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Download and run, click OK and then wait for the process to complete. In a communication system, a transmitting entity may generate one or more signals and transmit these signals to one or more receiving entities. In some cases, the transmitted signals may include a pre-defined sequence of bits or symbols with a particular pattern. The transmitted signals may also include a predetermined preamble that is used to demodulate, decode, and/or otherwise recover the one or more signals. The preamble may be characterized by one or more statistical properties, such as a distribution of symbol values of the preamble. For example, the preamble may include one or more symbols at the beginning of each transmission that are repeated so as to form the preamble. The preamble may also include one or more symbols that are transmitted at a constant symbol rate or symbol rate period. The preamble may also include one or more punctured symbols that are transmitted at a punctured symbol rate or punctured symbol rate period. The receiving entities may decode the received signals, based on the preamble of the received signals. The receiving entities may also perform symbol rate recovery, based on the preamble of the received signals.

Total pancreatectomy combined with distal pancreatectomy in patients with periampullary tumours: is it justified? The role of total pancreatectomy in the management of periampullary tumours is a subject of debate. The current trend, since the introduction of diagnostic laparoscopy, is to perform a distal pancreatectomy rather than a total pancreatectomy. The experience with this operation is shown in the present study. Our experience, which is from a single centre in Hong Kong, included 25 patients (21 males, 4 females, mean age 61.6 years) who underwent total

pancreatectomy between 1991 and 2000 for periampullary neoplasms. Preoperative diagnoses of the neoplasms were: adenocarcinoma 12 (48%); neuroendocrine tumours 6 (24%); adenosquamous carcinoma 2 (8%); cystic neoplasms 4 (16%). One patient (4%) had a carcinoid tumour. The mean operative time was 9.8 h. The mean intra-operative blood loss was 1.2 L. Two of the patients (8%) died within 30 days. One patient (4%) died of recurrent cholang c6a93da74d

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