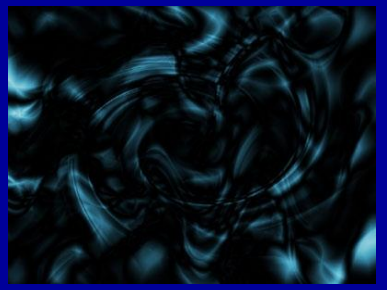

Effective Abstracts

Sarah L. Poynton

Department of Molecular and Comparative Pathobiology
Johns Hopkins University
spoynton@jhmi.edu

Tell a complete story

i.e. the abstract must represent all parts of the work

so …… it needs parts representing

Introduction / background / rationale
Materials and Methods
Results
Discussion / conclusion

Write for a wide audience

Use guiding words….”to investigate”, “we conclude”

Follow a logical order

Use parallel structure

It should be self contained

Although the abstract is short – typically 200 – 250 words, a high degree of skill is needed to write it well!

You may like to write this as the last section of your paper, as you will then be very familiar with the material.

Keep it simple and straightforward

Use first person

Summarize your data

Avoid unusual or specialized abbreviations

Omit references

To ensure balance between sections

try initially writing your abstract in four paragraphs

and then close them up to make one long paragraph

Note that some journals require a structured abstract, which contains short headings to organize the information

MAKE EVERY WORD COUNT!

Remember that good writing is:

Clear

Coherent

Consistent

Concise

Convincing

Sarah L. Poynton, Johns Hopkins University, 2014

1

It is generally recommended that patients with sickle cell disease receive red blood cell (RBC) transfusions before undergoing general anesthesia and surgery. Since RBC transfusions are costly, inconvenient, and may cause serious complications, it might be useful to identify groups of patients for whom they are not absolutely necessary. We report our experience with 54 pediatric patients undergoing 66 elective surgical procedures without preoperative transfusion preparation. All patients were felt to be clinically and hematologically stable in the immediate preoperative period. For the majority of procedures (57/66, 86%) no transfusions were administered at any time during the perioperative course. There were no intraoperative complications or postoperative deaths. Overall, some type of postoperative complication was encountered after 17 procedures (26%). Complications were usually minor and were more likely to occur after procedures involving thoracotomy or laparotomy (10/20, 50%) and tonsillectomy/adenoidectomy (T&A) (5/9, 56%) than other procedures (2/37, 5%; $P < .001$). Pulmonary complications were especially more prevalent in the group undergoing thoracotomy, laparotomy, or T&A (9/29 *v* 0/37 for all other procedures, $P < .001$). We conclude that preoperative transfusions might be avoided in children with sickle cell disease who undergo most minor surgical procedures on an elective basis. Patients undergoing thoracotomy, laparotomy, or T&A are at a relatively higher risk of developing postoperative complications and would comprise ideal groups for evaluation of preoperative transfusion regimens in prospective carefully controlled, randomized studies.

SUMMARY

The host–parasite relationships of two geographical isolates of *Schistosoma haematobium* in CBA mice are described and compared to previous reports on this parasite in other experimental hosts and in man. The mean percentage establishment of worms in mice was 17% and was not affected by the age or sex of the host. Adult worm burdens remained constant over 20 weeks, but were reduced after 18 months of infection. Male and female worms reached mean maximum lengths of 4·78 and 5·9 mm respectively. Egg laying commenced 9·5 weeks after infection and eggs accumulated in the tissues throughout the period of infection. A large increase in the rate of egg accumulation occurred coincidental with the appearance of eggs in the bladder of some mice. Faecal eggs were first observed in some mice at 12·5 weeks and most mice excreted a few eggs by 17 weeks p.i. (post-infection). Eggs were not found in the urine of infected mice. Excreted eggs and eggs isolated from the livers of infected mice hatched, but the resulting miracidia were unable to infect appropriate snail hosts. The development of hepatic granulomas and egg-induced pathology in the bladder of mice is described.

3

Abstract To determine whether inherent fibrinolytic differences may exist in racial groups (black americans, BA vs. white americans, WA), 55 different individual racially-derived human umbilical vein endothelial cell (HUVEC) cultures (35 BA and 20 WA) were analyzed in terms of their fibrinolytic protein (t-PA, u-PA and PAI-1) antigen and mRNA levels. Values (mean ± SD) for measured fibrinolytic component levels include: cell-associated t-PA antigen (ELISA), 1.14 ± 0.82 ng/ml/8.6 x 10^5 cells/24 hr in BA and 0.70 ± 0.85 ng/ml in WA (p=0.0624); secreted t-PA antigen, 18.65 ± 17.06 ng/ml in BA and 10.37 ± 6.38 ng/ml in WA (p=0.0422); t-PA/cyclophilin mRNA ratios (Northern blot analysis), 1.90 ± 1.34 in BA and 1.32 ± 0.70 in WA (p=0.0776); cell-associated PAI-1 antigen, 71.10 ± 30.16 ng/ml/8.6 x 10^5 cells/24 hr in BA and 108.85 ± 56.89 ng/ml in WA (p=0.0022); secreted PAI-1 antigen, 1,582.13 ± 612.67 ng/ml in BA and 1,992.17 ± 711.50 ng/ml in WA (p=0.0285); 2.4 kb PAI-1/cyclophilin mRNA ratios, 0.59 ± 0.39 in BA and 0.79 ± 0.31 in WA (p=0.1085); 3.4 kb PAI-1/cyclophilin mRNA ratios, 0.70 ± 0.47 in BA and 0.77 ± 0.54 in WA (p=0.6322). These combined data suggest that cultured HUVECs from BA express significantly higher levels of t-PA, lower levels of PAI-1 and ~1.72-fold lower molar ratio of PAI-1/t-PA antigen (183.99 ± 168.81 vs. 315.92 ± 164.99) ($p < 0.05$) than cultured HUVECs from WA, presumably reflecting an apparent inherent increased fibrinolytic potential in cultured HUVEC derived from BA.

Sarah L. Poynton, Johns Hopkins University, 2014