

Hypertension Pearls

Jones, King, Wofford

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# 译者前言

自 1905 年 Korotkoff 命名血压听诊的 4 个音表达收缩压与舒张压以来，人类开始了研究认识高血压的漫漫里程。虽经几代人的努力，对高血压的认识也在不断深入，但高血压这一顽疾并未像一些传染性疾​​病那样被人类征服，反而在世界范围内日益增多。

本书作者在前言中提到“学习需要博采广纳”，一名医务人员要在浩瀚的知识海洋中博采广纳并非易事。更由于高血压涉及众多领域，信息量大，知识更新速度快，使得我们在诊治各种高血压患者时常感不知所措。《高血压病例精粹》的主编洞察到了这一问题，聚不同作者多年之临床经验汇集成册，以指导临床医师正确诊治各种高血压患者。书中的每个病例就如同散播在知识海洋中的珍珠，作者用循证医学的证据做引线将其连接起来，不仅简单易懂、内容新、指导性强，而且涵盖范围广，临床工作中常见的有关高血压诊治问题几乎都可从中找到答案，因此有很强的实用性，适用于不同层次、不同专业的医务人员。对于高血压患者，也有一定的参考价值。

需要注意的是，本书非国人所著，编著者均为美国的临床医师、药师和研究人员，有些数据、观点可能不适用于国人及国情。因此，读者应当有借鉴、有分析地从中汲取知识，借他山之石为我所用。

感谢中国医学科学院阜外医院高血压室刘国仗教授在百忙之中审校了全书，提出了很多中肯的意见。虽然译者在翻译过程中已竭尽全力，但书中仍可能有不妥甚至错误之处，恳请前辈及同仁及时指出以便改正。如果本书对读者能有所裨益，我们将感到莫大的欣慰。

吴寿岭

2005 年 4 月

# 著者前言

学习需要博采广纳，医学教育也不例外。任何阶段的医学生都需要从多种渠道汲取知识。我们非常感谢经验丰富的医学教育者，我们的良师，让我们分享他们的智慧；教科书中阐述了诸多已公认的概念，易于理解，我们从中系统学习打下基础；医学文献汇集了学者们通过研究得到的成果，我们从中学习了解发展动态。

患者则是无可比拟的知识源泉。医学“实践”，即反复与患者接触，是临床医师磨砺技能的最好方式。

接触临床伊始，最富有成果和最快乐的学习经历来自病例学习。无论是直接接触患者，还是在大查房时、在会议上听同事报告病例，或是看书面病例报告，“病例方法”提供了其他各种教育手段不能比拟的学习机会。

《高血压病例精粹》是为有志从事医疗服务的各类医学生编写的，是学习如何诊治高血压患者的实用之作。书中病例来自许多作者多年的临床经验，这些作者的临床背景各不相同，有高血压专科医师、经过专科培训的医师和药剂师，也有通科医师、执业护士及其他人员。书中既汇集了常见病例，也介绍了罕见病例。每个病例都可以给读者提供很多学习机会，最后的“临床要点”是学习重点。希望读者能掌握这些要点的精髓，从而提高临床技能。

本书并不是一本系统全面的教科书，不可能涵盖高血压的所有临床问题。但每一个病例都值得充分地学习和研究。如果

读者深受启发而想进一步研究某个专题，则我们编写本书的初衷就达到了。

感谢各位作者的辛勤笔耕和出版社的支持与指导。感谢家人贡献了大量时间。也感谢我们的师长与同事给予我们的帮助。我们还要对我们的患者，对他们无私地教给我们最丰富的知识表达深深的谢意。

Danie W. Jones, MD

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# 致 谢

作为主编，我们希望在此向为本书的病例编辑与讨论做出重要贡献的同事致以诚挚的感谢。Dr. George Habeeb、Dr. Kimberly Harkins、Dr. Jimmy Stewart 和 Dr. Sharon Wyatt 为本书的出版做了大量的准备工作。本书还得到了密西西比大学医学中心、高血压室的大力协助，在此一并致谢。

Daniel W. Jones, MD

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# 病例 1 呼吸困难

Anderson Mehrle Kimberly G. Harkins

患者女性，66岁。主因劳力性呼吸困难数月而来急诊室就诊。患者症状逐渐加重，目前轻微活动即感呼吸困难。1周前出现端坐呼吸伴干咳。2年间曾因相似症状住院3次，住院期间曾使用呼吸机。每次住院期间使用利尿剂后症状迅速改善。自述入院诊断为充血性心力衰竭，但最近的心脏超声心动图(见图A)显示左心室收缩功能正常。患者吸烟，有高血压病史。

## 体格检查

T 36.8°C，P 100次/分，R 22次/分，BP 176/90mmHg。面罩吸入氧浓度40%时，血氧饱和度为93%。一般状况：中度呼吸困难，疲惫面容。心脏：心律规则，可闻及S<sub>1</sub>奔马律，未闻及S<sub>3</sub>，无杂音。颈静脉压：9cmH<sub>2</sub>O，四肢脉搏正常，无水肿。肺部：双侧中下肺野可闻及啰音。

## 实验室检查

白细胞 8900/ $\mu$ l，分类正常。血细胞比容(红细胞压积，Hct)30%。电解质及血糖正常，尿素氮(BUN)12mg/dl，肌酐(Cr)1.3mg/dl。心电图：窦性心动过速，左心室肥厚(见图B)。胸片：双肺可见斑片状渗出影，心影稍大。

## 问题

患者的病史是否支持充血性心力衰竭的诊断？