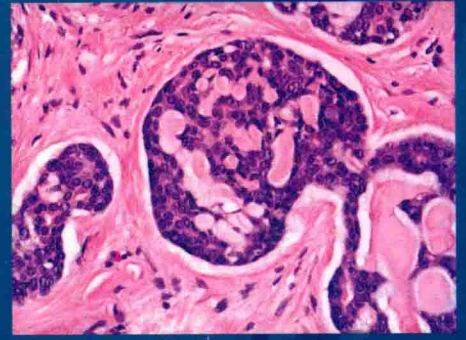
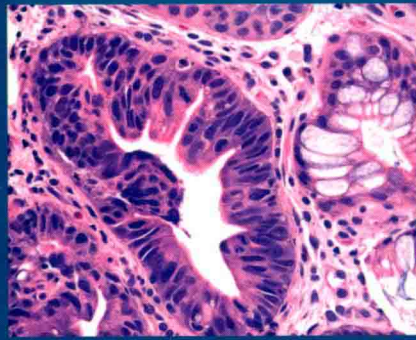
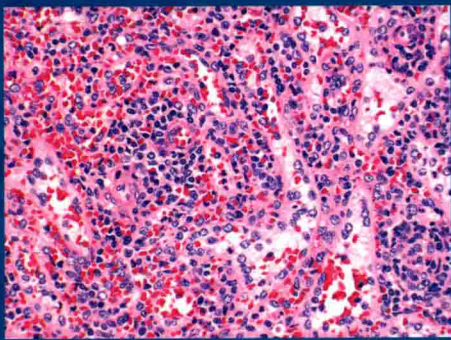


上卷

# 斯滕伯格诊断外科病理学

STERNBERG'S DIAGNOSTIC SURGICAL PATHOLOGY



(第6版)

原著 Stacey E. Mills

Joel K. Greenson

Jason L. Hornick

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主译 回允中



北京大学医学出版社



Wolters Kluwer

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# 斯滕伯格诊断外科病理学

STERNBERG'S DIAGNOSTIC SURGICAL PATHOLOGY

第6版

## 注意

本书提供了药物的准确的适应证、不良反应和疗程剂量，但有可能发生改变。读者须阅读药商提供的外包装上的用药信息。作者、编辑、出版者或发行者对因使用本书信息所造成的错误、疏忽或任何后果不承担责任，对出版物的内容不做明示的或隐含的保证。作者、编辑、出版者或发行者对由本书引起的任何人身伤害或财产损失均不承担任何法律责任。

# 第6版中文译本序

《斯滕伯格诊断外科病理学》是一部旗舰版的病理学参考书。

Stephen S. Sternberg 博士(1920—)是一位现已退休的美国外科病理医师,他的整个职业生涯都是在 Memorial-Sloan-Kettering 癌症中心度过的。他闻名于世,是由于他编著了两部被广泛应用的病理学参考书:《诊断外科病理学》(从第4版开始当之无愧地被冠以斯滕伯格的名字)和《病理医师应用组织学》。另外,他还是《美国外科病理学杂志》的创刊主编,他在主编这个位置上辛勤耕耘了24个春秋,为外科病理学事业的发展做出了巨大的贡献。

2001年,在我和程伯基教授(时任北京医科大学副校长及北京大学医学出版社总编辑)的大力举荐下,北京医科大学出版社(当时的名称)引进了这个大部头《诊断病理学参考书》的第3版。我曾为其中文译本做序。该书一经出版即在国内病理学界引起了广泛关注,对提高病理医师的诊断水平起到了很好的作用。

第6版《斯滕伯格诊断外科病理学》是一部由103位相关领域知名的病理学家共同编著的大部头的综合性诊断病理学参考书,它是过去工作的延续,对过去5年间整个外科病理学领域的重大进展,特别是免疫组织化学和分子生物学在当代诊断病理学中的应用和成果做了详尽的介绍。北京大学医学出

