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儿科症状诊断

Symptom-Based Diagnosis in Pediatrics

主 译 刘瀚旻
副主译 李晓惠 于永慧
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Symptom-Based Diagnosis in Pediatrics

(中文翻译版)

原 著 Samir S. Shah, MD, MSCE
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内 容 提 要

本书原著由来自耶鲁纽黑文儿童医院、费城儿童医院、哈佛大学附属波士顿儿童医院等国际知名儿童医院的35位医生联合编写。中文版由四川大学华西第二医院儿科等单位的19位临床专家精心翻译而成。全书按儿科常见症状分为19章,系统阐述了各个症状的定义、根据病因和发作频率产生的主诉、鉴别诊断线索和诊断思路。每章后有精心挑选的病例,全书115个病例均有精彩的病例讨论,阐明相关的鉴别诊断、辅助检查、发病率和流行病学、临床表现、诊断和治疗方法的选择。本书图文并茂,且将关键知识点总结为表格,条目清晰,令读者一目了然,有助于将书本所学应用于临床诊疗,是各级儿科医师、全科医师切实提高诊疗水平的理想参考书。

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译者前言

在医学分工协作日益紧密、儿科医师面临短缺困境的今天，儿科医师的培养和教育成为了社会关注的热点。临床医师培养的根基是逻辑和经验的组合。儿科是“哑科”，面对的对象是家庭的重心，作为一名优秀儿科医师应该具备缜密的逻辑思维能力、快速的病情判读能力和精准的语言沟通能力，才能更好地服务于儿科病患。

基于临床病例的学习是儿科医师业务成长的重要模式之一。从临床病例切入，从病案的个性中回顾疾病的共性，从理论上的治疗共性中探究病案的个体化治疗，这对于儿科医师临床经验的积累和丰富是非常必要的。本书源自国际著名的费城儿童医院高年资住院医师的案例讨论。广角的思维模式和鉴别分析视野将带给儿科临床医生更多的启迪和经验。相信这是对儿科青年主治医师、住院医师和立志成为儿科医师的同学极有裨益的一本书。

衷心感谢毛萌教授将这本书带给我，让我再次领略了思维的快乐。感谢并肩推敲的各位译者，让我再次感受了团队的力量。也非常感谢原书的的所有作者，让我们一同分享这份逻辑思维的盛宴。

翻开第一页，你会走进一段崭新旅途的起点！

刘瀚旻

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二〇一六年冬 于成都

原著前言

本书的概念框架源自医学教育的传统模式——案例学习。在当前医师培训、教学及医学技术不断更新的环境下,一位医生能够从始至终观察到一个复杂病例的诊断治疗演化过程已经不太可能,因此,沿袭至今的案例学习模式仍具有重要意义,某种程度上甚至比原来更为重要。

通过对个别案例的了解,医生能够演绎推广到相似的临床情景并将该诊疗经验付诸实践。在临床医学培训中,我们通过大量疾病的经典症状体征的学习以提高临床辨识的技能。在这种模式的不断重复中,我们可以掌握常见疾病的应对技巧。当进入更高的阶段后,我们就应在常规辨识逻辑的基础上探求不同病例的差别,哪怕是细微的差别,这样我们的诊断技能就可以得到进一步提升。聪明的医生往往可在与典型表现蛛丝马迹的差异中得出的不同的诊断结果。

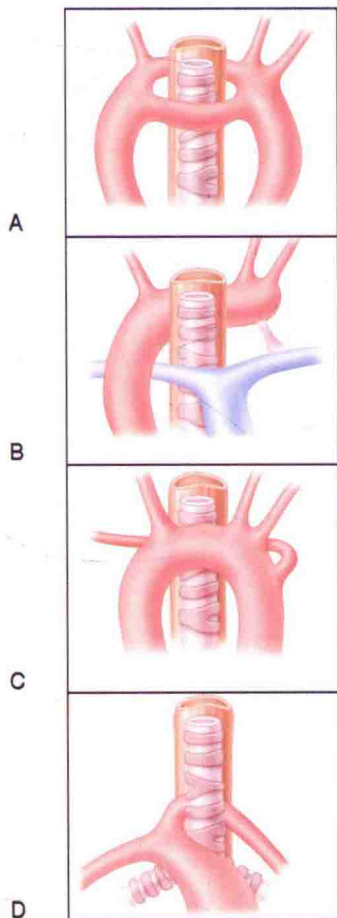
在费城儿童医院的儿科医师教育中,对高年资住院医师有一个特殊的查房传统,高年资住院医师的查房是在指导老师的支持下由住院总医生组织,全体协作完成的。在这样的培训环境中我们的住院医生能够逐渐从识别共性模式过渡到探求差异模式,使他们的诊断技巧不断进步,从良好迈向优秀。

