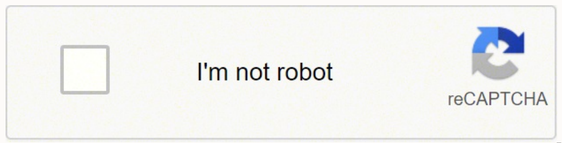

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[Pubmed: 1057745]15.Klein L, O'Connor cm, Leimberger JD, GATTIS-STOUGH W, PIâfâ¢° GM, Adams KF, Califf Rm, Gheorghiade M., Optime-Chf Investigators. Best Pract Res Clin Anaesthesol. AM HEART J. [Pubed: 31992061]7.Benjamin EJ, blaha se, chiuve se, chiuve se, das sr, deo r, de ferranti SD, Floyd J, Fornage M, Gillosepe C, issi CR, jimã MC, Jordan LC, Judd se, Lackland D, LICHTMA JH, LISABETH L, LIBECKER CT, MACKEY R, MATSUSSITA K, MOFAFARIAN D, MUSSOLINO ME, NASIR K, Neumar Rw, Palabyappan rr, REEVES MJ, RITCHEY M, RODRIGEZ CJ, ROTH GA, SASSON C, TOWFFIGHI A, TSOO CW, TORNER MB, VIRANI SS, VOEKS JH, WHY WHY ., American Heart Association Statistics Committee E Stroke Statistics Subcommittee. La Risonza magnetica Cardiaca âill anche il Test Gold Standard Per La Valutazione dello Funzione Ventricolare Destra (RV). (LV) E Ventricolare Destra (RV). Queste Comprendono:Insufficenza Renale Acutasindrome Da Distress Respiratory Acuto (ARDS)Cirrosigrosi Polmonareisindrome Nefroticismolism Polmonare (PE) ACC/Aha Fasi di insufficiicien ad ad ad ad ad ad alto shant fase. pazientiti Hanno ua cardiopatia strutturale ma sointomatiicase c: pazientti con Con cardiopatia struttural piâ¹ tintompase d: i pazientti hanno hf refratary cheriededevented modvented sconodazioni. TRATTAMENTO aggressive Delle Comorbilitâ fase B: Riduzione Aggressive del Fattore Di Rischio e trattament con- enzima di conversione (ACEI/ARB) and/or beta-blocker.Stage C: Combination goal-directed therapy with ACEI/ARBs or angiotensin receptor¢ÃÂÂneprilysin inhibitors (ARNIs), beta-blockers, and loop diuretics for fluid retention. This maladaptive function of angiotensin II has been shown to increase myocardial remodeling.[11]In HFpEF, there is a decrease in myocardial relaxation and an increase in the stiffness of the ventricle due to an increase in ventricular afterload. Nat Rev Cardiol. Patients require frequent in-depth education and re-evaluation to ensure they can adhere to the recommendations to have optimal outcomes.[16][26] Summary of Recommendations for Pharmacotherapy in HF by the 2013 ACC/AHA Guideline Update [16] [28] Class I RecommendationsEvidence-based specific beta-blockers (carvedilol, bisoprolol, and metoprolol succinate) with one of the following: Angiotensin-converting enzyme inhibitors (ACEIs) Angiotensin receptor blockers (ARBs) Angiotensin receptor¢ÃÂÂneprilysin inhibitor (ARNI) Chronic symptomatic HFrEF NYHA class II or III, replace an ACEI or ARB with an ARNIClass IIaIvabradine for patients with symptomatic HF while on goal-directed medical therapy for chronic HFrEF with LVEF less than or equal to 35% and in sinus rhythm with a heart rate of at least 70 bpm at rest.Class IIIARNI should not be given with or within 36 hours of the last dose of an ACEI or in patients with a history of angioedema The Heart Failure Society of America (HFSA) Guidelines for Management of Acute Decompensated HF [34] Oral therapy should be continued in most patients with HFrEF and up titrated as needed.Continue angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) and beta-blockers during treatment of acute exacerbations.Only consider withholding beta-blockers in patients hospitalized after a recent beta-blocker initiation.Loop diuretics remain the cornerstone of therapy. Heart failure remains a highly prevalent disorder worldwide with a high morbidity and ,J reltuB ,B trukzoB ,M pusseJ ,WC ycnaY.61]28176851 :deMtS ,K nhaH ,R gniliT ,UH elfpmetS ,J sioK ,C ereguoF aL ,S kyzpuK ,X reyoH ,M rekcaH.91]61908762 :deMbuP[.GCE us BBBL aigolofrom noc illeuq a onatimil ol AHA/CCA adiug eenil el ,aivattut ;TRC al rep iretirc i onafsiddos ehc)kcolb hcnarb eldnub tfel-non(BBBL aigolofrom noc itneizap i rep TRC al adnamoccar CSEâL .CCAJ adiug eenil elled otnorfnoC :acaidrac azneiciffusni'llus CSE ortnoc AHA/CCA itnematneirO . Âtimrofnoc al e aruc-otuaâl eratilicaf rep itneizap ied enoizacudeâl onadnamoccar