



Capitolo 10

Acronimi e abbreviazioni

Introduzione

“The patient went from the ER to the OR and then to the ICU”. Indubbiamente il lessico dei medici è ricco di abbreviazioni, tanto che gli operatori della sanità in generale e i cardiologi in particolare adoperano perlomeno dieci abbreviazioni per minuto (questa è una statistica fatta in casa, non citatela).

Vi sono diversi “tipi” di abbreviazioni:

- abbreviazioni dirette
- abbreviazioni immediate
- abbreviazioni che espandono il termine
- abbreviazioni che risparmiano energia
- abbreviazioni a doppio senso
- abbreviazioni che espandono la mente

Iniziamo dalle più simpatiche; le chiamiamo abbreviazioni dirette perché sono quelle in cui esiste un’equivalenza di termini tra l’italiano e l’inglese; in questi casi, non ci sono difficoltà. È necessario solo invertire l’ordine delle parole, identificare le abbreviazioni e impararle.

Vediamo alcuni esempi, così che possiate godere delle cose semplici della vita...fino a che potete!

HRT	Hormone-replacement therapy
LVOT	Left ventricle outflow tract
ASD	Atrial septal defect
VSD	Ventricular septal defect
TEE	Transesophageal echocardiography
LAD	Left anterior descending artery
ACE	Angiotensin-converting enzyme

Le abbreviazioni immediate sono impiegate più frequentemente per farmaci e sostanze chimiche il cui nome possiede tre o quattro sillabe di troppo. Le chiamiamo immediate perché in genere sono le stesse in diverse lingue. Vediamo un esempio:

CPK Creatin phosphokinase

Di seguito riportiamo alcuni esempi di abbreviazioni largamente impiegate nella lingua inglese, ma in genere utilizzate nella loro forma esplicita in altre lingue. Siccome la lingua è in continuo cambiamento, siamo sicuri che questi termini possano avere un'abbreviazione nelle diverse lingue; tuttavia, vengono perlopiù impiegate nella loro forma esplicita.

NSCLC Non-small-cell lung cancer

PBSC Peripheral blood stem cells

Esiste un altro gruppo di abbreviazioni, che possiamo chiamare “che risparmiano energia”. Queste sono abbreviazioni che in molte lingue vengono mantenute nella forma inglese, per cui, quando vengono espanse, la prima lettera di ciascuna parola non combacia con l'abbreviazione. Le possiamo chiamare “abbreviazioni che risparmiano energia” in quanto non è così difficile arrivare a all'abbreviazione “nazionale” di questi termini. In questi esempi, possiamo notare che la maggior parte dei nomi degli ormoni vengono abbreviati con sigle che risparmiano energia:

FSH Follicle-stimulating hormone

TNF Tumor necrosis factor

PAWP Pulmonary arterial wedge pressure

Esiste un altro tipo di abbreviazioni, che chiamiamo “a doppio senso”. In questi casi, un'abbreviazione si riferisce a due diversi termini. Il contesto aiuta, ovviamente, nell'individuare il significato reale; tuttavia, è importante fare particolare attenzione, in quanto un errore interpretativo può portare a situazioni anche imbarazzanti:

- AED
 - Automatic external defibrillator
 - Anti-epileptic drug
- BE
 - Bacterial endocarditis
 - Barium enema

- BS
 - Bowel sounds
 - Breath sounds
 - Blood sugar
- HSM
 - Holosystolic murmur
 - Hepatosplenomegaly
- PT
 - Physical therapy
 - Posterior tibial
 - Prothrombin time
 - Patient
- RAD
 - Right axis deviation
 - Reactive airways disease

Le abbreviazioni più divertenti sono quelle in cui la pronuncia dell'acronimo ricorda una parola che non ha nessuna relazione con il significato dell'abbreviazione. Noi chiamiamo questo gruppo “le abbreviazioni che espandono la mente”.

Il *cabbage* in inglese è il cavolo, un ortaggio dotato di proprietà gasogenica; tuttavia, quando un chirurgo dice “This patient is a clear candidate for cabbage” non indica che cosa il paziente debba mangiare, ma piuttosto sta suggerendo il tipo di chirurgia a cui il paziente debba essere sottoposto, che è quella del CABG (*coronary artery bypass grafting*; bypass aorto-coronarico).

Ci sono ancora molte altre abbreviazioni e tante altre ancora ci saranno nel futuro. Di sicuro la professione medica ci terrà impegnati nell'inseguire tutte le sue incursioni nella creatività linguistica.

Indipendentemente dal tipo di abbreviazione che avete di fronte, diamo tre suggerimenti:

1. identificate le abbreviazioni;
2. leggete le abbreviazioni nei vostri elenchi;
3. iniziate con gli elenchi delle abbreviazioni della vostra sottospecialità cardiologica.

Leggete le abbreviazioni nei vostri elenchi. Leggete le abbreviazioni nei vostri elenchi in maniera naturale; tenete presente che essere capaci di riconoscere delle abbreviazioni scritte potrebbe non essere sufficiente.

Da questo punto di vista ci sono tre tipi di abbreviazioni:

1. abbreviazioni di cui fare lo spelling.
2. abbreviazioni da leggere (acronimi).
3. abbreviazioni in parte da leggere e in parte di cui fare lo spelling.

Nessuno capirebbe un'abbreviazione di cui va fatto lo spelling se letta e nessuno capirebbe un'abbreviazione letta se ne viene fatto lo spelling. Cerchiamo di capire questo punto con un esempio: "LIMA" sta per *left internal mammary artery* (arteria mammaria interna sinistra) e deve essere letta *lima*. Nessuno vi capirebbe se invece di dire *lima*, voi faceste lo spelling L-I-M-A.