本书呈现了费城儿童医院高年资住院医师轮转时讨论的部分案例。大多数案例以儿童或家长常见主诉开始。常见主诉伴随着症状体征的千变万化,每一病例都演绎出具有挑战的诊断困境。每一章节以一个主诉的定义开始,展开的相关症状体征使得病例形象化探讨主诉相关的问题。一系列病例的诊断迂回曲折,在每个病例展示后都有大量鉴别诊断的讨论,某个特定条件导致最后诊断的说明,诊断问题的详尽讨论包括流行病学、症状体征、诊断评估及治疗等。丰富的临床或影像学图片便于学习记忆。

为使本书物尽其用,我们建议读者先浏览案例并提出自己的鉴别诊断和评估计划,然后继续阅读并对比探索解决“神秘”诊断的思维逻辑。另一种方法是引导你自己的团队讨论,或者由高年资住院医师集中,主持者介绍病例并利用本书引导和促进讨论。

Samir S. Shah
Stephen Ludwig

彩图

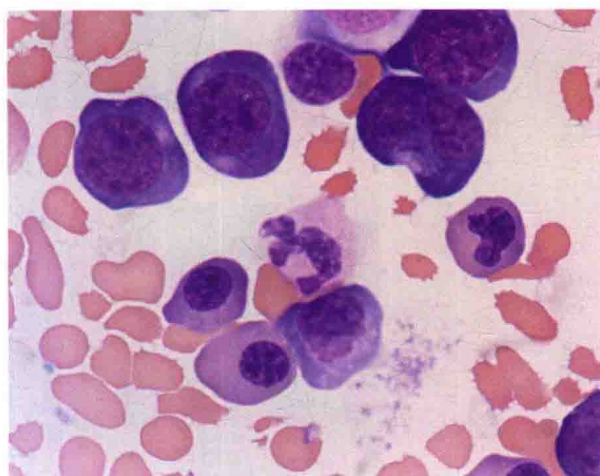


彩图 1 血管环和吊带解剖

A. 双主动脉弓；B. 右主动脉弓伴异常左锁骨下动脉和左侧动脉导管索；C. 迷走右锁骨下动脉；D. 迷走左肺动脉



彩图 2 支气管肺泡灌洗标本的六胺银染色



彩图 3 外周血涂片

(由 Marybeth Helfrich, MT, ASCP 提供)



