

日本医学专业畅销书

# Dr. Tierney 临床诊治精要 (汉英) (第2辑)

The Best Clinical Pearls of Dr. Tierney Part 2

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北 京

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## 内容提要

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本书是美国加州大学旧金山分校（UCSF）内科学系Tierney教授的又一力作。所谓“临床精要”，就是通过言简意赅的一句话总结一个重要的临床现象或理念，这些临床精要既是对医学知识的精练总结，也包含了Tierney教授多年从医的宝贵经验。书中包含144个经典的临床精要，以及相关的进一步说明和解释，这些临床精要涉及内科多个方面，以及内科医师可能见到的耳鼻咽喉科、眼科和精神科方面的常见问题。本书适合医学院校学生、内科医师等阅读参考。

# PREFACE

It is a great pleasure to add a second volume to our first book about my clinical pearls. This volume has a few more than last year's, and I think will be of equal interest to students, residents, and practicing physicians in Japan I might point out that the first book was enthusiastically received by American doctors who had the opportunity to read it in my office in San Francisco. This indicates a universal interest, I think, in the clinical pearl, and indeed it has existed for as long as clinical medicine itself. It should be emphasized again, as in the previous edition, that the pearl is delivered in a way that sounds as though it is true in all cases, and while perhaps some are, it is always best to keep an open mind about any problem encountered in medicine. Learners find the pearl to be a way to learn important concepts rapidly; one might say that it anticipated Twitter, with the pearl being a tweet! Still, there is equal value in evidence-based medicine, even if it is more challenging and complicated. As always, most patients require a combination of the pearl, evidence-based medicine, and common sense to receive the best care.

Again, my thanks to the great Masami Matsumura of Kanazawa University for his superb translation. It is our opinion that there is really no book in the medical literature in which simultaneous presentation of the material in two great languages exists, as it does here.

Professor Matumura and I hope you enjoy reading our work. Our thanks to Igaku-shoin for their fine work in production and prompt publication.

2012年9月

September, 2012

松村正巳(訳)

Masami Matsumura, MD

# 前 言

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我很高兴能够在出版第一辑临床精要后，再出版第二辑临床精要。这辑比上一辑多了一些内容。我相信，不论是日本的医学生、住院医师还是执业医师，都会觉得本书的内容非常有趣。我还想告诉大家，在我旧金山的办公室内，有机会读到第一辑临床精要的美国医师也都很喜欢它。这大致说明临床精要的魅力是对所有医师都适用的。的确，自从有了临床医学，就产生了临床精要。不过，就像在上一辑中一样，我还是想强调，虽然书中的口吻好像这些临床精要放之四海而皆准，而且有一些的确是这样，但是在面对每一个具体的临床问题时，读者都不要让自己的思维局限于此。读者们会发现，临床精要是快速学习重要医学概念的好办法；甚至可以说就像Twitter一样，每一条临床精要就是一条Tweet。另一方面，循证医学虽然更复杂，更具挑战性，但是对于学习临床医学同样重要。医师总是需要通过结合临床精要、循证医学以及常识，才能让患者获得最好的治疗。

我再次感谢Kanazawa大学的Masami Matsumura为本书提供的出色翻译。我们一致认为，在医学出版物的历史上，除了这个系列的书籍之外，还没有其他书籍如此精确地同时用两种语言呈现医学知识。

我和Matumura教授希望您喜欢这本书。我们也感谢Igakushoin为本书的出版和发行所付出的努力。

2012年9月

Lawrence M. Tierney Jr.,

松村正巳(訳)

Masami Matsumura, MD

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症状学

SYMPTOMS

---

# 1.

## 胸痛

### Chest Pain

---

急骤发作的严重胸痛往往提示主动脉夹层而非心肌缺血。相较于心肌缺血，主动脉夹层相对少见，但是更为致命。

*Abrupt onset of severe chest pain suggests aortic dissection, not myocardial ischemia—don't forget this less common but more deadly cause of this symptom.*

---

主动脉夹层导致的剧烈胸痛往往发作急骤，因为整个发病过程可能仅在区区几次心搏之内：一次心搏在主动脉内膜产生破口，下一次心搏推动血液沿主动脉中层前进产生夹层。相反，大多数心肌缺血患者的胸痛则为逐渐发作。因此，医师可以请患者回忆疼痛刚发生时的场景，如果患者可以精确描述，就要高度怀疑为主动脉夹层。

Because aortic dissection may occur over the course of simply a few heartbeats, one producing a tear in the aorta, the other the coursing of blood through the media, the development of severe chest pain is immediate. The majority of patients with myocardial ischemia have a more gradual development of their pain. An excellent question to ask any patient is what was their activity at the time it began. If the patient remembers exactly, dissection becomes a real possibility.

## 2.

呼吸困难

Dyspnea

---

一定要区分呼吸困难和呼吸频率加快，前者是症状，后者是体征。

*Don't confuse dyspnea with tachypnea; one is a symptom, the other a sign.*

---

医学生经常混淆症状和体征。症状指的是患者向医师汇报的主观感受，比如气促。体征是医师观察到的客观表现，比如呼吸频率异常。不是所有呼吸困难的患者都有呼吸频率加快，也不是所有呼吸频率加快的患者都感到呼吸困难。

Frequently in medicine, students confuse the difference between the symptom and a sign. A symptom is what the patient reports to the provider, as in shortness of breath. A sign is observed by the Provider, and is objective, such as the respiratory rate. Not all dyspneic patients have tachypnea; not all tachypneic patients are dyspneic.

### 3.

## 体位性呼吸困难

### Positional dyspnea

---

有三种体位性呼吸困难：端坐体位呼吸，平卧体位呼吸，侧卧体位呼吸。

*The three positional dyspneas: orthopnea, platypnea, and trepopnea.*

---

端坐体位呼吸指的是患者在平卧时自觉呼吸困难，而平卧体位呼吸指的是患者取坐位时感到呼吸困难。前者多见于充血性心力衰竭患者，后者多见于肺气肿和肝硬化患者。侧卧体位呼吸指的是患者在取某一侧卧位（左侧或右侧）时感到呼吸困难。侧卧体位呼吸往往见于心肌病患者，这些患者多取左侧卧位缓解症状，因为左侧卧位可改善右肺的通气血流匹配程度。

Orthopnea refers to dyspnea developing when the patient is lying flat, and platypnea is observed when this symptom develops while the person is sitting up. The former is caused by congestive heart failure, the latter by pulmonary emphysema and liver cirrhosis Trepopnea, the sense of dyspnea when lying with one or another side down, is typically seen in cardiomyopathies, in which the appreciable majority of patients prefer to lie on their left side to improve ventilation perfusion matching in the right lung.

# 4.

## 消瘦

### Weight Loss

---

导致消瘦的四个重要原因：结核病，恶性肿瘤，糖尿病，以及甲状腺功能亢进。面对消瘦的患者，如果他不是刻意减肥，医师都应该仔细考虑以上可能性。

*The big four causes: tuberculosis, cancer, diabetes, and hyperthyroidism; each should be considered in all patients with involuntary weight loss.*

---

虽然有很多原因可能导致患者消瘦，比如近年来日益多见的HIV/AIDS，但以上四类疾病，如果没有得到充分治疗，则一定会导致患者体重减轻。患者的食欲状况有助于进行初步的鉴别诊断：肿瘤和结核病患者往往食欲缺乏，而糖尿病和甲状腺功能亢进症患者的食欲良好，甚至有所增加。

While there are many other causes of weight loss, in particular HIV/AIDS in the modern era, these four conditions in their untreated state inevitably result in weight loss. In tumor and tuberculosis the patient is anorexic; and in diabetes and hyperthyroidism, appetite is maintained if not increased, these being useful ways to separate the causes on clinical grounds before testing.

# 5.

## 腹痛

### Abdominal Pain

---

年轻女性患者诉腹痛，无论病史如何，都要做尿液妊娠检测。

*When seen in a young woman, ignore the history and obtain a urine pregnancy test.*

---

想想看地球上的60亿人是怎么来的！因此，妊娠的并发症，特别是异位妊娠破裂，不可避免的极为常见。患者可能会对此感到难为情，但毫不夸张地说，给患者做一个尿液妊娠检测，你就可能挽救她的生命。

There is a reason there are six billion people on the earth; thus, complications of pregnancy, in particular a ruptured ectopic, will inevitably be extremely common, irrespective of what may be an embarrassing history for the woman. Without fanfare, obtain the pregnancy test, and you may save her life.

# 6.

## 发热

### Fever

---

如果患者发热时间超过1年，诊断应该考虑肉芽肿性肝炎、成人斯蒂尔病（AOSD），以及药物热。不过，还有1/3的患者仍然不能明确诊断。

*If the patient has fever for greater than one year, the diagnoses are granulomatous hepatitis, Still's, and drugs; still, one-third remain undiagnosed.*

---

患者持续发热，时间超过1年的疾病并不多见。此处发热定义为由于体温调节中枢的调定点升高所导致的体温升高。研究显示，以上几种情况是导致慢性发热最常见的原因。伪热也是一种常见原因，但是患者显然脉率正常，仅体温增高，并且不能用常见的导致相对缓脉的发热性疾病解释。

The persistence of fever, here defined as a regulated rise in body temperature, for more than one year, markedly limits the differential diagnosis. Studies reveal that the conditions noted above are most often responsible. Factitious fever is also in this group, but inevitably the patient will have a normal pulse rate and a high body temperature in absence of the typical causes of the temperature-pulse dissociation.



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心血管系统疾病

CARDIOLOGY

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# 7.

## 急性冠状动脉综合征

### Acute Coronary Syndrome

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迅速为ST段抬高型心肌梗死患者实施再灌注治疗：时间就是心肌！

*Move quickly to reperfusion in ST-segment elevation myocardial infarction: time is muscle.*

---

对透壁性心肌梗死患者而言，从其发病到进入导管室接受血管再通治疗的时间长短，决定了能够保护的存活心肌的数量。很多医院都有时刻待命的治疗小组，确保患者第一时间接受治疗。

In transmural myocardial infarction, preservation of viable myocardium is a function of the time between onset of symptoms and revascularization in the cardiac catheterization lab. Many hospitals have a team on call around-the-clock to see to it that this happens.

# 8.

## 主动脉瓣关闭不全 Aortic Insufficiency

---

别忘了Kay-Hodgkin杂音：刺耳，粗糙，由于主动脉瓣凸出而产生。这是梅毒性主动脉炎的典型表现。

*Don't forget the harsh, raspy Key-Hodgkin murmur of eventration of the aortic leaflets. a typical manifestation of syphilitic aortitis.*

---

大多数主动脉反流都为层流，产生的心脏杂音强度渐弱，音色柔和；相比之下，主动脉瓣病变则造成显著的湍流，其心脏杂音的音质粗糙，如同锯木。另外一个主动脉瓣关闭不全患者常见的杂音为舒张期的隆隆样Austin-Flint杂音。

While most aortic regurgitation murmurs are decrescendo with a relatively laminar flow which is pleasant to the ear, the considerable turbulence created by the problems with aortic leaflets results in a much more coarse sound, like a saw. The Austin-Flint diastolic rumble may be commonly heard in such patients.

# 9.

## 主动脉瓣狭窄

### Aortic Stenosis

---

胸痛、晕厥、呼吸困难这三种症状中出现任何一个，就意味着患者需要接受手术治疗。

*Any of the three symptoms—chest pain, syncope, and dyspnea—mean that surgical intervention is indicated.*

---

通过对大量主动脉瓣狭窄患者的研究发现，患者出现上述任何一个症状后的存活时间平均不足2年。因此，这些患者应该立即接受评估，以确定这些症状是否由主动脉瓣狭窄导致。

Extensive population studies done in patients with aortic stenosis indicate that the average time left between appearance of one of these symptoms and death of the patient is less than two years. Thus, such patients should undergo evaluation promptly, to be sure that the symptoms are in fact related to the valvular heart disease.

# 10.

## 二尖瓣狭窄

### Mitral Stenosis

---

即使听不到典型的心脏杂音，尖锐的第一心音和增强的第二心音，加上相应的临床病史，也可提示二尖瓣狭窄的诊断。

*Even if you don't hear the murmur, a sharp first heart sound and a loud second suggest this diagnosis in the proper clinical setting.*

---

即使是最好的医师，有时也难以听到二尖瓣狭窄产生的舒张期隆隆样杂音。但是往往可以听到患者有尖锐的第一心音和增强的第二心音（P2），特别是当患者合并肺动脉高压时更为明显，而这个特点可以帮助诊断。二尖瓣狭窄在发达国家相对少见，因为本病主要见于风湿热患者。

The diastolic rumble of mitral stenosis may be difficult for the best of clinicians to hear, but in patients, particularly those with pulmonary hypertension, have a sharp first heart sound and a loud pulmonic component of the second, one may not need a murmur to suggest the diagnosis. This is less common in the developed world, and is inevitably a consequence of previous rheumatic fever.

# 11.

二尖瓣关闭不全

Mitral Regurgitation

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以下特点提示本病诊断：山泉般悦耳的收缩期杂音，以及轻柔的第一心音。

*A systolic murmur sounds as pleasant as a mountain stream; its presence, with a soft first heart sound tells you that this is the diagnosis.*

---

心脏收缩期的杂音有时听诊困难，不过无论何种原因造成的二尖瓣反流，其杂音在一个心动周期中强度都是恒定的，而且音色悦耳。二尖瓣关闭不全时患者的第一心音减弱，是因为第一心音主要由二尖瓣闭合产生，而二尖瓣关闭不全阻碍了二尖瓣的闭合。

Assessment of the systolic heart murmur at times is challenging, but the murmur of mitral regurgitation, irrespective of cause, is rectangular in shape, and quite gentle on the ear. Because the first heart sound consists in large part of mitral closure, it is reduced in this lesion because of failure of the leaflets to oppose one another.

# 12.

心房颤动

Atrial Fibrillation

---

造成患者心率快而不齐的情况屈指可数，你不需要看到心电图就能初步诊断此病。

*There are few fast, irregular rhythms in medicine; you don't need an electrocardiogram to suspect this problem.*

---

虽然医师经常花费大量时间仔细研究患者的心电图，但其实只需要检查患者脉搏是快还是慢，齐还是不齐，就能初步诊断90%的患者。心电图和其他临床检查一样，它的验前概率是由特定的临床情景决定的。

Although clinicians spend a great deal of time inspecting the electrocardiogram, by simply assessing whether the pulse is fast or slow, and regular or irregular, it is possible to predict the correct rhythm in 90% of cases. The ECG should be no different from any other diagnostic test, having a pretest probability formed by the clinical setting of the problem.

# 13.

## 心房扑动

### Atrial Flutter

---

这是一种在患有严重肺病的患者中常见的心律失常。在心电图中，如果下壁导联的P波主峰向下，频率300/min，则该患者进行射频消融术治疗成功概率很大。

*In this rhythm characteristic of severe pulmonary disease, the negative P-waves in inferior leads at a rate of 300 predict successful ablation of the pathway.*

---

近年来，心房颤动、心房扑动，甚至多源房性心动过速（MAT），都可以采用心脏电生理方法治疗。在心房扑动患者中，如果看到频率约为300/min的倒置P波，则可以有把握地预测患者心脏内存在一逆时针旁路，进而可以在射频消融术中定位并消融此旁路。

In recent years, both atrial fibrillation and atrial flutter, and even multifocal atrial tachycardia, have lent themselves well to electrophysiologic therapy. In atrial flutter in particular, a counterclockwise accessory pathway can be readily predicted by inverted P-waves at a rate of 300 per minute, allowing easy localization and ablation of the pathway.

# 14.

充血性心力衰竭

Congestive Heart Failure

---

如果患者起病时就表现为全心衰竭，应该考虑两种可能性：一是扩张型心肌病；二是缩窄性心包炎。

*If heart failure is biventricular at first presentation, think two things: one, dilated cardiomyopathy, and two, constrictive pericarditis.*

---

大多数充血性心力衰竭是由于高血压、心肌缺血或是心脏瓣膜病导致的，因此早期症状为左侧心力衰竭，表现为端坐体位呼吸和夜间阵发性呼吸困难。如果患者以右侧心力衰竭症状起病，比如颈静脉怒张和外周水肿，那么很可能全部心肌都存在病变，从而提示心肌病，或者有相似表现的疾病，比如缩窄性心包炎。

Because the majority of congestive heart failure is caused by hypertensive, ischemic, or valvular heart disease, symptoms of left-sided failure predominate early in the clinical course, these include orthopnea and paroxysmal nocturnal dyspnea. If at first presentation a patient shows signs of right heart failure, including neck vein elevation and peripheral edema, then the entire myocardium is likely to be diseased, indicating a cardiomyopathy, or a mimicking syndrome such as pericardial constriction may be present.

# 15.

心房黏液瘤

Atrial Myxoma

---

导致左心室流入道阻塞的三个原因：心房黏液瘤，二尖瓣狭窄以及三房心。

*One of three causes of inflow obstruction to the left ventricle, along with mitral stenosis and cor triatriatum.*

---

心房黏液瘤最常见于左心房。患者的症状可分为全身性、阻塞性以及栓塞性。本病可闻及第一心音前的肿瘤扑落音，性质与开瓣音相似，而且与患者体位有关。阵发性的肺水肿也是本病的一个典型表现。

Patients with atrial myxoma, which is most commonly in the left atrium, have symptoms which are systemic, obstructive, and embolic. The so-called tumor plop after S<sub>2</sub> is superficially similar to an opening snap, and positional but episodic pulmonary edema is also typical.