版社及时引进版权,并组织北京大学医学部系统为主的病理医师翻译了这部最新版的《斯滕伯格外科诊断病理学》。本书的宗旨始终是强调解决实际工作中遇到的诊断问题和诊断误区。在病理诊断水平不断提高的今天,相信本书的面世必定会为改进和提高国内病理学诊断水平注入新的活力。

本书的写作特点是内容涵盖广泛,章节层次分明,针对性强。本书不仅反映了各个领域的最新进展,还对上一版发行后新发现疾病的病理诊断做了介绍。本书不仅有助于解决诊断病理学日常工作中所遇到的问题,还用许多表格一目了然地提供了容易混淆的疾病的鉴别诊断,十分有用。

本书内容全面,图片清晰,不仅适用于正在接受培训(规范化住院医师培训)的病理医师,对于经验丰富的病理医师也是一部可以提供诊断帮助的诊断病理学教科书,可作为案旁随时查阅的指导读物。

时隔15年,本书第6版的中文译本即将与广大读者见面了。我愿再次将这本著名的诊断病理学巨著推荐给广大的病理学同仁,希望本书对诸位同仁的日常病理诊断工作有所裨益。

北京大学医学部病理学系

2016年9月3日

吴秉铨

《斯滕伯格诊断外科病理学》第6版中文译本就要与广大读者见面了。这是我在20年时间里主译的第11部诊断病理学巨著，这11部巨著的中文译本得以出版发行无疑是参与翻译和审校的诸多病理学界同仁共同努力的结果，在此，首先对他们的辛勤劳动表示深深的谢意；另外，也是北京大学医学出版社领导和编辑人员共同努力的结果，在此一并感谢。

病理学诊断的水很深，有时深奥莫测，深到你不知道应从哪里蹚过。病理学诊断并不总是黑白分明的。当繁忙的病理医师遇到疑难的病例而恰恰又诊断水平不高时，会诊就显得尤为重要。

一般中小医院人员有限，很难也不可能有一位能从头看到脚的诊断全面的病理医师，也就是说，请人会会诊往往是不现实的，此时教科书会诊将是一个很好的必然的选择。一个病理科，不管规模大小，总得备有几部病理学参考书，特别是大部头的经典参考书，而病理医师应该学会并习惯于从书中寻找诊断答案。当一位病理医师通过教科书会诊得到诊断答案时，那简直就是一种享受，我想诸位同仁均有同感。

总说病理诊断是“金标准”，但我总愿意强调它的“局限性”。有的疾病并没有明确的诊断标准，由于标准不明确，就谈不上诊断的可重复性，病理诊断不一致也就在所难免。宫颈上皮内肿瘤形成和子宫内膜增生就是很好的例子。

不过，你个人做出的诊断总得有个根据，而根据只能来自经典的教科书。这样，在会诊意见出现分歧甚至引起纠纷时，书本就能帮你说话了。会诊就是会诊，会诊不是裁判。诊断病理学的范围太过宽泛，在现今知识爆炸的时代，一个人的知识总是显得贫乏，会诊医师应该知道自己的分量，留有余地，不宜轻易否定原来的诊断。下笔书写诊断之前，多翻翻书，可以减少疏漏。

16年前，我为本书第3版中文译本写的译者的话主要谈的是请书会诊的问题；16年后的今天，我要强调的依然是请书会诊的问题。译书的目的就是希望有更多的人看书，以借鉴国外先进的诊断方法、技术和理念，用于日常病理诊断工作，以利于精准地治疗病人。不看书、不善于利用书本来解决诊断问题的病理医师不是一个好的病理医师。一句话，培养自己的读书习惯吧，读书能提高诊断的含金量，会使你更加聪慧，在做出诊断时心中有数。读书才有发言权，这在多学科联合诊疗制度方兴未艾的今天尤其如此。