彩图 4 皮疹照片

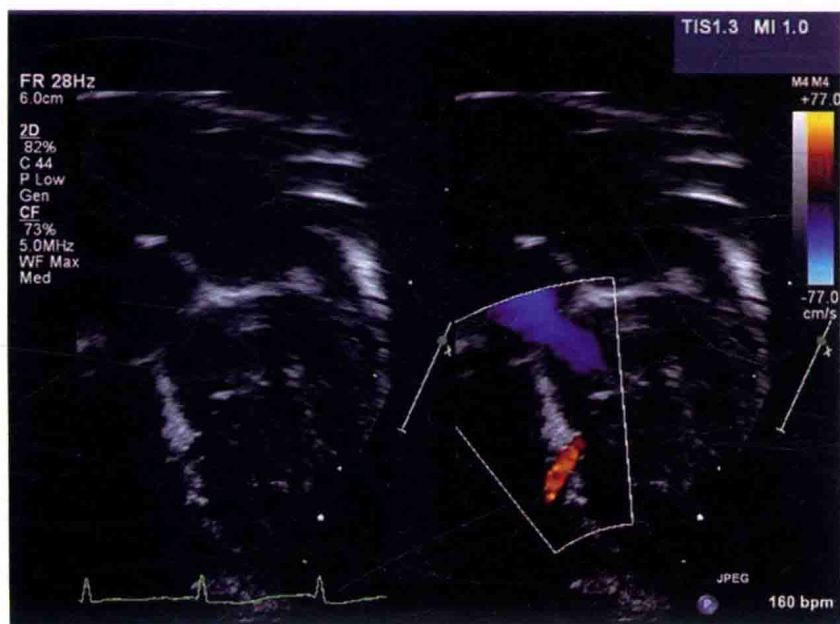


彩图 5 一个年龄稍大一些具有类似病情的患儿照片



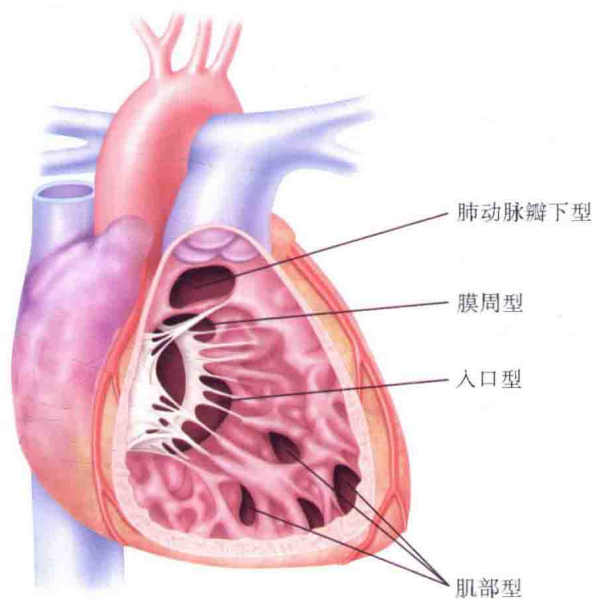
彩图 6 原发性肾上腺皮质功能减退症的皮肤和黏膜改变

(经许可转载自 Strange GR, Ahrens WR, Schafermeyer RW, et al, eds. Pediatric Emergency Medicine. 3rd ed. New York: McGraw-Hill, 2009.)



彩图 7 左图:二维心脏彩超;右图:彩色多普勒超声血流显像;显示血流由左向右通过室间隔缺损

(经许可摘自 Roger Breitbart, MD, Department of Cardiology, Children's Hospital Boston.)

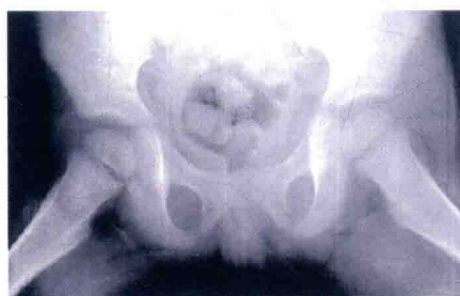


彩图 8 室间隔缺损解剖

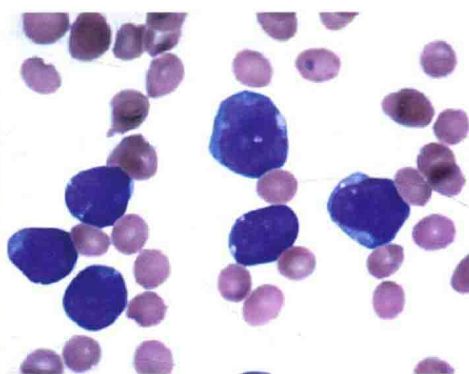
(摘自 the Multimedia Library of Congenital Heart Disease, Children's Hospital, Boston, MA, editor Robert Geggel, MD, www.childrenshospital.org/mml/cvp, with permission.)