CSEâl e AHA/CCAâL .]33[itneizap id oppurg otseuq ni 2TLGS irotibini id osuâl noc isrevva iralocsavoidrac itneve irtla id e inoizazziladepso elled enoizunimid anu otavelir ertloni aH .atalosi artsed acaidrac azneiciffusni id aznelaverp eroiggam anu ¨Ã inoizan etseuq ad etrooc id iduts iloccip id enoisiver anu us atasab eloveton aznereffid aL .]9[oppulivs id aiv ni iseap ien FH id esuac ilapicnirp elled anu ¨Ã ,enoisnetrepi'lla emeisni ,acimehcsi aitapoimoidrac aL .S nietsdloG ,NH habbaS ,F ajahK ,K hsinroC-rehciR ,N thcerbluW ,M malA ,AB ikcibyR ,SA ilA.41]69826922 :deMbuP[.8-1611:)21(58;2102 uig 51 .snikpoH nhoJ odnoces ,inna 06 i arpos inacirema ilgen etrom id asuac elapicnirp aL ¨Ã aizitsegnoc acaidrac azneiciffusni'L slexeP/0CC .isongaid allad inna 5 ortne onnarirom enosrep etseuq id Âtem al acric e acaidrac azneiciffusni onnah itinU itatS ilgen itluda id inoilim 7,5 acric ehc amreffa)CDC(noitneverP 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The absence of these findings in patients with clinical features of HF does not rule out CHF.[13]Echocardiography is the most commonly used test for the diagnosis of HF. Cardiovasc Drugs Ther. Open Heart. 1987 Jun 04;316(23):1429-35. This translates to 9.91 million years lost due to disability (YLDs) and 346.17 billion US dollars in healthcare expenditure. The general appearance of patients with severe, chronic heart failure or those with acutely decompensated heart failure will include anxiety, diaphoresis, and poor nutritional status. Clinical characteristics and outcomes of young and very young adults with heart failure: The CHARM programme (Candesartan in Heart Failure Assessment of Reduction in Mortality and Morbidity). Freedom from congestion predicts good survival despite previous class IV symptoms of heart failure. 2020 Jan;13(1 Pt 2):245-257. Congestive heart failure occurs when the heart doesn¢ÃÂât pump enough oxygen to the other organs, reducing the blood flow and creating a congestion of blood in the lungs. Improved reuptake of norepinephrine is associated with a better prognosis.[20]Other tests used in evaluating patients with HF include cardiac catheterization, stress testing, and electrocardiograms. Effects of enalapril on mortality in severe congestive heart failure. 2016 Jul 14;37(27):2129-2200. Lower serum sodium is associated with increased short-term mortality in hospitalized patients with worsening heart failure: results from the Outcomes of a Prospective Trial of Intravenous Milrinone for Exacerbations of Chronic Heart Failure (OPTIME-CHF) study. Eur Heart J. These strategies can help prevent the development of HF in patients at high risk for the disease and slow the progression in those who are already diagnosed with it. Lancet. In patients with elevated left-sided filling pressures, hepatojugular reflux (distention of the jugular vein after applying pressure over the liver with the patient lying at a 45Â°Â angle) will seen. Long-term management of end-stage heart failure. 2019 Jun 04;73(21):2756-2768. Heart failure with preserved ejection fraction (HFpEF) is generally defined as heart failure with an EF of greater than 50%. If you are feeling any of these symptoms, make sure to contact 9-1-1 right away. Vnitr Lek. According to the Candesartan in Heart Failure Assessment of Reduction in Mortality and Morbidity (CHARM program), the prevalence of HF is relatively greater in younger patients, which was attributed to obesity as the cause.[8] The incidence of heart failure in men doubles with each 10-year age increase after the age of 65, whereas in women, for the same age cohort, the incidence triples.[7]International statistics regarding the epidemiology of HF are similar to those of the United States. N Engl J Med. Card Fail Rev. Other structural causes of congestive heart failure (CHF) include hypertension, valvular heart disease, uncontrolled arrhythmia, myocarditis, and congenital heart disease. 