时间仓促，水平有限，错误和疏漏在所难免，敬请读者批评指正。

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北京五洲妇儿医院病理科主任

回允中

# 第6版著者前言

第6版《斯滕伯格诊断外科病理学》是诸多作者和编者数十年辛勤劳动的延续，它为正在接受培训以及经验丰富的各个层面的外科病理医师提供了经过缜密思考的诊断帮助。我们的目的总是强调实际工作中的诊断问题和陷阱，而不仅仅是“简略地描述”疾病的表现。正如我们的一位同事所说的那样：“实际上，你已经熟悉的诊断在任何一本病理学教科书中均有描述，但当你遇到诊断困难非常需要得到帮助时，唯有这本教科书才真正是你所需要的。”本前言的下一页排出的是本书第1版的前言，以纪念本书的开始，在以后的各个版本中，我们仍会这样做。

与之前的各个版本一样，第6版的主编、作者以及最重要的是内容都有了相当大的改变。自本书第5版出版5年来，整个外科病理学有了重大进展，特别是免疫组织化学和分子病理学。作者和主编都在努力地整合这些新的资料，包括用于肿瘤诊断和预后的新的分子和免疫组织化学标志物、具有诊断和预后意义的改进了的分类方法、病理学在新的诊断和治疗技术方面的作用以及在认识新的疾病或病

种方面的作用。最新的WHO术语已被用于本书中肿瘤的诊断。

由于外科病理学是一门视觉专业，我们不断努力提供最好的插图。本版所有的插图均由同一个人进行了色彩平衡，以取得书中插图色彩一致的效果。本版对参考文献进行了相当程度的更新，为了节省篇幅，已尽可能地删除了一些从前的文献。在此，编者想要特别感谢过去和现在的所有作者，他们都是外科病理学领域中名副其实的精英，作为各自学科领域中的带头人，他们撰写了本书以前的各个版本，并使第6版成为有史以来最好的版本。此外，我们还要感谢 Wolters Kluwer 集团的工作人员，他们坚定而又热情地支持了我们的编写工作。

Stacey E. Mills  
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众所周知，参加长距离赛跑的长跑运动员是孤独而又寂寞的，但是，他们再寂寞也比不上一个外科病理医师独自工作时寂寞。在大型医院，病理诊断工作的乐趣在于随时都有可能会就一个特定的病例与其他病理医师进行商讨，有时身边可能还有一个善于解决这个领域内难题的专家。会诊是做出正确诊断和最佳治疗决策的先决条件。当病理医师忙碌而诊断水平又不高时，会诊就显得尤其重要。可惜，迫于时间的压力，会诊容易被忽略，有时会不经会诊就发出了报告。对于非常困难的病例，也就是那些很容易看出有问题的病例，需要会诊是不言而喻的，从某种意义上说，这些病例是不大容易出现麻烦的。因此，对于外科病理医师来说，知道自己不懂什么以及什么时候需要会诊是非常重要的。

除了病理医师之间的讨论以外，图书馆的病理学参考书是病理医师的另一个信息来源。教科书会诊 (Textbook Consultation) 和病理医师会诊 (Human Consultation) 缺一不可。本书尝试强调外科标本的鉴别诊断，并保持对疾病的自然病史、治疗和尸检所见进行最低限度的讨论。虽然教科书不能取代病理医师之间面对面 (特别是在多头显微镜下) 的对有关诊断问题的讨论，但是，我们要求本书的作者在探

讨一个活检标本的鉴别诊断时，能为读者提供他们的推理过程，借以形成亲自参加会诊的格调。此外，对不同章节的作者的选择不仅是根据他们在这个特定领域内是否得到了公认，而且是根据他们是否有写作沟通技巧。因为外科病理学诊断需要读片，所以本书提供了大量的彩色和黑白照片。此外，每一章的作者都提供了大量的参考文献，以便为希望得到更多信息的读者拓宽思路。

本书的章节编者与每一章的作者都进行了密切合作，以确保各章节符合章节设定的宗旨，使每一章节都能成为针对病理医师面临的诊断问题的专题论文。总之，本书编者的目的在于使本书能被放在每一位外科病理医师显微镜的旁边，而成为外科病理医师工作的伴侣。

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