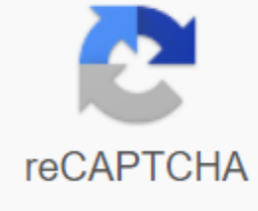




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Pertaining to the abdomen medical term

The medical term for hay fever is allergic rhinitis. While hay fever symptoms are similar to those of the common cold, the cold is caused by the virus, while hay fever is caused by an allergic reaction of your immune system. Some people suffer from hay fever all year round, and some only suffer in certain seasons. Since medically, these conditions are known as seasonal rhinitis and perennial rhinitis. About one in five people suffer from at least one type of hay fever. Seasonal rhinitis is what most people call hay fever; it is an allergy that is associated with the reproduction of plants and fungi. As trees, grass and weeds release their pollen to fertilize each other, you inhale air particles and your immune system overreacts. Instead of properly registering pollen, your body thinks it is in danger and it sends antibodies to fight the invaders. The antibody then causes other chemicals in your body, including histamine, and you suffer allergic effects. Pollen allergies associated with hay fever are usually a problem at any time from spring to autumn, depending on what you are specifically allergic to. Meanwhile, fungus-related forms of hay fever can last much longer, as fungi release their spores from spring to late fall. Advertising Unlike seasonal rhinitis, perennial rhinitis can last all year round and is the result of allergies to other airborne-drop allergens like dust mites, pet dander and mold. These allergens can be found all over the house, and without vigilant cleaning, they can build up in your bed, on curtains, on couch cushions and in the fibers of your carpet. Some people suffer from perennial and seasonal hay fever, but often perennial hay fever overpowers seasonal, and you don't even realize you have. McQuade KR. Approach to a patient with gastrointestinal diseases. In: Goldman L, Schafer AI, Ed. Goldman-Cecil Medicine. 25th. Philadelphia, PA: Elsevier Saunders; 2016:chap 132.Raftery AT, Lim E, Astur AJK. Swelling of the abdominal cavity. In: Raftery AT, Lim E, AJK Sharp, eds. Churchill's Pocketbook differential diagnosis. 4th o.p. Philadelphia, Pennsylvania: Elsevier Churchill Livingstone; 2014:10-25.Squires R, Carter SN, Postier RG. A sharp belly. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL, eds. Sabiston is a textbook surgery. 20th o.p. Philadelphia, Pennsylvania: Elsevier; 2017:Chap 45.Page 2Updated by: Michael M. Phillips, MD, Clinical Professor of Medicine, George Washington University School of Medicine, Washington, D.C. Also reviewed are David Sive, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and A.D.A.M. Editorial Team. Page 3Nguyen T, Akhtar S. Gastroenteritis. In: Walls RM, Hockberger RS, Goshe Hill M, eds. Rosen Medicine: Concepts and Clinical Practice. 9th o.p. Philadelphia, Pennsylvania: Elsevier; 2018:chap 84.Schiller LR, Sellin JH. Diarrhea. In: Feldman M, Friedman Friedman Brandt LJ, eds. Sleisenger and Fordtran gastrointestinal and liver disease: pathophysiology/diagnosis/management. 10th o. Philadelphia, PA: Elsevier Saunders; 2016:chap 16.Wong KK, Griffin PM. Foodborne diseases. In: Bennett JE, Valley R, Blaser MJ, eds. Mandell, Douglas, and Bennett Principles and Practice infectious diseases. 9th o.p. Philadelphia, Pennsylvania: Elsevier; 2020:chap 101.Page 4McQuaid KR. Approach to a patient with gastrointestinal disease. In: Goldman L, Schafer AI, Ed. Goldman-Cecil Medicine. 26th. Philadelphia, Pennsylvania: Elsevier; 2020:chap 123.Smith KA. Pain in the abdomen. In: Walls RM, Hockberger RS, Goshe Hill M, eds. Rosen Emergency Medicine: Concepts and Clinical Practices. 9th o.p. Philadelphia, Pennsylvania: Elsevier; 2018:chap 24.Squires R, Carter SN, Postier RG. A sharp belly. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL, eds. Sabiston is a textbook surgery. 20th o.p. Philadelphia, Pennsylvania: Elsevier; 2017:chap 45.Page 5Mayer EA. Functional gastrointestinal disorders: irritable bowel syndrome, dyspepsia, chest pain of the alleged oesophagus and heartburn. In: Goldman L, Schafer AI, Ed. Goldman-Cecil Medicine. 25th. Philadelphia, PA: Elsevier Saunders; 2016:chap 137.Tack J. Dyspepsia. In: Feldman M, Friedman L.S., Brandt LJ, eds. Sleisenger and Fordtran in gastrointestinal and