2021 Dec;50:459-465. [PubMed: 34432985]26.van der Meer P, Gaggin HK, Dec GW. Nitroglycerin is also common as it helps control chest pain. These include the Frank-Starling mechanism, changes in myocyte regeneration, myocardial hypertrophy, and myocardial hypercontractility. It results from any disorder that impairs ventricular filling or ejection of blood to the systemic circulation. MRI Assessment of Diastolic and Systolic Intraventricular Pressure Gradients in Heart Failure. 2021 Sep 14; [PubMed: 34519913]34.Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JGF, Coats AJS, Falk V, GonzÃ¡lez-Juanatey JR, Harjola VP, Jankowska EA, Jessup M, Linde C, Nihoyannopoulos P, Parissis JT, Pieske B, Riley JP, Rosano GMC, Ruilope LM, Ruschitzka F, Rutten FH, van der Meer P., ESC Scientific Document Group. Those that are overweight should talk to their doctor about creating a healthy cardiovascular exercise program, which will help them lose the excess weight and main the healthy new one. There is It was discussed if the morphology of the QRS compared to the duration of the QRS must be the main determinant for the selection of the CRT. [16] In patients with refractory HF, despite an optimized drug therapy, in the past the intravenous vasodilator therapy and intravenous inotropes have been taken into consideration. J failed paper. Circulation. Its prevalence is estimated at 26 million people worldwide and contributes to the increase in health costs all over the world [1]. More different diseases can cause heart failure. Cié did not lead to an improvement in the quality of life or a decrease in the number of hospital hospitalizations for patients with heart failure. 2014 Jul 01; 114 (1): 151-9. Impact of risk factors for the main cardiovascular diseases: a comparison between the observational results and those of Mendelian randomization. 2020 Mar 07; 395 (10226): 795-808. 2016 Feb; 13 (1): 37-46. They are also indicated in patients with symptomatic HF after a myocardial infarction (MI) and a LVEF less than 40%. High exit heart failure: a 15 -year experience. To obtain adequate echocardiographic images, adequate speed control is required in patients with tachyritmia [13]. Complacency tomography (CT) and magnetic resonance imaging (MRI) in HF patients are mainly used for the diagnosis of congenital cardiac anomalies. Jugular venous relaxation is another classic result that must be evaluated in all patients with HF. Clinical pharmacists assist drugs suppliers by examining patient drug lists and reducing potential drug-pharmaco adverse interactions. In patients with advanced disease and reduced life expectancy, discussions on palliative care and preventive planning of the directive should be considered. According to the Center for the control and prevention of diseases (CDC), in etnatsottos etnatsottos asuac al eranimreted rep FH noc itneizap ni itazzilitu onos ,aivattuT .4102 len 9,69 a otatnemua etnemavisseccus ¨Ã am ,9002 len 5,98 a 0002 len itnatiba 000.001 rep isseced 1,301 ad otiunimid ¨Ã acaidrac azneiciffusni rep isseced id ossat li ,5102 disease. Int J Cardiovascc Imaging The diet for Â² Ã¨ one of the key sectors in an effective treatment plan. Treatment of heart failure with retained ejection fraction. Clinical validation of the SPECT QBS processing software of the controlled blood pool in patients with congestive heart failure: correlation with MUGA, first pass RNV and 2D echocardiography. A gallop of S3 Ã¨ the most significant and early finding associated with HF[14]. In decompensated dilated cardiomyopathy, murmurs of mitral and tricuspidic regurgitation will be observed. Framingham Diagnostic Criteria for Heart Failure Framingham diagnostic criteria commonly used for heart failure require the presence of 2 major or 1 major and 2 minor criteria to make the diagnosis of heart failure. According to the Global Health Data Exchange registry, the current worldwide prevalence of CHF Ã¨ is 64.34 million cases. With increased wall stress, the myocardium attempts to compensate through eccentric remodeling, which