Dunque, non fate mai lo spelling di "un'abbreviazione da leggere" e non leggete mai un'"abbreviazione che necessita lo spelling".

La maggior parte delle abbreviazioni sono abbreviazioni che necessitano spelling, scritte con un ordine delle lettere che le rende quasi impronunciabili. Pensate per esempio a COPD (*chronic obstructive pulmonary disease*; BPCO) e tentate di leggerne l'abbreviazione; non adoperate la "forma esplicita" (*chronic obstructive pulmonary disease*) di una classica abbreviazione come questa perché suonerebbe terribilmente innaturale.

Alcune abbreviazioni sono diventate acronimi e per questo devono essere lette. L'ordine stesso delle loro lettere ci permette di leggerle. LIMA appartiene a questo gruppo.

Il terzo gruppo è costituito da abbreviazioni come CPAP (*continuous positive air way pressure*; ventilazione meccanica a pressione positiva delle vie aeree) che deve essere pronunciato *C-pap*. Se voi ne fate lo spelling C-P-A-P nessuno vi capirà.

Rivedete l'elenco delle abbreviazioni della vostra sottospecialità.

Rivedete quanti più elenchi di abbreviazioni possibile della vostra specialità e ripetetele finché non acquisirete familiarità con il significato e con la pronuncia.

Sebbene ognuno debba approntare i propri elenchi di abbreviazioni, ve ne proponiamo alcune classificate per specializzazione.

Per iniziare, controllate che l'elenco della vostra specialità sia incluso, altrimenti iniziate a scriverlo da soli. Siate pazienti...questo compito può durare per il resto della vostra carriera.

Elenchi di abbreviazioni

Elenco generale

AA	Alcoholics Anonymous; African American
A-a	Alveolar arterial gradient
AAA	Abdominal aortic aneurysm
AB	Antibody; also abortion
ABD	Abdomen
ABG	Arterial blood gas
ABI	Ankle-brachial index
ABPA	Allergic bronchopulmonary aspergillosis
ABX	Antibiotics
AC	Anterior chamber; also acromioclavicular, and before meals (a.c.)
ACE-I	Angiotensin-converting enzyme inhibitor
ACL	Anterior cruciate ligament
ACLS	Advanced cardiac life support
ACS	Acute coronary syndrome
AD LIBAs	desired (Ad libitum)
ADA	American Diabetes Association
ADD	Attention deficit disorder
ADE	Adverse drug effect
ADHD	Attention deficit hyperactivity disorder
ADL	Activities of daily living
ADR	Adverse drug reaction
ADTP	Alcohol and drug treatment program
AED	Automatic external defibrillator; anti-epileptic drug
AF	Atrial fibrillation; also afebrile
AFB	Acid-fast bacterium
AFP	Alpha fetoprotein
AGN	Antigen
AI	Aortic insufficiency
AIDS	Acquired immunodeficiency syndrome

AIN	Acute interstitial nephritis
AK	Actinic keratosis
AKA	Above-knee amputation
ALL	Allergies; also acute lymphocytic leukemia
ALS	Amyotrophic lateral sclerosis; also advanced life support
AMA	Against medical advice; American Medical Association
AMD	Aging macular degeneration
AMI	Acute myocardial infarction; anterior myocardial infarction
A-MIBI	Adenosine MIBI
AML	Acute myelogenous leukemia
AMS	Altered mental status; acute mountain sickness
ANC	Absolute neutrophil count
AND	Axillary node dissection
ANGIO	Angiography
A&O	Alert and oriented
AP	Anterior-posterior
A/P	Assessment and plan
APC	Atrial premature contraction
APD	Afferent pupillary defect
APPY	Appendectomy
APS	Adult protective services
ARB	Angiotensin-receptor blocker
ARDS	Adult respiratory distress syndrome
ARF	Acute renal failure
AS	Aortic stenosis; also ankylosing spondylitis
ASA	Aspirin
ASD	Atrial septal defect
ASU	Ambulatory surgery unit
ATN	Acute tubular necrosis
A/V nicking	Arteriolar/venous nicking
A/V ratio	Arteriolar/venous ratio
AVF	Arteriovenous fistula
AVM	Arterial venous malformation
AVN	Avascular necrosis; atrioventricular
AVNRTA	trioventricular nodal re-entrant tachycardia
AVR	Aortic valve replacement
AVSS	Afebrile, vital signs stable

B	Bilateral
B&C	Board and care
BAE	Barium enema
BBB	Bundle branch block
BCC	Basal cell carcinoma
BCG	Bacille Calmette-Guérin (vaccine)
BDR	Background diabetic retinopathy
BE	Bacterial endocarditis; also barium enema
BET	Benign essential tremor
BIB	Brought in by
BID	Twice a day
BIPAP	Bi-level positive airway pressure
BIVAD	Bi-ventricular assist device
BKA	Below-knee amputation
BL CX	Blood culture
BM	Bone marrow; also bowel movement
BMI	Body mass index
BMT	Bone marrow transplant
BP	Blood pressure
BPD	Borderline personality disorder; also bipolar disorder and bronchopulmonary dysplasia
BPV	Benign positional vertigo
BR	Bed rest
BRAO	Branch retinal artery occlusion
BRB	Bright red blood
BRBPR	Bright red blood per rectum
BRP	Bathroom privileges
BRVO	Branch retinal vein occlusion
BS	Bowel sounds; also breath sounds, and blood sugar
BSA	Body surface area
BUN	Blood urea nitrogen
BX	Biopsy
ċ	With
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CAP	Prostate cancer; community-acquired pneumonia
CARDS	Cardiology
CAT	Cataract
CATH	Catheterization
CB	Cerebellar

