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Obstetrics and Gynecology

妇产科学案例60例

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出版说明

Case Files 是美国麦格劳 - 希尔教育出版公司医学图书中的著名品牌系列图书, 被世界多所著名医学院校选定为教学用书。北京大学医学出版社与麦格劳 - 希尔教育出版公司合作, 全套影印出版了该丛书。包括:

- | | |
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该丛书具有以下特点:

一、形式上, 原版图书影印, 忠实展现原版图书的原汁原味, 使国内读者直接体会医学原版英文图书的叙述方式和叙述风格。

二、内容上, 每个分册包含几十个经典案例。基础学科强调与临床的结合, 临床学科强调临床思维的培养。

三、以案例和问题导入, 互动式学习, 尤其适合 PBL (问题为中心的学习) 和 CBL (案例为中心的学习)。

本系列书可作为医学院校双语教学或留学生教学的教材或教学辅导用书, 也是医学生学习医学英语的优秀读物。在世界范围内, 该系列书还是参加美国医师执照考试的必备用书。

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DEDICATION

To my loving and supportive wife, Terri, and my four delightful children, Andy, Michael, Allison, and Christina, who provide me with daily inspiration.

—ECT

With love and gratitude, to Mom, Joy, Ben, Anne, Jessica, Jim, John, and Col. Alvin Sholk.

—BB III

To the residents, faculty, and staff at Christus—St. Joseph Hospital and The Methodist Hospital—Houston Ob/Gyn Residency.

—ECT AND BB III

To Dr. James Knight, and Tulane Medical School, for giving me the opportunity to fulfill my dreams. To my parents, Mary and Jimmy Ross, for their love, inspiration, and devotion.

—PJR

To my wife, Sue Ellen, my three daughters, Beth, Allison, and Amy, their husbands, and my five grandchildren.

—JCJ

Finally, to the wonderful medical students from the University of Texas—Houston Medical School, who graciously gave constructive feedback and enthusiastically received this curriculum.

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I have been deeply amazed and grateful to see how the *Case Files*® books have been so well received, and have helped students to learn more effectively. In the 10 short years since *Case Files*®: *Obstetrics and Gynecology* first made it in print, the series has now multiplied to span most of the clinical and basic science disciplines, and been translated into over a dozen foreign languages. Numerous students have sent encouraging remarks, suggestions, and recommendations, in response, I have made the most dramatic change in this book which I proudly present as the fourth edition. Most significantly, the book is now divided up into Obstetrics in the first half, and Gynecology in the second half to be more “user-friendly” during the clerkship since most students have their rotation divided in those two categories. Next, I have placed many of the related cases closer together to allow students to use information from one case to reinforce principles to another case. There is better cross-referencing of related cases. Finally, there is a new Section III which is a collection of 15 strategic questions that can be used for review, but also to tie in the principles from the cases. Those questions in Section III require a mastery of the information from the 60 clinical cases so I suggest that students go through the cases first. Questions have been improved to better reflect the USMLE format, and explanations have been expanded to help the student understand the mechanisms and the reason that the other choices are incorrect. Two completely new cases (Diabetes in pregnancy and IUGR) have been written. Updated or new sections include health maintenance, cervical cytology with human papilloma virus subtyping, contraception, vulvar ulcers, assisted reproductive technologies, polycystic ovarian syndrome, osteoporosis, neonatal complications, and human immunodeficiency virus. This fourth edition has been a collaborative work with my wonderful coauthors and contributors, and with the suggestions from four generations of students. Truly, the enthusiastic encouragement from students throughout not just the United States but worldwide provides me with the inspiration and energy to continue to write. It is thus with humility that I offer my sincere thanks to students everywhere ... for without students, how can a teacher teach?

