm tube (called a "probe") which has a small ultrasound transducer at the end is inserted down your throat.A heart doctor with special training will guide the scope down the esophagus and into the stomach. This method is used to get clearer echocardiographic images of your heart. The provider may use this test to look for signs of infection (endocarditis) blood clots (thrombi), or other abnormal structures or connections.Page 3Updated by: Linda J. Vorvick, MD, Clinical Associate Professor, Department of Family Medicine, UW Medicine, School of Medicine, University of Washington, Seattle, WA. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conway, Editorial Director, and the A.D.A.M. Editorial team. Page 4Boland GWL. Colon and appendix. In: Boland GWL, ed. Gastrointestinal Imaging: The Requisites. 4th ed. Philadelphia, PA: Elsevier Saunders; 2014:chap 5.Boone D, Plumb A, Taylor SA. The large bowel. In: Adam A, Dixon AK, Gillard JH, Schaefer-Prokop CM, eds. Grainger & Allison's Diagnostic Radiology. 7th ed. Philadelphia, PA: Elsevier; 2021:chap 22.Chernecky CC, Berger BJ. Barium enema. In: Chernecky CC, Berger BJ, eds. Laboratory Tests and Diagnostic Procedures. 6th ed. 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IF TMJ is the cause, your dentist may suggest dental appliances or home exercises to treat teeth clenching and grinding.Talk to your provider about all your current medicines to see if a drug may be causing the problem. This may include over-the-counter drugs, vitamins, and supplements. Do not stop taking any medicine without talking to your provider.Many medicines are used to relieve symptoms of tinnitus, but no drug works for everyone. Your provider may have you try different medicines or combinations of medicines to see what works for you.A tinnitus masker worn like a hearing aid helps some people. It delivers low-level sound directly into the ear to cover the ear noise. A hearing aid may help reduce ear noise and make outside sounds louder.Counseling may help you learn to live with tinnitus. Your provider may suggest biofeedback training to help with stress.Some people have tried alternative therapies to treat tinnitus. These methods have not been proven, so talk to your provider before trying them.Tinnitus can be managed. Talk with your provider about a management plan that works for you. The American Tinnitus Association offers a good resource center and support group. Page 26Chole RA, Sharon JD. Chronic otitis media, mastoiditis, and petrositis. In: Flint PW, Francis HW, Haughey BH, et al, eds. Cummings Otolaryngology: Head and Neck Surgery. 7th ed. Philadelphia, PA: Elsevier; 2021:chap 140.Pelton SI. Otitis externa, otitis media, and mastoiditis. In: Bennett JE, Dolin R, Blaser MJ, eds. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 9th ed. Philadelphia, PA: Elsevier; 2020:chap 61.Pham LL, Bourayou R, Maghraoui-Slim V, Kone-Faut I. Otitis, sinusitis and related conditions. In: Cohen J, Powderly WG, Opal SM, eds. Infectious Diseases. 4th ed. 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