C/B	Complicated by
CBC	Complete blood count
CBD	Common bile duct; closed-bag drainage
CBI	Continuous bladder irrigation
CC	Chief complaint
CCB	Calcium channel blocker
CCC	Central corneal clouding
CCK	Cholecystectomy
CCE	Clubbing, cyanosis, edema
C/D	Cup-to-disk ratio
CDI	Clean, dry, and intact
C DIF	<i>Clostridium difficile</i>
CEA	Carcinoembryonic antigen
Chemo	Chemotherapy
CHI	Closed head injury
CHF	Congestive heart failure
Chole	Cholecystectomy
CI	Cardiac index
CIC	Clean intermittent catheterization
CIDP	Chronic inflammatory demyelinating polyneuropathy
CK	Creatinine kinase
CL	Chloride
CLL	Chronic lymphocytic leukemia
CM	Cardiomegaly
CML	Chronic myelogenous leukemia
CMP	Cardiomyopathy
CMR	Chief medical resident
CMT	Cervical Motion Tenderness; Charcot-Marie-Tooth (disease)
CMV	Cytomegalovirus
CN	Cranial nerves
CNIS	Carotid non-invasive study
CNS	Central nervous system
CO	Cardiac output
C/O	Complains of
COPD	Chronic obstructive pulmonary disease
COX 2	Cyclooxygenase 2
CPAP	Continuous positive airway pressure
CPP	Cerebral perfusion pressure
CPPD	Calcium pyrophosphate disease
CPR	Cardiopulmonary resuscitation
CPS	Child protective services

CPU	Chest pain unit
CRAO	Central retinal artery occlusion
CRFs	Cardiac risk factors
CRI	Chronic renal insufficiency
CRP	C-reactive protein
CRVO	Central retinal vein occlusion
CSF	Cerebral spinal fluid
CT	Cat scan; also chest tube, and cardiothoracic
CTA	Clear to auscultation
CVA	Cerebral vascular accident
CVL	Central venous line
CVP	Central venous pressure
C/W	Consistent with; compared with
CX	Culture
CXR	Chest X-ray
C/W	Consistent with
D	Diarrhea; also disk
D5W	Dextrose 5% in water
DB	Direct bilirubin
DBP	Diastolic blood pressure
DC	Discharge; discontinue; doctor of chiropractics
D&C	Dilatation and curettage
DCIS	Ductal carcinoma in situ
DDX	Differential diagnosis
DF	Dorsiflexion
DFA	Direct fluorescent antibody
DFE	Dilated fundus examination
DI	Diabetes insipidus; detrusor instability
DIC	Disseminated intravascular coagulopathy
DIF	Differential
DIP	Distal interphalangeal
DJD	Degenerative joint disease
DKA	Diabetic ketoacidosis
DM	Diabetes mellitus
DNI	Do not intubate
DNR	Do not resuscitate
DO	Doctor of osteopathy
D/O	Disorder
DOT	Directly observed therapy
DOU	Direct observation unit
DP	Dorsalis pedis

DPL	Diagnostic peritoneal lavage
DPOA	Durable power of attorney
DR	Diabetic retinopathy
DRE	Digital rectal exam
D/T	Due to
DTs	Delirium tremens
DTR	Deep tendon reflex
DVT	Deep venous thrombosis
DX	Diagnosis
DU	Duodenal ulcer
EBL	Estimated blood loss
EBM	Evidence-based medicine
EBRT	External-beam radiation therapy
EBV	Epstein-Barr virus
ECG	Electrocardiogram (also known as EKG)
ECHO	Echocardiography
ECMO	Extracorporeal membrane oxygenation
ECT	Electroconvulsive therapy
ED	Erectile dysfunction
EEG	Electroencephalogram
EF	Ejection fraction (in reference to ventricular function)
EGD	Esophagogastroduodenoscopy
EIC	Epidermal inclusion cyst
EJ	External jugular
EKG	Electrocardiogram (also known as ECG)
EM	Electron microscopy
EMG	Electromyelogram
EMS	Emergency medical system
EMT	Emergency medical technician
E/O	Evidence of
EOMI	Extraocular muscles intact
Eos	Eosinophils
EPO	Erythropoietin
EPS	Electrophysiologic Study
ER	External rotation; also emergency room
ERCP	Endoscopic retrograde cholangiopancreatography
ES	Epidural steroids
ESI	Epidural steroid injection
ESLD	End-stage liver disease
ESR	Erythrocyte sedimentation rate
ESRD	End-stage renal disease

