

V I S U A L D I A G N O S I S

SELF-TESTS

GASTROENTEROLOGY

胃肠病学

John Baillie 编著
孔雁军 译

临床医师深造 双语读物

《影像学诊断问答》系列

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INTRODUCTION

Much of the practice of medicine depends on pattern recognition, be it at the bedside (e.g. the irregularly irregular radial pulse of atrial fibrillation, the blurred optic disc of papilloedema), in the radiology department (e.g. air-fluid levels in small bowel obstruction, bone thickening and deformity in Paget's Disease) or in the interpretation of images from within hollow organs and body cavities, as obtained by gastrointestinal endoscopy, bronchoscopy, thoracoscopy, laparoscopy, etc.

One of the great appeals of gastroenterology as a specialty within Internal (General) Medicine is that many – if not most – diseases have one or more gastrointestinal manifestations. The gastroenterologist has to be, first and foremost, an astute clinician with a solid grounding in medicine if he or she is to become a skilled diagnostician.

Gastroenterology offers 30 cases seen by the author. A brief summary is provided with an relevant illustration. See if you can correctly identify the problem or pathologic finding without peeking at the answer first! All of the material provided should be familiar to the practicing gastroenterologist who performs en-

导言

许多医学实践依赖于模式识别,模式识别应来自于病房临床(如房颤的不规则桡动脉搏动,视神经乳头水肿的视盘模糊)、放射科(如小肠梗阻的气液水平,佩吉特病的骨质增厚和畸形)或对中空器官和体腔内影像(如通过胃肠道内镜检查、支气镜镜检查、胸腔镜检查、腹腔镜检查等所获得的影像)的解释。

胃肠病学在内科(综合科)中作为一个特殊领域,最大的吸引力之一是,许多(要不是大多数)疾病中都有一种或一种以上的胃肠道表现。如果想要成为一名技能熟练的诊断学专家,那么首先和最重要的是,要成为一名在医学方面具有坚实基础的精明临床医师。

作者在《胃肠病学》中提供了 30 个病例。简洁概括的文字说明并配有相关的图例。在不先阅读答案的情况下,你能否正确地辨别出疾病或病理改变!提供的所有资料对进行内镜检查的临床胃肠病专家来说都是要熟悉的。我之所以未把肝病(肝脏病学)作为本书的重点来选

doscopy. I have chosen not to emphasize liver disease (hepatology), as this deserves a Visual Diagnosis book all of its own.

References are provided for those interested in reading about the topics covered. Keep a list of any cases that "defeat" you, and take the opportunity to read about *them* in any of the major textbooks of gastroenterology.

Good luck!

祝你好运!

入本书,是因为这样做会使本书成为一本全部讲述肝病的影像学诊断图书。

参考文献是为阅读所述及的主题有兴趣的读者提供的。把你“失误”的病例列表记录下来,然后找时间读一读胃肠病学主要教科书中的有关病例。

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CASE 1

A middle-aged man complains of constant epigastric pain and bloating, unrelieved by over-the-counter H₂-blockers. He gets about "50%" relief from daily use of proton pump inhibitor. He undergoes upper gastrointestinal endoscopy (EGD), which reveals a patchy, mild, non-erosive gastritis involving the antrum of the stomach. No ulcers are seen. The remainder of the examination to the third part of the duodenum is normal. The figure shows a high powered photomicrograph of a gastric antral biopsy. Based on the histopathologic interpretation of this biopsy, the patient is stated on additional medication, which cures his symptoms.

Q A. What abnormality does the photomicrograph

reveal?

B. what is its significance?

C. What additional therapy was instituted?

D. Could this diagnosis have been made without the biopsy?

病例 1

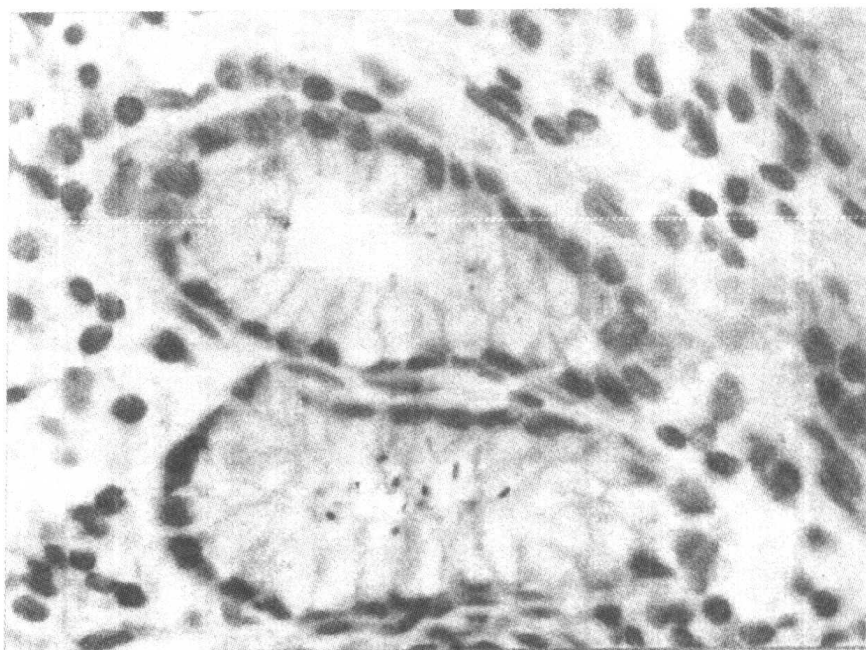
一位中年男性主诉有持续性上腹部疼痛和饱胀,服用非处方的 H₂-阻断剂后不缓解。每天使用质子泵抑制剂能得到大约"50%"的缓解。对他进行了上胃肠道内镜检查(EGD),发现有斑片状轻度非侵蚀性胃炎,累及胃窦部。未见溃疡。对十二指肠第三部分其余部位的检查结果正常。图片显示胃窦部活检的高倍光学显微镜图像。根据这次活检的组织病理学解释,给病人开了另一种药物,治愈了他的症状。

问题:A. 光学显微镜下发现什么异常?

