



普通高等教育“十二五”应用型本科规划教材

中西医结合 实用英语阅读高级教程

An Advanced English Reading Course for Integral Medicine

主编 程井军



西安交通大学出版社
XI'AN JIAOTONG UNIVERSITY PRESS



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西安交通大学出版社
XI'AN JIAOTONG UNIVERSITY PRESS

图书在版编目(CIP)数据

中西医结合实用英语阅读高级教程/程井军主编. —西安:西安交通大学出版社,2014.7
ISBN 978-7-5605-6451-7

I. ①中… II. ①程… III. ①中西医结合-英语-阅读教学-高等学校-教材
IV. ①H319.4

中国版本图书馆 CIP 数据核字(2014)第 144326 号

书 名 中西医结合实用英语阅读高级教程
主 编 程井军
责任编辑 问媛媛 杜玄静

出版发行 西安交通大学出版社
(西安市兴庆南路 10 号 邮政编码 710049)
网 址 <http://www.xjtpress.com>
电 话 (029)82668357 82667874(发行中心)
(029)82668315 82669096(总编办)
传 真 (029)82668280
印 刷 北京京华虎彩印刷有限公司

开 本 720mm × 1000mm 1/16 印张 14.875 字数 361千字
版次印次 2014 年 8 月第 1 版 2014 年 8 月第 1 次印刷
书 号 ISBN 978-7-5605-6451-7/H · 1672
定 价 30.00 元

读者购书、书店添货,如发现印装质量问题,请与本社发行中心联系、调换。
订购热线:(029)82665248 (029)82665249
投稿热线:(029)82668803 (029)82668804
读者信箱:xjtpress@163.com

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前 言

为进一步加强普通高等学校应用型本科教育教材建设,更好地适应教学与改革的需要,中国高等教育学会组织了普通高等教育“十二五”应用型本科规划教材建设项目。经专家严格评审,《中西医结合英语阅读》列入普通高等教育“十二五”应用型本科规划教材建设项目;本书能满足我国应用型医学本科院校中西结合专业英语的实际教学需要,更好地培养中西结合专业英语应用型人才,同时也能满足中医和西医院校研究生、留学生,临床医生、医政管理人员,医学英语专业翻译人员以及出国进修人员的特殊需求。

《中西医结合英语阅读》特点有五:一是内容方面紧扣中西医结合临床,融合中西方文化背景,同时把握中医特有的人文精神,摆脱现代医学职业化词汇及译法规则所建立的翻译体系,大量采用日常词汇,更符合中医词汇源于生活感受,取类比象的建构原则;二是由具有海外留学背景的英语专业、医学专业人员共同编撰,体现中西结合合作优势;三是编写内容体现中西医结合学科发展的最新水平,写出的教材既是“新编教材”,又是“更新教材”;四是对编写内容设计的文化差异,我们主张求大同存小异、抓主流不猎奇的包容原则;五是本书能满足中西临床交流、阅读的实际需要,让教师“好教”、学习者“好学”。

《中西医结合英语阅读》共分 27 个单元,重点围绕中西医结合临床服务展开阅读理解教学。本书内容涉及骨科、心血管科、法医科、公共卫生科、肿瘤科、消化科、妇科、泌尿科、血液科、针灸科、内分泌科、肝病科、放射科、皮肤病科、性病科、计划生育科、精神病科、中西药房、眼科、护理部、儿科、产科、免疫科、风湿科、耳鼻喉科、老年病科、疾病预防科、中西医结合科等;每个单元后附有词汇表、练习题及参考答案,以便学习者能加深理解原文,全面提升医学英语阅读能力。

本书由程井军任主编,何鸣、贺劲松任副主编,汶希、杜艳军、李娜、于斌、何鸣、周华、朱青艳、李苹、李铁、冉云任编委,张驰任秘书。另外,东北师范大学外国语学院硕士研究生张静超、焦敏、李寒茜、郑晓婷、崔佳逊、王岩、张梦莹、关靓,湖北中医药大学梁凤霞教授、湖北中医药大学网络中心工程师张驰及廖雪皎、朱雪萍、程瑞、吴婉丽等同学在资料收集、词汇注解等方面付出了艰辛的劳动,英籍医学专家 Reid Evelyn 对本书的审校付出了大量的心血,在此表达诚挚的敬意。