ESWL	Extracorporeal shock wave lithotripsy
ETOH	Alcohol
ETT	Exercise tolerance test; also endotracheal tube
EWCL	Extended-wear contact lens
EX LAP	Exploratory laparotomy
EX FIX	External fixation
EXT	Extremities
FB	Foreign body
F/B	Followed by
FBS	Fasting blood sugar
FE	Iron
FEM	Femoral
FENA	Fractional excretion of sodium
FEV1	Forced expiratory volume 1 second
FFP	Fresh frozen plasma
Flex Sig	Flexible sigmoidoscopy
FLU	Influenza
FMG	Foreign medical graduate
F&N	Febrile and neutropenic
FNA	Fine-needle aspiration
FOOSH	Fall on outstretched hand
FOS	Full of stool; force of stream
FP	Family practitioner
FRC	Functional residual capacity
FSG	Finger-stick glucose
FSH	Follicle-stimulating hormone
FTT	Failure to thrive
F/U	Follow-up
FUO	Fever of unknown origin
FX	Fracture
G	Guaiac (followed by + or -)
GA	General anesthesia
GAD	Generalized anxiety disorder
GAS	Group A strep; guaiac all stools
GB	Gall bladder; also Guillain-Barré
GBM	Glioblastoma multiforme
GBS	Group B strep
GC	Gonorrhea
GCS	Glasgow Coma Scale
GCSF	Granulocyte colony-stimulating factor

GERD	Gastroesophageal reflux
GERI	Geriatrics
GET	General endotracheal
GI	Gastrointestinal
GIB	Gastrointestinal bleeding
GLC	Glaucoma
GMR	Gallup, murmurs, rubs
GN	Glomerulonephritis
GNR	Gram-negative rod
GOO	Gastric outlet obstruction
GP	General practitioner
G#P#	Gravida no./Para no.
GP 2 b/3 a	Glycoprotein 2 b/3 a Inhibitor
GPC	Gram-positive coccus
GS	Gram stain
GSW	Gunshot wound
GTT	Glucose-tolerance test
G-tube	Gastric feeding tube
GU	Genitourinary; also gastric ulcer
GVHD	Graft-versus-host disease
H FLU	Haemophilus influenza
HA	Headache
HAART	Highly active anti-retroviral therapy
HACE	High-altitude cerebral edema
HAPE	High-altitude pulmonary edema
H2	Histamine 2
HCC	Hepatocellular carcinoma
HCG	Human chorionic gonadotropin
HCL	Hard contact lens
HCM	Health care maintenance
HCT	Hematocrit
HCV	Hepatitis C virus
HD	Hemodialysis
HDL	High-density lipoprotein
HEENT	Head, ears, eyes, nose, throat
HELLP	Hemolysis-elevated liver tests low platelets
HEME/ONC	Hematology/oncology
HGB	Hemoglobin
HH	Hiatal hernia
H&H	Hemoglobin and hematocrit
HI	Homicidal ideation

HIB	Haemophilus influenza B vaccine
HIT	Heparin-induced thrombocytopenia
HIV	Human immunodeficiency virus
HL	Heparin lock
HOB	Head of bed
HOCM	Hypertrophic obstructive cardiomyopathy
HOH	Hard of hearing
HONK	Hyperosmolar non-ketotic state
HPI	History of present illness
HPV	Human papilloma virus
HR	Heart rate
HRT	Hormone-replacement therapy
HS	At bedtime
HSM	Holosystolic murmur; also hepatosplenomegaly
HSP	Henoch-Schonlein purpura
HSV	Herpes simplex virus
HTN	Hypertension
HU	Holding unit
HUS	Hemolytic uremic syndrome
HX	History
I ⁺	With ionic contrast (in reference to a CAT scan)
I ⁻	Without ionic contrast (in reference to a CAT scan)
IA	Intra-articular
IABP	Intra-aortic balloon pump
IBD	Inflammatory bowel disease
IBS	Irritable bowel syndrome
IBW	Ideal body weight
ICD	Implantable cardiac defibrillator
ICH	Intracranial hemorrhage
ICP	Intracranial pressure
ID	Infectious diseases
I&D	Incise and drain
IDDM	Insulin-dependent diabetes mellitus
IFN	Interferon
IH	Inguinal hernia (usually preceded by L or R)
IJ	Internal jugular
IL	Interleukin; indirect laryngoscopy
ILD	Interstitial lung disease
IM	Intramuscular also intramedullary
IMI	Inferior myocardial infarction
IMP	Impression

INR	International normalized ratio
I&O	Ins and outs
IOL	Intraocular lens
IOP	Intraocular pressure
IP	Interphalangeal
IPF	Idiopathic pulmonary fibrosis
IR	Interventional radiology; internal rotation
IRB	Indications, risks, benefits; institutional review board
IT	Intrathecal; information technology
ITP	Idiopathic thrombocytopenia
IUD	Intrauterine device
IUP	Intrauterine pregnancy
IV	Intravenous
IVC	Inferior vena cava
IVDU	Intravenous drug use
IVF	Intravenous fluids; also in vitro fertilization
IVP	Intravenous pyelogram
JP	Jackson-Pratt (drain)
J-tube	Jejunal feeding tube
JVD	Jugular venous distention
JVP	Jugular venous pressure
K ⁺	Potassium
kcal	Kilocalories
KUB	Kidneys, ureters, and bladder
KVO	Keep vein open
L	Left
LA	Left atrium
LAC	Laceration
LAD	Left anterior descending (coronary artery); left axis deviation
LAP	Laparoscopic; also laparotomy
LAR	Low anterior resection
LBBB	Left bundle branch block
LBO	Large bowel obstruction
LBP	Low back pain
LCL	Lateral collateral ligament
LCX	Left circumflex (coronary artery)
L&D	Labor and delivery
LDH	Lactate dehydrogenase

