

2<sup>nd</sup> International Meeting on

# Gynecology and Obstetrics Pathology

November 19-20, 2018 | Paris, France

## Chemoradiation alongwith curcumin in the management of uterine cervical cancer

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Hypertensive urgencies and emergencies comprise almost one third of all medical emergencies in emergency departments. In a study of 14,209 patients who presented to the internal medicine section of the emergency department, 1634 were considered to have a medical urgency or emergency and 27.4% of those cases were hypertensive crises. The consequences of improper treatment of hypertensive emergencies can be catastrophic. Nonetheless, no large-scale clinical trial has been conducted to compare the efficacy of different antihypertensive agents for the treatment of these critically ill patients. The diagnosis of hypertensive emergency is based on the presence of acute damage to the brain, kidney, heart, retina and/or blood vessels. Consequently, understanding of the different pathophysiology of end organ damage is of ultimate importance in deciding the proper management option and monitoring tool that should be applied to patients in an individually tailored way. Due to the wide differences in blood pressure targets among various types of hypertensive emergencies, it is crucial to emphasize that blood pressure adjustment, rather blood pressure control, is the most needed in this kind of life threatening condition. International scientific societies and research institutes should pay much more attention to the management of acute blood pressure elevation with target organ failure and widely accepted guidelines should be generated and regularly updated in order to guide cardiologists, intensivists and emergency medicine physicians towards a safer and more effective management schemes.

**Notes:**