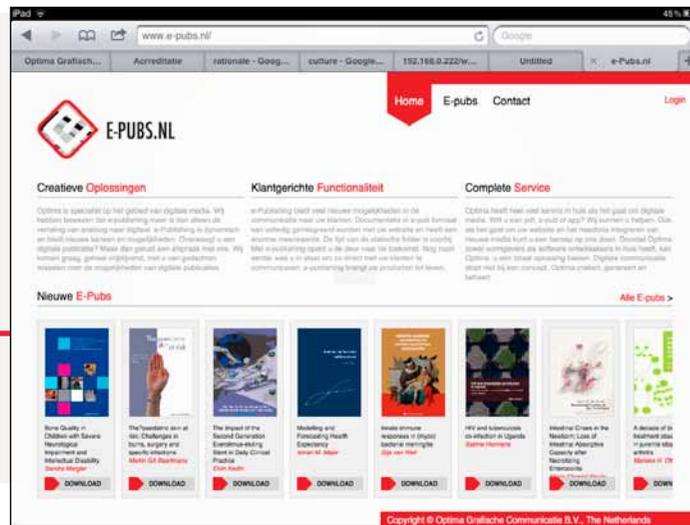




## ◆ Where's my e-pub?

Your thesis is published as an e-pub on [www.e-pubs.nl](http://www.e-pubs.nl). This is where you and others can download it to an iPad or iPhone. How to do this?



## ◆ How to open it?

To open your e-pub, you'll need iBooks. iBooks is not installed on the iPad by default, but you can download it from Apple's App-Store for free.

- First, make sure you have a working internet connection.
- Go to the App Store icon on your iPad and tab it. The App Store will open.
- On the top right, search for 'iBooks'.
- You'll get an overview of Apps.



Press this button to install iBooks on your iPad. Once iBooks is installed, you can return to [www.e-pubs.nl](http://www.e-pubs.nl) to download your e-pub. Once the download is finished, your e-pub will appear on your iBooks-shelf.



## ◆ Setting your preferences

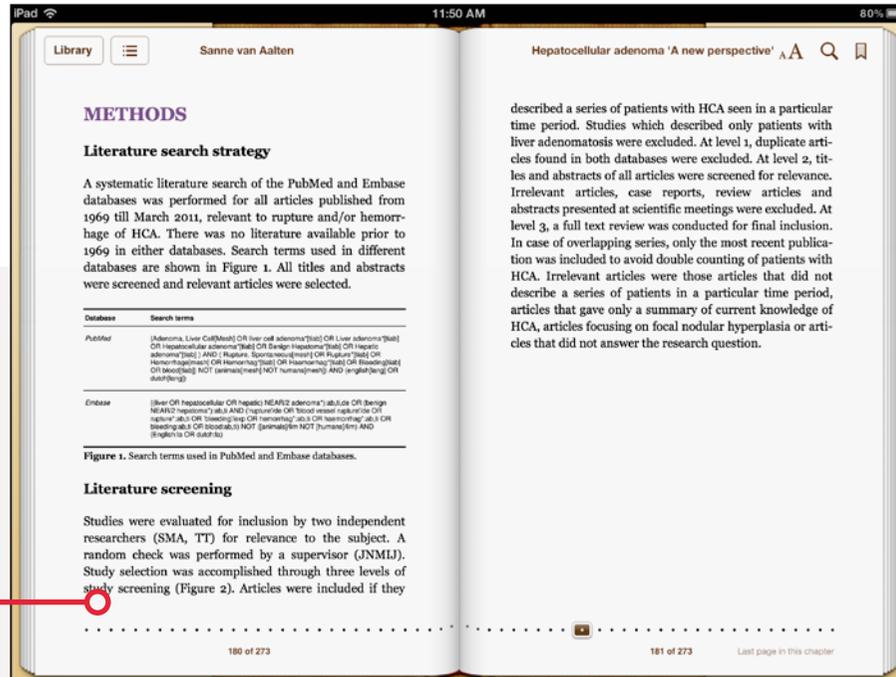
Once iBooks is installed you can set your preferences under *settings*



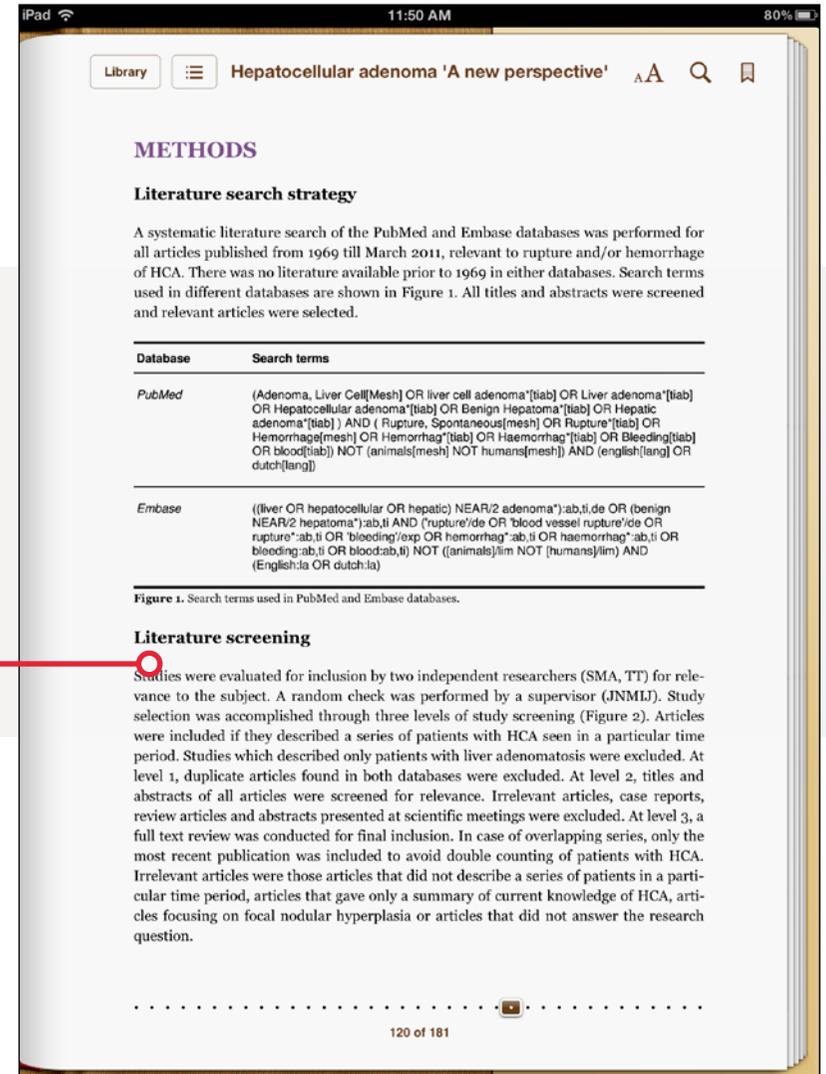
You can set global preferences just the way you like.  
Then you are ready to go!

# ◆ Ways to read your e-pub

... or portrait. Just turn your iPad!

