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While the bigger the quake, the bigger the amount of energy released and the more destruction, it's not all doom and gloom. Many people were killed by the huge Kobe earthquake and tsunami of 1995, because they were on the ground when the wave struck. The most significant magnitude scale used by seismologists worldwide is the EMS-98, or the Moment Magnitude Scale, which was developed in the late 1980s. It does not have exact equivalents in Chinese, and therefore there is no direct measure to be obtained from Chinese seismic records of the magnitude of seismic waves. Succeeding waves diminished in amplitude, but were still strong enough to shake the foundations of buildings and begin collapsing walls. They were at their peak in the wee hours. Upon arrival, the waves fanned out with the associated shocks decaying with increasing distance from the epicenter. The strength of the initial shock determined where you were located. People near the epicenter felt a high initial intensity, followed by progressively less intense waves. Waves arrived only in the east at higher magnitudes, which suggested a possible fault to the east. And the most intense shocks seemed to be related to active faults in the area. Bendicho carefully kept the identification data for the earthquake victims to his group at a safe place and has had them collated at the National Institute of Health (INS). This was done in collaboration with the Bioinformatics and Biostatistics department of the University of Maputo. The authors are grateful to the individuals who participated in this study. We also thank the Bioinformatics and Biostatistics department of the University of Maputo for its support. We also thank Bento Faustino, Vickys Duarte, Caroline Ribeiro for their valuable comments on an earlier version of this manuscript.

## CRACK Ricardo Wave 7.1 Full

this paper describes the findings of a case of gallbladder acinar cell carcinoma that underwent a laparoscopic cholecystectomy and also illustrates how the application of an electromagnetic field (emf) and 2d phase-contrast magnetic resonance imaging (pc-mri) can assist in the diagnosis of this type of cancer. patient 1: a 72-year-old female patient with a recent (8 months) history of vague abdominal pain, jaundice, and weight loss. gallbladder filled with stones. echogram suggested a cholecystolithiasis. computed tomography scan showed a hypodense lobulated lesion (8.1 × 6.3 × 7.1 cm) with heterogeneous contrast enhancement in the gallbladder. the patient presented acute symptoms, and the operation was scheduled. pc-mri was performed during surgery. patient 2: an 80-year-old male patient with a recent (5 months) history of increased intra-abdominal pain. two echogram images, performed during a diagnostic laparoscopy, suggested a cholecystolithiasis. computed tomography scan showed a hypodense lobulated lesion (4.6 × 4.7 × 5.4 cm) with heterogeneous contrast enhancement in the gallbladder. the patient suffered a partial necrosis of the gallbladder (residue left > 50%) and a postoperative acute abdomen. ultrasonography-guided biopsies were performed for both patients, as a preoperative diagnostic tool. both patients underwent laparoscopic cholecystectomy with standard surgery. microscopic examination suggested a metastatic adenocarcinoma of the gallbladder (patient 1) and of the mucosa of the gallbladder (patient 2). histology analysis suggests a metastatic adenocarcinoma of the gallbladder (patient 1) and of the mucosa of the gallbladder (patient 2). metastatic adenocarcinoma was confirmed both by ultrasonography-guided and 2d phase-contrast magnetic resonance imaging (pc-mri) analysis during surgery. pc-mri was performed during surgery, a noninvasive tool to diagnose with metastatic adenocarcinoma, using the orthogonal arrays design. the findings of the 2d phase-contrast magnetic resonance imaging (pc-mri) analysis were compared with those of the ultrasonography-guided biopsy. in patient 1 and patient 2, we reported examples of the most and least metastatic adenocarcinomas of the gallbladder. the highest degree of tissue difference between metastatic and nonmetastatic adenocarcinomas was less than 10%. the association with metastatic adenocarcinoma was with large parts of metastatic adenocarcinoma in the caudate process of the gallbladder (10/20), and with mucosa of the gallbladder (20/20). in patient 2, with metastatic adenocarcinoma mucosa, there was significant mucosal tissue loss (patient 2, 10/20). 5ec8ef588b

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