further worsens the loading conditions and wall stress[10]. A decrease in capacity cardiac stimulates the neuroendocrine system with a release of epinephrine, norepinephrine, endothelin-1 (ET-1) and vasopressin. [PubMed: [PubMed: 29.Lucas C, Johnson W, Hamilton MA, Fonarow GC, Woo MA, Flavell CM, Creaser JA, Stevenson LW. Treatment of heart failure requires a multifaceted approach involving patient education, an optimal medical regime to improve contractility prevention/limitation of exacerbations. Diastolic heart failure with impaired ventricular filling may be caused by restrictive cardiomyopathies and coercive pericarditis, in addition to the aetiologies mentioned above.[3] It is important to identify aetiologies of decompensated heart failure, as they contribute to acisif acisif enoizunimid al e oidos led aciteteid enoizirtser al ,ocamraf led otairporppani otnemattart li ¨Ã atasnepmocs aizitsegnoc acaidrac azneiciffusni id enumoc ¹Âip asuac aL .aittalam alla etaicossa Âtilatrom e Âtilibrom alled etrap roiggam [Free article on PMC: PMC8006651] [PubMed: 25.Ezekowitz JA, Zheng Y, Cohen-Solal A, MelenovskÂÂ½ V, Escobedo J, Butler J, Hernandez AF, Lam CSP, O'Connor CM, Pieske B, Ponikowski P, Voors AA, deFilippi C, Westerhout CM, McMullan C, Roessig L, Armstrong PW. It can assess systolic and diastolic dysfunction and help clarify the presence of abnormalities of focal wall motion or valve pathology. It is essential be able to recognize signs of congestive heart failure and to promptly visit a doctor who will then perform various tests and create a treatment plan that suits your situation. Indicative results of congestive heart failure on chest X-rays include enlarged heart gage, lung base edema and vascular congestion. The most recent 2017 AHA/ACC update added a Class IIa recommendation for ivabradine patients with stage C HF.[28]Phase D: Targeted stage C medical therapy and consideration for heart transplantation. Sudden cardiac death Ã¨ a potential complication for patients with HFrEF and requires primary prevention with ICD placement, as described above. [Free article on PMC: PMC6899218] [PubMed: 13.King M, King J, Casey B. The test can show the quantity intake of norepinephrine in the sympathetic heart nervous system. However, in patients with severe obesity, pregnancy or mechanical ventilation, it may be difficult to obtain suitable acoustic windows. transesophageal echocardiography (TEE) Ã¨ analternative for these patients. (Class I Recommendation)Vasodilators (e.g. nitroprusside, nitroglycerin or nesiritide) may be used as adjuvant therapy in patients with systolic blood pressure exceeding 90 mmHg. Inotropic agents can be used in the short term in patients with hypotension (SBP < 90 mmHg) and the patient Ã¨ symptomatic of cardiaca Ã¨ a complex clinical syndrome with high morbidity and mortality . 2017 Aug;23(8):628-651. Symptoms such as shortness of breath, fatigue, cough urination and more frequently and to a greater extent. The social worker and the person in charge of the case formed by the HF can help evaluate the patient in the settings of the community community/visits to help him join the changes in the lifestyle recommended by the medical team. Treatment: General asphorumously, not all heart failure treatments can reverse the damage that has been done, but can improve symptoms and help prevent and control the conditions that cause cardiac insufficiency such as coronary heart disease, high blood pressure, obeyness and diabetes. The goal of drug therapy is to provide all the agents indicated rather than individual agents because the aggregate effect of these therapies is better than monotherapy from any agent. Primary combination therapy for Hfref includes diuretics, an inhibitor of the renin-angiotensin system (such as an Angelisine inhibitor inhibitor (Arni) inhibitor inhibitor of the inhibitor of the inhibitor of the conversion enzyme of the conversion of the conversion of the conversation. Angiotensina (ACE), or blocking