中西结合专业英语词汇量大,资料浩繁,因此本书的不足也在所难免,恳请专家学者批评指正。

编 者

2014 年 3 月 18 日于武汉

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Unit 1

The Department of Osteology

Synovitis

Definition

Synovitis is the medical term for inflammation of the synovial membrane. This membrane lines joints which possess cavities, known as synovial joints. The condition is usually painful, particularly when the joint is moved. The joint usually swells due to synovial fluid collection.

Synovitis may occur in association with arthritis as well as lupus, gout, and other conditions. Synovitis is more commonly found in rheumatoid arthritis than in other forms of arthritis, and can thus serve as a distinguishing factor, although it can be present to a lesser degree in osteoarthritis. Long term occurrence of synovitis can result in degeneration of the joint.

Signs and Symptoms

Synovitis causes joint tenderness or pain, swelling and hard lumps, called nodules. When associated with rheumatoid arthritis, swelling is a better indicator than tenderness.

Treatment

Synovitis symptoms can be treated with anti-inflammatory drugs such as NSAIDs. An injection of steroids may be done, directly into the affected joint. Specific treatment depends on the underlying cause of the synovitis.

Tenosynovitis

Tenosynovitis is the inflammation of the fluid-filled sheath (called the synovium) that surrounds a tendon. Symptoms of tenosynovitis include pain, swelling and difficulty moving the particular joint where the inflammation occurs. When the condition causes the finger to “stick” in a flexed position, this is called “stenosing” tenosynovitis, commonly known as “trigger finger”. This condition often presents with comorbid tendinitis.

Causes

Causes of tenosynovitis are unknown. Repeated use of hand tools can precede the condition, as well as arthritis or injury. Tenosynovitis sometimes runs in families and is generally seen more often in males than in females. The causes for children are even less well known and have a recurrence rate of less than 1% ~5% after treatment.

Tenosynovitis is also linked to infectious arthritis caused by bacteria such as *Neisseria gonorrhoeae*.

Diagnosis

A physical examination shows swelling over the involved tendon. The health care provider may touch or stretch the tendon or have you move the muscle to which it is attached to see whether you experience pain.

Treatment

Treatments for tenosynovitis depend on the severity of the inflammation and location. Mild tenosynovitis causing small scale swelling can be treated with non-steroidal anti-inflammatory drugs (NSAIDs) such as naproxen, ibuprofen or diclofenac (marketed as Voltaren and other trade names), taken to reduce inflammation and as an analgesic. Resting the affected tendons is essential for recovery; a brace is often recommended. Physical or occupational therapy may also be beneficial in reducing symptoms.

More acute cases are treated with cortisone (steroid) injections, then a course of paracetamol and ibuprofen for pain. Outpatient surgery can be used to enlarge the synovium. The sprained tendon or limb is splinted for a week or so.

Transient Synovitis

Transient synovitis of the hip (also called toxic synovitis; see below for more synonyms) is a self-limiting condition in which there is an inflammation of the inner lining (the synovium) of the capsule of the hip joint. The term irritable hip refers to the syndrome of acute hip pain, joint stiffness, limp or non-weightbearing, indicative of an underlying condition such as transient synovitis or orthopedic infections (like septic arthritis or osteomyelitis). In everyday clinical practice however, irritable hip is commonly used as a synonym for transient synovitis.

Transient synovitis usually affects children between three and ten years old (but it has been reported in a 3-month-old infant and in adults). It is the most common cause of sudden hip pain and limp in young children. Boys are affected two to four times as often as girls. The exact cause is unknown. A recent viral infection (most commonly an upper respiratory tract infection) or a trauma have been postulated as precipitating events, although these are reported only in 30% and 5% of cases, respectively.