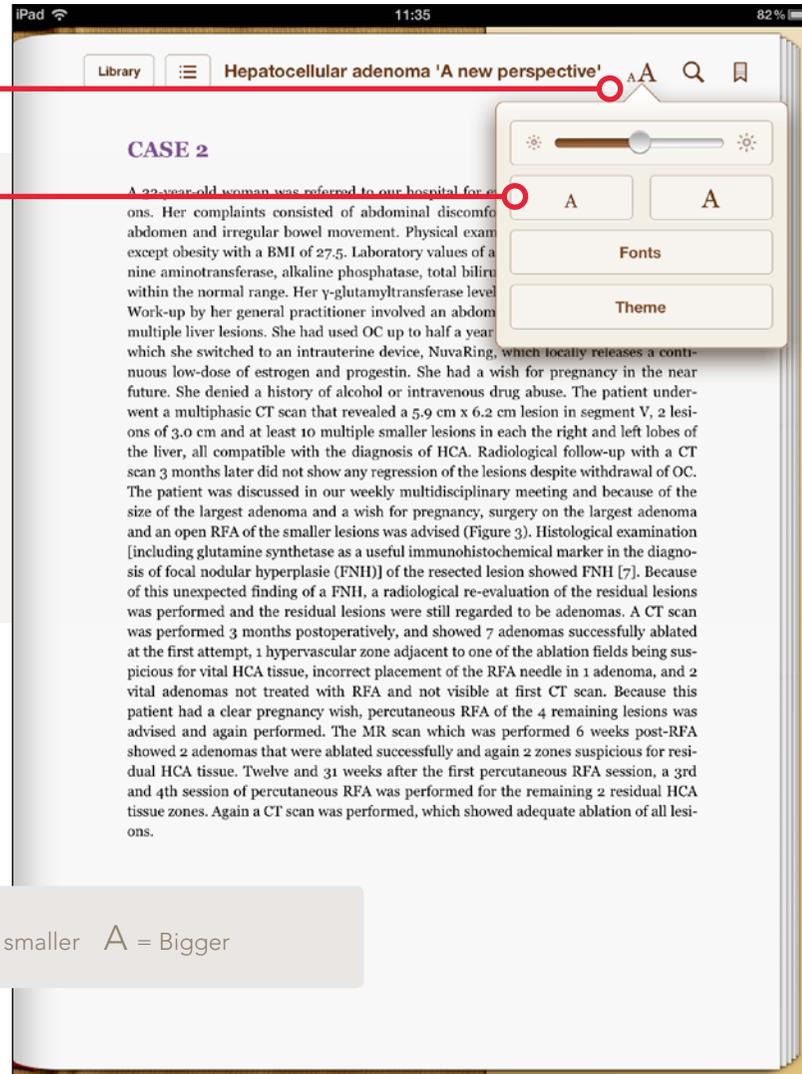


You can read your e-pub in landscape...

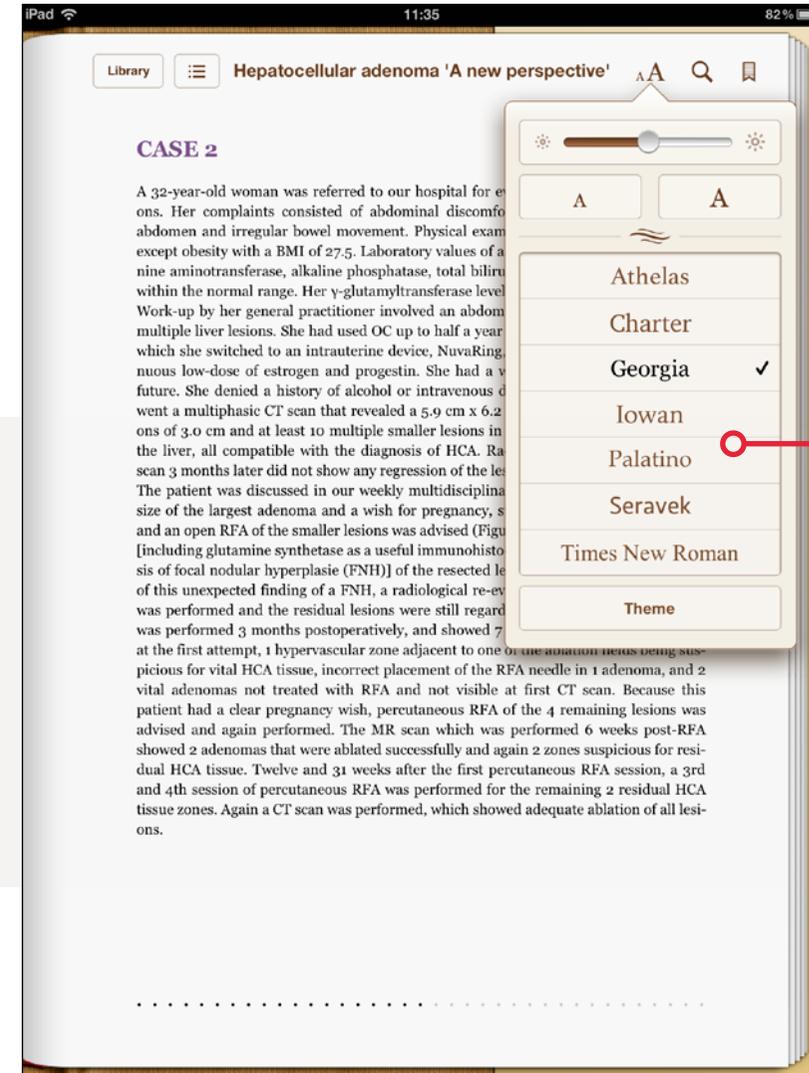


# ◆ Changing the font (type and size)

You can change the size and look of the text to your preferences.  
You can find the options here:



A = smaller    A = Bigger

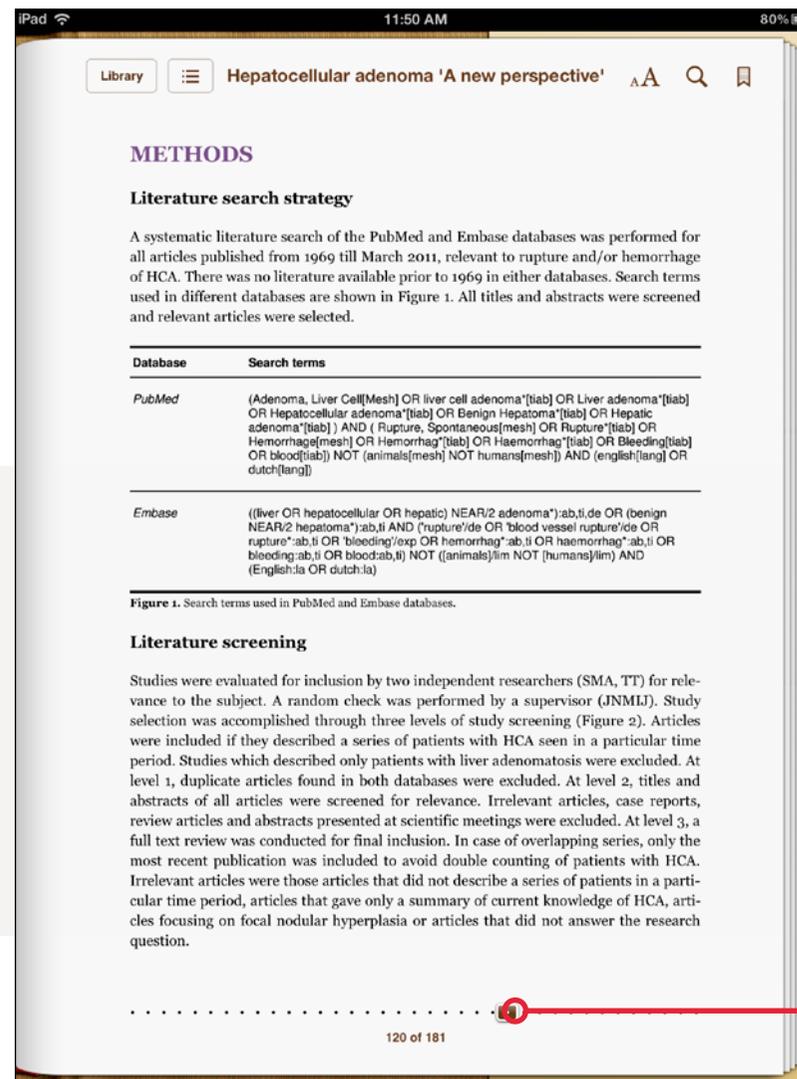
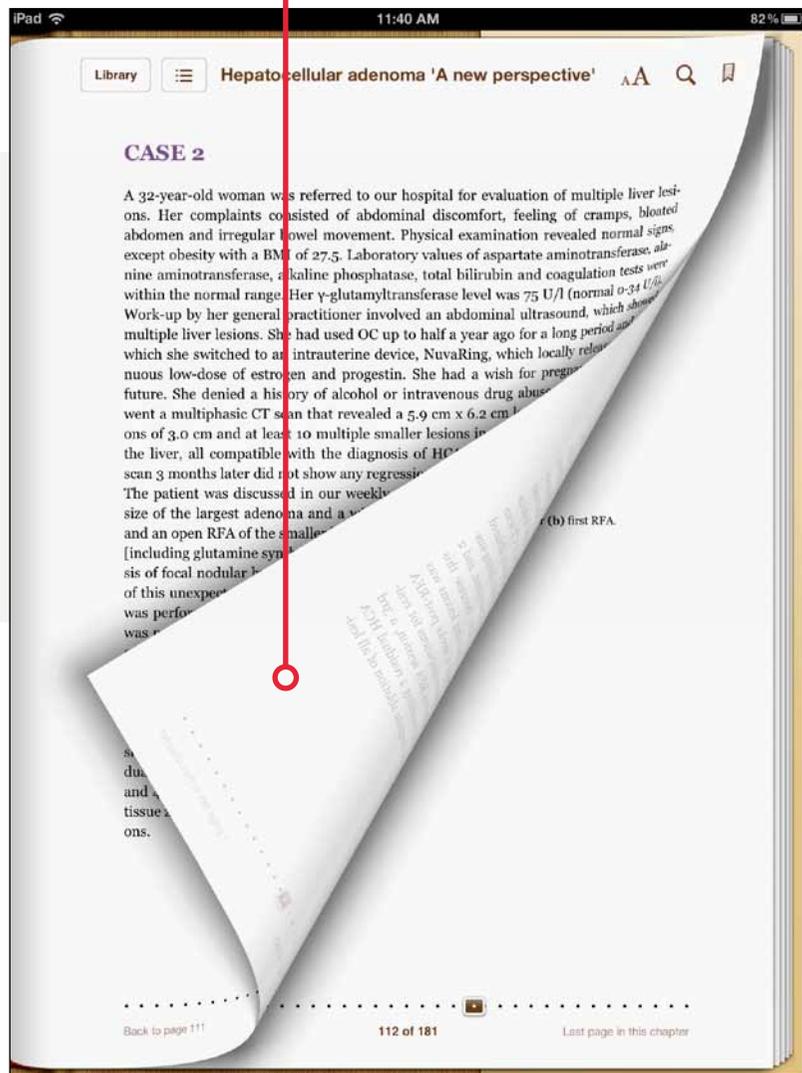


You can choose from multiple fonts. If you tap on one you'll see the change happen right away!

# ◆ Turning the pages

There are two ways to turn the pages of your e-pub

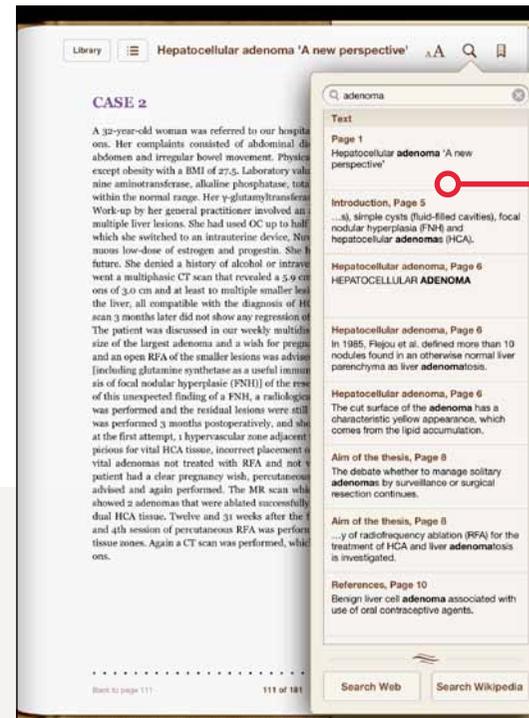
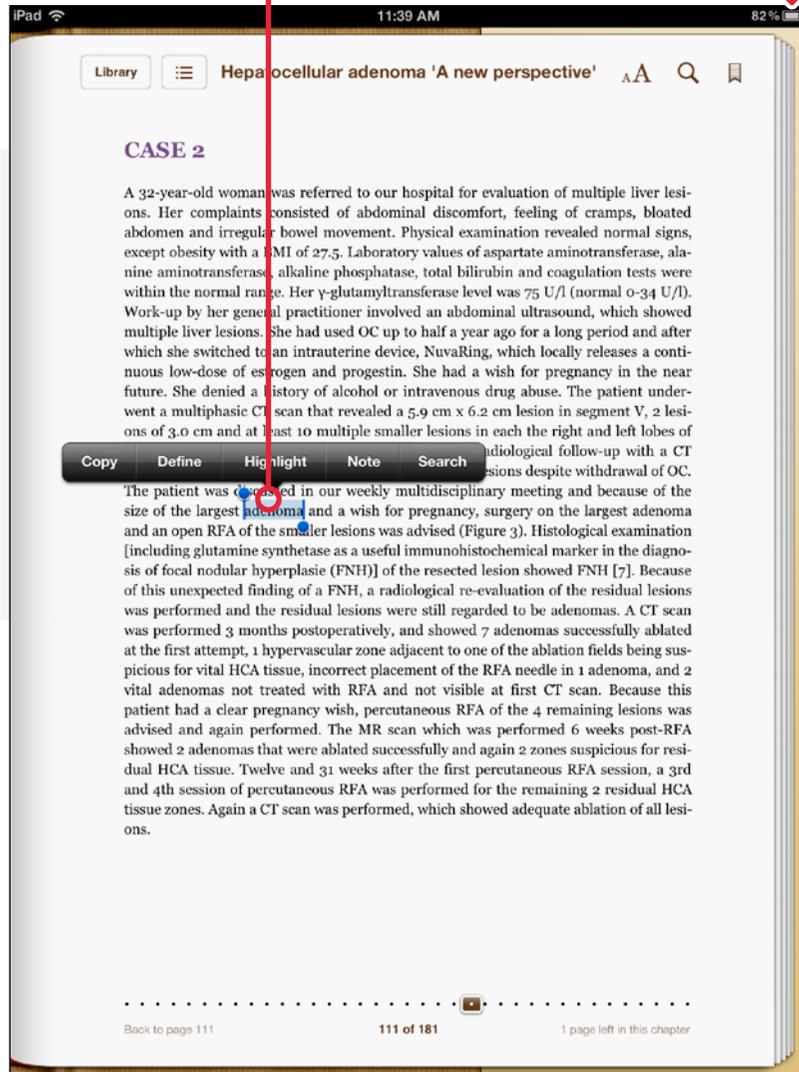
1. Swipe the page with your finger



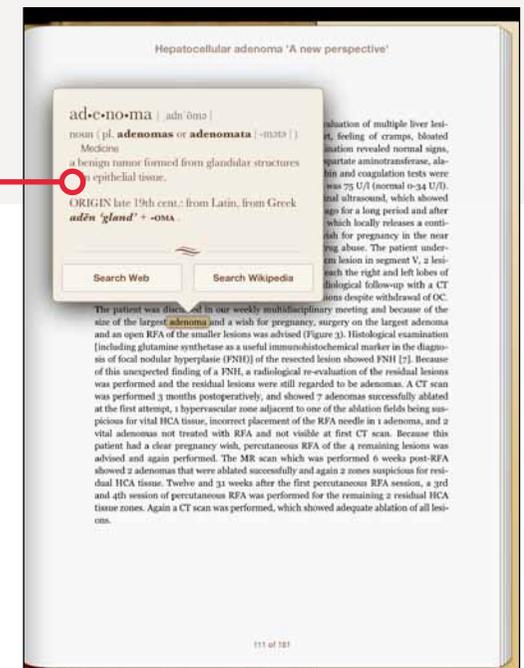
2. Or use the scrollbar

# Looking up words

To search for a word or phrase, tap twice to select the word. It will be highlighted and a pop up menu appears.