Eugene C. Toy

The curriculum that evolved into the ideas for this series was inspired by two talented and forthright students, Philbert Yao and Chuck Rosipal, who have since graduated from medical school. It has been a tremendous joy to work with my friend, colleague, and program director, Dr. Bentor Baker III. It is also a privilege to work with Dr. Ross, who has been a steady hand in administrating the medical student clerkship for so many years. It is a personal honor and with extreme gratitude that I am able to work with Dr. John Jennings, a visionary, brilliant obstetrician gynecologist, leader, and friend. Also, I am awed by the many excellent contributors who continue to work under the deadlines and pleas of perfectionists. I am greatly indebted to my editor, Catherine Johnson, whose exuberance, experience, and vision helped to shape this series. I am grateful to Patricia Bellows, Jenna Sassie, and Katie Smith for their careful review of the manuscript and extensive suggestions. I appreciate McGraw-Hill's believing in the concept of teaching through clinical cases. I am also grateful to Catherine Saggese for her excellent production expertise, and Cindy Yoo for her wonderful editing. I cherish the ever-organized and precise Ridhi Mathur, project manager, whose expertise and talent I greatly value; she keeps me focused, and nurtures each of my books from manuscript to print. At Methodist Hospital, I appreciate the great support from Drs. Marc Boom, Dirk Sostman, Alan Kaplan, and Judy Paukert. Likewise, I am blessed to have Debby Chambers and Linda Bergstrom's advice and support. Without my dear colleagues, Drs. Konrad Harms, Priti Schachel, and Gizelle Brooks-Carter, this book could not have been written. I appreciate Yaki Bryant, who has faithfully and energetically served as the extraordinary student coordinator for literally thousands and thousands of students at the University of Texas Medical School at Houston. Most of all, I appreciate my loving wife, Terri, and my four wonderful children, Andy, Michael, Allison, and Christina, for their patience and understanding.

Eugene C. Toy

Mastering the cognitive knowledge within a field such as obstetrics and gynecology is a formidable task. It is even more difficult to draw on that knowledge, to procure and filter through the clinical and laboratory data, to develop a differential diagnosis, and finally to make a rational treatment plan. To gain these skills, the student often learns best at the bedside, guided and instructed by experienced teachers, and inspired toward self-directed, diligent reading. Clearly, there is no replacement for education at the bedside. Unfortunately, clinical situations usually do not encompass the breadth of the specialty. Perhaps the best alternative is a carefully crafted patient case designed to stimulate the clinical approach and decision making. In an attempt to achieve that goal, we have constructed a collection of clinical vignettes to teach diagnostic or therapeutic approaches relevant to obstetrics and gynecology. Most importantly, the explanations for the cases emphasize the mechanisms and underlying principles, rather than merely rote questions and answers.

This book is organized for versatility: It allows the student “in a rush” to go quickly through the scenarios and check the corresponding answers, and it provides more detailed information for the student who wants thought-provoking explanations. The answers are arranged from simple to complex: a summary of the pertinent points, the bare answers, an analysis of the case, an approach to the topic, a comprehension test at the end for reinforcement and emphasis, and a list of resources for further reading. The clinical vignettes have been arranged as Obstetrical in the first half, and Gynecology in the second half, and related cases grouped together. Section III contains 15 Review Questions designed to require higher level integration of information. A listing of cases is included in Section IV to aid the students who desire to test their knowledge of a specific area, or who want to review a topic including basic definitions. Finally, we intentionally did not use a multiple-choice question (MCQ) format in our clinical case scenarios, since clues (or distractions) are not available in the real world. Nevertheless, several MCQs are included at the end of each case discussion (Comprehension Questions) to reinforce concepts or introduce related topics.

HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter with open-ended questions. At times, the patient’s complaint is different from the most concerning issue, and sometimes extraneous information is given. The answers are organized into four different parts:

CLINICAL CASE FORMAT: PART I

1. **Summary:** The salient aspects of the case are identified, filtering out the extraneous information. Students should formulate their summary from the case before looking at the answers. A comparison to the summation in the answer will help to improve their ability to focus on the important data, while appropriately

discarding the irrelevant information—a fundamental skill in clinical problem solving.

2. **A Straightforward Answer** is given to each open-ended question.
3. The **Analysis of the Case** is comprised of two parts:
 - a. **Objectives of the Case:** A listing of the two or three main principles that are crucial for a practitioner to manage the patient. Again, the students are challenged to make educated “guesses” about the objectives of the case upon initial review of the case scenario, which helps to sharpen their clinical and analytical skills.
 - b. **Considerations:** A discussion of the relevant points and brief approach to the specific patient.

PART II

Approach to the Disease Process: It consists of two distinct parts:

- a. **Definitions:** Terminology pertinent to the disease process.
- b. **Clinical Approach:** A discussion of the approach to the clinical problem in general, including tables, figures, and algorithms.

PART III

Comprehension Questions: Each case contains several multiple-choice questions, which reinforce the material, or which introduce new and related concepts. Questions about material not found in the text will have explanations in the answers.

PART IV

Clinical Pearls: Several clinically important points are reiterated as a summation of the text. This allows for easy review, such as before an examination.

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