Transient synovitis is a diagnosis of exclusion. The diagnosis can be made in the typical setting of pain or limp in a young child who is not generally unwell and has no recent trauma. There is a

limited range of motion of the hip joint. Blood tests may show mild inflammation. An ultrasound scan of the hip joint can show a fluid collection (effusion). Treatment is with non-steroidal anti-inflammatory drugs and limited weight-bearing. The condition usually clears by itself within seven to ten days, but a small group of patients will continue to have symptoms for several weeks. The recurrence rate is 4% ~ 17% , most of which is in the first six months.

Synonyms

In addition to the terms mentioned above, irritable hip has historically been termed transitory coxitis, coxitis fugax, acute transient epiphysitis, coxitis serosa seu simplex, phantom hip disease and observation hip.

Symptoms and Signs

Transient synovitis causes pain in the hip, thigh, groin or knee on the affected side. There may be a limp (or abnormal crawling in infants) with or without pain. In small infants, the presenting complaint can be unexplained crying (for example, when changing a nappy). The condition is nearly always limited to one side. The pain and limp can range from mild to severe.

Some children may have a slightly raised temperature; high fever and general malaise point to other, more serious conditions. On clinical examination, the child typically holds the hip slightly bent, turned outwards and away from the middle line (flexion, external rotation and abduction). Active and passive movements may be limited because of pain, especially abduction and internal rotation. The hip can be tender to palpation. The log roll test involves gently rotating the entire lower limb inwards and outwards with the patient on his back, to check when muscle guarding occurs. The unaffected hip and the knees, ankles, feet and spine are found to be normal.

Differential Diagnosis

Pain in or around the hip and/or limp in children can be due to a large number of conditions. Septic arthritis (a bacterial infection of the joint) is the most important differential diagnosis, because it can quickly cause irreversible damage to the hip joint. Fever, raised inflammatory markers on blood tests and severe symptoms (inability to bear weight, pronounced muscle guarding) all point to septic arthritis, but a high index of suspicion remains necessary even if these are not present. Osteomyelitis (infection of the bone tissue) can also cause pain and limp.

Bone fractures, such as a toddler's fracture (spiral fracture of the shin bone), can also cause pain and limp, but are uncommon around the hip joint. Soft tissue injuries can be evident when bruises are present. Muscle or ligament injuries can be contracted during heavy physical activity - however, it is important not to miss a slipped upper femoral epiphysis. Avascular necrosis of the

femoral head (Legg-Calvé-Perthes disease) typically occurs in children aged 4 ~ 8, and is also more common in boys. There may be an effusion on ultrasound, similar to transient synovitis.

Neurological conditions can also present with a limp. If developmental dysplasia of the hip is missed early in life, it can come to attention later in this way. Pain in the groin can also be caused by diseases of the organs in the abdomen (such as a psoas abscess) or by testicular disease. Rarely, there is an underlying rheumatic conditions (juvenile idiopathic arthritis, Lyme arthritis, gonococcal arthritis, ...) or bone tumour.

Diagnosis

There are no set standards for the diagnosis of suspected transient synovitis, so the amount of investigations will depend on the need to exclude other, more serious diseases.

Inflammatory parameters in the blood may be slightly raised (these include erythrocyte sedimentation rate, C-reactive protein and white blood cell count), but raised inflammatory markers are strong predictors of other more serious conditions such as septic arthritis.

X-ray imaging of the hip is most often unremarkable. Subtle radiographic signs include an accentuated pericapsular shadow, widening of the joint space, lateral displacement of the femoral epiphyses with surface flattening (Waldenström sign), prominent obturator shadow, diminution of soft tissue planes around the hip joint or slight demineralisation of the proximal femur. The main reason for radiographic examination is to exclude bony lesions such as occult fractures, slipped upper femoral epiphysis or bone tumours (such as osteoid osteoma). An anteroposterior and frog lateral (Lauenstein) view of the pelvis and both hips is advisable.