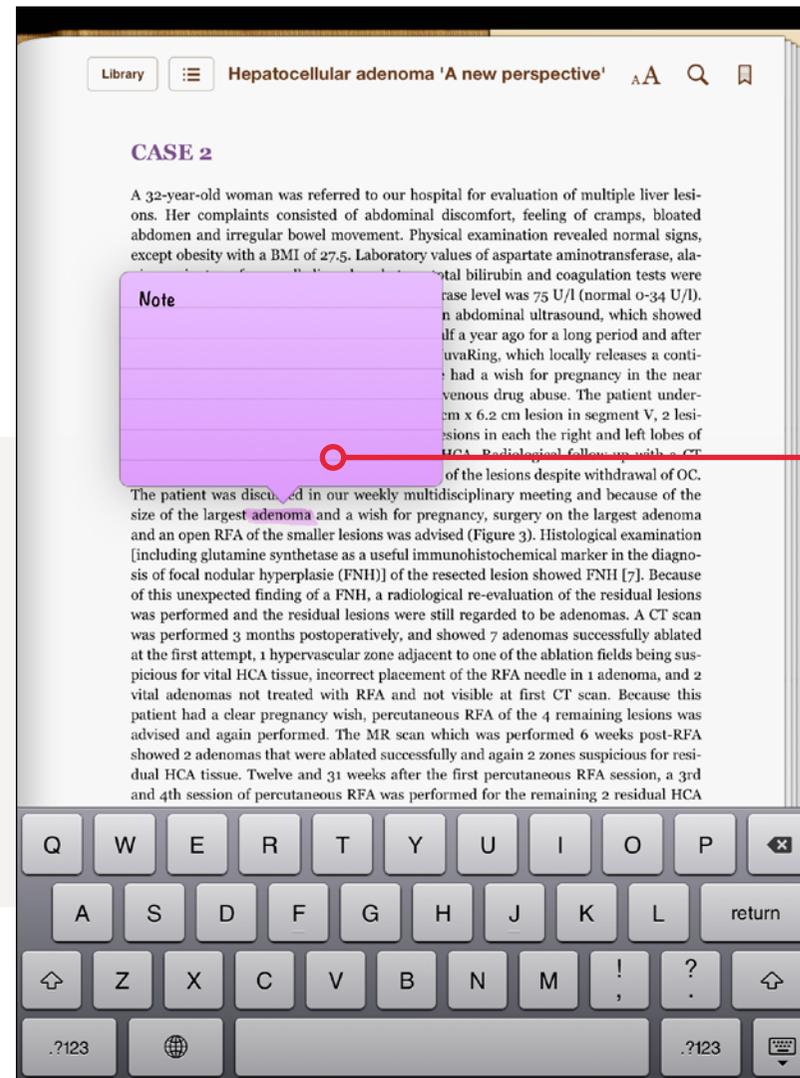
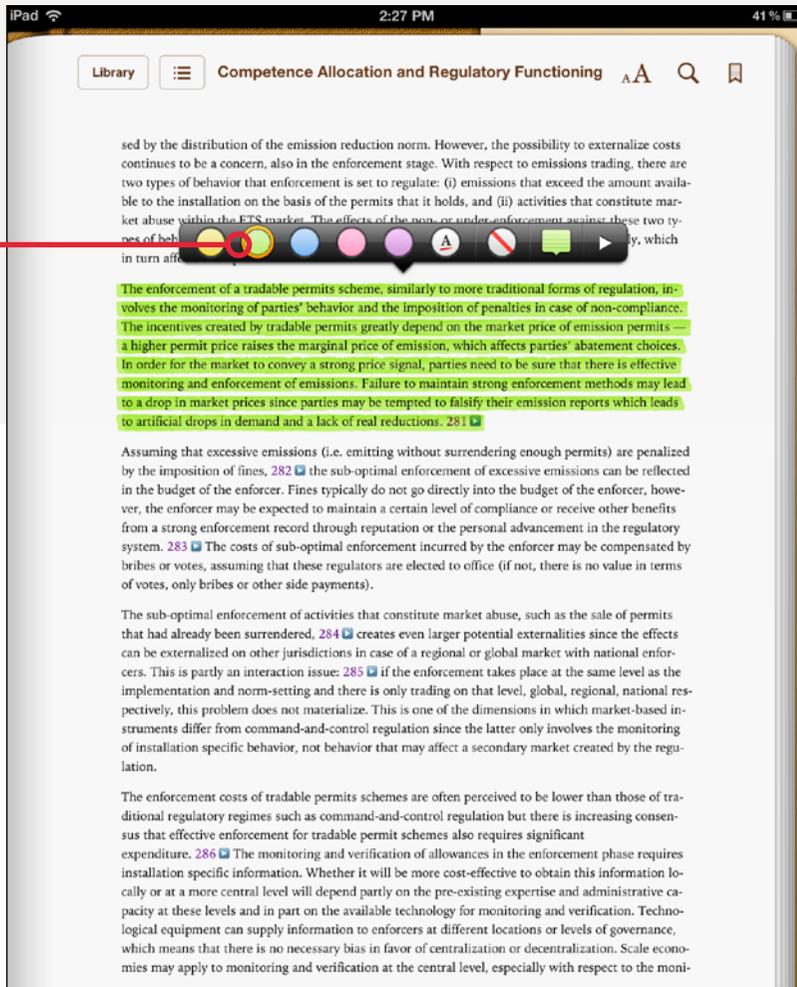
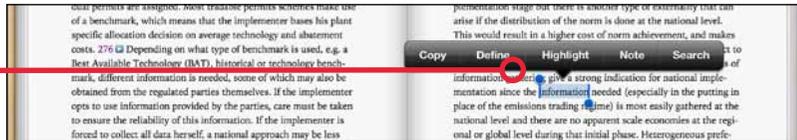
Tap 'Search' to locate every occurrence of the word or phrase in the e-pub



Tap 'Define' to see the English definition or search online

# ◆ Adding highlights and notes

By double-tapping on the text, you can add highlights to sections. You can also remove them again.