LDL	Low-density lipoprotein
LE	Lower extremity (usually preceded by R or L); leukocyte esterase
LENIS	Lower extremity non-invasive study
LFT	Liver function test
LH	Luteinizing hormone; left handed; light headed
LHC	Left heart cath
LHRH	Luteinizing hormone-releasing hormone
LIMA	Left internal mammary artery
LLE	Left lower extremity
LLL	Left lower lobe; left lower lid
LLQ	Left lower quadrant
LM	Left main coronary artery
LMA	Laryngeal mask airway
LMD	Local medical doctor
LMN	Lower motor neuron
LMP	Last menstrual period
LN	Lymph node; also liquid nitrogen
LND	Lymph node dissection
LOA	Lysis of adhesions
LOC	Loss of consciousness
LP	Lumbar puncture
LPN	Licensed practical nurse
LR	Lactated ringers
LS	Lumbosacral
LT	Light touch
LUE	Left upper extremity
LUL	Left upper lobe; also left upper lid
LUTS	Lower urinary tract symptoms
LUQ	Left upper quadrant
LV FXN	Left ventricular function
LVAD	Left ventricular assist device
LVEDP	Left ventricular end diastolic pressure
LVH	Left ventricular hypertrophy
LVN	Licensed vocational nurse
LMWH	Low-molecular-weight heparin
LYTES	Electrolytes
MAC	Monitored anesthesia care
MCL	Medial collateral ligament
MCP	Metacarpal-phalangeal
MCV	Mean corpuscular volume

MDRTB	Multidrug-resistant tuberculosis
MEDS	Medicines
MFM	Maternal-fetal medicine
MI	Myocardial infarction
MICU	Medical intensive care unit
MIDCAB	Minimally invasive direct coronary artery bypass
MM	Multiple myeloma
M&M	Morbidity and mortality
MMP	Multiple medical problems
MMR	Measles, mumps, and rubella (vaccine)
MOM	Milk of Magnesia
MR	Mitral regurgitation
MRCP	Magnetic resonance cholangiopancreatography
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MS	Mental status; also mitral stenosis, multiple sclerosis, and morphine sulfate
MSSA	Methicillin-sensitive <i>Staphylococcus aureus</i>
MTP	Metatarsal-phalangeal
MVP	Mitral valve prolapse
MVR	Mitral valve replacement
N	Nausea
NA	Not available; also sodium (Na ⁺)
NAD	No apparent distress; no acute disease
NABS	Normal active bowel sounds
NCAT	Normocephalic atraumatic
NCS	Nerve conduction study
NEB	Nebulizer
NGT	Nasogastric tube
NGU	Non-gonococcal urethritis
NH	Nursing home
NHL	Non-Hodgkin's lymphoma
NICU	Neonatal intensive care unit
NIDDM	Non-insulin dependent diabetes mellitus
NIF	Negative inspiratory force
NKDA	No known drug allergies
NMS	Neuroleptic malignant syndrome
NOS	Not otherwise specified
NP	Nurse practitioner
NPO	Nothing by mouth
NS	Normal saline

NSBGP	Non-specific bowel gas pattern
NSCLC	Non-small cell lung cancer
NSR	Normal sinus rhythm
NT	Nontender
NTD	Nothing to do
NUCS	Nuclear medicine
NYHA	New York Heart Association
OA	Osteoarthritis
OB	Occult blood (followed by + or -)
OCD	Obsessive-compulsive disorder
OCP	Oral contraceptive pill
OD	Right eye
OE	Otitis externa
OLT	Orthotopic liver transplant
OM	Otitis media
ON	Optic nerve; overnight
OOB	Out of bed
OP	Opening pressure
O/P	Oropharynx
O&P	Ovum and parasites
ORIF	Open reduction with internal fixation
ORL	Oto-rhinolaryngology
OS	Left eye
OSA	Obstructive sleep apnea
OT	Occupational therapy
OTC	Over the counter
OTD	Out the door
OU	Both eyes
O/W	Otherwise
P	Pulse
P	Pending
P	After
PA	Posterior-anterior; also physician's assistant
PACU	Post-anesthesia care unit
PAD	Peripheral arterial disease
PALS	Pediatric advanced life support
PBC	Primary biliary cirrhosis
PC/p.c.	After meals
PCA	Patient-controlled analgesia
PCI	Percutaneous coronary intervention

PCKD	Polycystic kidney disease
PCL	Posterior cruciate ligament
PCM	Pacemaker
PCOD	Polycystic ovarian disease
PCP	Primary care physician; also pneumocystis pneumonia
PCR	Polymerase chain reaction
PCWP	Pulmonary capillary wedge pressure
PD	Parkinson's disease; also personality disorder, and peritoneal dialysis
PDA	Patent ductus arteriosus
PE	Physical exam; also pulmonary embolism
PEG	Percutaneous endoscopic gastrostomy
PERRL	Pupils equal, round, reactive to light
PET	Positron emission tomography
PF	Peak flow; also plantar flexion
PFO	Patent foramen ovale
PFTs	Pulmonary function tests
PH	Pinhole
PICC	Peripherally inserted central catheter
PICU	Pediatric intensive care unit
PID	Pelvic inflammatory disease
PIH	Pregnancy-induced hypertension
PIP	Proximal Interphalangeal
PLT	Platelets
PMD	Primary medical doctor
PMH	Past medical history
PMI	Point of maximum impulse
PMN	Polymorphonuclear leukocytes
PMRS	Physical medicine and rehabilitation service
PN	Progress note
PNA	Pneumonia
PNBX	Prostate needle biopsy
PND	Paroxysmal nocturnal dyspnea; also post-nasal drip
PNS	Peripheral nervous system
PO	By mouth
POP	Popliteal
PP	Pin prick
PPD	Purified protein derivative
PPH	Primary pulmonary hypertension
PPI	Proton pump inhibitor
PPN	Peripheral parenteral nutrition
PPTL	Postpartum tubal ligation