An ultrasound scan of the hip can easily demonstrate fluid inside the joint capsule (Fabella sign), although this is not always present in transient synovitis. However, it cannot reliably distinguish between septic arthritis and transient synovitis. If septic arthritis needs to be ruled out, needle aspiration of the fluid can be performed under ultrasound guidance. In transient synovitis, the joint fluid will be clear. In septic arthritis, there will be pus in the joint, which can be sent for bacterial culture and antibiotic sensitivity testing.

More advanced imaging techniques can be used if the clinical picture is unclear; the exact role of different imaging modalities remains uncertain. Some studies have demonstrated findings on magnetic resonance imaging (MRI scan) that can differentiate between septic arthritis and transient synovitis (for example, signal intensity of adjacent bone marrow). Skeletal scintigraphy can be entirely normal in transient synovitis, and scintigraphic findings do not distinguish transient synovitis from other joint conditions in children. CT scanning does not appear helpful.

Treatment

Treatment consists of rest, non-weightbearing and painkillers when needed. A small study showed that the non-steroidal anti-inflammatory drug ibuprofen could shorten the disease course (from 4.5 to 2 days) and provide pain control with minimal side effects (mainly gastrointestinal disturbances). If fever occurs or the symptoms persist, other diagnoses need to be considered.

Complications

In the past, there have been speculations about possible complications after transient synovitis. The current consensus however is that there is no proof of an increased risk of complications after transient synovitis.

One such previously suspected complication was coxa magna, which is an overgrowth of the femoral head and broadening of the femoral neck, accompanied by changes in the acetabulum, which may lead to subluxation of the femur. There was also some controversy about whether continuous high intra-articular pressure in transient synovitis could cause avascular necrosis of the femoral head (Legg-Calvé-Perthes disease), but further studies did not confirm any link between the two conditions.

(1708 words)

——Excerpted from synovitis in MedlinePlus Medical Encyclopedia: Tenosynovitis

(<http://www.medscape.com/viewarticle/538421> accessed July 28 2008;

<http://health.google.com>

<http://en.wikipedia.org/wiki/Tenosynovitis>;

http://en.wikipedia.org/wiki/Transient_synovitis)



Words and Expressions

synovitis [sainə'vaitis] *n.*

synovial [si'nəuviəl, sai-] *adj.*

lupus ['lju:pəs] *n.*

gout [gaʊt] *n.*

rheumatoid ['ru:mətɔid, 'ru-] *adj.*

osteoarthritis [ˌɒstiəʊa:'θraitis] *n.*

lump [lʌmp] *n.*

nodule ['nɒdju:l, -dʒu:l] *n.*

tenderness ['tendənɪs] *n.*

tenosynovitis ['tenəʊ, sinə'vaitis, 'ti:-] *n.*

sheath [ʃi:θ] *n.*

synovium [si'nəuviəm, sai-] *n.*

tendon ['tendən] *n.*

flex ['fleks] *n.*

vt.

vi.

滑膜炎

滑液的;分泌滑液的

狼疮

痛风

患风湿症的;风湿症的

骨关节炎

肿块

小结;小瘤;结节

亲切;敏感;疼痛

腱鞘炎

鞘

滑膜

腱

屈曲

折曲;使收缩;

