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مقاطع 2

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but i have no registry in my computer how can i remove that key. A: Your license is not on your computer, so remove the product key from the registry: (HKEY_LOCAL_MACHINE\SOFTWARE\Microsoft\Windows NT\CurrentVersion\Activation\ProductId)\00000001 with the platelet loss, although the authors did not mention it. One of the mechanisms causing the platelet loss might have been due to activation of the T cells. These phenomena raise the question that platelet transfusion during the perioperative period can provide other cells with beneficial effects and should be performed in a manner that is more effective. However, the phenomenon of platelet loss is not completely understood, and the use of anti-CD109 mAb is a promising strategy to reverse the platelet loss. Up to now, several clinical studies have been conducted on the effects of platelet transfusion after surgery in patients with a wide variety of surgical procedures. However, only a few studies have attempted to test the efficacy and safety of the infusion of PRP and IPP to patients undergoing laparoscopic surgery. Rezende et al. \[[@CR11]\] performed laparoscopic cholecystectomy and found that the administration of a single dose of 2.2×10^{11} platelets was effective in reducing pain after the surgery, and this effect lasted for 1 month. Hira et al. \[[@CR12]\] demonstrated the safety of the administration of autologous thrombocytopoiesis-stimulating factor in the perioperative period in cardiac surgery. In the surgical field, Kawamoto et al. \[[@CR13]\] reported the feasibility and safety of the infusion of IPP/PCC in gastric cancer surgery. They showed that the number of platelets decreased in a manner analogous to that of the number of other blood cells in the perioperative period; however, the infusion of PCC containing the anti-CD109 mAb strongly prevented the decrease in the platelet count, suggesting that the use of IPP/PCC containing the anti-CD109 mAb may have a beneficial role in preventing transfusion-related immunosuppression. In the present study, there were no significant differences between the two groups in terms of the number of platelets or the degree of hemostasis immediately after surgery. In addition, the hem