注：三房心：先天性心脏畸形，左心房或右心房内有一分隔，形成三个心房腔。

# 16.

## 心脏压塞

### Cardiac Tamponade

---

记住，奇脉并非“异常现象”，它仅是正常生理现象较为夸张的表现。

*Remember that the paradoxical pulse is not a paradox: it simply exaggerates a normal phenomenon.*

---

在心包内液体快速增多时，吸气时收缩压下降这一正常生理现象可能会更加明显。吸气时，血液回流到右心系统，继而进入左心系统。这一过程，会由于心包积液的存在而受到阻碍。检查患者是否有奇脉和交替脉的前提，是患者的心律必须规则。其中，交替脉是严重左侧心力衰竭的特征表现。

When there is rapid accumulation of pericardial fluid, the normal inspiratory drop in systolic blood pressure may be markedly exaggerated, because the inspiratory return of blood to the right heart, and thus to the left, is impaired, lowering the blood pressure during inspiration. The heart rhythm must be regular to assess both pulsus paradoxus and pulsus alternans, the latter being the pathognomonic sign of severe left-sided heart failure.

# 17.

## 深静脉血栓

### Deep Venous Thrombosis

---

左侧小腿本来应该比右侧小腿粗（周长较长），记住这一点，可能有助于本病的诊断。

*Don't forget the circumference of the left leg is greater than that of the right; it may help in the diagnosis of this condition.*

---

因为左侧髂总静脉位于主动脉下方，因此左侧下肢的静脉压高于右侧下肢。很多人认为，比较粗的下肢，就像比较粗的上肢一样，表明使用偏好（比如左利手或右利手）。这对上肢来说是正确的，但是对下肢则不然。所有人的左侧小腿都比右侧小腿粗。

Because the left common iliac vein courses under the aorta, the venous pressure in the left leg is higher than that in the right, most students believe the larger leg, such as the larger arm, reflects handedness, and while that is true for the arm, the left leg is consistently the larger of the two.

# 18.

## 扩张型心肌病

### Dilated Cardiomyopathy

---

本病患者死亡原因有三个：1/3死于心力衰竭，1/3死于心律失常，1/3死于脑卒中。其中，脑卒中是最容易预防的。

*Causes of death are in thirds: one-third pump failure, one-third rhythm, and one-third stroke, of which the last is the most easily preventable.*

---

扩张型心肌病的病因众多，比如酗酒、结节病、心肌炎等。在扩张型心肌病的并发症中，卒中是最容易预防的。的确，为所有患者进行经验性抗凝血治疗证实有益。合并心律失常的患者还可考虑置入性除颤器（ICD）。

Of the many causes of dilated cardiomyopathy, including alcoholism, sarcoidosis, and myocarditis, among others, the complication which is most preventable is stroke. Indeed, a good case can be made for empiric anticoagulation of all patients with this condition. Implantable defibrillators may have to treat the rhythm.

# 19.

## 高血压

### Hypertension

---

患者主动报告自己患有高血压，是一件越来越常见的事情。

*Increasingly, the patient tells you he has this condition.*

---

现在，很多药房和超市都提供测量血压的服务，供患者使用的血压计也非常普遍，使得很多患者能够自我诊断血压增高。这种医院外的血压测量可能更有意义，因为它避免了由于面对医师时的紧张情绪导致的“白大衣高血压”。

Given the wide availability of blood pressure measurements in pharmacies and supermarkets, and the availability of cuffs for personal use, it is often the patient who determines that he or she is hypertensive. It may well be that the out-of-hospital reading is more meaningful, as it avoids “white coat hypertension” a common problem in patients anxious about visiting the doctor.

# 20.

## 肥厚型心肌病

### Hypertrophic Cardiomyopathy

---

本病是运动员发生心脏猝死的最常见原因。

*The most common cause of sudden cardiac death in athletes.*

---

训练有素的运动员劳力性猝死，虽然少见但并不罕见，而且原因并不完全明确。可能是由于细胞层面上的分子结构异常而导致心律失常，或者是由于心肌收缩力增加而导致的左心室流出道梗阻。

For reasons not entirely clear, sudden death with exertion in conditioned athletes is, though rare, altogether too often observed. It may be due to an arrhythmia caused by a molecular abnormality at the cellular level, or by outflow obstruction produced by narrowing of the left ventricular outflow tract with increased contractility.

# 21.

## 变异型心绞痛

### Prinzmetal's Angina

---

本病特点鲜明：累及右冠状动脉，心电图上可见ST段抬高，女性多发，每日发病时间固定，患者静息时发病，预后极佳。

*Strictly defined: right coronary artery; ST-segment elevation; women, same time of day, pain at rest; excellent prognosis.*

---

虽然很多医师认为变异型心绞痛是冠状动脉痉挛的统称，但其实根据上面的定义，本病指的是发生于正常冠状动脉的痉挛，多发生于女性，静息时发作，每日发作时间相对固定。粥样斑块可能诱发其远端冠状动脉痉挛，但根据其原始定义，这并不是变异型心绞痛。本病患者可合并偏头痛以及雷诺现象。

Although many physicians believe that Prinzmetal's angina refers to any spasm of a coronary artery, its definition is as noted above, in which the spasm occurs in a normal coronary artery, typically in women at rest, and at the same time of the day. Atherosclerotic plaques may trigger spasm distal to the lesion, but as by original definition, this is not truly Prinzmetal's angina. Migraine and Raynaud's phenomena are often associated with this problem.

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呼吸系统疾病

PULMONARY DISORDERS

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# 22.

## 细菌性肺炎

### Bacterial Pneumonia

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如果在痰涂片中见到大量中性粒细胞内的成对球菌，诊断就是葡萄球菌肺炎，而非肺炎链球菌肺炎。

*IF you see Diplococci thriving within neutrophils on sputum stain, the diagnosis is Staph, not Pneumococcal, pneumonia.*

---

在活体标本中，葡萄球菌偶尔可表现为成对球菌。由于葡萄球菌的生化特性，它们可以在中性粒细胞内生存，而链球菌却不能。这可能也是葡萄球菌肺炎患者有全身中毒表现的原因。

On *in vivo* specimens, Staphylococci may, upon occasion, assume a diplococcal appearance. However, because of metabolic properties of Staph, they may thrive within neutrophils, whereas Streptococcal species do not. This may account for the particular toxicity associated with Staphylococcal pneumonia.

# 23.

## 肺栓塞

### Pulmonary Embolism

---

最常见的症状是呼吸困难，最常见的体征是心动过速……这使医师很难迅速排除此病症。

*The commonest symptom is dyspnea, the commonest sign tachycardia. ... not so reassuring to the clinician.*

---

肺栓塞是临幊上最难以诊断的疾病之一。考虑到肺栓塞的病理生理学特点，也就不难理解为什么呼吸困难是最常见的症状，而窦性心动过速是最常见的体征了。呼吸困难和窦性心动过速的原因有很多，因此肺栓塞是内科疾病中较难以做出诊断的。大规模流行病学研究显示，上述非特异的症状和体征增加了肺栓塞的诊断难度。在提示预后不良的症状中，晕厥是多年来被认为最值得警惕的症状，因为晕厥通常提示在肺动脉主干内存在较大血栓。直接凝血酶抑制药正在越来越多的用来治疗此病。

Pulmonary embolism remains one of the most difficult diagnoses to make on clinical grounds. Given the nature of pulmonary embolism, it is perhaps not surprising that shortness of breath is the commonest symptom, and a sinus tachycardia the commonest sign. There are many causes of each of these, and in consequence, pulmonary embolism remains as elusive a clinical diagnosis as there is in medicine. Large population studies have shown that the highly nonspecific symptom and sign noted above add to the diagnostic difficulty. Of the symptoms predicting bad outcome, syncope was shown years ago to be the most worrisome, generally indicating a large central thrombus in the main pulmonary artery. Direct thrombin inhibitors may find increasing use in this disorder.

# 24.

## 石棉沉着病（一）

### Asbestosis

---

石棉沉着病必有的三个表现：胸膜增厚，纵隔钙化以及肺纤维化。

*Pulmonary asbestosis requires three findings: pleural thickening, calcified diaphragms, and pulmonary fibrosis.*

---

虽然上述三个表现都不特异，但确为石棉沉着病诊断的核心。很多年前美国一起集体诉讼案中要求患者满足上述三个要求，并且有石棉暴露史，才能获得赔偿。

Although none of the three noted above is specific for this condition, a class action lawsuit in America many years ago made all three a requirement for compensation in a patient with a history of exposure, which is essential to the diagnosis.

# 25.

## 石棉沉着病（二）

### Asbestosis

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正确的病史采集能够使得你的患者获得相关肺部疾病的赔偿；采集完整临床资料，因为你可能为他们提供巨大帮助。

*The correct history may allow your patient to be compensated for pulmonary disability; be thorough here, as you may be of great benefit.*

---

石棉沉着病定义为胸膜增厚，纵隔钙化，肺纤维化，以及可靠的暴露史。上述临床表现对于石棉沉着病均不特异，但结合特定暴露史，就能使得患者可以获得赔偿，就如多年前美国一件集体诉讼案一样。

Asbestosis is defined as the combination of pleural thickening, diaphragmatic calcification, and interstitial fibrosis, with a persuasive exposure history. None of these is specific for asbestosis, but together, with the exposure history, they allow patients to be compensated because of a class action lawsuit settled years ago in the United States.

# 26.

## 支原体肺炎

### Mycoplasma Pneumonia

---

记得检查年轻患者的鼓膜：如果见到水疱形成，就可以诊断。

*Be sure to look at the eardrums in a young person with pneumonia: if there are bullae seen, this is the diagnosis.*

---

这一有趣体征虽然只可以在一部分患者中见到，但却是一个非常特异的体征，可能只有在面神经带状疱疹病毒感染时有类似发现。

This interesting physical sign is seen in a minority of patients with this condition, but it is a specific finding, perhaps only mimicked by herpes zoster of the VII th cranial nerve.

# 27.

## 异物吸入

### Foreign Body Aspiration

---

如果一名顾客在餐厅内突然倒地，并且不能讲话，则高度怀疑本诊断：马上采用Heimlich手法施救，你就挽救了一个生命。

*If a patron collapses in a restaurant and is unable to speak, this is the diagnosis: perform Heimlich maneuver, and you save a life.*

---

异物吸入多发生于餐厅内，常见于口腔卫生较差的患者。他们往往一口吞下较大的食物，而且往往同时饮酒。当患者气管阻塞时，采用Heimlich手法，可迅速增加胸腔内压力，将异物推出，迅速缓解症状。

Most typically seen in restaurants, foreign body aspiration is encountered in persons who have poor dental hygiene, and thus tend to attempt to swallow larger pieces of meat than usual; alcohol is often in the picture. When the trachea is obstructed, Performance of the Heimlich maneuver results in a rapid increase in intrathoracic pressure, expelling the foreign body, with dramatic recovery.

# 28.

## 肺脓肿

### Lung Abscess

---

发生在无牙患者中的肺脓肿首先考虑肺癌。

*A lung abscess in an edentulous patient is lung cancer until proved otherwise.*

---

常见的细菌性肺脓肿的致病菌通常包括口腔内的厌氧菌，而这些厌氧菌的主要来源为牙齿。因以，上述无牙患者的口腔内致病菌数量大大减少，从而这些患者的肺内脓肿必然合并支气管梗阻，而导致支气管梗阻的最令人担心的原因就是恶性肿瘤。

Because the causative organisms in bacterial lung abscess typically include anaerobic bacteria from the mouth, and the principal source for these is in the teeth, the number of organisms is reduced dramatically in such patients. Thus, when a cavitary lesion is seen in a person without teeth a bronchial obstruction is invariably present and its most worrisome cause is a malignancy.

# 29.

## 胸腔积液

### Pleural Effusion

---

造成胸腔积液中葡萄糖水平降低的原因只有两个：脓胸和类风湿关节炎引发的胸腔积液。

*There are only two causes of low glucose in a pleural effusion: empyema and rheumatoid arthritis.*

---

在细菌感染造成的胸腔积液中，由于胸膜腔内葡萄糖代谢率增加，而造成其葡萄糖水平显著降低。在类风湿关节炎患者中，只有血清抗体阳性和存在类风湿结节的患者，其胸腔积液存在葡萄糖水平降低。目前认为这是由于葡萄糖转运进胸膜腔过程异常导致的。

In pleural effusions caused by bacterial infection, increased metabolism of glucose within the pleural space accounts for the often dramatically low measurement of glucose. The same abnormality in rheumatoid arthritis occurs only in patients with seropositive disease and rheumatoid nodules, and appears to be due to an abnormality of glucose transport into the pleural space.

# 30.

变应性支气管肺曲霉病（ABPA）

Allergic Bronchopulmonary Aspergillosis (ABPA)

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曲霉菌有三种致病途径，每种途径的病理生理机制都不相同。

*There are three ways that aspergillus causes illness—all differ pathophysiologically.*

---

大多数本病患者都是因为对曲霉的抗原过敏而发病，表现为哮喘加重，咳嗽，以及棕色痰。曲霉菌也可以曲霉菌球的方式存在，患者并无临床症状；在中性粒细胞缺乏以及应用免疫抑制药的患者中，曲霉菌感染则可表现为侵袭性系统疾病，死亡率较高。

Most cases of this condition are due to an allergy to antigens of the aspergillus species, and present with worsening asthma, cough, with production of brownish sputum. Aspergillus can also exist as a fungus ball, with no clinical disease, and in neutropenic and immunosuppressed patients, it may be an invasive and aggressive systemic disease with high mortality.

# 31.

## 支气管哮喘

### Asthma

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不是所有哮鸣的患者都患有哮喘。

*All that wheezes is not asthma.*

---

对于45岁以上的患者，虽然支气管哮喘仍然可能发生，但临床医师应该注意其他导致支气管痉挛的疾病。一些主要的病症包括：充血性心力衰竭，以及酸反流。

In patients over the age of 45, while bronchial asthma still may occur, a clinician should pay special attention to other conditions which produce bronchospasm. Chief among them is congestive heart failure, and another cause is acid reflux.



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消化系统疾病

GASTROENTEROLOGICAL  
DISORDERS

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# 32.

乳糜泻

Celiac Sprue

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本病以前认为是罕见病，然而抗体检测显示，它的发病率较之前认识要高，而且临床表现多样。

*Once thought a rarity, antibody testing has shown this to be a more common and clinically diverse disease.*

---

仅有铁缺乏症，而没有吸收不良综合征的患者，也可能被诊断为乳糜泻。不过实际上，现在人们可能反应过度了，因为很多餐馆都在推广没有麸质的菜单；但这个病也没这么常见！

Even isolated iron deficiency without malabsorption has been observed in celiac disease. In fact, there has been an over-reaction, as many restaurants now advertise glutenfree menus; the disorder is certainly not that common.

# 33.

## 炎性肠病

### Inflammatory Bowel Disease

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如果病变仅局限于结肠，就是溃疡性结肠炎；如果消化道其他部分也有累及，就是克罗恩病。

*If confined to the colon, it is ulcerative colitis; if any other part of the GI tract is involved, it is Crohn's.*

---

虽然两种疾病之间有很多相似之处，但如果是溃疡性结肠炎，全结肠切除就可以治愈，并且手术之后可以避免相关的结肠癌。克罗恩病累及肠壁更深层的组织结构，而且可能发生在从口腔到远端结肠的任何部位。与溃疡性结肠炎不同，克罗恩病的病变是不连续的。溃疡性结肠炎和克罗恩病两者都有很多消化道外表现。

Although there is a great deal of similarity between the two, if it is ulcerative colitis, it is cured by total colectomy, which in turn prevents the otherwise-associated colon cancer. Crohn's is the deeper lesion, and may occur from mouth to far distal colon, but often with lesions which skip, unlike ulcerative colitis. Both have multiple extraintestinal manifestations.

# 34.

## 十二指肠和胃溃疡

### Duodenal and Gastric Ulcer

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十二指肠溃疡的患者体重增加；胃溃疡的患者体重减轻。

*Duodenal ulcers gain weight; gastric ulcers lose it.*

---

十二指肠溃疡的病因是胃酸分泌过多，进食可以减轻症状，因此病人可能会增加体重。良性胃溃疡则往往有餐后腹痛，致使患者热量摄入减少，从而体重减轻。良性的胃溃疡患者胃酸分泌过少。

Because duodenal ulcers are hypersecretory, ingestion of food ameliorates symptoms, and thus patients may gain weight. Benign gastric ulcer typically is associated with postprandial pain, reducing caloric intake, and inducing weight loss. The latter is a hyposecretory condition.

# 35.

## 胃食管反流性疾病

### Gastroesophageal Reflux Disease

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患者有不能解释的咳嗽和哮喘？诊断很有可能就是本病。

*Have a patient with unexplained cough or wheezing? This may well be the diagnosis.*

---

很多患者没有明确的烧心症状，仅可能表现为难以解释的咳嗽或哮喘。这些症状在夜间尤为明显，这是因为患者卧位时胃酸可以进入气道。本病的一个重要鉴别诊断：很多心肌缺血的患者告诉他们的医师，烧心是导致他们胸部不适的原因。

Many patients who do not have prominent symptoms of heartburn may present simply with unexplained cough or even asthma. This occurs particularly at night, as recumbency favors aspiration of gastric acid into the airways. Different but important: many patients with myocardial ischemia tell providers that they believed that heartburn was the cause of the chest discomfort.