liver disease. 10th o. Philadelphia, PA: Elsevier Saunders; 2016:Chap 14. Page 6 Updated by: Michael M. Phillips, MD, Clinical Professor of Medicine, George Washington University School of Medicine, Washington, D.C. Also reviewed are David Sive, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and A.D.A.M. Editorial Team. Ball JW, Dains JE, Flynn JA, Solomon BS, Stuart RW. Belly. In: Ball JW, Dains JE, Flynn JA, Solomon BS, Stuart RW, eds. Zel Guide to Physical Examination. 9th o.p. St. Louis, MO: Elsevier; 2019:chap 18. Mc'uid KR. Approach to a patient with gastrointestinal diseases. In: Goldman L, Schafer AI, Ed. Goldman-Cecil Medicine. 25th. Philadelphia, PA: Elsevier Saunders; 2016:chap 132. Squires R, Carter SN, Postier RG. A sharp belly. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL, eds. Sabiston is a textbook surgery. 20th o.p. Philadelphia, Pennsylvania: Elsevier; 2017:chap 45. Page 2 Bush LM, Leveson ME. Peritonitis and intra-peritoneal abscesses. In: Bennett JE, Valley R, Blaser MJ, eds. Mundell, Douglas, and Bennett Principles and Practice infectious diseases. 9th o.p. Philadelphia, Pennsylvania: Elsevier; 2020:chap 74. Kummerle JF. Inflammatory and anatomical diseases of the intestines, abdominal cavity, mesenteria and omentum. In: Goldman L, Schafer AI, Ed. Goldman-Cecil Medicine. 26th. Philadelphia, Pennsylvania: Elsevier; 2020:chap 133. Page 3 Updated: Michael M. Phillips, MD, Clinical Professor of Medicine, George Washington School of Medicine, Washington, D.C. Also reviewed are David Siive, MD, MHA, Medical Director, Brenda Brenda Editing by A.D.A.M. Ball JW, Dains JE, Flynn JA, Solomon BS, Stuart RW. Belly. In: Ball JW, Dains JE, Flynn JA, Solomon BS, Stuart RW, eds. Zel Guide to Physical Examination. 9th o.p. St. Louis, MO: Elsevier; 2019:chap 18. Turnage RH, Mizell J, Badgwell B. Brush Wall, umbilicus, peritoneum, mesenteries, omentum, and retroperitoneum. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL, eds. Sabiston is a textbook surgery. 20th o.p. Philadelphia, Pennsylvania: Elsevier; 2017:chap 43. The medical term for the feet is a phalanx, which is multiple, and a phalanx when referenced on one foot. The term was coined by the Greek philosopher Aristotle 384-322 .B.C. Phalanx also refers to the fingers. Each leg consists of five phalanxes, or legs, which are connected to longer bones called metatarsal. The large leg consists of two bones that form one joint, while the other four legs consist of three bones and two joints. In total, the leg has 26 bones and 33 joints, all of which are joined by more than 100 muscles and tendons that add to the strength of the foot and flexibility. The foot is an elastic structure that can withstand a lot of pressure due to its complex design. Don Bailey/ES/Getty Images According to WebMD, the medical term for belching is eructation. The site reports that the air in the erudification comes either from the stomach or esophagus, and the action is sometimes random and sometimes targeted. WebMD lists several of the potential causes of eructation, including air swallowing during meals, nervous habit or medical problems, including ulcers and gallbladder issues. In some cultures, eration is recognized as good etiquette after being served by food. The National Center for Biotechnology Information suggests that gastroesophageal reflux disease - GERD - also leads to erudification. Patients with this disease often suffer from acid reflux, and erupting is considered a possible symptom. Symptom.

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