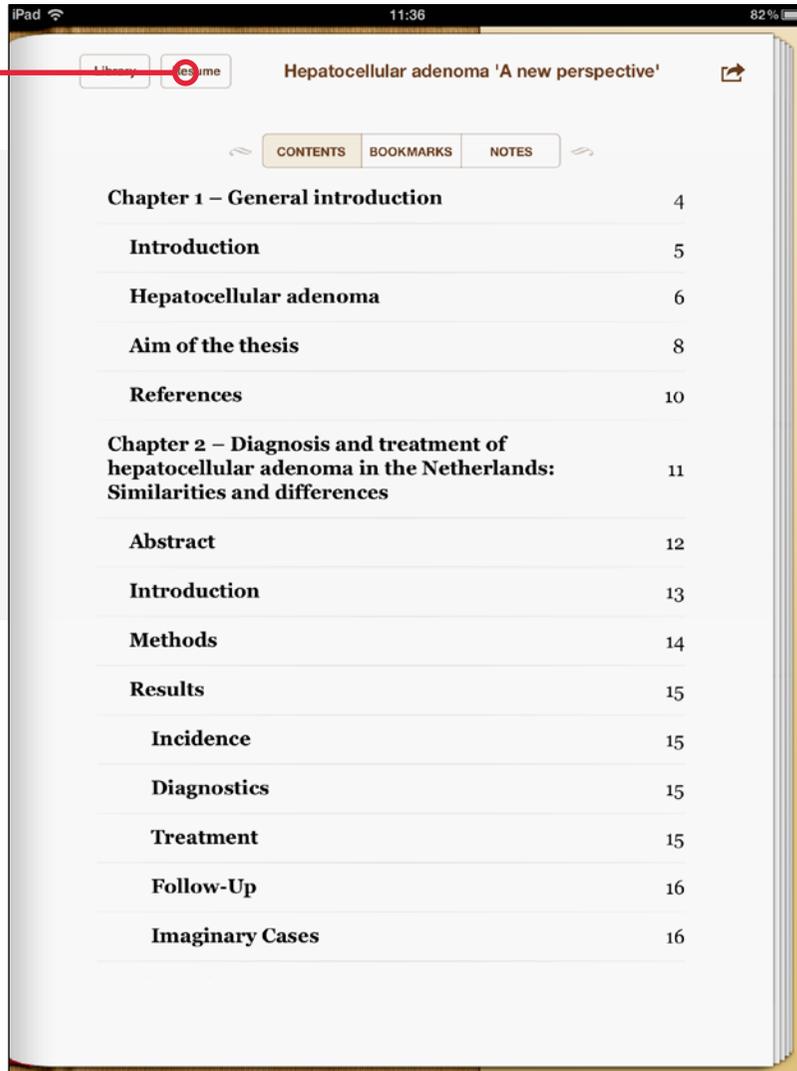


You can also add personal notes to the highlighted text.

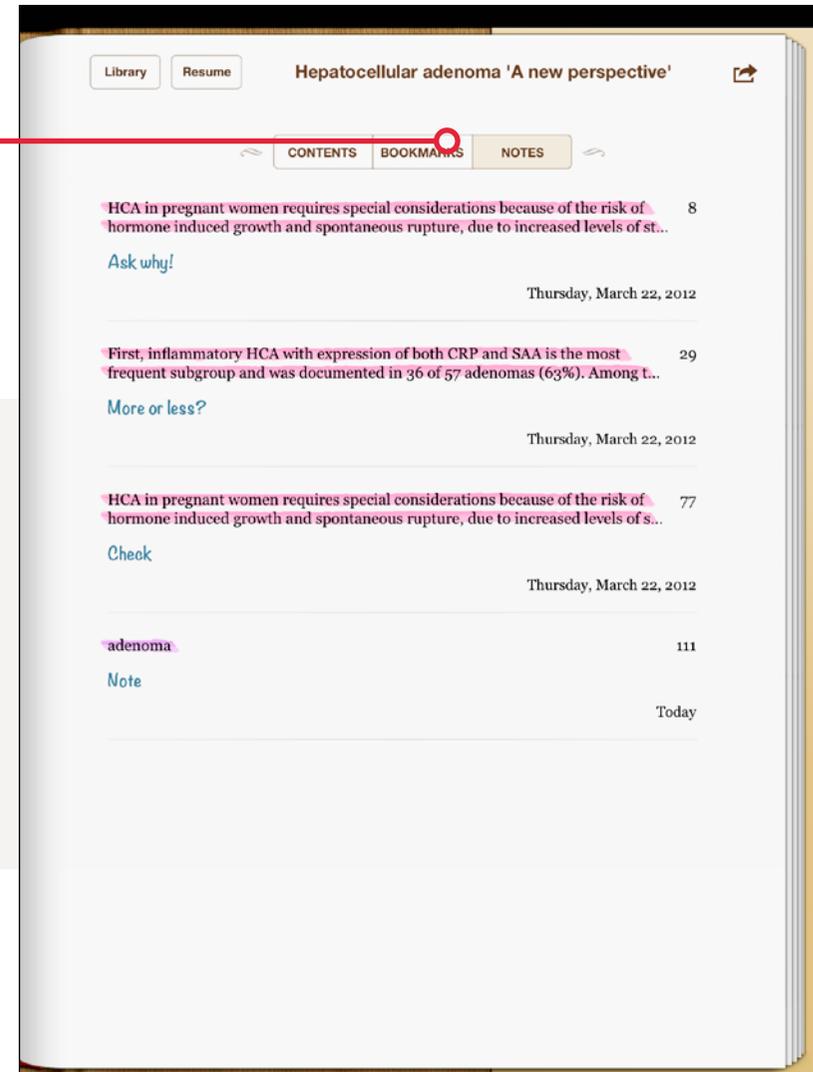
# ◆ How do I find the notes I made?

The notes and highlights you add will be automatically saved. You can access them in the *Table of contents*.

Tap  to open the *Table of contents*.



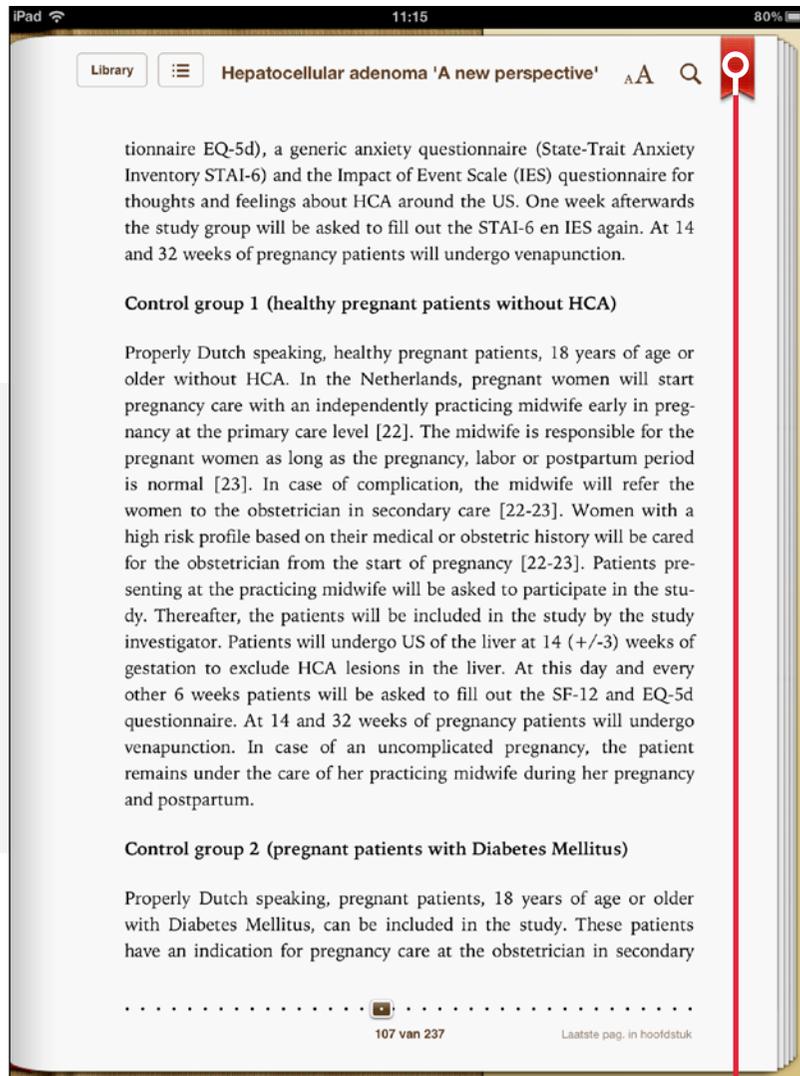
<b>Chapter 1 – General introduction</b>	4
<b>Introduction</b>	5
<b>Hepatocellular adenoma</b>	6
<b>Aim of the thesis</b>	8
<b>References</b>	10
<b>Chapter 2 – Diagnosis and treatment of hepatocellular adenoma in the Netherlands: Similarities and differences</b>	11
<b>Abstract</b>	12
<b>Introduction</b>	13
<b>Methods</b>	14
<b>Results</b>	15
<b>Incidence</b>	15
<b>Diagnostics</b>	15
<b>Treatment</b>	15
<b>Follow-Up</b>	16
<b>Imaginary Cases</b>	16