弯曲;收缩

stenosed [stə'noʊst] <i>adj.</i>	狭窄的
co-morbid <i>adj.</i>	伴发的
tendinitis [ˌtendi'naitis] <i>n.</i>	腱炎
precede [pri:'si:d; pri-] <i>vt.</i>	在……之前
recurrence [ri'kʌrəns, -'kæ;-] <i>n.</i>	反复发作
<i>Neisseria gonorrhea</i> [nai'siəriə, gɒnə'riə]	奈瑟氏淋病
steroidal [stə'roidəl] <i>adj.</i>	甾族的
NSAID	消炎药, 非固醇类抗炎药
naproxen [nə'prɒksin] <i>n.</i>	萘普生(抗炎, 解热镇痛药)
ibuprofen [ˌaɪbju'prəʊfən] <i>n.</i>	布洛芬, 异丁苯丙酸(抗炎, 镇痛药)
diclofenac <i>n.</i>	双氯芬酸; 双氯灭痛
voltaren <i>n.</i>	扶他林(消炎镇痛药)
analgesic [ˌænæl'dʒi:sik] <i>n. & adj.</i>	镇痛剂; 止痛的
occupational [ˌɒkjʊ'peɪʃənəl] <i>adj.</i>	职业的
occupational therapy	职业疗法, 是一种使用特定活动, 从而协助、恢复身体或精神心理上的各样疾病
brace [breɪs] <i>n.</i>	支柱
cortisone [ˈkɔ:tiːzən] <i>n.</i>	可的松; 肾上腺皮质酮
steroid [ˈsterɔɪd, ˈstiə-] <i>n.</i>	类固醇; [有化] 甾族化合物
paracetamol [ˌpærə'sitəməl] <i>n.</i>	[药] 扑热息痛; 对乙酰氨基酚
splint [splɪnt] <i>n. & vt.</i>	夹板; 薄木条; 用夹板固定
transient [ˈtrænzɪənt, -si-, -ʃənt, ˈtrɑ:n-] <i>n.</i>	短暂的
osteomyelitis [ˈɒstiəuˌmaɪə'laitis] <i>n.</i>	骨髓炎
trauma [ˈtrɔ:mə; ˈtrau-] <i>n.</i>	[外科] 创伤(由心理创伤造成精神上的异常); 外伤
postulate [ˈpɒstjuleɪt, -tʃə-] <i>n. & vt.</i>	基本条件; 假定; 要求; 视……为理所当然
exclusion [ɪk'sklu:ʒən] <i>n.</i>	排除; 排斥; 驱逐; 被排除在外的事物
effusion [ɪ'fju:ʒən] <i>n.</i>	渗出; 泻出; 渗漏物
synonym [ˈsɪnənɪm] <i>n.</i>	同义词; 同义字
coxitis [kɒk'saitis] <i>n.</i>	髋关节炎
fugax [ˈfugæks] <i>n.</i>	一时的, 暂时的
epiphysitis [ˌepɪfɪ'saitis] <i>n.</i>	骺炎
serosa [si'rəʊsə] <i>n.</i>	浆膜, 绒(毛)膜
phantom [ˈfæntəm] <i>n.</i>	幻影; 幽灵; 错觉; 恐惧的事物
groin [grɔɪn] <i>n.</i>	腹股沟
nappy [ˈnæpi] <i>n.</i>	尿布
malaise [mæ'leɪz] <i>n.</i>	不舒服; 心神不安
abduction [æb'dʌkʃn] <i>n.</i>	外展
septic [ˈseptɪk] <i>adj.</i>	脓毒性的; 腐败的
Toddler's fracture	蹒跚学步的断裂
shin bone	胫骨
bruise [bru:z] <i>n. & v.</i>	擦伤; 挫伤; 青肿; 使受淤伤; 使受挫伤
slipped upper femoral epiphysis	股骨上端骨骺滑移
dysplasia [dis'pleɪziə] <i>n.</i>	发育不良; 发育异常; 异常结构
psoas [ˈpsəʊəs] <i>n.</i>	腰肌
testicular [te'stɪkjʊlə] <i>adj.</i>	睾丸的; 睾丸状的
idiopathic [ˌɪdiə'pæθɪk] <i>adj.</i>	先天的; 自发的, 特发的

Lyme [laim] *n.*

gonococcal [ˌɡɒnəʊ'kɒkəl] *adj.*

erythrocyte [i'riθrəusaɪt] *n.*

sedimentation [ˌsedɪmənt'eɪʃən]

