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## **DOOM 3 BFG Edition (2012) [PCDVD CRACK][MULTi6] Skidrow Reloaded ^NEW^**

.Q: Should I implement custom REST service on my server? Currently, my client is using my iPad app to communicate with my server. My client is able to send parameters to my server using a URL, and getting results back from my server. The server has the capability to do SQL operations with the DB, but no other application oriented functionality. The iPad app communicates with the server through the use of a URL that has four parameters. Is it overkill to have a custom REST service that will be able to receive and return result by other parameters? A: Well, the advantage of a REST API is that you can REST over other REST APIs. In practice, this means you can deliver your API by a simple URL and have it consumeable by any application that understands HTTP and REST. The other advantage is that it will be much easier to extend with new functionality. In your case, this means you get to extend your API with a new method to do SQL operations. However, of course, this also means that your API will be a bit more complex to build than a simple GET, POST or PUT request. There is no way around that. But in my opinion, this comes with the territory when building a REST API.

Is There a Role for Laparoscopic Repair for Chronic Diverticulitis and Associated Perforation? Laparoscopic repair for perforation complicating chronic diverticulitis is a safe procedure that can be offered to select patients; however, the advantages compared with open repair are uncertain. We sought to clarify the impact of laparoscopic repair for perforation of chronic diverticulitis in the current era. We performed a retrospective cohort analysis of patients who underwent laparoscopic resection of perforations in chronic diverticulitis at a single tertiary-care academic center over a 5-year period (from January 2011 to December 2015). Data collected included patient demographics, operative time, hospital length of stay, overall complication rate, and recurrence rate. A multivariate analysis was performed to identify factors associated with outcome. Of 166 laparoscopic cases of perforated diverticulitis, 128 (77%) were laparoscopic-assisted and were excluded from the study. A total of 38 (23%) laparoscopic cases were performed. The median follow-up was 30 months, and the overall rate of recurrence was 13% (4/31). There was no significant difference