# 36.

Mallory-Weiss综合征

Mallory-Weiss Syndrome

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与消化科医师的印象不同，本病最常见的病因其实是妊娠剧吐。

*The most common cause is hyperemesis gravidarum despite the impression of gastroenterologists.*

---

典型的妊娠剧吐发生在妊娠早期，患者大多显著的血容量不足，而且不停地呕吐，所以这些患者的胃食管交界处的撕裂只导致很少量出血。大多数消化科医师见到的病例是食管静脉曲张破裂后出血，由于患者合并门脉高压，因此出血往往相当严重。

Because the typical patient with hyperemesis gravidarum, in the first trimester of pregnancy, is markedly volume depleted, and retches continuously, the bleeding from the resultant tear at the gastroesophageal junction results in only sparse bleeding. Most gastroenterologists see this laceration across an esophageal varix, in which case the high portal pressure results in major hemorrhage.

# 37.

Whipple病

Whipple's Disease

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如果患者有一些奇特的神经系统症状，但其他评估和检查都没有阳性结果，就应该考虑本病。

*In a patient with an otherwise negative assessment for peculiar neurological symptoms, think Whipple's.*

---

本病几乎只累及男性，症状多样，包括关节炎，以及淋巴结肿大和皮肤斑疹。近年研究认为细菌感染是本病的致病原因。由于其临床表现变化多样，特别是合并相关的神经系统症状，本病往往被忽视。

This is a disorder virtually confined to men, and has multiple symptoms, including those of arthritis, and symptoms and signs of lymphadenopathy and a macular skin rash. Investigation in recent years has shown it to be due to a bacterium. Given its protean nature, it is commonly overlooked, especially its neurological symptoms.

# 38.

Zollinger-Ellison综合征

Zollinger-Ellison Syndrome

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本病的显著特点，是一根鼻胃管就可以即刻止住患者的腹泻。

*A nasogastric tube instantly stops the diarrhea so typical of this disorder.*

---

本病患者胃酸分泌显著增加，而小肠消化酶在低pH环境下失活，导致患者腹泻。鼻胃管可以去除多余胃酸，恢复正常肠道环境。本病患者不会只有一个孤立的胃溃疡，如果发现一处胃溃疡，一定还会发现一个或更多的小肠溃疡。

Because of the marked hypersecretory state typical of Z-E, small intestinal enzymes with low pH are inactivated, resulting in diarrhea. The nasogastric tube removes the acid, restoring normal bowel habits. Isolated gastric ulcer is never seen in this condition; when present, it is always accompanied by one or more small intestinal ulcers.

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代谢性疾病

METABOLIC DISORDERS

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# 39.

## 酒精性低血糖

### Alcoholic Hypoglycemia

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本病患者血糖最低可达6mg/dl；而且往往诊断困难，因为低血糖并非胰岛素引发的。

*Blood glucose determinations as low as 6 have been reported in this condition; it is particularly difficult to diagnose because it is not insulin induced.*

---

酒精性低血糖患者往往营养不良，肝内糖原储备极低，而酒精又抑制了葡萄糖生成，从而导致了极度的低血糖。这种机制导致的低血糖状态往往合并低血清胰岛素水平。患者的主要表现为神经系统症状，即意识状态改变或卒中样症状。

In alcoholic hypoglycemia, a malnourished patient typically has glycogen depletion of the liver, and in turn, the alcohol inhibits glucogenesis, resulting in often profound hypoglycemia. Blood glucose levels which fall by this mechanism are associated with low insulin levels, and thus, the symptoms which dominate are those of neuroglycopenia, namely, altered mental status or stroke-like syndromes.

# 40.

高钙血症

Hypercalcemia

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记住，在近曲小管，钙离子和钠离子的代谢方式是相同的；因此，由高钙血症引发的多尿可导致脱水，而脱水进一步加重高钙血症。

*Remember that calcium is handled like sodium in the proximal tubule; as a result, the dehydration caused by calcium-induced polyuria only worsens the problem.*

---

高钙血症最常见的两个症状，一个是多尿，这是由于钙离子可以抑制抗利尿激素在肾小球远血端的生理功能，另外一个是便秘，产生于钙离子抑制了肠道平滑肌收缩。多尿可以导致患者血容量不足，而血容量不足使得肾重吸收钙离子增加，从而进一步提高血钙水平，产生恶性循环。

The two most common symptoms of hypercalcemia are polyuria, due to inhibition of the action of antidiuretic hormone in the distal nephron, and constipation, caused by inhibition of small smooth muscle contraction in the gut. The polyuria may lead to volume depletion, which in turn enhances the renal reabsorption of calcium, increasing the level, in effect producing a vicious cycle.

# 41.

高钾血症

Hyperkalemia

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注意透析患者常见的无P波心律：这可能是房-室性心律，因为相较于心室肌，心房肌对高钾血症更为敏感。

*Beware of the regular rhythm without P-waves in a dialysis patient: it may be sinoventricular, as atrial muscle is more sensitive to hyperkalemia than ventricular.*

---

虽然在大多数情况下，医师都会考虑到交界性心律，但是其实高钾血症更容易使心房肌除极，而不是心室肌，因此患者的无P波节律可能代表了窦房结电冲动经过心房但不能使其除极。这导致的结果是如果心室肌也不能除极，患者就会面临心搏骤停的风险。

Although ordinarily, many clinicians would think of a junctional rhythm in the situation noted in the pearl, however, because hyperkalemia inhibits depolarization of atrial muscle preferentially to ventricular muscle, it may simply be a sinus impulse which is traversing the atria but not depolarizing it. In consequence, there is a real danger of subsequent failure of ventricular depolarization, and cardiac arrest.

# 42.

## 高钠血症

### Hypernatremia

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住院患者的血清钠水平如果超过150mEq/L，其全因死亡率高达50%；这是常规实验室检查中一个不祥的异常结果。

*The all-cause in-hospital mortality of serum sodium in excess of 150 mEq/L is 50%; this is an ominous abnormality among the routine laboratory studies.*

---

人体血清钠水平受到严格调控。因此，健康人体轻度的血清钠增高就会诱发口渴反应，使得个体大量饮水，迅速纠正血清钠水平。如果患者不能够饮水，通常意味着严重的神经系统异常，或患者行动不便，而这也正是此类高钠血症患者死亡率如此高的主要原因。

Because the serum sodium is so tightly regulated, even a slight increase in a clinically normal person triggers a thirst response, resulting in rapid correction of the abnormality by ingesting of free water. If a person is unable to access water, it ordinarily means a serious disorder of the nervous system, or of the patient's mobility, this being the principal reason for the high mortality of this finding.

# 43.

## 低钙血症

### Hypocalcemia

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临幊上遇到此情况时，要同时想到镁离子。镁离子是甲状旁腺激素发挥生理功能所必需的。

*Remember magnesium when you encounter this; it is necessary for the action of parathyroid hormone.*

---

在营养不良的患者中，低钙血症相当常见。因为镁离子是甲状旁腺素发挥生理功能所必需的，因此低镁的患者同时存在甲状旁腺素抵抗。因此，在为患者补充钙之前，应该先补充镁。其他导致低钙血症的原因包括甲状旁腺素降低，以及低白蛋白血症。

It is common to observe hypocalcemia in poorly nourished patients, and given that magnesium is essential to the cellular function of parathyroid hormone, there will be resistance to its action in hypomagnesemic patients. Thus, it is necessary to replace magnesium before calcium is given. Other causes of hypocalcemia include hypoparathyroidism and hypoalbuminemia.

# 44.

## 低钾血症

### Hypokalemia

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补充钾的一个实用临床经验：应该根据体重，至少补充 $1\text{mEq/kg}$ ，而对于血清钾严重缺乏的患者，补充剂量可达 $10\text{mEq/kg}$ 。

*A practical pearl for replacement: 1 mEq/kg body weight for minimal, up to 10 mEq/kg for markedly depleted potassium.*

---

通常，临床医师对血清钾的缺乏程度估计不足。通过临床评估患者血清钾缺乏程度是轻度、中度还是重度，医师可以根据 $1\text{mEq/kg}$ 至 $10\text{mEq/kg}$ 剂量计算充分补充钾的剂量。补钾最好逐渐补充，决不能通过快速静脉输液补钾。

Very often, the potassium deficit is underestimated by clinicians. By making a clinical assessment of whether the patient is minimally, moderately, or markedly depleted of this cation, one can calculate the amount needed for full repletion by the  $1\sim 10 \text{ mEq/kg}$  formula. It is best done gradually, and never by rapid intravenous infusion.

# 45.

## 代谢性酸中毒

### Metabolic Acidosis

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决定患者预后的并不是患者血pH，而是导致患者产生代谢性酸中毒的原因。

*It's not the pH, but the condition that causes it, that determines the prognosis.*

---

酸中毒本身并不会改变患者意识状态，但是与之相关的疾病，比如糖尿病酮症酸中毒的高血浆渗透压，或者肠坏死时的严重败血症，意味着这些酸中毒的患者病情严重，预后较差。

Acidemia by itself does not alter mental status, but association with conditions such as the hyperosmolality of diabetic ketoacidosis, or bowel infarction with overwhelming sepsis, means many academic patients appeal critically ill, determinates of the outcome.

# 46.

## 代谢性碱中毒

### Metabolic Alkalosis

---

你想知道最典型的例子？胃出口梗阻。碳酸氢根和氯离子均可达到50mEq/L左右。

*The most striking examples? Gastric outlet obstruction, when both bicarbonate and chloride may be in the 50s.*

---

胃出口梗阻往往由于消化性溃疡瘢痕导致，患者呕吐物全部为盐酸（胃酸），从而产生严重的代谢性碱中毒。而其他导致呕吐的原因中，患者的呕吐物为酸碱混合，从而其产生的血容量不足相关的代谢性碱中毒程度比较轻微。

In patients with gastric outlet obstruction, typically caused by scarring from peptic ulcer disease, the patient vomits pure hydrochloric acid, resulting in a profound alkalemia. Most causes of emesis result in vomitus that is a mixture of acid and alkali, and thus, the ensuing volume contraction alkalosis is milder.

# 47.

## 呼吸性酸中毒

### Respiratory Acidosis

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呼吸性酸中毒的定义是 $\text{PCO}_2$ 增高，但这可能并不是导致患者意识障碍的原因：还要考虑低氧血症。

*Defined by an elevated  $\text{PCO}_2$ , it may not be the cause of obtundation: think hypoxia.*

---

此类患者大多患有慢性阻塞性肺疾病（COPD）。对此类患者的仔细评估发现，低氧血症和高碳酸血症可能同为患者意识状态改变的原因。医师不宜通过吸氧将患者血氧饱和度提高至90%以上。所谓的“低氧呼吸驱动力”学说，在长期 $\text{CO}_2$ 潴留患者的治疗中被过分夸大了。

The majority of patients with this condition have chronic obstructive pulmonary disease, and when assessed carefully, it appears as though hypoxia is equally as responsible for abnormal mental status as is hypercarbia. One should not be afraid to give enough oxygen to elevate the saturation to more than 90%. The so-called "hypoxic respiratory drive" is vastly overrated in the treatment of chronic  $\text{CO}_2$  retainers.

# 48.

## 呼吸性碱中毒

### Respiratory Alkalosis

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导致慢性呼吸性碱中毒的病因有两个，一个好——妊娠；一个坏——肝硬化。

*When chronic, two causes come to mind, one good—pregnancy, and one bad—liver cirrhosis.*

---

妊娠妇女体内孕酮水平增高，从而刺激呼吸中枢，导致长期  $\text{PCO}_2$  降低，致使呼吸性碱中毒。晚期肝硬化患者中也存在类似现象，不过他们呼吸中枢的驱动机制还不十分明确。

The elevated progesterone levels of women during pregnancy stimulate the respiratory center resulting in a chronically low  $\text{PCO}_2$  and a resultant respiratory alkalosis. The same phenomenon occurs in advanced hepatic cirrhosis, but the mechanism for the respiratory stimulation is less well understood.



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肾疾病

KIDNEY DISORDERS

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# 49.

## 多囊肾

### Polycystic Kidneys

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如果患者有新发的肾衰竭，而患者的血红蛋白正常，应该考虑此诊断。

*In a patient with undiagnosed renal failure and normal hemoglobin, this is your diagnosis.*

---

肾囊肿仍然可以产生促红细胞生成素（EPO），因此在其他原因导致的肾衰竭中常见的贫血，可能因本病患者血液中EPO水平增高而被“治疗”。另外，如果一个中年人存在高血压，腹部肿物，以及氮质血症，医师必须要认真采集家族病史，因为此时该患者可能患有多囊肾。

Because renal cysts may elaborate erythropoietin, the commonly encountered anemia in other types of chronic renal failure may be "treated" because of the high blood levels of this substance. In addition, when a middle-aged person has hypertension, an abdominal mass, and azotemia, one must take a careful family history, as this may be the diagnosis.

# 50.

尿路梗阻性疾病

Obstructive Uropathy

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对所有新发肾衰竭患者，首先考虑是否存在本病，因为这是在众多导致氮质血症的疾病中，治疗方法最确切的一个病因。

*Consider this first in any patient with new onset kidney failure; it is the most definitively treated of the many causes of azotemia.*

---

尿路梗阻性疾病，特别是老年患者的尿路梗阻性疾病，往往不容易被诊断，因为这些患者一直有尿。确实，大多数尿路梗阻患者，特别是前列腺疾病的患者，不会完全无尿。通常，如果能够解除梗阻，患者的肾功能往往比肾前性和肾性疾病患者的肾功能好。

Obstructive uropathy, particularly in older men, is often undiagnosed because the patient maintains a urine output. Indeed, most patients with obstruction are not anuric, particularly those with prostatic disease, because of overflow incontinence from the enlarged bladder. Commonly, relief of obstruction results in better long-term kidney function than that encountered in prerenal and intrarenal diseases.

# 51.

## 肾病综合征

### Nephrotic Syndrome

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医学生应该记住本病的鉴别诊断，他们一定会被问到这个问题！

*It is always wise for the medical student to remember a list of the causes; they are sure to be asked about this during their medical education!*

---

医学院中最常见的情况，就是教授让医学生说出导致肾病综合征的原因。肾病综合征的特点是大量蛋白尿，高脂血症，以及低清蛋白血症。应该明确，肾病综合征的病因可能是原发肾病，也可能是继发肾病，或者是全身系统性疾病所致，比如系统性红斑狼疮（SLE）或是心内膜炎。医学生们最好首先关注那些有确切治疗方法的疾病，并学会把它们同那些不太容易治疗的疾病区分开。

One of the common exercises in medical schools throughout the world is for a professor to ask a student to name the causes of nephrotic syndrome. It is better to understand that this condition, characterized by heavy proteinuria, hyperlipidemia, and hypoalbuminemia, may be a primary renal disease, or secondary to a systemic process such as systemic lupus or endocarditis. The student is best served by focusing attention on the causes which may have a specific treatment implication and to learn how to differentiate them from more difficult to reverse etiologies.

# 52.

骨髓瘤肾病

Myeloma Kidney

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尿免疫试纸并不能检测出免疫球蛋白的轻链，因此，一个“阴性”的尿常规检查并不能排除骨髓瘤累及肾的情况。

*The urine dipstick does not detect light chain of the immunoglobulin; thus, a "negative" urinalysis from the clinical lab does not exclude myeloma with renal involvement.*

---

一般医院中的尿常规检测均采用免疫试纸，这种技术能够检测很多尿液异常情况，比如血尿，脓尿，以及胆红素尿等。虽然清蛋白和完整的球蛋白能够被检测出，但多发性骨髓瘤中常见的免疫球蛋白轻链却不能被检测出来。因此，如果患者临幊上提示多发性骨髓瘤，临幊医师应该继续评估，或者进行尿免疫蛋白电泳。

The typical urinalysis performed in hospital laboratories throughout the world is done with a dipstick which is capable of assessing many abnormalities in the urine, including hematuria, pyuria, and bilirubinuria, among others. However, while albumin and intact globulin molecules show a positive result, the light chain of the immunoglobulin molecule, often present in excess in multiple myeloma, does not register. Thus, if the clinical course suggests myeloma, one continues the assessment, or does immunoelectrophoresis of the urine.

# 53.

## 狼疮性肾炎

### Lupus Nephritis

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如果药物性狼疮的患者出现肾衰竭，那么只有两种可能性：一是患者并非药物性狼疮；二是还有其他导致肾损害的病因。

*If a patient with drug-induced lupus develops renal failure, one of two things is possible: 1. They do not have drug-induced lupus, and 2. There is another cause of the kidney insult.*

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与系统性红斑狼疮不同，常见的药物性狼疮由肼屈嗪或普鲁卡因胺导致，几乎从来不累及肾或中枢神经系统。常见的狼疮性肾炎的病理类型包括膜增生性、系膜性及膜性。

Drug-induced lupus, historically known to be caused by hydralazine and procainamide, almost never involves the kidney and brain, as native lupus so often does. The typical lesions in lupus nephritis include membranoproliferative, mesangial, and membranous glomerulopathies.

# 54.

## 糖尿病肾病

### Diabetic Nephropathy

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如果糖尿病患者没有视网膜病变，他就不会有肾病变。

*If your diabetic patient has no retinopathy, then they have no nephropathy.*

---

患者只有糖尿病肾病变，但是没有视网膜病变的可能性非常小；相反，并不是所有有视网膜病变的患者都合并肾病变。需要注意的是，如果一位糖尿病患者在眼科检查时没有发现视网膜病变，那么他的任何肾异常，比如蛋白尿，就不是由糖尿病肾病导致的。此时医师需要考虑并评估其他疾病可能。

Rare indeed is the person with diabetic nephropathy who does not also have retinopathy; contrarily, not all patients with retinopathy develop nephropathy. The point to remember is that if a diabetic patient has no retinopathy on ophthalmologic exam, any renal disorder, such as proteinuria, is not indicative of diabetic nephropathy, and in consequence, other sources should be sought.