PR	Per rectum
PRBCs	Packed red blood cells
PRN	Refers to treatments which patient can receive on an “as-needed” basis
PSA	Prostate-specific antigen
PSC	Primary sclerosing cholangitis
PSH	Past surgical history
PT	Physical therapy; posterior tibial; prothrombin time; patient
PTA	Prior to admission; peritonsillar abscess
PTCA	Percutaneous transluminal coronary angioplasty
P-Thal	Persantine Thallium
PTSD	Post-traumatic stress disorder
PTT	Partial thromboplastin time
PTX	Pneumothorax
PUD	Peptic ulcer disease
PV	Polycythemia vera; portal vein
P VAX	Pneumococcal vaccination
PVC	Premature ventricular contraction
PVD	Peripheral vascular disease; posterior vitreous detachment
PVR	Post void residual
Q/q	Every (refers to a time interval e.g., if followed by 6 (Q6), or q6), means “every 6 hours”; if followed by AM, D, W, or M, means “every morning, day, week, or month,” respectively
QHS/q.h.s.	Every night
QID	Four times per day
QNS	Quantity not sufficient
QOD/q.o.d.	Every other day
R	Right
RA	Right atrium
RAD	Right axis deviation; also reactive airway disease
R/B	Referred by; relieved by
RBBB	Right bundle branch block
RBC	Red blood cell
RCA	Right coronary artery
RCC	Renal cell cancer
RCT	Randomized controlled trial; rotator cuff tear
RD	Retinal detachment; also registered dietician

RDI	Respiratory disturbance index
RF	Rheumatoid factor; also risk factor
RFA	Radio frequency ablation; right femoral artery
RHC	Right heart cath
RHD	Rheumatic heart disease
Rheum	Rheumatology
R/I	Rule in
RIG	Rabies immunoglobulin
RIMA	Right internal mammary artery
RLE	Right lower extremity
RLL	Right lower lobe; also right lower lid
RLQ	Right lower quadrant
RML	Right middle lobe
RNEF	Radionuclide ejection fraction
R/O	Rule out
ROM	Range of motion
ROMI	Rule out myocardial infarction
ROS	Review of systems
RPGN	Rapidly progressive glomerulonephritis
RPLND	Retroperitoneal lymph node dissection
RPR	Rapid plasma reagin
RR	Respiratory rate
RRP	Radical retropubic prostatectomy
RRR	Regular rate and rhythm
RSD	Reflex sympathetic dystrophy
RSV	Respiratory syncytial virus
RT	Respiratory therapy
RTC	Return to clinic
RUE	Right upper extremity
RUG	Retrograde urethrogram
RUL	Right upper lobe; right upper lid
RUQ	Right upper quadrant
RV	Right ventricle; residual volume
RVAD	Right ventricular assist device
RVG	Right ventriculogram
RVR	Rapid ventricular response
Rx	Treatment
s	Without
2°	Secondary to
SA	Sinoatrial; <i>Staphylococcus aureus</i>
SAAG	Serum ascites albumin gradient

SAB	Spontaneous abortion
SAH	Subarachnoid hemorrhage
SBE	Subacute bacterial endocarditis
SBO	Small bowel obstruction
SBP	Spontaneous bacterial peritonitis; systolic blood pressure
SC	Subcutaneous
SCCA	Squamous cell cancer
SCL	Soft contact lens
SCLCA	Small cell lung cancer
SEM	Systolic ejection murmur (with reference to cardiac exam)
SFA	Superficial femoral artery
SFV	Superficial femoral vein
SI	Suicidal ideation
SIADH	Syndrome of inappropriate anti-diuretic hormone secretion
SICU	Surgical intensive care unit
SIDS	Sudden infant death syndrome
SIRS	Systemic inflammatory response syndrome
SK	Seborrheic keratosis; also streptokinase
SL	Sublingual
SLE	Systemic lupus erythematosus; also slit lamp exam
SLR	Straight-leg raise
SNF	Skilled nursing facility
S/P	Status Post; also suprapubic
SPEP	Serum protein electrophoresis
SPF	Sun-protection formula
SQ	Subcutaneous
SSI	Sliding scale insulin
SSRI	Selective serotonin reuptake inhibitor
STAT	Immediately
STD	Sexually transmitted disease
STS	Soft tissue swelling
STX	Stricture
SVC	Superior vena cava
SVG	Saphenous vein graft
SW	Social work; stab wound
SX	Symptoms
SZR	Seizure

T	Temperature
T&A	Tonsillectomy and adenoidectomy
TAA	Thoracic aortic aneurysm
TAB	Threatened abortion; also therapeutic abortion
TAH	Total abdominal hysterectomy
TB	Tuberculosis; total bilirubin
T&C	Type and cross
TCA	Tricyclic antidepressant
TC	Current temperature
TCC	Transitional cell cancer
TD	Tetanus and diphtheria vaccination; tardive dyskinesia
TDWBAT	Touch-down weight bearing as tolerated
TEE	Transesophageal echocardiogram
TFs	Tube feeds
TG	Triglycerides
THA	Total hip arthroplasty
THR	Total hip replacement
TIA	Transient ischemic attack
TIBC	Total iron-binding capacity
TID/t.i.d.	Three times per day
TIPS	Transvenous intrahepatic portosystemic shunt
TKA	Total knee arthroplasty
TKR	Total knee replacement
TLC	Triple-lumen catheter; total lung capacity
TM	Tympanic membrane; maximum temperature
TMJ	Temporomandibular joint
TMN	Tumor metastases nodes (universal tumor staging system)
TNF	Tumor necrosis factor
TOA	Tubo-ovarian abscess
TOX	Toxicology
TOXO	Toxoplasmosis
TP	Total protein
TPA	Tissue plasminogen activator
TPN	Total parenteral nutrition
TR	Tricuspid regurgitation
TRUS	Transrectal ultrasound
T&S	Type and screen
TSH	Thyroid-stimulating hormone
TTE	Transthoracic echocardiogram
TTP	Tender to palpation; thrombotic thrombocytopenic purpura