ESR

unremarkable [ˌʌnrɪ'ma:kəbl] *adj.*

obturator *n.*

diminution [ˌdɪmɪ'nju:ʃən] *n.*

demineralisation [diːˌmɪnərəlaɪ'zeɪʃən, -li'z-] *n.*

subtle [ˈsʌtl] *adj.*

occult [ə'kʌlt] *adj.*

osteoid [ˈɒstɔɪd] *adj.*

osteoma [ˌɒsti'əʊmə] *n.*

scintigraphy [ˌsɪn'tɪgrəfi] *n.*

coxa magna

acetabulum [ˌæsə'tæbjʊləm] *n.*

articular [ɑː'tɪkjʊlə] *adj.*

subluxation [ˌsʌblʌk'seɪʃən] *n.*

avascular [eɪ'væskjʊlə] *adj.*

莱姆关节炎

淋球菌的

红细胞

[矿业][物化] 沉降; [化学] 沉淀

血沉

平凡的; 不显著的; 不值得注意的

封闭器; 密闭装置

减少

去矿化作用

微妙的; 精细的

隐蔽的, 看不见的

似骨的, 骨样的

骨瘤; 脑壳瘤

闪烁扫描术

髌膨大

髌臼

关节的

半脱位; 不全脱位

无血管的

Exercises for Passage

I. Choose the best answer for each of the questions.

- Synovitis may occur in association with _____.
A. arthritis B. gout C. lupus D. all of the above
- Synovitis can cause _____.
A. joint tenderness B. swelling C. hard lumps D. all of the above
- Symptoms of tenosynovitis include _____.
A. pain B. swelling
C. difficulty moving the particular joint D. all of the above
- Which of the following statement is UNTRUE according to the passage? _____.
A. Causes of tenosynovitis are known.
B. Repeated use of hand tools can precede tenosynovitis.
C. Tenosynovitis sometimes runs in families.
D. Tenosynovitis is generally seen more often in males than in females.
- Mild tenosynovitis causing small scale swelling can be treated with non-steroidal anti-inflammatory drugs EXCEPT _____.
A. naproxen B. dexamethasone C. ibuprofen D. diclofenac
- Which of the following statement about transient synovitis is UNTRUE? _____

- A. Transient synovitis is the most common cause of sudden hip pain and limp in young children.
- B. Transient synovitis only affects children between three and ten years old.
- C. Boys are affected two to four times as often as girls.
- D. The exact cause is still unknown.
7. Pain in or around the hip and/or limp in children can be due to a large number of conditions EXCEPT _____.
- A. septic arthritis
- B. osteomyelitis
- C. congenital heart diseases
- D. bone fractures

II. Fill in the following blanks with the words or phrases listed below in their proper forms.

splint	effusion	psoas	occult	avascular
trauma	flex	subtle	idiopathic	subluxation

1. These relationships have been of utmost interest to doctors of chiropractic in assessing the spine for dysfunction, known as vertebral _____.
2. The purpose of surgical procedures for the _____ necrosis of femoral head in early stage is to avoid to hip replacement in late stage.
3. Doctors ordered stool routine test in order to trace _____ blood in the stool.
4. There are some _____ differences between them, which makes one more appropriate for certain types of problems than others.
5. Thrombocytosis occurs only rarely and is often _____.
6. With a properly functioning _____, the bones bear weight, the muscles move the bones, and the joints connect the subtle energies of the body.
7. Conclusion The adoptive immunotherapy with self TIL/IL-2 is valuable to the treatment of malignant pleural _____.
8. Some of these impairments could be due to _____, the aphasias.
9. He carpentered a _____ for the broken leg.
10. He gave his biceps a _____ to impress the ladies.

III. Translate the following sentences into Chinese.

1. In the past, there have been speculations about possible complications after transient synovitis.
2. One such previously suspected complication was coxa magna, which is an overgrowth of the femoral head and broadening of the femoral neck, accompanied by changes in the acetabulum.

lum.

3. Changes in the acetabulum may lead to subluxation of the femur.
4. There was also some controversy about whether continuous high intra-articular pressure in transient synovitis could cause avascular necrosis of the femoral head.
5. Further studies did not confirm any link between the two conditions.

IV. Translate the following sentences into English.

1. 可疑的暂时性滑膜炎的诊断尚无固定标准。
2. 大量检查集中在基于排除其他的严重疾病的需要。
3. 血液中感染参数可能轻微升高。
4. 血液中感染参数包括血沉、C 反应蛋白、白细胞计数。
5. 感染参数的增高是其他严重疾病如化脓性关节炎的征兆。

V. Answer the following questions based on your understanding of the passage.

1. What's synovitis by definition?
2. What are the signs and symptoms of synovitis?
3. How much do you know about transient synovitis of hip?