# 55.

## 肺肾综合征

### Goodpasture Syndrome

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内科中罕见的几种可以使患者肺功能检查中弥散能力大大增高的疾病之一。

*One of the rare causes in all of medicine of extreme elevation of the diffusion capacity on pulmonary function studies.*

---

肺肾综合征常见于年轻男性，表现为肺出血，肾小球肾炎，以及存在抗肾小球基底膜抗体，这种抗体也是本病病理改变的原因。弥散能力代表着胸腔内血液含量，因此肺肾综合征，以及其他导致肺内出血的疾病，往往可以导致肺弥散功能大大增高。如前所述，因为弥散能力代表的是胸腔内血液含量，因此可能充血性心力衰竭患者的肺弥散功能也会增高。

Goodpasture syndrome is a disorder of young men, and is characterized by pulmonary hemorrhage, glomerulonephritis, and antiglomerular basement membrane antibodies which are the cause of the pathology observed. Since diffusion capacity is a function of the amount of blood in the chest, Goodpasture's, and any other cause of pulmonary hemorrhage, may result in an elevation, often striking, of this study. It may be considered to be a reflection of the amount of blood in the chest, and so even congestive heart failure may show this abnormality.

# 56.

## 急性肾小球肾炎

### Acute Glomerulonephritis

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尿液中看到红细胞管型，和进行肾活检的诊断效力是相同的：这两者都说明患者存在肾小球肾炎。所有医学生都应该学会做尿沉渣检测。

*Observation of a red cell cast in the urine is the equivalent of a renal biopsy: it means that glomerulonephritis is present; all students of medicine should master this important diagnostic test.*

---

如果在尿液中看到红细胞管型，那只有一种解释，就是肾小球有炎性损害。诚然肾小球肾炎有多种类型，但是只要肾小球肾炎这一基本诊断确定，全科医师的任务就完成了。在晨起第一次的尿液，脊柱前凸的患者使用利尿药后，或者造影剂检查后的第一次尿液中，最容易发现管型。当然，如果患者可能有肾小球肾炎，就不应该进行造影剂检查。

A red cell cast in the urine has no other cause except an inflammatory lesion of the glomerulus. Of course there are many different types of glomerulonephritis, but once the basic diagnosis is established, the work of the primary physician is done. Casts are best sought in first-morning specimens, after a diuresis with the patient in a lordotic position, and in the first-voided urine after a contrast study—although in most instances, if this condition is in the differential, contrast should be not administered.

# 57.

## 肾结石

### Kidney Stones

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在有肾结石病史的患者中，让他们取出结石，就相当于进行了一次代谢活检。

*In any patient with a history of kidney stones, ask them to retrieve them; it amounts to a metabolic biopsy.*

---

虽然大部分肾结石的成分为草酸钙，但是另外几种成分的肾结石则可能提示患者是否合并其他潜在疾病。因此，相对简单的结石成分化验应该是所有肾结石患者的必要检查之一。排出肾结石的经历是让患者难忘的，这是临床中最剧烈的疼痛，并伴有特征性的放射痛。

Although the majority of kidney stones are of calcium oxalate composition, there are several other types, each of which may give a clue to underlying pathophysiology. Thus, the easily performed stone analysis is an essential part of the workup of any stone format. The clinical picture of any person who has passed one is unforgettable, causing among the most severe pain, with characteristic radiation, that is encountered in clinical medicine.

# 58.

## 良性前列腺增生症

### Benign Prostatic Hyperplasia

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见到有尿潴留症状的老年男性患者，应该询问是否近期有上呼吸道感染病史；许多非处方感冒药中都有抗胆碱能成分，从而会加重尿路梗阻症状。

*In the older man with symptoms of urinary retention, ask about a recent upper respiratory infection; many over-the-counter cold remedies contain anticholinergic drugs which exaggerate the symptoms of obstruction.*

---

一般人并不会将上呼吸道感染与尿潴留联系起来，但是现在许多在售药品中都含有抗胆碱能成分，以减少鼻部分泌物数量。另患者意想不到的是，这些成分可能会影响膀胱括约肌的舒张功能，进而打破原有平衡，产生新发梗阻症状。

Although one does not ordinarily associate upper respiratory infections with urinary retention, because so many proprietary agents have anticholinergic components in them to dry nasal secretions, there may be an unanticipated effect on the ability to relax bladder sphincters, perhaps just enough to tip the balance toward an obstructive process.



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神经系统疾病

NEUROLOGICAL DISORDERS

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# 59.

## 周围神经病

### Peripheral Neuropathy

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代谢性神经病变影响走行较长的神经：足部，然后是手，再累及胸骨；最能够让神经科医师刮目相看的莫过于一个医学生汇报：“患者没有胸骨区感觉减退。”

*Metabolic neuropathies affect long nerves: feet, then hands, then sternum; nothing is more impressive to the neurologist than a student presenting a patient and saying "There was no sternal hypesthesia."*

---

诸如糖尿病，或者是酒精性周围神经病变等，主要损伤神经元轴索，病变分布对称，患者首先在走行较长的神经支配区域察觉到不适。显然，最先受到影响的是足趾和足，之后是手，接下来是胸骨区域，因为肋间神经是人体第三大分布对称的神经系统。

The conditions such as diabetic and alcoholic peripheral neuropathy, affecting as they do the axons in a symmetrical fashion are first appreciated by the patient in the longest nerves. Obviously, those affect the most remote parts of the neurological access, namely, the toes and feet, and with progression, the hands become involved, and then the sternum, because the intercostal nerves are the third longest set of symmetrical nerves in the body.

# 60.

帕金森病

Parkinson's Disease

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患者在出现运动功能障碍前几年可能就存在嗅觉丧失；这是检查第1对脑神经的重要原因之一。

*Anosmia may be present years before the motor disturbances; one of many reasons why testing the first cranial nerve is important.*

---

在进行病理解剖时，可能在嗅球区域见到路易小体。这可能能够解释为何嗅觉异常是本病的多个神经系统异常表现之一。值得注意的是，患者往往首先察觉到嗅觉异常，数年之后才出现震颤、僵直和行动迟缓。

As Lewy bodies may be seen in the olfactory bulb at anatomical evaluation of pathology, it is perhaps no surprise that an impaired sense of smell is part of this condition, as it is of other neurological disorders. What is of particular note is that it appears to be appreciated by the patient often for years before the appearance of tremor, rigidity, and bradykinesia.

# 61.

重症肌无力

Myasthenia Gravis

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本病病程有加重缓解交替的特点，这往往会延误诊断；对诉“慢性疲劳”患者，一定要考虑本病。

*The waxing and waning nature of this disease commonly leads to delayed diagnosis; think of it in your "chronic fatigue" patients.*

---

和许多自身免疫病一样，重症肌无力的病程可能为加重缓解交替出现。患者症状可能非特异，而且本病的肌力减弱症状影响全身所有骨骼肌。因此除非反复检查，不然很可能遗漏诊断。

Like many autoimmune diseases, myasthenia gravis may pursue a course in which clinical activity comes and goes. Patients may have very nonspecific symptoms, and the muscle weakness, which affects every skeletal muscle in the body, may be completely missed unless repetitive testing is done.

# 62.

缺血性脑卒中

Ischemic Stroke

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先给予患者50ml高糖溶液（50%葡萄糖溶液），再判断患者是否是脑卒中。

*A stroke is never a stroke until it has received 50 of D50.*

---

这可能是最经得起时间考验的一个临床精要了。它的意义在于说明，严重的代谢紊乱，特别是低血糖，可以导致任何局灶神经系统异常体征，特别是对于局部亚临床缺血的脑区。如果医师牢记这一点，那么在他/她的职业生涯中可能能够逆转数位“脑卒中”患者的病情。

Perhaps the most time-honored of all clinical pearls, its meaning lies in the fact that any focal neurological deficit can be caused by a severe metabolic disturbance. This is particularly true for areas of the brain which may have subclinical reduction in blood flow, and of the metabolic causes, hypoglycemia is the most commonly appreciated. Any physician who remembers this will likely reverse several "strokes" during her or his clinical lifetime.

# 63.

蛛网膜下腔出血

Subarachnoid Hemorrhage

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这是是否是导致“我这辈子最严重的头痛”的原因？有可能。不过实际上，只有不到一半患者的病因是蛛网膜下腔出血。

*Is this the cause of the "worst headache of my life"? Often, but in fact, less than half the time.*

---

神经科医师用“蛛网膜下腔出血”来描述Willis环的动脉瘤破裂。患者往往有严重头痛和脑膜刺激症状，但是除了后交通动脉瘤导致的动眼神经麻痹之外，一般没有局灶神经系统体征。严格来说，蛛网膜下腔出血指的是任何导致血液进入蛛网膜下腔的情况，不过除非特殊说明，还是应该认为它指的是动脉瘤破裂。

When neurologists use the term "subarachnoid hemorrhage", they are referring to the rupture of a berry aneurysm, from the Circle of Willis. These present with severe headache and meningismus, but most often, no focal neurological signs, with the exception of the occasional oculomotor nerve paralysis with a posterior communicating aneurysm. Strictly speaking, a subarachnoid hemorrhage refers to any condition which causes blood to enter the subarachnoid space, but unless otherwise specified, consider this to mean a ruptured berry aneurysm.

# 64.

吉兰-巴雷综合征

Guillain-Barré Syndrome

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如果你诊断一个年轻亚洲男性患者为本病，那么在进行血浆置换之前，一定要检查患者的血清钾水平：患者的症状可能是由甲状腺功能亢进导致的周期性麻痹所致。

*If you diagnose this condition in a young Asian man, be sure you know the serum potassium before instituting plasmapheresis: the cause may be thyrotoxic periodic paralysis.*

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吉兰-巴雷综合征为上行性多发神经病，多有前驱呼吸道感染，主要累及运动神经，腰椎穿刺脑脊液检查可见蛋白升高，细胞数目正常。这些特征是为多数临床医师所熟知的。部分患者可以快速进展至四肢瘫，而且有些时候与周期性低钾麻痹难以区分。周期性低钾麻痹可见于1/3患有Graves病的年轻亚洲男性，大多可自愈。

Guillain-Barré is known to most clinicians as being an ascending polyneuropathy after a respiratory tract infection with characteristic clinical findings, dominantly motor, and a lumbar puncture with elevated protein despite a normal cell count. The quadripareisis of this condition can be rapidly developing, and in rare instances, may be mimicked nearly perfectly by hypokalemic periodic paralysis. This latter occurs in one-third of young Asian men who develop Graves'disease, and resolves without specific treatment.

# 65.

## 脑脓肿

### Brain Abscess

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当放射科医师说你那位头痛患者可能罹患脑肿瘤时，不要垂头丧气；核磁扫描不一定能够区分脑脓肿和神经胶质瘤。

*All is not lost if the radiologist says your patient with headache has a brain tumor; brain abscess may be indistinguishable from glioblastoma on the MR scan.*

---

典型的脑脓肿患者往往有慢性肺部感染、中耳炎或鼻窦炎的慢性病史；在免疫抑制患者中，还应该考虑弓形虫感染。导致脑脓肿的常见致病菌包括链球菌、厌氧菌和葡萄球菌。

The typical patient with brain abscess has a background of chronic pulmonary infection, otitis, and sinusitis; in the immunosuppressed, one considers toxoplasmosis as well. The most common bacterial causes include Streptococci, anaerobes, and Staphylococci.

# 66.

## 小脑共济失调

### Cerebellar Ataxia

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在颅骨后窝病灶诊断明确前，不能放弃。

*The sun never sets on the posterior fossa.*

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小脑的病理过程往往与脑干紧密关联，及时的诊断和治疗极为关键。因此，即使时间再晚，也应该请放射科医师行MRI扫描以检查小脑的病灶。

Because pathological processes in the cerebellum impinge closely on the brainstem, immediate diagnosis and treatment are critical. Thus, even though it may be at an inconvenient time, the radiologist should be called upon to perform an MRI study to exclude a mass lesion in that area.

# 67.

## 硬膜外脓肿

### Epidural Abscess

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如果患者已经明确诊断有硬膜外病变，并伴有肢体瘫痪时，应该马上进行神经外科干预；如果病变看似为脓肿，但是病原学培养阴性，还应该询问患者是否患有痛风。

*Epidural pathology with paraparesis requires immediate neurosurgical intervention when diagnosed; if it looks like an abscess and the culture is negative, ask the patient if they have gout.*

---

长期痛风患者的尿酸结晶可以沉积在体内任何地方。沉积在硬膜外的痛风石临幊上与脓肿非常相似。因此，如果患者的病原学培养阴性，应该将“脓液”送偏振光显微镜检查。

In patients with longstanding gout, tophi of uric acid crystals may occur anywhere in the body. If these occur, as has been commonly reported, in the epidural space, they mimic abscess clinically, and even resemble them. If the culture is negative, it is important to send the "pus" for polarizing microscopy.

# 68.

昏迷

Coma

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每位抵达急诊室的昏迷患者都应该服用“三联鸡尾酒”：葡萄糖、维生素B<sub>1</sub>，以及纳洛酮。

*Serve up the glucothiacyan cocktail for all emergency room patients brought in comatose: glucose, thiamin, and Narcan(naloxone).*

---

急诊常见的三个立刻就可治疗的导致昏迷的病因是：Wernicke脑病、低血糖，以及阿片类物质服用过量。因此，采用上述非常安全的治疗方法，也许某些患者的意识就能够恢复正常。

Because three causes of immediately treatable coma encountered in emergency rooms are Wernicke's encephalopathy, hypoglycemia, and opiate overdose, this harmless combination of medications may, upon occasion, reward the provider with patient's return to normal consciousness.



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耳鼻喉疾病

OTOLARYNGOLOGICAL  
CONDITIONS

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# 69.

## 急性外耳炎

### Acute Otitis Externa

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耳发红疼痛的鉴别诊断不多，但本病是其中最严重的一个。

*The painful red ear has a limited differential, but this is the most ominous of its causes.*

---

急性外耳炎典型的致病菌为铜绿假单胞菌，在糖尿病患者中并不罕见；患者全身中毒症状可能很严重，而且轻轻触动患耳都可以导致疼痛。耳发红疼痛的其他原因，包括痛风和复发性多软骨炎，但这些患者通常没有全身症状。因此，通过患者的临床症状较容易将其与急性外耳炎相区分。

Acute external otitis is typically caused by Pseudomonas, and not rarely is seen in the diabetic patient; it is capable of causing extreme toxicity, with even slight movement of the ear eliciting pain. Other causes include gout and relapsing polychondritis, although these patients are in general not as systemically ill and the clinical picture ordinarily makes separation easy on clinical grounds.

# 70.

中耳炎

Otitis Media

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遇到发热的ICU患者，一定要检查耳部；本病可能就是诊断，从而可以免去繁复且昂贵的临床评估。

*Always look in the ear in the febrile ICU patient; this may be the diagnosis, and thus spares a more detailed and expensive evaluation.*

---

经鼻气管插管的患者，其管路走行可能邻近咽鼓管，从而导致内耳分泌物引流不畅，内部细菌不能被排出，诱发感染。ICU患者发热的鉴别诊断极多，而检查耳部这一简单操作，可能为重症患者发热这一常见临床问题提供一个诊断思路。

In patients who have nasotracheal intubation, the tube may lie against the Eustachian tube, resulting in impaired drainage of inner ear secretions, and thus, failure of bacteria therein to exit the canal, resulting in infection. Since the differential diagnosis for fever in the intensive care unit is so extensive, this simple maneuver may prove to be an easily diagnosed explanation of this common clinical problem.

# 71.

急性涎腺炎

Acute Sialoadenitis

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面对突然发生“颈部淋巴结肿大”的患者，应该询问他们是否近期暴露于炎热环境中，或者进行过大量锻炼；所谓“淋巴结肿大”，可能只是涎腺导管中一个结石导致腺体肿大。

*In patients with abrupt onset of "cervical lymphadenopathy", inquire about exposure to hot weather and vigorous exercise; the "lymphadenopathy" may be a simple stone in the salivary duct, causing enlargement of the gland.*

---

本病的生理机制相对简单，病例并不少见。患者有时甚至可以察觉到口腔内小结石的存在，特别是当他们处于脱水的状态下；马拉松运动员尤其高危。本病是导致血清淀粉酶极度升高的原因之一，但是血清脂肪酶正常，从而可以区别于胰腺炎。

The pathogenesis of this problem is fairly straightforward, but the condition is not rare. Patients may even have recognized that the presence of small calculi in their mouths, and this is especially true if they are dehydrated; marathon runners are at particular risk for this. It is among the causes of extreme elevation of the serum amylase, but the normal lipase excludes pancreatitis as a cause.

# 72.

## 急性鼻窦炎

### Acute Sinusitis

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很多患有上呼吸道感染的患者都坚信他们患有鼻窦炎；其实绝大多数患者没有。

*Many patients with upper respiratory infections believe they have sinusitis; the vast majority do not.*

---

因为大多数人知道上颌骨、筛小房和蝶窦区域存在鼻窦，因此他们一般将自己的急、慢性症状归咎于“鼻窦炎”。急性细菌性鼻窦炎是一个非常严重的疾病，患者中毒症状明显，并且可能引发邻近组织结构并发症，比如脑膜炎或脑脓肿。在恰当的临床情况下，CT检查可以做出明确诊断。但对于患有病毒性上呼吸道感染，却坚信自己患有鼻窦炎的一般患者，CT检查则并非必须。

Because most of the public is aware of the presence of sinuses in the maxillary, ethmoid, and sphenoid areas, they commonly attribute acute or chronic symptoms to "sinusitis." However, acute bacterial sinusitis is a serious disease, causing toxicity in the patient, and potential neighborhood complications such as meningitis or brain abscess. A CT scan makes the diagnosis in the proper clinical setting, but should not be necessary in the average patient who believes that a viral upper respiratory infection is in fact sinusitis.