TURBT	Transurethral resection bladder tumor
TURP	Transurethral prostatectomy
TV	Tidal volume
TVC	True vocal cord
Tx	Transfusion; treatment
UA	Urine analysis; also uric acid
UC	Ulcerative colitis
UCC	Urgent care center
UCX	Urine culture
UDS	Urodynamic study
UE	Upper extremity (usually preceded by R or L)
UF	Ultrafiltration
UFH	Unfractionated heparin
UMBO	Umbilical
UMN	Upper motor neuron
UNSA	Unstable angina
UO	Urine output
UPEP	Urine protein electrophoresis
UPPP	Uvulopalatopharyngeoplasty
URI	Upper respiratory tract infection
US	Ultrasound
UTD	Up to date
UTI	Urinary tract infection
UV	Ultraviolet
V	Vomiting
VA	Visual acuity
VATS	Video-assisted thoracoscopic surgery
VAX	Vaccine
VBAC	Vaginal birth after cesarean section
VBG	Venous blood gas
VC	Vital capacity; vocal cord
VCUG	Voiding cystourethrogram
VF	Ventricular fibrillation
VIP	Vasoactive intestinal peptide
VP	Ventriculoperitoneal
V&P	Vagotomy and pyloroplasty
VS	Vital signs
VSD	Ventricular septal defect
VSS	Vital signs stable
VT	Ventricular tachycardia

VWF	von Willebrand factor
WBAT	Weight bearing as tolerated
WBC	White blood cells
WDWN	Well developed, well nourished
WNL	Within normal limits
W/O	Without
W/U	Workup
X	Except
XLR	Crossed-leg raise
XRT	Radiation therapy
ZE	Zollinger-Ellison (syndrome)

Elenchi per specialità

Ospedale

CCU	Coronary care unit; critical care unit
ICF	Intermediate care facility
ICU	Intensive care unit
ECU	Emergency care unit
EMS	Emergency medical service
ER	Emergency room
OT	Operating theatre/theatre

Anamnesi

ABCD	Airway, breathing, circulation, defibrillate in cardiopulmonary resuscitation
ABSYS	Above symptoms
AC/a.c.	<i>Ante cibum</i> (before a meal)
Ad lib	<i>Ad libitum</i> (as desired)
ADR	Adverse drug reaction
BC,BLCO,CBC	(Complete) blood count
BID/b.i.d.	<i>Bis in die</i> (twice a day)
BIPRO	Biochemistry profile
BP	Blood pressure

BUCR	BUN and creatinine
CC	Chief complaint
CPE, CPX	Complete physical examination
CVS	Current vital signs
DM	Diastolic murmur
DNR	Do not resuscitate
DOA	Death on arrival
E/A	Emergency admission
EAU	Emergency admission unit
ESR	Erythrocyte sedimentation rate
FEN	Fluid, electrolytes and nutrition
FH, FAHX	Family history
FHVD	Family history of vascular disease
GERS	Gastroesophageal reflux symptoms
GP	General practitioner
H&P	History and physical examination
HARPPS	Heat, absence of use, redness, pain, pus, swelling
IV/i.v.	Intravenous
LUQ	Left upper quadrant (of abdomen)
M.D.	<i>Medicinae doctor</i>
MOUS	Multiple occurrence of unexplained symptoms
NBM	Nil by mouth (nothing by mouth, U.K.)
NPO	<i>Non para os</i> (nothing by mouth)
p.c.	<i>Post cibum</i> (after meals)
p.r.n.	<i>Pro re nata</i> (according to circumstances, may require)
PC	Present complaint
PE, Pex, Px, PHEX	Physical examination
PESS	Problem, etiology, signs, and symptoms
PFH	Positive family history
PH, PHx	Past history
PHI	Past history of illness
PO, P.O.	<i>Per os</i> (by mouth, orally)
q.2h	<i>Quaque secunda hora</i> (every 2 hours)
q.3h	<i>Quaque tertia hora</i> (every 3 hours)
q.d.	<i>Quaque die</i> (every day)
q.h.	<i>Quaque hora</i> (every hour)
q.i.d.	<i>Quarter in die</i> (four times daily)
q.v.	<i>Quantum vis</i> (as much as desired)
RBC	Red blood count
RDA	Recommended daily allowance
RLL	Right lower lobe (of lungs)
RS, ROS	Review of symptoms

Rx	Prescribe, prescription drug
S	Signs
S&S, S/S, SS	Signs and symptoms
SC, S/C, SQ	Subcutaneous
Si op. sit	<i>Si opus sit</i> (if necessary)
SM	Systolic murmur
SOAP	Subjective, objective, assessment and plan (used in problem-oriented records)
Sx	Symptoms
t.i.d.	<i>Ter in die</i> (three times daily)
TPN	Total parenteral nutrition
TWBC	(Total) white blood count
U&E	Urea and electrolytes
UGIS	Upper gastrointestinal symptoms
URELS	Urine electrolytes
VS, vs	Vital signs
VSA	Vital signs absent
VSOK	Vital signs normal
VSS	Vital signs stable
WRS	Work-related symptoms