HCA in pregnant women requires special considerations because of the risk of hormone induced growth and spontaneous rupture, due to increased levels of s...	8	Thursday, March 22, 2012
Ask why!		
First, inflammatory HCA with expression of both CRP and SAA is the most frequent subgroup and was documented in 36 of 57 adenomas (63%). Among t...	29	Thursday, March 22, 2012
More or less?		
HCA in pregnant women requires special considerations because of the risk of hormone induced growth and spontaneous rupture, due to increased levels of s...	77	Thursday, March 22, 2012
Check		
adenoma	111	
Note		Today

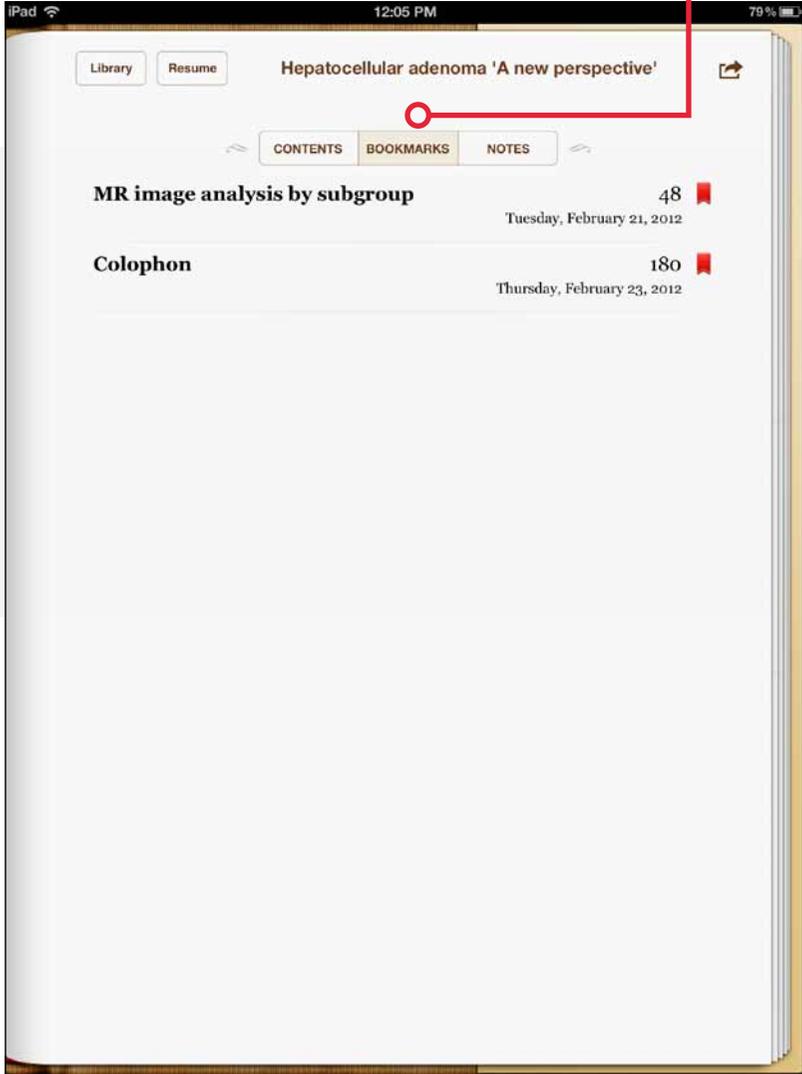
In the 'Notes' section, you can review the notes you made.

# ◆ Adding bookmarks

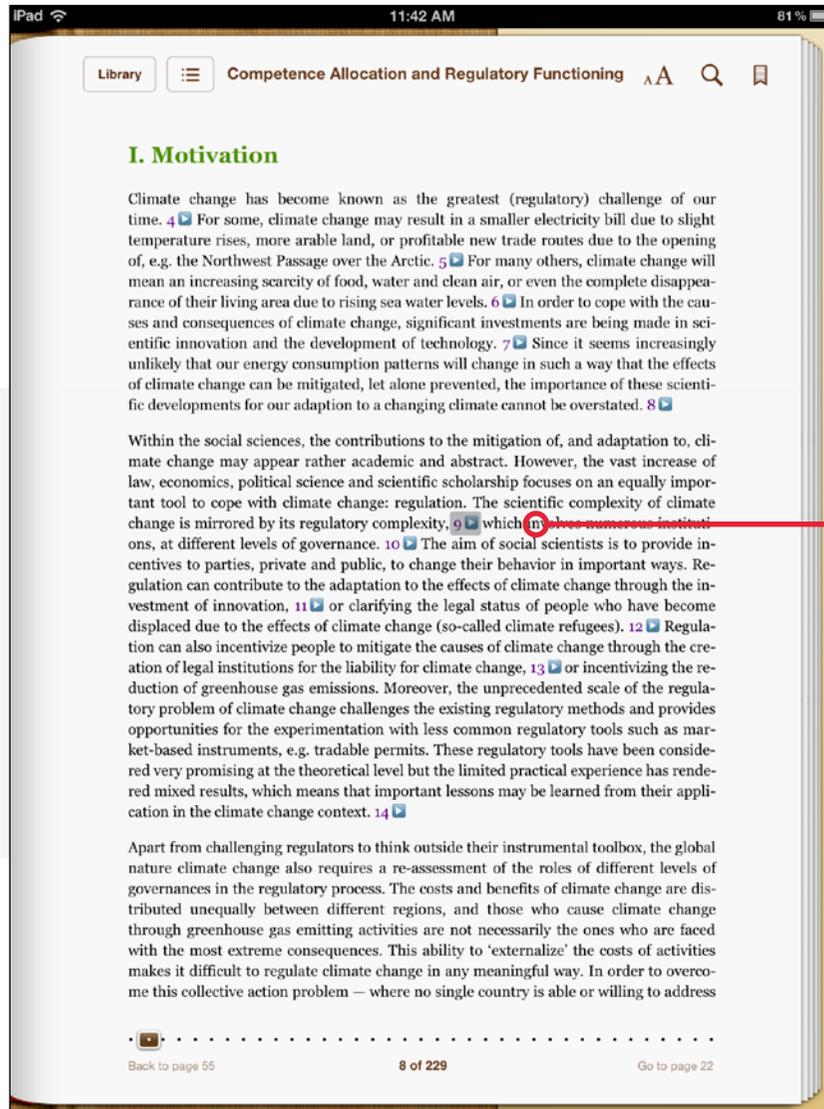


To mark a page, tap the bookmark button.  A red flag will appear.