# 73.

头位性眩晕

Positional Vertigo

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诊断及治疗本病的手法比较难以记住，但是值得努力；本病是导致全科诊所中患者眩晕最常见原因。

*The maneuvers to establish this diagnosis, and to treat it, are difficult to remember, but worth the effort; it is the commonest cause of vertigo in most primary care settings.*

---

本病非常常见，特点为突发眩晕，持续片刻即停止，往往由突然改变头部位置诱发，比如在睡觉中翻身。本病可以通过相对简单的床旁诊疗手法诊断，比如Dix-Hallpike手法。本病病因为耳石移位，扰乱内耳迷路所致。

This common condition is characterized by abrupt onset of vertigo lasting only momentarily, and which is provoked by changes in position of the head, such as rolling over while asleep. The condition can be fairly simply diagnosed by bedside maneuvers including the Dix-Hallpike test, and is caused by abnormal stimulation of the inner ear labyrinth by dislocation of the corona.

# 74.

会厌炎

Epiglottitis

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如果患者诉严重咽部疼痛，但是咽部检查未见异常，就应该考虑本病：一个准确诊断可能能够挽救患者的生命。

*In any patient with a severe sore throat and a normal pharyngeal exam, consider this: an accurate diagnosis may save the patient's life.*

---

虽然会厌炎更常见于儿童患者，而且儿童人群发病率也由于流感嗜血杆菌疫苗的普及而下降，但散发病例仍然存在，成年患者中也可见到。患者典型表现为声音嘶哑和难以吞咽口腔分泌物以致流涎。因为病变部位在舌咽以下，所以使用压舌板直接检查时看不到异常表现。

While epiglottitis is typically a more serious disease of children, and its incidence has fallen in that population due to Haemophilus influenza vaccination, this condition still appears sporadically and also may present in adults. Patients are typically hoarse, and have difficulty swallowing their oral secretions, resulting in drooling. Because the problem is distal to the tongue and pharynx, the direct examination with tongue blade is normal.

# 75.

鼻出血

Epistaxis

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看到孩子第一次流鼻血时，医师和家长们往往会恐惧白血病，其实，孤立的鼻出血几乎从来不是血液系统恶性病的首发表现。

*Although physician-patients fear leukemia when their child has its first nosebleed, epistaxis in isolation is almost never the presenting feature of a hematologic malignancy.*

---

在凝血功能障碍的患者中，特别是当患者存在显著血小板减少时，确实可以见到鼻出血。所以当看到患者第一次流鼻血时，人们几乎条件反射般的联想到可怕的恶性疾病。其实，更常见的解释——比如空气干燥、抠鼻——往往是真正的原因。值得注意的是，因为鼻黏膜内存在勃起组织，因此情绪特别激动的时候，有些患者也会流鼻血。

Because epistaxis may indeed be seen in patients with coagulation abnormalities, particularly marked thrombocytopenia, it is perhaps a natural reflex to suspect ominous diagnoses the first time this occurs. However, far more prosaic explanations—low humidity, nose picking—are usually the explanation. Of interest, because of the presence of erectile tissue in the nasal mucosa, extremes of emotion may be associated with recurrent nosebleed in some patients.

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眼科疾病

OPHTHALMOLOGICAL  
DISORDERS

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# 76.

## 闭角型青光眼

### Angle Closure Glaucoma

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询问急性腹痛患者是否也有眼部疼痛；虽然患者可能会觉得这个问题很奇怪，但是患者的回答可能提示本病——急性腹痛的非外科病因之一。

*Ask the patient with acute abdominal pain if their eyes hurt; though they may think it peculiar, it may be the clue to this nonsurgical cause of acute abdominal pain.*

---

闭角型青光眼占全部青光眼病例的不到5%。瞳孔扩张可能诱发本病，诱因包括使用扩瞳药物、进入昏暗的影院内等导致瞳孔扩张的情况。前房角较窄的患者更易发生闭角型青光眼。前房角较窄多见于亚洲人和老年患者。

Although angle closure glaucoma constitutes less than 5% of all instances of that condition, it is the one which is precipitated by pupillary dilatation and thus, occurs with use of mydriatics, entry into a dark theater, and similar conditions resulting in pupillary enlargement. A pre-existing narrow anterior chamber angle, which may predispose to closure of the angle, is more common in Asians and in older patients.

# 77.

年龄相关性黃斑变性

Age-Related Macular Degeneration

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仅为了诊治这一种疾病，医师也应该掌握检眼镜检查技巧：本病是北美超过70岁以上患者失明的最常见原因。

*It is worth learning the funduscopic examination well just for this condition: it is the commonest cause of blindness in North America for patients in the seventh decade and older.*

---

黃斑变性分为两类，即所谓的干性和湿性。就视力下降而言，湿性黃斑变性更值得关注。年龄相关性黃斑变性主要见于老年人，虹膜颜色较浅、患有心血管疾病及吸烟均为危险因素。早期诊断非常重要，特别是部分干性黃斑变性的患者，可能早期尚无症状。

There are two kinds of macular degeneration, the so-called dry and wet forms, the latter being of greater immediate concern as regards deterioration of vision. A disease of older people, light iris color, cardiovascular disease, and cigarette smoking may all predispose. Early diagnosis is crucial and the occasional patient with dry macular degeneration may even be asymptomatic.

# 78.

白内障

Cataracts

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虽然大部分患者因为摘除白内障后视力恢复而欣喜若狂，但还有一个意料之外的好处，就是色视力的提高。你的患者可能会因此而感谢你。

*Although most patients are thrilled to have restoration of normal vision with removal of cataracts, an unexpected benefit is enhanced color vision; your patients will like you for referral to the ophthalmologist to treat these.*

---

晶状体浑浊不仅仅导致视力下降，而且会减弱周围景物的颜色反差，就好比黄昏时光线不足的效果。因此，摘除浑浊晶状体能够同时恢复视力和色视力。患者会因为再次拥有20/20的视力而高兴，也会因再次看到色彩斑斓的世界而惊喜。

Because the presence of opacification of the lens not only results in reduced visual acuity, but also dims the colors of objects surrounding the patient, much as fading light during twilight does, removal of the lens treats both of these. The patient is ordinarily happy to have 20/20 vision again, but may be surprised how colorful his surroundings appear.

# 79.

开角型青光眼

Open Angle Glaucoma

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本病机制尚不明了，目前认为属于视神经炎的范畴；眼压升高是继发现象，而不是本病的主要原因。

*This poorly understood condition is now believed to be a form of optic neuritis; the elevated intraocular pressure is secondary, not primary, to the pathophysiology.*

---

近年研究表明，开角型青光眼的病因更多是由于视神经功能异常，而非眼压增高。的确，长期以来的临床经验表明，不同患者的眼压差异很大，而且即使是同一患者，一天之内眼压也可能变化。心力衰竭患者使用 $\beta$ 受体阻滞药噻吗洛尔后，罕见情况下可能因为药物进入全身循环而产生呼吸困难，或导致哮喘患者病情加重。

Research in recent years has indicated that the cause of open angle glaucoma is more due to dysfunction of the optic nerve than it is of the increased intraocular tension, which had long been known to be highly variable in any case. Indeed, intraocular pressure may vary throughout the day. Patients with heart failure who receive eye drops with the beta-blocker timolol may, on rare occasions, develop worsening dyspnea from systemic absorption of these medications, and asthmatics may also experience an exacerbation of their condition.

# 80.

## 角膜溃疡

### Corneal Ulceration

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遇到角膜溃疡患者，医师一定要检查瞬睫反射；如果瞬睫反射消失，就要考虑延髓空洞症。

*Be sure to test for blink in any patient with a corneal ulceration; if absent, bulbar syringomyelia may be the diagnosis.*

---

脊髓空洞症是涉及脊髓的有趣病症，有时也可以波及脑干。本病与Arnold-Chiari畸形有一定关联。如果脊髓空洞症延伸至颅内，累及第5对脑神经的神经核，则角膜感觉会丧失，即使轻微外伤也会导致角膜损伤。

Syringomyelia is an interesting disorder of the central spinal cord, and in some instances, the brainstem. It is associated with the Arnold-Chiari malformation. If the cranial extent of the syrinx affects the Vth cranial nerve nucleus, then, sensation on the corneas may be lost, resulting in increased susceptibility to injury with minor corneal trauma.

# 81.

糖尿病视网膜病变

Diabetic Retinopathy

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严格控制血糖是否能够预防本病呢？可能行，也可能不行，不过采用最安全的血糖控制才是明智的办法。

*Does tight glucose control prevent this? maybe, maybe not, but discretion suggests the safest tight control possible is a wise idea.*

---

学界对血糖控制不佳会加速糖尿病视网膜病变这一观点多年来争论不休。对于1型糖尿病，这一观点得到了广泛认可，但对于2型糖尿病尚不明确，因为不同2型糖尿病患者进展至视网膜病变这一并发症的速度大不相同。经验表明，对于控制力较佳的患者，可以鼓励他们在避免低血糖的情况下，尽量将血糖控制在接近正常的水平。

The debate about whether diabetic retinopathy is accelerated by poor glycemic control has been one that has raged for countless years. There appears to be agreement that this is particularly true in type I diabetes, although the data are less clear for type II, in which wider variation in the pace of development of this complication is observed. The compulsive patient who can avoid hypoglycemic episodes while simultaneously keeping their glucose within near-normal ranges is empirically best served by doing so.

# 82.

眼睑裂斑和翼状胬肉

Pinguiculum and Pterygium

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这两种病症都为临床医师所熟识，但很少有人能道出它们的区别。

*Familiar to all clinicians, but remembered by few for their extent, these two common conditions are only coincidentally associated with hyperlipidemia.*

---

两种病都可能与高血脂并发，但高血脂并不会直接导致这两种眼疾。它们的外表看起来几乎没有区别，唯一的区别方式在于它们是否延伸到角膜。眼睑裂斑从不会长到角膜，更不会影响视觉，但翼状胬肉则会延伸到角膜，并且在散瞳以后有可能造成对视觉的阻碍。

These two similar problems, nearly identical in appearance, are separated by the fact that the pinguiculum does not involve the cornea, and thus never interferes with vision. The pterygium, contrastingly, extends onto and into the cornea, and may cause some obstruction of vision when the pupils are dilated.

# 83.

视网膜中央动脉阻塞

Central Retinal Artery Occlusion

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本病是眼科急症之一，一定要及时处理，否则患者患侧视力可能永久丧失。

*Of prime importance as an ophthalmological emergency, this must be treated immediately or vision will be permanently lost in the involved eye.*

---

视网膜中央动脉可能因为血栓形成、动脉炎，或者栓子而阻塞。医师必须及时处理才可能保住患者视力。诸如前房穿刺、眼球按摩，以及面罩吸CO<sub>2</sub>等都可能有效。溶栓治疗的效用尚不明确。视网膜苍白，伴樱红色视网膜小凹为本病的典型特征。

When the central retinal artery is occluded either by thrombosis, arteritis, or an embolic plaque, one has a very limited period of time to save the eye. Maneuvers such as anterior chamber paracentesis, digital ocular massage, and inhaled CO<sub>2</sub> by mask may all be of value. The role of thrombolysis is still debated. A pale retina with a bright cherry-red foveal spot is characteristic.

# 84.

## 结膜下出血

### Subconjunctival Hemorrhage

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如果出血局限于一侧眼部，问题不大；但是如果双侧均有结膜下出血，就应该马上检查患者是否有血液系统异常。

*If on one side, no problem; if bilateral, search promptly for a hematological abnormality.*

---

单侧结膜下出血大多自限，在服用阿司匹林或咳嗽、打喷嚏的患者中很常见；单侧结膜下出血就像淤青一样，会慢慢自行消失。如果患者存在双侧结膜下出血，就应该立即检查患者是否存在凝血障碍，特别是由于血液系统肿瘤导致的凝血障碍。

When seen on one side, a subconjunctival hemorrhage is a self-limiting, common problem in patients receiving aspirin or who have had a history of coughing or sneezing; it may be considered to be like a bruise, and thus resolves on its own. When seen in both eyes, the patient should be promptly investigated for a clotting disturbance, usually caused by a hematologic neoplasm.

# 85.

葡萄膜炎

Uveitis

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各种眼发红的原因会令全科医师紧张；此时，眼科转诊最为恰当。

*The cause of the red eye makes primary care providers anxious; ophthalmology referral is never inappropriate.*

---

葡萄膜炎有很多原因，而且可能涉及虹膜或者视网膜（分别为前葡萄膜和后葡萄膜），因此给全科医师最好的建议，就是采集详细的病史及进行彻底的体格检查，以帮助眼科医师更好地找出相关病因。

Because uveitis has so many causes, and may involve either the iris or the retina (anterior and posterior uveal tracts, respectively), the best advice to the primary care provider is to take a detailed history, and perform a thorough general exam, to help identify the many associated causes and thus make the ophthalmologist's job easier.



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感染性疾病

INFECTIOUS DISEASES

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# 86.

Lemierre综合征

Lemierre's Syndrome

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如果主诉咽痛的患者同时合并肺内空洞性病变，应考虑本病：本病是由颈内静脉感染性血栓静脉炎导致。

*In a sore throat with cavitary lung lesions, consider this: it is due to a septic thrombo-phlebitis of the internal jugular vein.*

---

有些情况下，口腔卫生不佳的患者其口腔感染可能蔓延至颈内静脉，并导致血栓。从这个血栓上脱落的栓子可能到达肺，并产生空洞病变。患者的咽痛相当严重，有些患者甚至不能向侧面转头。血培养往往提示存在厌氧菌。

In patients with poor dental hygiene, upon occasion, the oral infection spreads to the internal jugular vein, causing thrombosis. From this, emboli to the lung occur, which may cavitate. This sore throat is especially severe, and the patient often cannot move his head laterally. Anaerobic organisms are invariably obtained in blood cultures.

# 87.

炭疽

Anthrax

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医师应该熟悉本病：当今潜在的细菌武器战使得本病变得重要。

*Learn this disease: it could be important in the modern day of potential germ warfare.*

---

不论是皮肤型炭疽还是肺型炭疽，这种属于杆菌的生物都可令患者产生严重中毒症状和心血管系统损伤。其中肺型炭疽更为严重，因为它可以在人际间传播。炭疽病菌对抗生素极其敏感，但即使患者的细菌培养很快转为阴性，患者也可能因为全身炎症反应而死亡。

This bacillus species organism causes extreme toxicity and cardiovascular collapse, whether from its cutaneous or pulmonary form. The latter is especially worrisome, in that it may spread from person to person. The bacterium is extremely sensitive to antibiotics, but the systemic inflammatory response may cause death even as cultures quickly become negative.

# 88.

## 肉毒杆菌中毒

### Botulism

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患者有脑干病变体征及固定、散大的瞳孔？要认真考虑本病。

*Brainstem findings and fixed, dilated pupils? Give this serious consideration.*

---

本病为中毒所致，典型病例因患者使用家中自制的食品而发病。近年来，因为在美国街头贩卖的特定种类的海洛因可能被肉毒杆菌污染，所以本病发病率有所增加。

This toxic disorder, classically a result of ingestion of home-canned food, has recently become more common since the organism is capable of contaminating certain types of heroin sold on the streets of the United States.

# 89.

## 猫抓病

### Cat Scratch Disease

---

小猫是健康的，它的主人则不然。

*The kitten is not sick, but its owner certainly is.*

---

Bartonella henselae典型的传播媒介往往是从动物收养所抱来的无家可归的小猫。虽然小动物看似健康，但是其血液培养可以见到大量病原菌，从而导致小猫主人的系统性疾病。本病特点包括淋巴结肿大，以及病菌进入身体处的原发病损。

The typical vector for this Bartonella henselae infection is ordinarily a homeless kitten obtained from an animal shelter. Although the pet appears normal, blood cultures reveal enormous numbers of this organism, and lead to the systemic disease characterized by lymphadenopathy and a primary lesion of inoculation in its owner.

# 90.

军团菌病

Legionnaire's Disease

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本病得名于它导致的一次著名流行传播，即一次在费城召开的美国退伍军人联谊会中。

*The name comes from the first identified epidemic, at a meeting in Philadelphia of members of the Americaon Legion social club.*

---

虽然以往legionella pneumophila也导致过流行传播，并且通过血清学检查确诊，但本病进入公众视线则是因为导致了上述的一次特别严重的流行病暴发。患者罹患严重肺炎，甚至死亡。患者发病前往往接触过被病菌污染的水，特别是通过空调系统播散的水雾。如果没有典型暴露史，本病诊断则相对困难，因为和其他的非典型肺炎一样，本病的常规病原培养呈阴性。

Although other previous epidemics have been identified serologically as being due to Legionella pneumophila, it entered the public consciousness with a particularly severe outbreak at the convention noted above, with severe pneumonia and even death occurring. Often there is some type of water exposure, particularly through air conditioning devices; otherwise. this can be an elusive diagnosis, since routine cultures, as in other atypical pneumonias, are negative.

# 91.

## 脑膜炎球菌性脑膜炎

### Meningococcal Meningitis

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虽然本病可以在数小时内导致严重的菌血症、休克甚至死亡，但脑膜炎球菌性脑膜炎仍然是自愈率最高的疾病。

*Despite its ability to produce overwhelming bacteremia, shock, and death within hours, this disorder still has the highest rate of natural and complete recovery.*

---

本病在抗生素尚未问世之前就有记载，其中相当比例的患者不但存活下来，而且痊愈，没有任何神经系统后遗症；相比之下，肺炎球菌和流感嗜血杆菌性脑膜炎的患者则没有这么幸运。不过与此同时，对于最严重的脑膜炎球菌性脑膜炎病例，即使迅速使用恰当的抗生素，患者也可能在数小时内死亡。

In a pre-antibiotic era, it was learned that a fair percentage of patients with this condition not only survived, but did so without neurological sequelae; the same cannot be said for pneumococcal and haemophilus meningitis. At the same time, in its worst form, meningococcal disease may be fatal within hours even with immediate institution of appropriate antibiotics.