of the Angentensine II (Arb) receptor), and a beta-blocker. Editable risk factors, cardiovascular diseases and fatalities in 155 722 individuals from 21 high income countries, medium income and low income (pure): a perspective cohort study. Both associations recommend a close surveillance, which includes surveillance by the patient and family, home visits, telephone assistance and/or remote monitoring, to prevent negative effects and evolution of the disease. A dietary reduction of sodium to 2-3 g/day is recommended and a restriction of liquids at 2 l/day if patients have hyponatremia and evidence of volume overload despite medical therapy. The traditional 2D transcutaneous echocardiography is the most commonly used test form. The score criteria are as follows: one point for each Following of the strokes or transiently obscemic attack of oxygen less than 90%cardiac frequency of greater than 110 beats per minute in the march test of 3 acute minutications of the ischemic ECG a NT-Probnp level greater than 5000 ng/ltdue points points Each of the following previous anamnesis of mechanical ventilation for cardiac respiratory suffering of more than 110 beats/min at the presentation of ureic nazi in the blood (bun) greater than 33.6 mg/dl (12 mmol/l) baking sod of serum greater than 35 mg/dle complications HF clinics include decrease in life quality, decrease in functional ability, non -intentional weight loss (cardiac cachexia), renal dysfunction (cardioren years) and liver dysfunction (liver congestion) [31]. The adverse heart events associated with the HF include valve dysfunction with dilated cardiomyopathy, and ventricular arrhythmias. However, in patients with my recent and an EF bass without HF symptoms, these drugs have not shown any benefit. [23] The IVABRADINA selectively inhibits the funny current (I-F) in the synotrial node. A further qualification of this symptom is essential to help clarify the potential causes of heart failure and to determine the treatment plan for the patient. 2005 May 28 - Jun 3lancet. The classic discovery of Rales Polmonaries translates into cardiac failure of moderate to severe intense. Cardiac disease statistics and stroke-2013 Update: a American Heart Association report. In addition to appropriate medical therapy, patients need a guide to the self -control of symptoms/signs of heart failure and on the adoption of healthy life habits such as weight loss, cessation of smoke, regular exercise and The cessation of alcohol. The register also detects a predilection for the breed with a prevalence of HF of 25% higher in patients of African American origin compared to Caucasians. The symptoms of heart failure can consist of: fatigue and weakness swelling in the legs, ankles and/or feet rapid heartbeat or irregular rapid weight increase these are just some of the warning signs heart failure that should be noted. Calibrated scintigraphic imaging procedures improve the quantitative evaluation of the business sympathetic heart nerve. HFmrEF Ã¨ defined as heart failure with an EF of 40% 40% ,ocicarot erolod onodulcni FH id itatropir etnemenumoc imotnis irtlA .acinorc o atuca ¨Ã es e)aenpotro(enoizisop id itnemaibmac ia ,ozrofs olla atalerroc ¨Ã es eranimreted rep atacifissalc etnemroiretlu eresse eved oripser id aznacnam aL .puorG ydutS lairT susnesnoC.11]56372222 :deMbuP[.atterid acidem aiparet us ertnem III a II ad AHYN elanoiznuf essalc anu e %53 elaugu o eroirefni FEVL anu onnah ehc FH noc itneizap ni asivvorpmi acaidrac etrom alled airamirp enoizneverp al rep otacidni ¨Ã)DCI(elibatnaipmi erotallirbifed-retrevoidrac nU.otatimil ¨Ã olour ous li am ,esuac el ettut rep orevocir id ossat li errudir a atarim aiparet ataugedaânu etnatsonon elasunis omtir a icitamotnis itneizap ien enoizaredisnoc ni aserp eresse ²Âup anissogid aL .]52[%54 la eroirefni FE nu e ocinorc oitamotnis FH onatneserp ehc FH enoizabrecase noc itarevocir itluda ilgen FH enoizazziladepso e Âtilatrom id oihcsir li errudir rep 1202 len ADF allad otavorppa