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more than a viewing device and they.
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Request[A case of ovarian pregnancy
complicated with ileus--combined treatment
of laparoscopic suction cholecystectomy and
appendectomy for post-pregnancy II
trimester ileus]. A 32-year-old women who
experienced repeated abdominal pain and
constipation since 4 weeks of being pregnant
presented with right lower quadrant pain
and high fever. She was in the second
trimester and had undergone laparoscopic
suction cholecystectomy for
cholecystolithiasis at a previous hospital.
Ultrasound showed a pelvic mass in the
Douglas pouch. Exploratory laparotomy was
performed because of ileus and the result
showed an ovarian pregnancy. Laparoscopic
suction cholecystectomy, appendectomy and
partial cauterization of the right fallopian
tube were performed. A blastocyst with a
large chorionic villi was found after the
operation. Ovarian pregnancy with a
mechanical obstruction in the

gastrointestinal tract is rare and was often complicated by sepsis. The main challenge to treating this condition was the early and safe diagnosis. In our case, the patient suffered from ileus in the second trimester and may have been associated with appendicitis, which was thought to have developed in the presence of the ovulation.

We performed laparoscopic suction cholecystectomy for the cholecystolithiasis and appendectomy for the appendicitis. Our novel approach for combined laparoscopic surgery for ileus and ovarian pregnancy is presented. Gamma oscillations and delayed feedback

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.Cavernoma-like low-grade astrocytoma of the frontal lobe with hyperostosis and pathologic fracture (von Recklinghausen's disease). A case of low-grade astrocytoma of the right frontal lobe in a 48-year-old man, presenting with signs and symptoms of increased intracranial pressure and severe hyposthenia, was investigated radiologically and pathologically. Magnetic resonance imaging of the brain revealed high-intensity areas of signal in the right frontoparietal cortex on T2-weighted and proton-density images. The lesion caused bulging of the inner table of the skull, and a pathologic fracture had developed. A biopsy from the lesion revealed edematous white matter and a low-grade tumor composed of astrocytic cells with anaplastic cytologic features. Occasional calcified foci were found histopathologically. The lesion showed

moderate hyperostosis with pachymeningeal thickening on computed tomography of the skull. The tumor was typical of low-grade astrocytoma with a high mitotic count and prominent nucleoli. The tumor cells had no immunoreactivity for glial fibrillary acidic protein, neurofilament protein, and S-100 protein, and they were negative for the lymphocyte common antigen CD20.

Radiologically and pathologically, the lesion in our case was most similar to cavernous angiomas, but the present histopathology demonstrated that the lesion had characteristics similar to low-grade astrocytoma. Our case was considered to be an atypical case of low-grade astrocytoma of the brain, closely related to von

Recklinghausen's disease. Q: How to properly use the ZMQ API for non-blocking sockets? So I am trying to figure out how to use the ZMQ API to act as a publisher that emits messages without blocking. Here is what I currently have: `import zmq` `import threading` `import time` `context = zmq.Context()` `socket`

```
= context.socket(zmq.PUSH)
socket.connect('tcp://127.0.0.1:5555') while
True: data = socket.recv() print(data)
time.sleep(2) This behaves as
```