# 92.

鼠疫

Plague

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本病曾经使上百万人丧命。现今在美国西南部沙漠地区，仍时常可以见到散发病例。

*A disease which once killed millions is still encountered regularly in small numbers in the American desert southwest.*

---

鼠疫由接触过被感染啮齿动物的跳蚤传播，致病力极强。的确，欧洲就是通过控制鼠类的数量而消除本病的。脑膜炎和传染性极高的肺炎是本病最令人恐惧的表现。

A condition of astonishing virulence, plague is transmitted by bites of fleas who have obtained it from infected rodents. Indeed, it was control of the rat population which eliminated this condition in Europe. Meningitis and the highly infectious pneumonia are the most feared manifestations.

# 93.

## 肺炎链球菌感染

### Pneumococcal Infections

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Osler三联征：大叶性肺炎合并脑膜炎，就意味着心内膜炎。

*Osler's triad: lobar pneumonia plus meningitis equals endocarditis.*

---

当Osler在19世纪末在Gulstonian演讲中提出上述发现时，他并不知道本病的病原学病因。随后医师们才意识到这个三联征描述的是肺炎链球菌感染。的确，超过50%的肺炎链球菌肺炎合并脑膜炎患者。也同时伴有心内膜炎，并且累及主动脉瓣和二尖瓣的患者各占50%。

Althotgh Osler was not aware of the bacteriology when he made the above observations in the Gulstonian lectures in the late 19th century, it was subsequently realized that the triad referred to pneumococcal disease. Indeed, the combination of pneumococcal pneumonia and meningitis indicates that endocarditis is present in 50% of cases, equally split between aortic and mitral valves.

# 94.

## 鹦鹉热

### Psittacosis

---

患者的鸟类接触史可能并不明确。鹦鹉是忠诚的宠物，而且往往是非法进口的，因此宠物主人们大多希望他们的宠物不被他人知晓。

*The history of contact with birds may be elusive, as parrots are loyal pets, often illegally imported, and thus their owners wish for them to remain secret.*

---

鹦鹉热是另外一种非典型肺炎，患者往往有多只鸟类，而非一只。如上所述，患者可能不希望透露他们正在饲养宠物鹦鹉，因为这些鹦鹉可能是非法进口的，并且非常忠诚，只追随主人。肺炎是本病较晚期的表现，本病起初可表现为流感样症状。

Psittacosis is yet another of the atypical pneumonias, and often, the patient may have multiple birds rather than simply a single one. As noted, the patient may not wish to reveal that he or she keeps parrots as pets, as they may have been illegally brought into a country, and in any event, are very loyal pets, particularly dedicated to a single owner. The pneumonia is a relatively late manifestation of what starts as all influenzalike illness.

# 95.

回归热

Elapsing Fever

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本病名称极为恰当：如果不治疗，全身症状以及发热将定期出现。

*This is an aptly named condition: untreated, systemic symptoms with fever come and go at regular intervals.*

---

在夏天，医师经常可以在美国山区见到此病。本病由蜱虫或虱子传播。回归热周期性出现的症状，可能是由于病原体反复从血液循环中清除，进入网状内皮系统并繁殖，然后再次释放入血所致。本病病原载量极大，在患者发热的体温高峰时，可能在血涂片中看到致病螺旋体。

Seen regularly in mountainous areas in the U.S. during summer, this condition is transmitted by exposure to ticks or lice. The relapsing nature of the symptoms, including fever, is likely due to their removal from the circulation by the reticuloendothelial system, where they multiply, only to be released again into the circulation. Organism burden of this spirochete is so large that it is possible to observe them on a blood smear during the height of the febrile episodes.

# 96.

二期梅毒

Secondary Syphilis

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本病是内科病症中变化最为多样的疾病之一；如果怀疑本病，在检查患者黏膜时一定要戴手套。

*One of the most protean diseases in all of medicine; be sure to wear gloves when examining mucous membranes if you suspect this.*

---

本病症状往往在一期梅毒症状消失数周至数月后出现，最典型的表现为波及手掌、足底的皮疹，以及高传染性的黏膜斑。几乎所有患者的快速血浆反应素试验（RPR）都呈高滴度阳性（1：64或更高），因此医师如果稍有怀疑本病，就应该开具此检查。

The syndrome usually develops weeks to months after the primary lesion disappears, and is best known for a rash involving the palms, soles, and the highly contagious patches on the mucous membranes. The rapid plasma reagin(RPR)is an inexpensive test, and is positive in high titer (1 : 64 or higher) in virtually all cases, so clinicians should have a low threshold for ordering this.

# 97.

结核病

Tuberculosis

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现在肺炎患者住院时间缩短，从而医师难以确定患者的影像学好转，进而导致一些结核病例漏诊。

*Shortened hospital stays for pneumonia have resulted in this disease being missed due to failure to be certain about radiological improvement.*

---

全球范围内，结核病仍然是严重威胁人类健康的疾病之一。在发达国家，其发病率有所减少，因此结核病更容易被漏诊，其中50%病例为原发感染。很多患者仅接受数天针对“肺炎”的治疗就获准出院，医师难以随诊其影像学好转，从而使得患者不能得到恰当的抗结核治疗，导致疾病进展。

Tuberculosis (TB) is still very much a scourge of humanity worldwide, but is appreciably less common in developed countries. Consequently, it can be easy to miss, as fully half of patients present with primary infections. As many individuals are discharged after only a few days of treatment for "pneumonia," inadequate follow up of resolution of imaging studies may allow TB to progress without proper treatment.

# 98.

球孢子菌病

Coccidiomycosis

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如果你是游客，夏日驱车从洛杉矶开往拉斯维加斯，请一定要关上车窗并打开空调：即使仅吸入一个孢子也可致病。

*If you are a tourist driving from Los Angeles to Las Vegas on vacation in the summer, keep the windows up and the air conditioning on: even a single arthrospore of this fungus can be infectious.*

---

本病是另外一个美国西南部沙漠地区可见的疾病，由arthrospore传播，传染性极高。孢子存在于干燥而炎热环境中的土壤内。就大多数病例而言，本病病程自限，症状与病毒感染类似。但对于肤色较深的患者，包括亚洲人和菲律宾人，则有系统性感染的危险。其最典型的表现为胸片上的薄壁空洞以及脑膜炎。

Another disorder of the desert southwest in America, transmitted by arthrospores, which are highly infectious, found in soil where there is dry and hot weather. Although most cases are self-limiting and resemble a viral disorder, dark-skinned people, including Asians and Filipinos, have a much higher incidence of systemic disease; thinwalled cavities on chest x-rays and meningitis are typical.

# 99.

隐球菌病

Cryptococcosis

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用隐球菌抗原而不是墨汁染色诊断本病；墨汁染色法的假阳性率较高。

*Diagnose this opportunistic disorder by cryptococcal antigen, not India ink; the latter is associated with large numbers of false-positives.*

---

虽然大多数医师在怀疑隐球菌病时会检测血清或脑脊液中的隐球菌抗原，但仍有部分医师在使用脑脊液墨汁染色法。墨汁染色法不被推荐，因为有些情况下，正常的淋巴细胞也可能被染色，致使检测呈假阳性，使患者接受不必要的治疗。

Although most clinicians, if suspecting cryptococcal disease, use the serum or CSF antigen in diagnosis, some still employ the India ink test on the CSF. This is unwise, because upon occasion normal lymphocytes may appear to be positive tests, leading to inappropriate treatment.

# 100.

孢子丝菌病

Sporotrichosis

---

遇到主诉新发不能解释的腋下淋巴结肿大的患者，询问是否种植玫瑰——如果回答是，患者很可能患有本病。

*Ask your patient with unexplained axillary lymphadenopathy if she cultivates roses—if so, this is your diagnosis.*

---

诚然，这种真菌并非仅见于玫瑰的刺上，但玫瑰的刺是非常典型的使患者感染的途径。可以导致这种类型的淋巴结肿大的病因并不唯一，需要进行活检以及病原培养来获得诊断，但病史仍然是对医师诊断最有价值的部分。

While not perhaps entirely confined to rose thorns, this fungus is very typically found on them, and given the thorns on rose plants, it is easy to inoculate. Because there are a number of causes of lymphadenopathy of this type, biopsy and, in particular, culture may be necessary to establish the diagnosis; but history remains the clinician's best friend in this disorder.

# 101.

蛔虫病

Ascariasis

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患者有阑尾炎并伴有血嗜酸细胞增多？医师应该认真考虑本诊断。

*Appendicitis with eosinophilia? Give this diagnosis serious thought.*

---

因为阑尾连接着盲肠，因此寄生虫阻塞肠腔后可能造成阑尾腔的填塞，诱发阑尾炎。虽然这种病例并不多见，但是患者一般都合并血嗜酸细胞增多。嗜酸细胞增多也是蛔虫病的典型表现之一。

Because obstruction of the intestinal lumen may result in impaction of the appendix as it attaches to the ileum, this parasite may cause appendicitis, few cases of which are ordinarily associated with the eosinophilia which typifies this infestation.

# 102.

鱼肉绦虫

Fish Tapeworm

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去东京旅游时，一定要参观Meguro寄生虫博物馆：在这里，你可以见到一条12米长的鱼肉绦虫。这条寄生虫是从一个大活人的肠道中取出的！

*Be sure to visit the Meguro Parasitology Museum on your next visit to Tokyo: there you will see a 12 meter example of this organism which was passed from the intestine of a living human being.*

---

上面提到的博物馆其实是学习寄生虫学的一个好地方，其中的标本来自一个人多年来不辞辛劳的努力。因为喜食生鱼，鱼肉绦虫感染在日本相当常见。本病的特征之一是患者合并维生素B<sub>12</sub>缺乏，这是由于寄生虫和宿主争夺养分所致。

The above-mentioned museum is actually an excellent place to learn parasitology thanks to the efforts of a single individual who collected specimens for many years. A well-known feature of the fish tapeworm, fairly common in Japan given the predilection for eating raw fish, is vitamin B<sub>12</sub> deficiency caused by competition for that nutrient between host and parasite.

# 103.

阿米巴病

Amoebiasis

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如果一个疑似肿瘤的肠道肿物在病理检查中并未见到肿瘤细胞，应该考虑通过血液学检查寻找阿米巴虫。

*If the pathology of a fecal mass resembling carcinoma does not show malignant cells, obtain a serological test for this pathogen; the diagnosis will be amoeboma.*

---

虽然阿米巴病较为常见的表现是结肠炎和肝脓肿，但病人偶尔也可以在乙状结肠和盲肠形成炎性肿物，肉眼外观酷似肿瘤。这些肿物是由于机体对局部少量原虫产生强烈炎症反应的结果。

Although amoebiasis is best known as a cause of colitis and liver cyst, occasional patients may develop inflammatory masses in the sigmoid or cecum which, on direct visualization, quite closely resemble cancer. These appear to represent especially vigorous inflammatory responses to the small numbers of the protozoan in those areas.

# 104.

巴贝虫病

Babesiosis

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遇到有脾切除病史的败血症患者，应该仔细观察患者的血涂片。这种寄生于红细胞内的寄生虫外形特殊，如果观察到即可诊断。

*Take a close look at the blood smear in a septic patient with previous splenectomy; this intraerythrocytic parasite has a characteristic appearance, and an immediate diagnosis may be made.*

---

本病由流行地区的硬蜱属蜱虫传播，是在无脾患者中导致败血症样表现的疾病之一。许多无脾患者接种过肺炎球菌疫苗和流感嗜血杆菌疫苗，但是本病没有疫苗可以预防。因此，医师需要询问详细病史，包括是否在欧洲和美国的疾病流行地区内旅游和娱乐。患者往往还同时感染莱姆病。

Carried by Ixodes ticks in endemic areas, this is one of the conditions which produces septic-appearing pathophysiology in asplenic patients. Many patients without spleens have been vaccinated for pneumococcus and haemophilus, but no such preventive exists for this condition. Thus, it is important to take a history which includes travel or recreation in areas in Europe and the United States where this tick may be encountered. Lyme disease often co-infects the patient.

# 105.

贾第虫病

Giardiasis

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如果患者诉腹泻伴绞痛，又恰巧曾在雨季徒步远足，那么不论是在发达国家还是欠发达国家，医师都应该强烈怀疑本病。

*Diarrhea and cramping in a hiker during or just after a rainy period strongly suggests this possibility, both in developed and underdeveloped countries throughout the world.*

---

在维基百科上，列文虎克对本病病原体的首次描述十分有趣。每年，全球有数百例新发病例。虽然本病没有传播媒介，但多种动物，包括许多哺乳类和鸟类，以及人际间传播都有可能。虽然死亡病例罕见，但如果不及早诊治，慢性贾第虫病会给患者带来相当大的不适。

It is entertaining to read Leeuwenhoek's initial description of this pathogen using Wikipedia. Annually, there are millions of cases throughout the world, and while there is no vector, a number of animals, including many mammals and birds, and human-to-human transmission is possible as well. While seldom fatal, the chronic symptoms of this infestation may result in considerable ongoing discomfort in patients unless this condition is thought of and sought for.

# 106.

疟疾

Malaria

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在观察外周血涂片时一定要确定是否是寄生虫；因为在血涂片变干时，部分红细胞中央会产生一个环状结构，造成存在疟原虫的假象。

*Be sure of the identity of the parasite on the smear of peripheral blood; a drying artifact during preparation shows a central ring in some red cells which is similar to that of plasmodia.*

---

与结核病以及HIV/AIDS并列，疟疾是严重危害人类健康的三大疾病之一，每年全世界新发病例数以百万计。控制疟疾的关键是灭蚊。另外，最严重的恶性疟原虫的抗药性也正在增加。在疾病流行区，患者的临床表现非常典型；间日疟患者反复发热，不过也可能新发感染。

Malaria is, along with tuberculosis and HIV/AIDS, one of the three scourges of humanity, with each having millions of new cases worldwide every year. Mosquito control is essential to preventing this disease, and increasing drug resistance to falciparum malaria, the most morbid type, has been encountered. The clinical picture in endemic areas is characteristic; vivax malaria is recurrent, but the infection may occur.

# 107.

*Coxiella burnetii*导致的Q热

Q Fever caused by *Coxiella burnetii*

---

少数几个可以导致肝所谓“甜甜圈样肉芽肿”的疾病之一。

*One of the few causes of the so-called "donut granuloma" when it involves the liver.*

---

本病在立克次体感染中比较特殊，没有皮疹，而且大多有动物接触史，特别是羊，不过有时候接触史很难确定。大部分病例表现类似病毒感染，但是肺炎、肝炎，甚至细菌培养阴性的心内膜炎都有可能发生。由于一般的经验性抗生素治疗无效，而且常规病原培养为阴性，因此医师要将此病纳入不明原因发热的鉴别诊断中，并在恰当时给予四环素治疗。

Unique among the rickettsial diseases is the absence of a rash in this disorder, and exposure, particularly to sheep, is nearly always present though sometimes difficult to establish. The majority of cases resemble a viral infection, but pneumonitis, hepatitis, and even culture-negative endocarditis occur occasionally. Because standard antibiotics are ineffective and routine cultures negative, it is important to consider this in unexplained fever, so that the proper tetracycline may be administered.

# 108.

落基山斑疹热 (RMSF)

Rocky Mountain Spotted Fever (RMSF)

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虽然名字如此，但其实本病在北美落基山区甚为少见。

*Despite the name, there are few cases in the Rocky Mountains of North America.*

---

这个名字可能来源于早期对本病的描述；在所有立克次体感染中，本病和伤寒最为严重。RMSF由蜱传播，症状类似流感，有时还可伴有严重的中枢神经系统症状。患者的皮疹最初为斑疹，数天之后转为紫癜样皮疹。

The name likely comes from early descriptions of the condition; but of the rickettsial diseases, this and typhus are the most serious. RMSF is carried by ticks, and results in an influenza-like disease, upon occasion associated with prominent central nervous system symptoms. The rash is at first macular, but becomes purpuric after several days.

# 109.

科罗拉多蜱传热

Colorado Tick Fever

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传播本病的蜱虫唾液内含有一种神经毒素，如果蜱虫吸附在人体上就会导致患者全身肌无力。医师应该寻找并除去蜱虫，患者的麻痹症状即刻就会好转。

*The saliva of the responsible tick may contain a neurotoxin leading to generalized muscle weakness when the tick is embedded; find it, remove it, and the paralysis disappears immediately.*

---

除去麻痹症状，本病其实是自限的轻症感染。但是，蜱瘫痪与吉兰-巴雷和家族性周期性瘫痪表现很相似。如果不将吸附在人体毛发或黏膜处的蜱虫移除，就可能需要让患者接受繁多且昂贵的检查。读者可能还记得，在电视剧“豪斯医生”中，有一集讲的就是这样的病例。

Without the paralysis, this is a mild infection quite self-limiting. However, tick paralysis may resemble Guillain-Barré or familial periodic paralysis, and lead to an extensive and expensive workup if the embedded tick is hidden within the hair or in mucous membranes. Readers may remember an interesting episode in the medical television series "House" which featured a representative case of this problem.