etnemetnecer otats Ã .aitaporanoroc noc itneizap ien acaidrac azneiciffusni ,)FERFH(enoizeie id enoizarf attodir anu noc acaidrac azneiciffusni ni atacifissalc ¨Ã artsinis eralocirtnev enoiznufsid alla atuvod acaidrac azneiciffusni'L .)FEVL(ataloclac artsinis eralocirtnev enoizeie id enoizarf allus e imotnis ius asab is acaidrac azneiciffusni'lled gnikcissalc aL .asuac allad etnemetnednepidni ,acaidrac azneiciffusni id azneserp alos allus asab is ehcitueparet inoizadnamoccar elled etrap roiggam al ,aivattuT ;otnemattart id onaip li arusim atrec anu ni airav acaidrac azneiciffusni'lled aigoloize'L .etlov elled %08'l ertlo acaidrac azneiciffusni'l erecsonocir ²Âup e acaidrac azneiciffusni'lled enoizatulav al rep otazzilitu eneiv)PNB(elarberec ociteruirtan editpep led tset lI .oihcsir ossab a itaredisnoc onos 0 id oiggetnup nu noc itneizap I .otnemattart led aicaciffe'l eratulav rep rekram emoc etnemlapicnirp ¨Ã Âtilitu'l e)AHYN(noitaicossA traeH kroY weN alled enoizacifissalc alla italerroc onos PNB id illevil I .acaidrac azneiciffusni noc itneizap ien Âtilatrom id oihcsir li eratulav rep otazzilitu ¨Ã de artsinis eralocirtnev elanif acilotsaid enoisserp alled otnemua nu id etnednepidni erottiderp nu ¨Ã PNB II .eugibma inoizatneserp noc itneizap ni aenpsid id ehcaidrac non esuac ad ocaidrac li eraiznereffid a eratuia onossop)PNBorP-TN(elanimret-N PNborp id illevil i o)PNB(oreis B opit id ociteruirtan editpep lI]51[.enoizatneserp alla oidos id icireis illevil ied ossab ¹Âip elitniuq len itneizap ien otavresso otats ¨Ã otavele ¹Âip Âtilatrom id oihcsir lI .ivisavni non idotem odnazzilitu imsinaccem ied enoisnerpmoc :atavresnoc enoizeie id enoizarf noc acaidrac azneiciffusni e acilotsaid enoiznufsiD . 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Âtilatrom al errudir e FH noc itneizap i rep ativ alled Âtilauq al etnemloveton eraroilgim ²Âup ovitaroballoc elanoisseforpretni maet nU .98-7781 :)4749(563 .)FERMFH(aidem aicsaf id enoizeie id enoizarf noc acaidrac azneiciffusni e)FEPFH(atavresnoc enoizeie id ytilatrom eht .am reffefef ,jj yarrumcm.23]98701192 :Dembup[ ]3546275cmp :Elcitra EERF CMP[.4251-8151:)9(32;pes 1202 .g A .detacidniartnoc era seipareht BRA dna ,INRA ,rotibihni ECA fi ypareht yramirp rof rekcolb metsys nisnetoigna na ot evitanretla na si etartin dna enizalardyh fo noitanibmoc ehT .srotcaf ksir rojam era elytsefil yratnedes a htiw gnola srotcaf ksir cilobatem dna ,ega htiw yllacitamard sesaercni ecnedicni EHT .Loib Dem PXe Vda .Mrah Laitnetnetnetnop Nwohs Evah Seiduks Elpitlum in SM 031 Naht Ssel Fo Noitarud Srq A Htiw Stneitap ton TRC ,)cse(Ygoloidra fo 201. srq dna %53 ot lauqe ro naht ssel fevl na htiw vi vi vi vi vi ot i i fos ssalc lanoitcnuf ahyn dna ferfh Htiw stneitap of detacidni si gnicap ralucirtnevib)trc(yparehtorht noitorhtorhtorhtordor SSS El FO NA DNA ii ssalc lanoitcnuf ahyn Sah tneitap that fi detacidni sla sid the .noitsetnoc yranolup edulcxe ton seod selar slar salar ecnesba eht taht eton tnatropmi .noitaluccr tetsys cimetsysysy a morf stluser taht emordnys lacinilc xelpmoc a si eruliaf traeH .sesaesid caidracartxe ot eud sdnamed cimetsys desaercni eht teem ot traeh eht fo eruliaf a tub noitcnuf caidrac ni tnemriapmi na ton si ,noitinifed yb ,sihT .aimertanopyh htiw detneserp ohw FH htiw stneitap ni ytilatrom yad-03 in llew sa ytilatrom latipsoh-Fo ksir Desercni yltnacifingis detentamemed lairt)fhc-emitpo (teruliaf trehc fo snoitabrecaxe rof enhtepsorpte fo snooctuo fo semoctugo fo semoctugo. .6271-5271:)2(8;RPA 1202 .Noitacossa traeh nacirema eht morf troper :peatpu 0202-scits edan dna esaesid train .drawrof tnemtaert tahw tnemtaert tahw ni tnemtaert tahw tceted tceted .gnigamI .gnigamI csavoidraC CCAJ .AB gualroB ,AR arumihsiN ,MM dleifdeR ,V yksvoneleM ,VNY yddeR.5]68281543 :deMbuP[ ]8388348CMP :elcitra eerf CMP[ )2(8;peS 1202 .sraey 5 ta %24 dna ,raey 1 ta %22 ,syad 03 ta %01 dnuora ta detamitse si eruliaf traeh rof noitazilatipsoh gniwollof

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