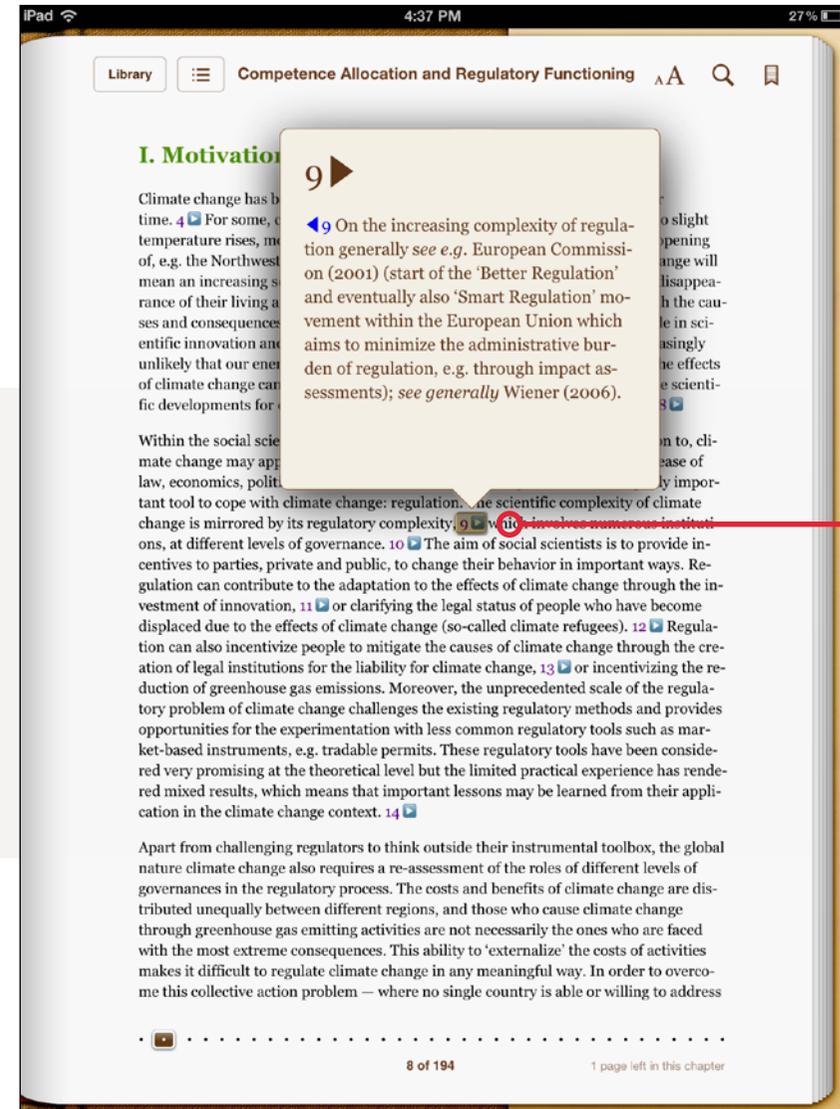
The 'Bookmark' section in the Table of contents shows all your bookmarks.



# ◆ Internal links



In some Theses you can find internal links. Tap once to open...



...to read the note.

# ◆ Tables

Sometimes tables are too large to fit on one page, even with a very small font size. But don't worry...

Library Hepatocellular adenoma 'A new perspective'

Pt. no	Age (y)	BMI	Tumors Diagnosed	Tumors Ablated	Largest Segment (mm)	Course *	Indication	Treatment (no.)	Complications	Outcome	
3	34	18	1	1	30	5	NA	Hormone dependency	Percutaneous RF (2)	-	Minimal residual HCA
4	31	23	1	1	44	4	Unknown	Pregnancy wish	Percutaneous RF (3)	-	No evidence of disease
5	32	27	10	9	61	1-4, 7, 8	Unknown	Size > 5 cm	Open RF/resection (1); percutaneous RF (3)	Bleeding (right hepatic artery); no intervention	Minimal residual HCA
6	23	24	1	1	38	5	Unknown	Pregnancy wish	Percutaneous RF (2)	-	Minimal residual HCA
7	23	29	1	1	42	7	Regression of lesion	Pregnancy wish	Percutaneous RF (2)	-	No evidence of disease
8	21	20	1	1	32	2	NA	Hormone Dependency	Percutaneous RF (2)	-	No evidence of disease
9	26	20	6	2	35	5, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (2)	Bleeding (liver parenchyma); no intervention	No evidence of disease
10	22	23	1	1	15	6	Regression of lesion	Pregnancy wish	Percutaneous RF	-	No evidence of disease
11	30	32	2	2	40	2, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (1)	-	No evidence of disease
12	37	29	7	2	35	2, 4	Unknown	Pregnancy wish	Percutaneous RF (2)	-	Minimal residual HCA
13	27	41	1	1	36	4	Unknown	Pregnancy wish	Percutaneous RF	-	No evidence of disease
14	32	44	9	5	45	3-8	Regression of lesions	Pregnancy wish	Percutaneous RF (3)	-	One untreated HCA
15	33	26	4	3	36	5-8	Regression of lesions	Pregnancy wish	Percutaneous RF (1)	-	No evidence of disease
16	28	35	2	1	28	7	Growth of lesions	Pregnancy wish	Percutaneous RF (1)	Liver abscess; No percutaneous drainage	No follow-up available
17	25	33	6	3	37	2, 3, 5	Unknown	Growth	Open RF/resection (1)	-	Minimal residual HCA
18	29	24	10	1	43	6	No OC use during pregnancy	Growth	Percutaneous RF (1)	CVA; intervention	Minimal residual HCA

Note - BMI = body mass index; CVA = cerebrovascular accident; HCA = hepatocellular adenoma; OC = oral contraceptives; RF = radiofrequency.

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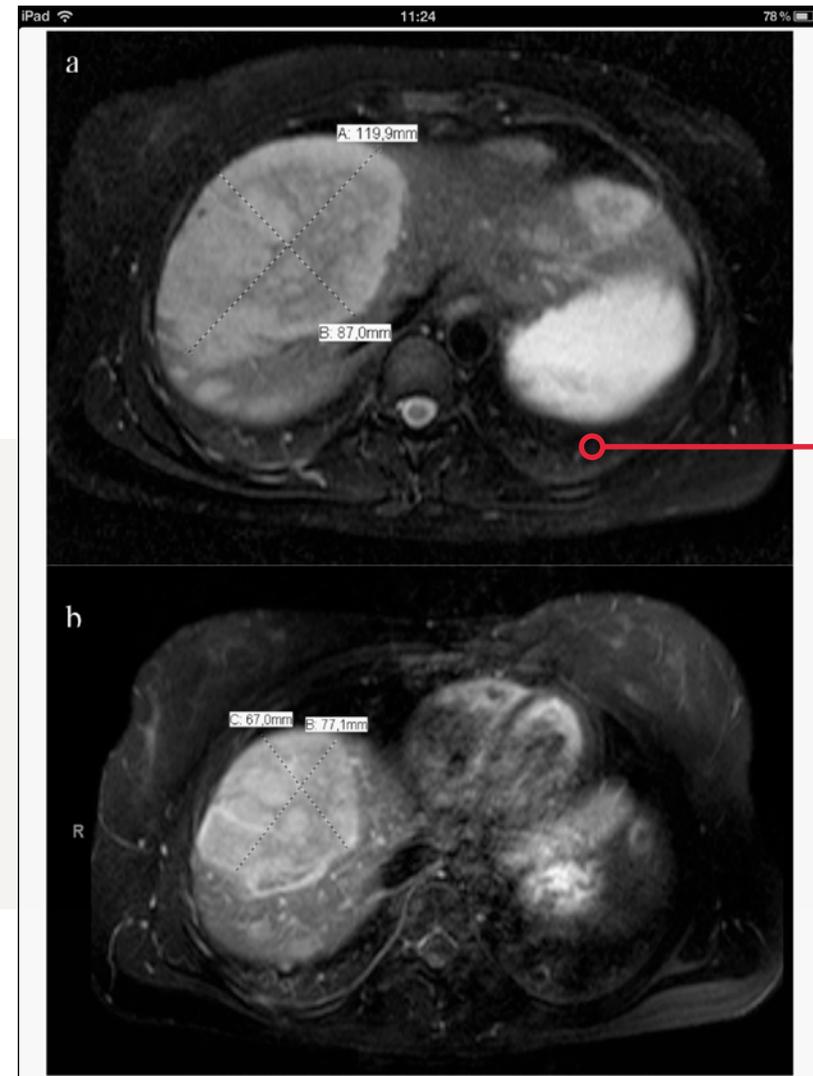
Table 1. Clinical characteristics and treatment outcomes of the 18 patients with HCAs treated with RF ablation