# 110.

## 巨细胞病毒感染 Cytomegalovirus

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在发现这种病毒之前，本病叫作“人工心肺循环后综合征”，因为患者往往在心脏直视手术中经过血液被感染。

*Before the responsible agent was identified, this infection was called "post-pump perfusion syndrome," because of its transmission by blood during open heart surgery.*

---

我们对CMV常规的认识，是它可以导致不伴咽痛的传染性单核细胞增多症。但随着免疫抑制患者的增多，我们见到越来越多感染的其他表现，包括严重的脉络膜视网膜炎，脑膜脑炎，以及持续发热。的确，在免疫力正常的患者中，CMV感染表现为传染性单核细胞增多症样症状，但是医师在遇到很多其他的症状和体征时，也应该将CMV感染纳入鉴别诊断。正如精要中所说，在发现CMV这种病毒之前，本病是通过输血传播的。

Though the common teaching is to think of CMV as simply mononucleosis without a sore throat, the age of immunosuppression has taught us otherwise, and such conditions as severe chorioretinitis, meningoencephalitis, and prolonged fever have been observed. Indeed, a mononucleosis-like syndrome is witnessed in persons with normal immune systems, but this condition remains in the differential of a wide variety of symptoms and signs. As the pearl suggests, it was transmissible by blood transfusion until the virus was properly identified.

# 111.

登革热

Dengue Fever

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这种蚊子传播的疾病别名叫作“断骨热”，而且名副其实。本病的出血性亚型更为凶恶。

*This mosquito-borne illness is called "breakbone fever" for a reason, but even worse is its hemorrhagic variety.*

---

典型登革热症状包括高热、严重的肌肉和关节痛，以及偶尔合并睾丸炎。如果感染了其他种类的登革热病毒，由于包括“抗体依赖性增强效应”在内的多种因素，患者可能出现显著的出血倾向，临床表现为胸腹腔内弥漫的毛细血管渗漏，以及凝血系统和纤溶系统的同时激活。

In its usual variety, high fever, severe myalgias and arthralgias, and occasional orchitis develop. Upon reexposure to other strains of a Dengue virus, the patient is at risk for a marked hemorrhagic diathesis likely caused by what is termed antibody-dependent enhancement, although this may not be the only factor. What is observed is diffuse capillary leak from blood vessels in both the chest and the abdomen, as well as marked activation both of the coagulation and fibrinolytic systems.

# 112.

艾滋病

HIV/AIDS

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虽然在过去的25年间，艾滋病治疗方法已有巨大进展，但截至2012年8月，全球仍有超过35 000 000人罹患这种毁灭性疾病。

*As of August 2012, more than 35 million people worldwide still carried this devastating disease, despite major advances in treatment over the last 25 years.*

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本病仍然是最为重要的全球健康问题之一，因为本病没有预防疫苗。虽然在发达国家，有越来越多的抗反转录病毒药物可供选择，艾滋病从一种致命疾病逐渐转变为一种慢性病，但严格来说，本病尚无治愈方法。关于本病临床症状的描述已经非常清晰，并发症与患者CD4淋巴细胞数量的相关性也很明确。目前最具挑战的是疫苗研发和公共卫生对策。

This remains one of the most important global health matters, as there is no vaccination, and strictly speaking, no cure, although access to increasing numbers of antiretrovirals in developed countries have made it a chronic disease rather than a lethal one. The clinical picture has been very well characterized and complications well correlated with the CD4 lymphocyte count; it is the vaccination and public health aspects that remain the biggest challenge.

# 113.

EB病毒

Epstein-Barr Virus

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如果你给实际患有传染性单核细胞增多症的患者按照“链球菌性咽喉炎”治疗，并使用氨苄西林，请做好心理准备，患者一定会出现皮疹；这并不代表患者对青霉素过敏。

*If you give a patient with mononucleosis ampicillin to treat a "strep throat", they will develop a rash: count on it; this does not represent a penicillin allergy.*

---

在典型的传染性单核细胞增多症病例中，患者往往合并严重咽喉痛，与链球菌感染很类似，而且许多患者也被当作链球菌性咽喉炎，服用 $\beta$ 内酰胺类药物治疗。如果这样治疗，患者会毫无意外地出现皮疹。EB病毒感染的临床症状比我们以往的认识要复杂多样，包括多种血液系统、肝以及全身表现。

Insofar as mononucleosis in its classical form is associated with a severe sore throat resembling streptococcal infection, many patients are treated for the latter, often with beta lactams. Predictably, a skin rash will develop if that course is pursued. EBV infection is far more pleomorphic clinically than once thought, with numerous hematologic, hepatic, and systemic manifestations.

# 114.

## 流行性感冒

### Influenza

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一定要求你的患者每年接种流感疫苗；我们无法预测，是否某一年的病毒亚型会与1918年的病毒亚型相同。

*Insist that your patients receive the annual vaccination; there is no way to predict whether any given year's strain will be like that of 1918.*

---

1918年开始在全球范围内流行的流行性感冒在随后的2年内夺去了50 000 000人的生命。某些年份的流行性感冒病症较轻，某些年份则不然。现在的流感疫苗很安全，因此没有理由冒险不接种疫苗，特别是超过50岁的人、慢性呼吸系统疾病患者、孕妇、医务工作者以及心脏病患者。

The 1918 worldwide influenza epidemic caused 50 million fatalities over the ensuing two years throughout the world. Some years the condition is mild, some years it is not. There is no point taking a chance on this safe vaccine, particularly for those over age 50, and persons with chronic respiratory disease, pregnant women, healthcare workers, and individuals with heart disease.

# 115.

病毒性脑炎

Viral Encephalitis

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哪怕仅仅是怀疑患者患有此病，就应该在等待任何其他检查结果时开始使用阿昔洛韦。

*In patients in whom this is even suspected, acyclovir should be given pending further diagnostic tests.*

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全球范围内有很多种常见的脑炎，包括日本脑炎，EBV脑炎，西尼罗河脑炎，水痘病毒脑炎，以及麻疹脑炎等。在这其中，只有单纯疱疹病毒脑炎有确切疗法，因此在怀疑本病时，就应该马上给予患者治疗。

There are many different and common types of encephalitis throughout the world, including Japanese encephalitis, Epstein-Barr virus encephalitis, West Nile virus, varicella, and measles. Of those, only herpes simplex has a useful treatment, and thus the value of instituting it immediately upon considering the condition.



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肿瘤性疾病

ONCOLOGICAL DISORDERS

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# 116.

## 甲状腺癌

### Thyroid Cancer

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如果患者的甲状腺结节为单发实性，且为男性，患者的结节在证实为其他诊断之前就是甲状腺癌。

*If a thyroid nodule is single and solid, especially in the male gender, it is thyroid cancer until proved otherwise.*

---

本病有多种细胞类型，其预后也各不相同，其中甲状腺乳头状癌的预后最好，而甲状腺未分化癌预后最差。除上述的特点之外，如果患者既往因为各种原因有过放射线暴露，医师也应该谨慎随诊其是否罹患甲状腺癌。

There is a wide range of cell types of different prognosis in this condition, papillary carcinoma being most favorable, anaplastic the least. In addition to the above features, selected patients with radioactivity exposure for a wide variety of reasons should be followed carefully for the development of this condition.

# 117.

## 睾丸癌

### Testicular Cancer

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年轻男性患者可能不会情愿接受诊断所必须的睾丸切除术：有时给他的父亲打个电话或许能解决问题。

*A young man may be resistant to the necessary diagnostic orchectomy: sometimes a call to his father may solve the problem.*

---

本病是年龄在20—35岁男性最常见的癌症，而睾丸切除术是被认可的诊断手段。有时，诉睾丸结节的患者可能不愿面对有可能的睾丸切除术。由于本肿瘤极高的治愈率，医师应该尽一切可能确定诊断。而动员家中男性家属的支持，以及向患者解释睾丸切除术的必要性，有可能解决问题。单侧睾丸切除不会影响生育能力。

Since this is the most common cause of cancer in a man between ages 20 and 35, and because orchectomy is the accepted mode of diagnosis for the condition, the occasional patient with a testicular nodule may balk at the prospect. Given the extremely high cure rate of this tumor, the physician should make every effort to establish the diagnosis, and enlisting male family members and explaining the necessity of this procedure, may be successful. Fertility is not affected by unilateral orchectomy.

# 118.

## 肾细胞癌

### Renal Cell Carcinoma

---

肝功能检查异常不一定代表有肿瘤肝转移。电泳移动力不同于常规的碱性磷酸酶的升高可能是副肿瘤综合征表现，在肾切除术后有可能恢复正常。

*Abnormal liver function studies need not indicate metastasis, as an elevated alkaline phosphatase, with a different electrophoretic mobility, may be a paraneoplastic phenomenon disappearing after nephrectomy.*

---

肾细胞癌常被称作内科医师的肿瘤，它可以导致多种异常，包括红细胞增多症以及高钙血症，还有一个往往被忽视的，就是肝大伴碱性磷酸酶升高。医师的第一反应往往怀疑肝转移，但这未必是真正原因，这也可能是肿瘤的体液效应。

Renal cell carcinoma is commonly referred to as the internist's tumor, causing such abnormalities as erythrocytosis and hypercalcemia, and one of the less appreciated of these is the appearance of hepatomegaly with an elevated alkaline phosphatase. While one's first instinct may be to suspect hepatic metastasis, this need not be true, as this too may be due to a humoral effect of the tumor.

# 119.

胰腺癌

Pancreatic Cancer

---

黄疸伴胆总管扩张可能是良性疾病或恶性疾病；如果胆红素水平超过15mg/dl，就要考虑本病可能。

*Jaundice with common bile duct dilatation may be of benign or malignant cause; when the bilirubin exceeds 15, the worry is that it is this condition.*

---

在寻找梗阻性黄疸的病因时，胆总管结石是大家最希望看到的结果。就胆总管结石而言，因为很少导致完全性梗阻，因此一些胆红素能被排出，胆红素水平很少超过15mg/dl。恶性梗阻往往导致完全性梗阻，因此血清胆红素水平更高，但是本病没有胆总管结石合并上行性胆管炎那么常见。

A common bile duct stone is a hoped-for outcome of the investigation of obstructive jaundice. In this condition, because the obstruction is seldom total, some bilirubin is drained, and the serum level is seldom above 15. Malignant obstruction tends to be total, causing higher levels of that chemistry, and also being less often than choledocholithiasis associated with ascending cholangitis.

# 120.

## 肺癌

### Lung Cancer

---

如果见到吸烟患者有肺门肿物合并杵状指，可以排除小细胞肺癌的可能性；小细胞肺癌不会导致杵状指这一副肿瘤综合征表现。

*When finger clubbing is seen with a hilar mass in a smoker, small cell cancer is not the diagnosis: it does not cause this paraneoplastic phenomenon.*

---

考虑到治疗和预后不同，肺癌被分为小细胞肺癌和非小细胞肺癌。虽然小细胞肺癌可以导致ACTH异常分泌，SIADH，以及其他非转移性的临床表现，但是不会导致杵状指。具体原因并不清楚，但是临幊上经常观察到小细胞肺癌患者没有杵状指。

Lung cancer is commonly divided into small cell and non-small cell carcinoma for purposes of treatment and prognosis. Although small cell carcinoma is associated with elaboration of ACTH, and SIADH, as well as with other nonmetastatic clinical features, finger clubbing is not among them. The reasons for this are not clear, but it has been an often-observed, if absent clinical finding.

# 121.

## 头颈部鳞状细胞癌

### Head and Neck Squamous Cell Cancer

---

如果一名吸烟患者声嘶超过两周不缓解，应该将患者转诊至耳鼻咽喉科；诊断很有可能是喉癌。

*If a cigarette smoker has more than two weeks of hoarseness without resolution, refer to ENT; laryngeal carcinoma is the likely diagnosis.*

---

头颈部鳞状细胞癌与肺癌的高危人群相似。很多情况下，在患者得到诊断时，肿瘤已经进展至晚期。但声带部肿瘤是个例外，在肿瘤体积尚小时就有临床表现。这是因为肿瘤的位置较特殊，在早期就能产生症状。的确，任何患者声嘶超过两周，都应该转诊至耳鼻咽喉科进行喉镜检查。

Head and neck carcinomas afflict the same epidemiological group as do lung cancers, and in many instances, are quite advanced by the time the patient is diagnosed. This need not be true for carcinoma of the vocal cord, which presents when the tumor is quite small, due to its strategic location and thus early development of this symptom. Indeed, any patient hoarse for longer than two weeks merits mirror examination by an otolaryngologist.

# 122.

## 结直肠癌

### Colorectal Cancer

---

由于美国许多医院重视疾病筛查指南，因此本病发病率显著下降。

*Attention to screening guidelines in many U.S. hospitals has resulted in a dramatic decrease of the incidence of this tumor.*

---

一个评价医院医疗质量的重要指标是是否能够严格执行结肠癌筛查指南。大多数消化科医师推荐在患者50岁开始使用结肠镜筛查，或是因为特定临床原因而在更早的年龄开始筛查（比如缺铁性贫血，或者既往有炎性肠病的病史）。初次筛查后的复查频率依照有无发现结肠息肉而定。遵守筛查指南可以显著降低新发侵袭性肿瘤的发生率，因为病变在结肠息肉阶段就已经行内镜下切除了。

An important quality measure in hospitals is the adherence to screening guidelines for colon cancer, and most gastroenterologists favor the use of colonoscopy starting at age 50, unless there is a clinical reason to perform this procedure at a younger age(such as iron deficiency anemia or previous inflammatory bowel disease). Frequency thereafter depends upon the presence or absence of colon polyps on first assessment, but following the guidelines will typically result in a striking reduction in incidence of new cases of invasive tumor with endoscopic treatment at the polyp stage.

# 123.

## 胆管癌

### Cholangiocarcinoma

---

炎性肠病相关的硬化性胆管炎是这种高度侵袭性肿瘤的重要危险因素。

*The sclerosing cholangitis associated with inflammatory bowel disease is a major risk factor for this aggressive tumor.*

---

炎性肠病与多种肝胆系统疾病相关，包括胆管周围炎和硬化性胆管炎。对结肠炎的治疗，甚至包括结肠切除，都不能缓解硬化性胆管炎的病情进展。胆管癌是局部侵袭能力较强的肿瘤，而硬化性胆管炎是其危险因素。

There are several types of hepatobiliary associations with inflammatory bowel disease, including pericholangitis and sclerosing cholangitis. The treatment of the colitis, including colectomy, has no effect on the course of the latter, which is a risk factor for this particularly locally invasive tumor.

# 124.

急性白血病

Acute Leukemia

---

患者发病时的表现符合三分律：1/3患者白细胞减少，1/3患者白细胞计数正常，还有1/3患者白细胞增多。

*The rule of thirds applies at presentation: one-third have leukopenia, one-third a normal WBC count, and one-third leukocytosis.*

---

急性白血病患者的外周血白细胞计数其实可以是任何情况，因此医师一定要记住重要的一点，即患者白细胞总数正常或轻度白细胞降低并不能排除本诊断。许多医师认为白细胞计数增高是本病的特征之一，这是对的，不过只见于1/3的病例。细胞遗传学的进步为急性白血病的治疗带来巨大突破，特别是对急性早幼粒细胞性白血病的治疗。

Acute leukemia may in essence be associated with any peripheral white blood count, and it is important to recognize that a normal total count, or modest leukopenia, does not exclude the diagnosis. Many clinicians appear to think that an elevated WBC is a characteristic of this disorder, and it is true, but only in a third of cases. Developments in cytogenetics have resulted in a significant improvement in treatment regimens, particularly in acute promyelocytic leukemia.

# 125.

原发性血小板增多症

Essential Thrombocythosis

---

反应性血小板增多的患者其血小板计数很少超过 $1000 \times 10^9/L$ ；如果患者的血小板计数超过这个水平，你又可以摸到患者的脾，就可能是本病。

*Reactive increases in platelet counts seldom result in counts over one million; if you think you feel a spleen in a patient with platelets higher than that, this is the diagnosis.*

---

四种骨髓增殖性疾病包括真性红细胞增多症、慢性粒细胞白血病、原发性血小板增多症，以及骨髓纤维化。这四种疾病的共同特点是都有脾大、维生素B<sub>12</sub>水平增高。本病与其他三种可以根据不同的表现型加以区分。在原发性血小板增多症中，将近2/3的患者携带JAK-2突变。虽然突变率不如真性红细胞增多症患者更多，但JAK-2突变检测仍然是骨髓增殖性疾病的一项有用检查。

The four myeloproliferative disorders are polycythemia vera, chronic myeloid leukemia, essential thrombocythosis, and myelofibrosis. All have in common splenomegaly, elevated vitamin B<sub>12</sub> levels, and a phenotype which allows some separation from the other three. In this condition, upwards of two-thirds of patients have the JAK-2 mutation, which while exceeded by polycythemia vera, is still a useful diagnostic test in all of these disorders.

# 126.

## 霍奇金病

### Hodgkin's Disease

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虽然现在本病只占淋巴瘤的少数，但仍然可以频繁见到，提醒我们记住发现者托马斯·霍奇金的名字。

*Now a minority of lymphomas, this is still encountered frequently enough to memoialize the name of Thomas Hodgkin.*

---

霍奇金病的表现是从一个淋巴结开始，依照解剖学顺序依次扩展至相邻淋巴结。因此，滑车上淋巴结和肠系膜淋巴结很少受侵犯。霍奇金在19世纪医学界的其他领域也很有名；比如梅毒性主动脉炎患者常见的主动脉瓣反流Key-Hodgkin杂音。

Hodgkin's lymphoma behaves as though it starts in one lymph node and spreads in an orderly anatomic fashion to neighboring groups. Thus, epitrochlear nodes and mesenteric nodes are seldom encountered. Hodgkin himself was famed in other areas of medicine as well in the 19th century; the Key-Hodgkin murmur of aortic regurgitation was commonly observed in patients with syphilitic aortitis.