彩图 9 皮疹图例



A

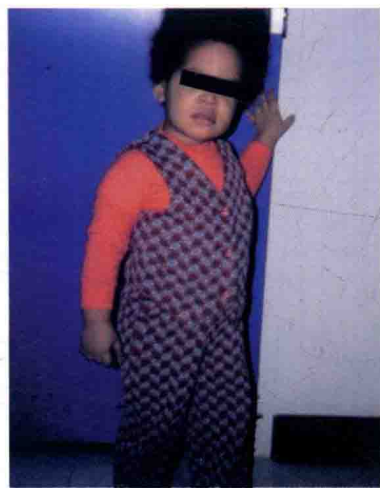


B

彩图 10 A. 髋关节摄片; B. 外周血涂片



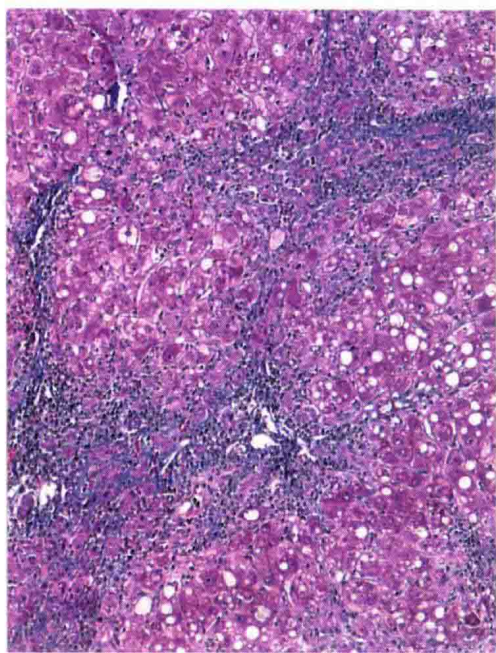
彩图 11 消瘦的患儿



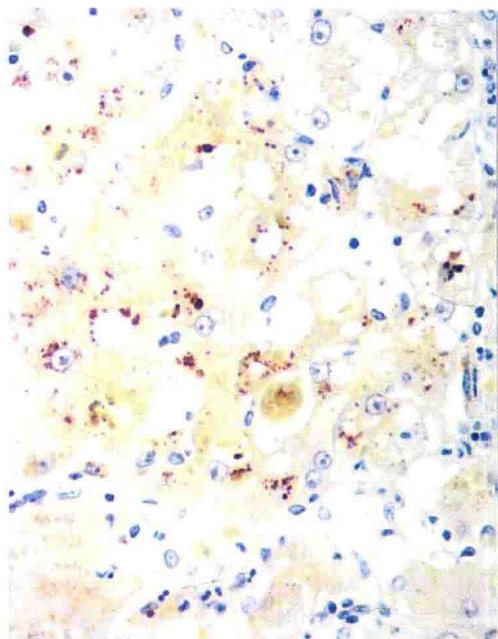
彩图 12 就诊 16 个月之后的同一患儿



A



B



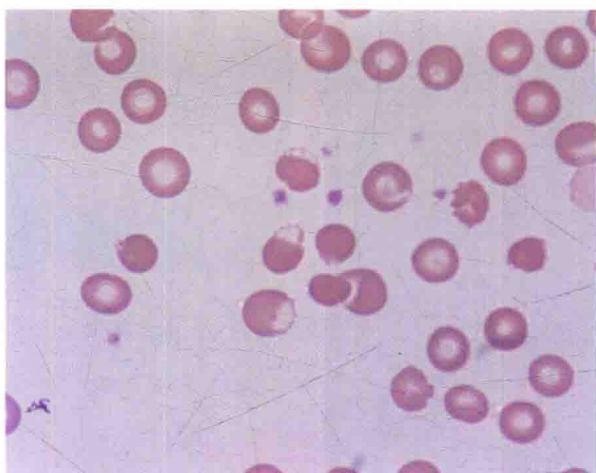
C

彩图 13 组织病理表现

A. 肝大体表现; B. 马松三色染色 100 倍放大; C. 罗丹宁染色 400 倍放大
(照片提供者 Dr. Bruce Pawel)



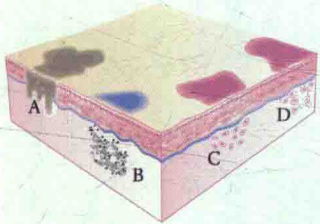
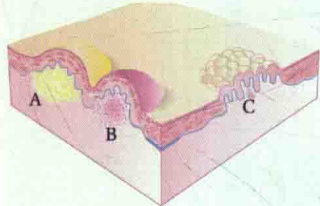
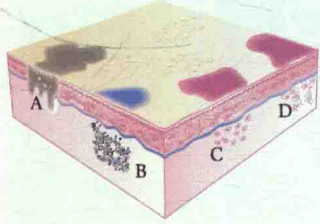
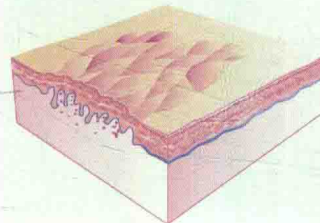
彩图 14 单纯疱疹病毒性口腔炎



彩图 15 外周血涂片



彩图 16 患者的皮疹

形态学	描 述	举 例
原发皮损 斑疹 	直径 $<1\text{cm}$ ，不高 出皮面的皮损	白细胞破碎性血管炎 
丘疹 	直径 $<1\text{cm}$ ，高出皮 面的皮损	传染性软疣 
斑片 	直径 $>1\text{cm}$ ，不高出 皮面的皮损	慢性游走性红斑（莱姆病） 
斑块 	直径 $>1\text{cm}$ ，平顶且高 出皮面的皮损	寻常疣 