Pt. no	Age (y)	BMI	Tumors Diagnosed	Tumors Ablated	Largest Segment (mm)	Course *	Indication	Treatment (no.)	Complications	Outcome	
1	32	26	1	1	38	4	Unknown	Pregnancy wish	Percutaneous RF (1)	-	No evidence of disease
2	36	22	12	9	73	3, 5-8	Regression of lesions	Pregnancy wish	Open RF/resection (1); percutaneous RF	Hematoma in abdominal wall; no intervention	No evidence of disease
3	34	18	1	1	30	5	NA	Hormone dependency	Percutaneous RF (2)	-	Minimal residual HCA
4	31	23	1	1	44	4	Unknown	Pregnancy wish	Percutaneous RF (3)	-	No evidence of disease
5	32	27	10	9	61	1-4, 7, 8	Unknown	Size > 5 cm	Open RF/resection (1); percutaneous RF (3)	Bleeding (hepatic artery); no intervention	Minimal residual HCA
6	23	24	1	1	38	5	Unknown	Pregnancy wish	Percutaneous RF (2)	-	Minimal residual HCA
7	23	29	1	1	42	7	Regression of lesion	Pregnancy wish	Percutaneous RF (2)	-	No evidence of disease
8	21	20	1	1	32	2	NA	Hormone Dependency	Percutaneous RF (2)	-	No evidence of disease
9	26	20	6	2	35	5, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (2)	Bleeding (liver parenchyma); no intervention	No evidence of disease
10	22	23	1	1	15	6	Regression of lesion	Pregnancy wish	Percutaneous RF	-	No evidence of disease
11	30	32	2	2	40	2, 6	Regression of lesions	Pregnancy wish	Percutaneous RF (1)	-	No evidence of disease
12	37	29	7	2	35	2, 4	Unknown	Pregnancy wish	Percutaneous RF (2)	-	Minimal residual HCA
13	27	41	1	1	36	4	Unknown	Pregnancy wish	Percutaneous RF	-	No evidence of disease
14	32	44	9	5	45	3-8	Regression of lesions	Pregnancy wish	Percutaneous RF (3)	-	One untreated HCA

...by tapping the table twice you can zoom in. The table will be shown full screen and you will be able to scroll vertically if the table is very long. To return to the text tap twice again.

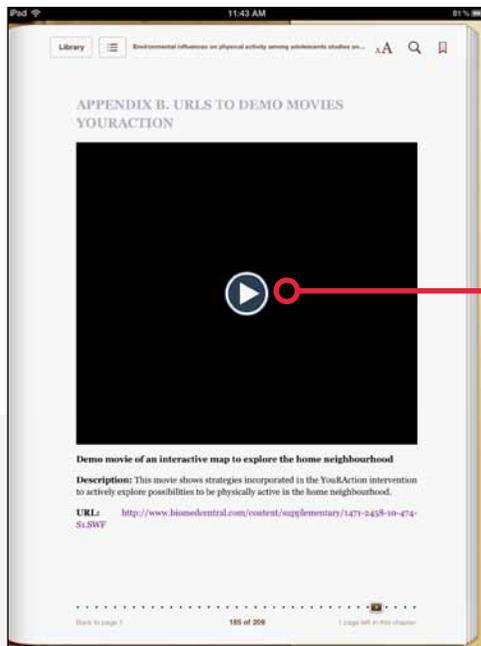
## ◆ Figures

Figures appear in a default size. This size might be too small to read or see important details. Again...



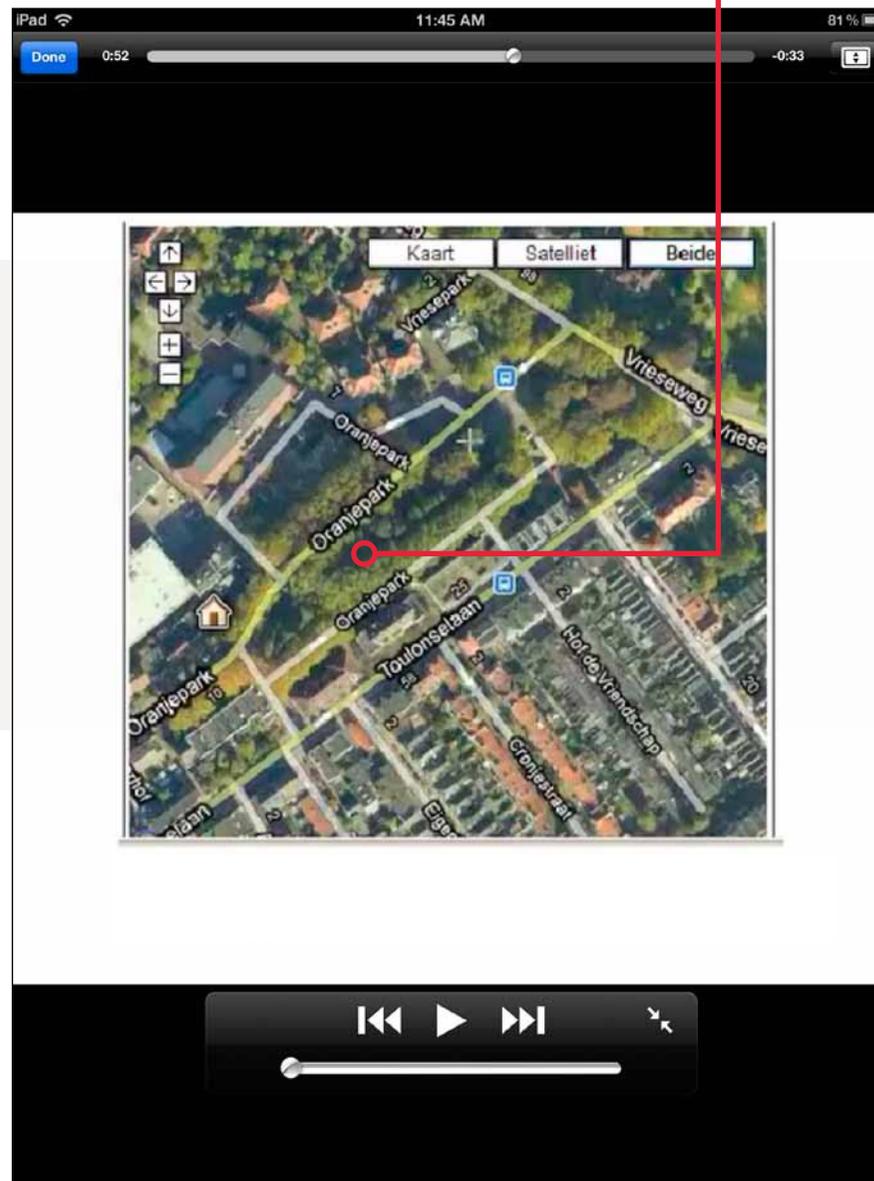
...tap the figure twice to zoom in. The figure will be shown full screen and you will be able to zoom in even more by using your thumb and index finger. To return to the text, tap twice.

# ◆ Embedded movies



This is a placeholder for an embedded movie. Tap the play button to start the video.

This is what fullscreen mode should look like. Tap the  or  button to return to the text.



While the video is playing you get more options such as play/pause, wind and rewind.

Tap the  button to see the video in full-screen.

You can also zoom in by using your thumb and index finger.





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