# 127.

多发性骨髓瘤

Multiple Myeloma

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教学查房时的一个好策略：让大家列举本病尽可能多的肾和代谢方面的并发症；一个好的临床医师应该能够轻而易举的说出15个。

*A favored tactic on teaching rounds: name as many renal and metabolic complications of this disease as you can; a sharp clinician should easily reach 15.*

---

为了不破坏读者的乐趣，我只能说，由于这个非实体肿瘤的种种特点，可以见到许多代谢和肾方面的异常。理解尽可能多的并发症有助于学习本病的病理学特点。也许在本书下一辑中我们会公布这些并发症的答案！

Rather than spoil the fun for the reader, let it only be said that given the nature of this liquid tumor, a wide variety of metabolic and renal abnormalities associated with it are commonly observed. It helps in understanding the nature of the pathology to attempt to learn as many of them as possible. Perhaps we will give them answer in the future edition!

# 128.

骨髓纤维化

Myelofibrosis

---

这种骨髓增殖性疾病因为可以在不典型部位导致髓外造血而臭名昭著；的确，由于这种特点，有时患者可能发生横断性脊髓炎。

*This myeloproliferative disorder is notorious for the development of atypical sites of extramedullary hematopoiesis, indeed, even transverse myelitis has been reported as a result of this.*

---

在骨髓纤维化情况下，由于骨髓被纤维组织所取代，因此身体其他部位潜在的骨髓干细胞会试图分化造血。因为事实上体内所有组织都含有这种细胞，因此这种造血可能发生在不可思议的部位，比如硬膜外腔或甚至鼻息肉内。

In this condition, the replacement of the bone marrow by fibrous tissue results in an attempt by potentially committed marrow precursor cells elsewhere in the body to replace the formed elements of the blood. Since virtually every tissue contains such cells, this type of hematopoiesis has occurred in such unlikely locations as the epidural space, and even in nasal polyps.

# 129.

非霍奇金淋巴瘤

Non-Hodgkin's Lymphoma

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本病是目前最常见的淋巴系统肿瘤，且其肿瘤分类系统极度复杂；也许最好的认识方法是将本病按照细胞起源分类，即T细胞或B细胞。

*Now the most common form of lymphatic malignancy, with a hopelessly complex classification scheme; perhaps the best way to consider this is the cell of origin, be it T or B.*

---

非霍奇金淋巴瘤的致病机制与霍奇金病恰好相反，在非霍奇金淋巴瘤中，几乎全部病例都似乎是全身多处同时产生病灶，而不是像霍奇金病那样有序的进展至相邻淋巴结。本病这一特点导致更多医师倾向在疾病早期就采用全身疗法。另外，结外部位、滑车上淋巴结及肠系膜淋巴结也经常受到累及。随着HIV/AIDS患者增多，消化系统和中枢神经系统的非霍奇金淋巴瘤病例也显著增多。

The pathogenesis of non-Hodgkin's lymphoma contrasts with that of Hodgkin's, in that many if not all cases appear to originate in multiple sites simultaneously, rather than move in an orderly fashion from one to the next. This has an effect on treatment, in that the tendency to treat systemically early in the disease is usually honored. Also, extranodal sites, epitrochlear nodes, and mesenteric nodes are fairly often encountered. The HIV/AIDS epidemic has resulted in a marked incidence of GI and central nervous system disease.

# 130.

真性红细胞增多症

Polycythemia Vera

---

如果患者有出血性十二指肠溃疡，而医学生查体发现可以触及患者脾，不要让患者服铁剂出院，患者可能患有本病。

*If your medical student feels a splenic tip in your patient with a bleeding duodenal ulcer, do not discharge the patient on iron; this may be the diagnosis.*

---

因为真性红细胞增多症往往合并血嗜碱细胞增多及血嗜酸细胞增多，从而导致组胺水平增加，进而胃酸增多，因此本病患者既往可能有十二指肠溃疡的病史。在患者因十二指肠溃疡入院时可能合并贫血，其胃肠道出血则可能掩盖了本病。如果患者服用铁剂，其体内会没有限度地产生新的红细胞，导致创纪录的血红蛋白水平。不要不重视医学生的查体发现！

There has historically been an increased incidence of gastric acid production and consequent duodenal ulcer, perhaps due to the elevated histamine levels attendant to the basophilia and eosinophilia associated with it. Consequently, patients may present to the hospital with anemia, masking the correct diagnosis due to gastrointestinal bleeding. If given iron, these patients have a limitless capacity to make new red cells, resulting in some of the highest hemoglobin levels noted in all of clinical medicine. Don't dismiss the student's finding out of hand!

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中毒

POISONING

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# 131.

对乙酰氨基酚

Acetaminophen

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对长期酗酒者而言，很少量的对乙酰氨基酚就可以产生肝毒性；如果患者的AST水平高得离谱，就应该考虑本诊断。

*In the chronic alcoholic, much smaller doses can produce hepatotoxicity; when the AST is extreme, consider this diagnosis.*

---

因为长期酗酒者体内p450酶增加，因此服用对乙酰氨基酚后会积聚更多的有毒代谢产物。患者的AST和ALT极度升高是提示本病的线索之一，酒精性肝病并不会导致这么高的肝酶水平。实际上，对乙酰氨基酚中毒是可能导致肝酶极度升高的少数原因之一。

Because chronic alcohol abuse enhances p450, it results in a more marked accumulation of this drug's toxic metabolite. A clue to this is the observation of extreme elevation of the AST and ALT, which does not occur in alcohol liver disease. Indeed, acetaminophen toxicity is one of the few causes of this abnormality.

# 132.

苯二氮䓬类药物

Benzodiazepines

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虽然企图自杀的患者可能服用很大量的苯二氮䓬类药物并导致意识障碍，但很少因此丧命。

*While very high doses taken in suicidal attempt may impair consciousness, they rarely cause death.*

---

本药经常应用于治疗焦虑和相关疾病，这也导致偶尔的药物滥用，甚至当作一种自杀手段。与之前的巴比妥类药物相比，本药的治疗窗很大，即使服用极大量药物后被救活的病例也很常见。

The advent of the use of this class of drugs in treating anxiety and related disorders has resulted in them being occasionally overused, and on some occasions, employed as a suicide gesture. In contrast to its predecessors, the barbiturates, the toxic-therapeutic window is large, and reports of even exceptional overdoses being survived are commonplace.

# 133.

β受体阻滞药

Beta-blockers

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当心这些药物可能使患者的心力衰竭症状恶化；本质上，β受体阻滞药是负性肌力药物。

*Be careful of these drugs worsening heart failure; remember that they are at source negative inotropes.*

---

医师需要牢记在心，小剂量β受体阻滞药正在被广泛用于充血性心力衰竭和高血压的治疗。如果患者在开始用药时没有接受严密观察和监测，他们的心力衰竭症状就可能恶化。如果患者有之前未被诊断的狭窄性心脏瓣膜病，还可能导致非常严重的不良后果。

It is important to remember that beta-blockers are now widely used in low doses to treat congestive heart failure, and certainly, they are in widespread use in hypertension. There still remains the possibility of worsening heart failure if the patient is not carefully observed after institution of these agents, and their use in unsuspected stenotic valvular heart disease may have disastrous consequences.

# 134.

一氧化碳

Carbon Monoxide

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城市交通警察诉慢性头痛？这就是诊断。

*Chronic headache in an urban traffic policeman? This is your diagnosis.*

---

在全球很多大城市中，为了疏导极度堵塞的交通，交通警察往往要连续工作数小时。在化石燃料不完全燃烧时，一定会造成环境中高浓度一氧化碳聚集，因此交通警察和室内汽车修理师会由于其职业特殊性而暴露于一氧化碳中。头痛是一氧化碳暴露后常见的症状，只需简单测定血液中碳氧血红蛋白水平，就可以免除患者很多麻烦。

In many of the large cities throughout the world, extreme traffic congestion requires the direction of vehicles by law enforcement agents, often for hours at a time. Because carbon monoxide concentrations are high in any situation in which there is incomplete combustion of a fossil fuel, the traffic policeman is uniquely exposed to this toxin, as is the indoor automobile mechanic. Headache is a common symptom of this exposure, and a simple determination of carboxyhemoglobin may save the day for the patient.

# 135.

洋地黃类药物

Digitalis

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关于患者服用洋地黃类药物和心律失常：如果患者正在服用洋地黃，停药；如果患者没有服用洋地黃，要开始用。

*With respect to the patient receiving digitalis and who has an arrhythmia: if they are on it, stop it; and if they are not on it, start it.*

---

由于诸如钙通道阻滞药、 $\beta$ 受体阻滞药和胺碘酮等药物的出现，需要使用洋地黃糖苷的情况越来越少了。这导致年轻医师对本类药物的独特药理特性，特别是毒性，缺乏了解。许多医师知道洋地黃类药物可以导致黄视症，而据说正是这种黄视症导致了梵高画作中独特的色彩搭配。上面临床精要中所强调的，是洋地黃过量实际上可以导致所有类型的心律失常；与此同时，在恰当的临床情况下，洋地黃类药物又可以治疗几乎所有类型的心律失常患者。

Digitalis glycosides are used less often given the advent of drugs such as calciumchannel blockers, beta-blockers, and amiodarone; this results in a lack of awareness on the part of younger physicians of the interesting pharmacological properties of this group of drugs, and in particular, its toxicities. Many know of the xanthopsia said to be the cause of the unique coloring in Van Gough paintings. What the pearl means is that the digitalis excess is capable of causing virtually any cardiac arrhythmia; at the same time, it is a reasonable treatment for almost any type of heart rhythm disturbance in the right clinical setting.

# 136.

铅

Lead

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如果患者诉不明原因的腹痛，特别是在美国东南部地区，要询问患者有没有“私酿酒”的习惯；如果患者给予肯定回答，那么铅中毒就是诊断。

*In a patient with unexplained abdominal pain, especially in the southeastern United States, ask about "moonshine"; lead toxicity is your diagnosis if the answer is affirmative.*

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在美国一些特定地区，有些人喜欢自己酿酒，当然其他地区也有这样的人。他们需要比较大的容器来完成这件事，比如废旧汽车的散热器。而这些散热器显然含有大量的铅。在蒸馏酒精的时候，这些铅就进入了私酿酒内。因此，一定要将由于这种原因，或者其他原因导致的慢性铅中毒，纳入非外科腹痛的鉴别诊断中。

Because some individuals, particularly in certain parts of the United States, but likely elsewhere as well, make their own alcohol, they need large containers to do so. These containers are often radiators of old cars, and in consequence, contain considerable amounts of lead, which goes into solution as the product is being distilled. Thus, chronic lead intoxication from this colorful toxicity or any other source of it is always on the list of the non-surgical abdominal pain differentials.

# 137.

乙二醇

Ethylene glycol

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这是绝望的酗酒者的最后希望。如果在冬天看到一名患者伴有肾衰竭和高阴离子间隙酸中毒，就要考虑是否饮用了乙二醇。

*A refuge of the desperate alcoholic, this ingestion should be considered in wintertime in a patient with renal failure and a high anion gap acidosis.*

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如果服用乙二醇和其他醇类，比如甲醇和异丙醇，就会导致阴离子间隙升高。乙二醇是防冻剂的主要成分，在慢性酗酒者绝望之际可能会冒险饮用。制造商在防冻剂中加入了棕绿色的色素，使其看上去像泥水，而不是伏特加或杜松子酒，以期减少防冻剂被当作酒精替代品的危险。

Ethylene glycol, along with other alcohols such as methanol and isopropyl alcohol, cause increase in the anion gap when ingested. Ethylene glycol is a principal component of antifreeze, which may be taken in desperation by the chronic alcoholic. Manufacturers have added greenish-brown coloring to antifreeze to make it appear less like vodka or gin and more like muddy water, reducing the likelihood that it will be used as an ethanol substitute.

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先天性疾病

CONGENITAL DISORDERS

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# 138.

红细胞生成性卟啉症

Erythropoietic Porphyria

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本病又名“吸血鬼综合征”，是医学上导致牙齿发红的唯一原因。

*The "vampire syndrome," the only cause in all of medicine of red teeth.*

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实际上，患者牙齿本身并不是红色的，而是卟啉症中的色素让涎液发红，而红色的涎液将牙齿染红。本病就是所谓的“吸血鬼综合征”。患者牙齿上的红色很像血，而且往往出现在白天，因此“吸血鬼”需要躲避光线。另外一种导致牙齿发红的原因，是从熟睡的少女身上吸血，也就是——吸血鬼德古拉本人。

The teeth in fact are not red, rather, the pigments of porphyria make the saliva which covers the teeth red. This is the so-called “vampire syndrome,” because the red-dish-appearing color on the teeth resemble blood, and are most typically present during the day, thus the need for the vampire to be out of the offending light. Vampires may also develop erythrodontia by draining the blood from sleeping young maidens-Dracula.

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精神科疾病

PSYCHIATRIC DISORDERS

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# 139.

谵妄

Delirium

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如果患者出现幻视，他们就是处于谵妄状态，医师必须寻找原因。

*If the patient is having visual hallucinations, they have delirium; you must establish the cause.*

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大多数医师认为，老年住院患者的谵妄状态和严重的酒精戒断患者的谵妄状态是完全不同的。然而，任何精神科医师都会告诉你，除了治疗手段不同之外，两者没有本质差别，而包括幻视在内的特殊症状对诊断有重要价值。

Many physicians regard the delirium seen in older hospitalized patients as an entirely different condition from the delirium seen in severe alcohol withdrawal. Any psychiatrist, however, will tell you that apart from approach to treatment, there is no fundamental difference, and a specific symptom such as visual hallucinations is of great diagnostic value.

# 140.

双向情感障碍

Bipolar Disorder

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如果你觉得一名患者可能是甲状腺功能亢进，但是他的TSH和T<sub>4</sub>水平正常，就要考虑本病。

*If you think a patient is hyperthyroid, but has a normal TSH and T<sub>4</sub>, this is the diagnosis.*

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双向情感障碍的躁狂相在表现上与没有治疗的甲状腺功能亢进很相似。确实，只要有一次躁狂发作就可以确定双向情感障碍的诊断，而其治疗方法非常有效。

The manic phase of bipolar disease is superficially quite similar to uncontrolled hyperthyroidism. Indeed, a single manic episode establishes the diagnosis of bipolar disease, and the therapy for it can be quite effective.

# 141.

## 进食障碍

### Eating Disorders

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如果一名年轻女性患者牙齿变色，口周有皮疹，她很可能患有本病。

*If a young woman has discolored teeth and a perioral rash, this could well be the diagnosis.*

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如果患者通过自行引吐而试图减轻体重，胃酸就会不断地侵蚀牙齿导致其变黑。同理，胃内容物也会对口周皮肤产生慢性刺激，导致非特异性皮炎。

In patients who self-induced vomiting in an attempt to lose weight, the constant contact of stomach acid against the teeth often leads to darkening. Likewise, the stomach contents cause chronic irritation of the skin around the mouth, producing a nonspecific dermatitis.

# 142.

伪病症

Factitious Disorder

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如果一组症候群，比如不明原因发热，在经过大量诊断试验后仍然没有获得诊断，而患者最近又接受过医疗相关领域的培训，那么医师不用再继续研究了，患者可能是伪病症。

*If a symptom complex, such as fever of unknown origin, goes without diagnosis after extensive evaluation, and the patient has had recent training in an allied health field, go no further—this is the diagnosis.*

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关于伪病症（又叫作Münchausen症）有一个有趣的发现，就是很多患者都从事医疗相关领域的工作或接受过类似培训。现在还不清楚，伪病症患者从扮演“病人”的角色中能够获得什么好处，不过很多本病患者合并人格障碍。

It is interesting that a high percentage of patients with factitious disorder, sometimes referred to as Münchausen's, have employment or education in one of the allied health fields. It is not entirely understood why patients benefit from assuming the sick role, and in addition, there is a high correlation of this problem with a personality disorder.

# 143.

## 强迫症

### Obsessive-Compulsive Disorder

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患者对他们的行为有自省力；如果患者没有这样的自省力，就要考虑是不是精神病性疾病。

*These patients have insight to their behavior; if they don't, a psychotic disorder is more likely.*

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患者存在自省力，说明他们没有涉及基本思想过程的异常，即没有精神病性疾病。许多强迫症患者能够正常生活，但也有患者被诸如洗手的重复行为困扰，致使他们不能从事日常生活所需的活动。

The presence of insight indicates that the patient does not have a basic disorder of thought, and thus, is not psychotic. Many patients who are obsessive compulsive function well, but others are hampered by repetitive behavior such as handwashing, which may interfere with performance of normal activities of daily living.

# 144.

惊恐性障碍

Panic Disorder

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如果比较年轻的患者多次就诊，但是医师找不到患者患病的客观证据，那么本诊断就是很有可能的诊断之一。

*This is one of the leading considerations in younger patients with many clinic visits and no objective findings being obtained.*

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惊恐性障碍的表现多种多样，因此患者无一例外地会反复去急诊室就诊。本病的另外两种表现为害怕乘坐飞机和不敢做公众演讲。值得注意的是，某些患者可能会不止一次惊恐发作，因此及早确诊本病可能能够避免对医疗资源的浪费。

Because the symptoms of panic disorder are so diverse, many visits to the emergency room are the rule in this condition. Fear of flying and of speaking in public are variations of this diagnosis. Interestingly, some individuals have but a single attack, so that early recognition may result in avoidance of the overuse of the healthcare system.