Key to Exercises

I. Reading comprehension.

1-5: DDDAB 6-7: BC

II. Vocabulary exercise.

- | | | | | |
|----------------|--------------|-----------|-----------|---------------|
| 1. subluxation | 2. avascular | 3. occult | 4. subtle | 5. idiopathic |
| 6. psoas | 7. effusion | 8. trauma | 9. splint | 10. flex |

III. Translate the following sentences into Chinese.

1. 在过去,有一些关于一过性滑膜炎后可能会出现的并发症的猜测。
2. 一种以前认为的可疑并发症是髋膨大,它是因股骨头的过度增生、股骨颈增宽造成,并伴随髋臼的变化。
3. 髋臼的变化会导致股骨半脱位。
4. 关于持续的关节内高压可否导致缺血性股骨头坏死也有争议。
5. 进一步的研究没有证实二者之间的联系。

IV. Translation from Chinese to English.

1. There are no set standards for the diagnosis of suspected transient synovitis.
2. The amount of investigations will depend on the need to exclude other, more serious diseases.
3. Inflammatory parameters in the blood may be slightly raised.
4. The inflammatory parameters include erythrocyte sedimentation rate, C-reactive protein and white blood cell count.
5. Raised inflammatory markers are strong predictors of other more serious conditions such as septic arthritis.

V. Questions for Reflection.

1. Synovitis is the medical term for inflammation of the synovial membrane. This membrane lines joints which possess cavities, known as synovial joints. The condition is usually painful, particularly when the joint is moved. The joint usually swells due to synovial fluid collection.
2. Synovitis causes joint tenderness or pain, swelling and hard lumps, called nodules. When associated with rheumatoid arthritis, swelling is a better indicator than tenderness.
3. Transient synovitis of the hip (also called toxic synovitis; see below for more synonyms) is a self-limiting condition in which there is an inflammation of the inner lining (the synovium) of the capsule of the hip joint. The term irritable hip refers to the syndrome of acute hip

pain, joint stiffness, limp or non-weightbearing, indicative of an underlying condition such as transient synovitis or orthopedic infections (like septic arthritis or osteomyelitis). In everyday clinical practice however, irritable hip is commonly used as a synonym for transient synovitis.

Unit 2 The Department of Cardiology

Coronary Artery Disease

What Is Coronary Artery Disease?

Coronary artery disease is a condition where fatty deposits and cell-proliferation build-up in the arteries supplying the heart muscle. These plaques form commonly in a condition called atherosclerosis.

Coronary artery disease is the most common form of heart disease. About 7 million Americans suffer from coronary heart disease and 500,000 Americans die from it each year. It is much more common in older people and in males. However, women tend to be older and sicker when they are first treated for a heart attack.

Coronary artery disease is also called CAD and coronary heart disease.

What Causes Coronary Artery Disease?

Coronary artery disease occurs when some of the arteries that carry blood to the heart muscle become narrowed with fatty deposits. In this condition fatty deposits called plaque, composed of cholesterol and fats, build up on the inner wall of the coronary arteries. When arteries are narrowed, the heart is not fully supplied with the oxygen and other nutrients it needs. If an artery is completely blocked, a heart attack occurs.

Heart disease is very common. Heart disease is the leading cause of death in the United States. The tendency to develop heart disease can be genetic. However, certain lifestyle factors such as diet, smoking, and stress make a big difference in whether or not a person will develop heart disease.

Coronary artery disease appears to be a lifelong process in some people, beginning at an early age and progressing slowly until the vessels become so clogged that the heart muscle no longer gets adequate nourishment.

Major Risks Of Coronary Artery Disease

- **Increasing Age.** About 80% of people who die from coronary heart disease are age 65 or older.
- **Heredity.** Children with parents who have heart disease are more likely to develop it themselves.