Cardiologia

3D-US	Three-dimensional ultrasound
ACC	American College of Cardiology
AHA	American Heart Association
AVB	Atrioventricular block
CDI	Color Doppler imaging
CEUS	Contrast-enhanced ultrasound
CTA	CT angiography
CVMR	Cardiovascular magnetic resonance
CW Doppler	Continuous-wave Doppler
DFT	Defibrillation threshold
DICOM	Digital imaging and communications in medicine
DSA	Digital subtraction angiography
DTMS	Dipyridamole-thallium myocardial scintigraphy
EBCT	Electron beam CT
EHJ	<i>European Heart Journal</i>
EMPS	Exercise myocardial perfusion scintigraphy
ESC	European Society of Cardiology

ET	Electrophysiological testing
Fr	French (unit of a scale for denoting size of catheters)
GEMRA	Gadolinium-enhanced magnetic resonance angiography
HU	Hounsfield units
IACB/IAB	Intra-aortic counterpulsation balloon pump/intra-aortic balloon
IHD	Ischemic heart disease
IVUS	Intravascular ultrasound
JACC	<i>Journal of the American College of Cardiology</i>
LAO	Left anterior oblique projection
LOCM	Low-osmolar contrast medium
MPS	Myocardial perfusion scintigraphy
NASPE	North American Society of Pacing and Electrophysiology
NYHA	New York Heart Association
OCT	Optical coherence tomography
PET	Positron emission tomography
PCR	Paris Course on Revascularization
PCWP	Pulmonary capillary wedge pressure
PFO	Patent foramen ovale
PMV	Percutaneous mitral valvulotomy (or valvuloplasty)
PTCA	Percutaneous transluminal coronary angioplasty
PWD	Pulsed-wave Doppler
QCT	Quantitative CT
QCA	Quantitative coronary angiography
RAO	Right anterior oblique projection
RF	Radiofrequency
ROI	Region of interest
SACT	Sinoatrial conduction time
SCAI	Society for Cardiac Angiography and Interventions
SCINTS	scintigraphy
SESC	Sestamibi scan
SND	Sinus node dysfunction
SNRT	Sinus node recovery time
SPECT	Single photon emission computed tomography
SVT	Supraventricular tachycardia
TCT	Transcatheter therapeutics
VF/VT	Ventricular fibrillation/ventricular tachycardia
VRT	Volume rendering technique

Anatomia del cuore

AS	Atrial septum
AV	Aortic valve
AVN	Atrioventricular node
CS	Coronary sinus
HB	His bundle
IVC	Inferior vena cava
LA	Left atrium
LAA	Left atrium appendage
LAD	Left anterior descending coronary artery
LBB	Left bundle branch
LCX	Left circumflex artery
LMCA	Left main coronary artery
LV	Left ventricle
LVOT	Left ventricle outflow tract
MV	Mitral valve
PV	Pulmonary valve
RA	Right atrium
RBB	Right bundle branch
RCA	Right coronary artery
RV	Right ventricle
SN	Sinus node
SVC	Superior vena cava
TV	Tricuspid valve
VS	Ventricular septum

Esercizi: frasi comuni contenenti abbreviazioni

In questa parte, riportiamo alcune frasi d'uso comune in lingua inglese contenenti alcune delle abbreviazioni sopra descritte.

Fraasi:

- A 72-year-old female visited our hospital with a CC of chest pain. She was diagnosed as having a LMCA disease and underwent CABG on an emergent basis.
- The platelet and TWBC exceeded their normal ranges.
- A baseline ECG was obtained, and showed RBBB and AF.
- 2D-echo showed an enlargement of the LA, with a PFO.

- He is actually on ACEI, ASA, and statins. Ten years ago he underwent a primary PTCA.
- Approximately 1% of cardiac cells, including those in SN and AVN, are automatic.
- After been admitted at the ICU with a clinical picture of a severe stroke, the US showed a big thrombus in the LAA.
- LMCA stent implantation is still a highly debated issue. Most cardiac surgeons and cardiologists prefer to do CABG surgery in these patients.
- ASD percutaneous closure is an easy, safe, and cost-effective procedure.
- In patients with AF as the baseline heart rhythm, it is not possible to record the A wave of the MV flow, because there is no LA contraction at all.
- When an ACE inhibitor is administered, glomerular filtration is reduced.
- Some investigators use HU to determine the presence of intraluminal thrombus in a coronary artery, assessed by CT scan. However, IVUS and ANGIO, as well, remain the gold-standard methods.
- The patient had an episode of syncope. A rush HS murmur was heard. The ECG showed LVH and the echo revealed a high-gradient AS.
- CHF secondary to AMI and IHD is the most frequent final consequence of tobacco abuse.
- PFO is a frequent cause of consultation in children with mild-to-moderate degree heart murmurs.
- All patients with ASD and PFO must receive antibiotic prophylaxis before a dental extraction because they are at high risk of suffering BE.
- The main cause of mortality in elderly patients presenting with AMI is VF.
- A 30-year-old patient diagnosed of ASD was carried out to the cath lab to get the defect closed. During the diagnostic part of the procedure we saw that the catheter went from the URPV to the SVC. We made a diagnosis of partial abnormal venous drainage and stopped the procedure.
- Beta blockers induce low heart rate by their effect on the SN.