B. 它的重要意义是什么?

C. 要制定什么样的附加治疗方案?

D. 在不做活检的情况下,能否做出这项诊断呢?



ANSWER TO CASE 1

病例 1 答案

- A. This specially prepared gastric antral biopsy shows organisms stained brown clustered within the gastric glands. These are *Helicobacter pylori*, a urease producing bacterium which survives in the intensely acidic gastric environment by producing a protective cloud of alkaline ammonia around itself.
- B. Infection with *H. pylori* is now regarded as the major cause of duodenal ulcers. However, they are also associated with non-ulcer dyspepsia, which this patient has. This finding explains why the patient achieved only limited relief with acid suppression alone.
- C. Two antibiotics, amoxycillin and clarithromycin, were added to the patient's proton pump inhibitor for "triple therapy" of his *H. pylori* infection. He was given a 14 day course.
- D. The presence of *H. pylori* antibodies in the serum of a symptomatic patient not previously treated for this infection would be strongly suggestive of *H. pylori*-related dyspepsia, and would warrant treatment.

- A. 这个经过特殊制备的胃窦部活检标本显示,在胃腺内有染成棕色的簇状生物体。这些是幽门螺旋杆菌,这是一种尿素酶生成的细菌,通过在其自身周围生成碱性氨保护性云团幸存于强酸性的胃环境中。
- B. 幽门螺旋杆菌感染,现在被认为是十二指肠溃疡的主要病因。但是感染也伴发非溃疡性消化不良,这个病人就是这样消化不良。这个结果可以解释为什么病人仅用抑酸剂只能获得有限的缓解。
- C. 在病人的质子泵抑制剂中加了一种抗生素,阿莫西林和 clarithromycin,以便对其幽门螺旋杆菌感染进行“三联治疗”。疗程为 14 天。
- D. 血清中存在幽门螺旋杆菌抗体的有症状的病人,如果以前没有治疗过这种感染,则强烈揭示是与幽门螺旋杆菌有关的消化不良,需要进行治疗。

CASE 2

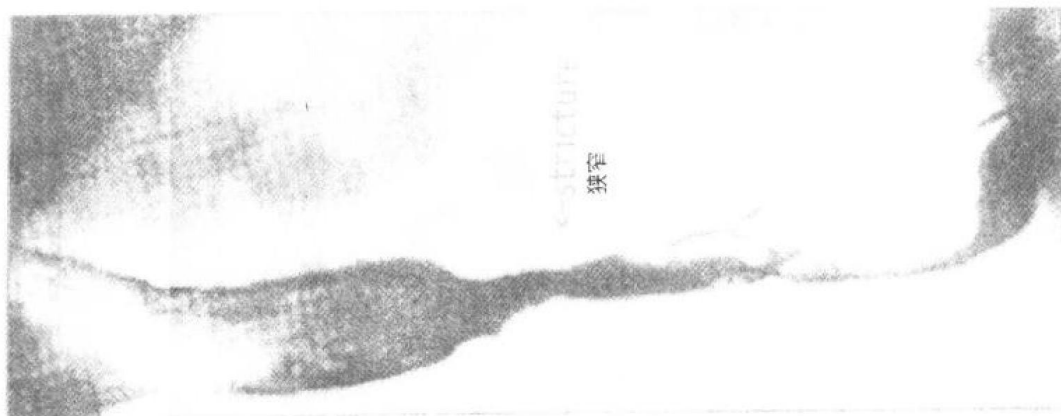
The figure is a radiograph showing a contrast (barium) swallow in a 67-year-old man who complains of progressive dysphagia (food sticks) and weight loss over three months. There is a stricture present (indicated) in the lower esophagus.

Answer **TRUE** or **FALSE**?

病例 2

此图是一位 67 岁老年患者加造影剂(钡)的 X 线相片,他主诉 3 个月来有渐进性吞咽困难(食物梗塞)和体重减轻。图中显示在下食道处有一狭窄存在(图中已指出)。

回答对或错?



Q

A. The stricture may be the result of uncontrolled acid reflux.

B. Diagnostic endoscopy in the presence of such a stricture carries a high risk of perforation.

C. The patient's history of psychiatric illness and suicide attempts may be relevant.

D. The finding of Barrett's esophagus at endoscopy ten years ago may be relevant.

问题:A. 此狭窄可能是未控制住的酸反流的结果。

B. 在存在这类狭窄的情况下,进行内镜检查诊断具有较高的穿孔危险性。

C. 病人的精神病史和试图自杀可能与此相关。

D. 10年前内镜检查时的巴雷特食道的症状表现可能与此相关。

ANSWER TO CASE 2

病例 2 答案

A. **TRUE:** This esophageal stricture could be "peptic" in origin, related to free reflux of acid in a patient with an incompetent lower esophageal sphincter of hiatus hernia.

B. **FALSE:** Modern flexible endoscopy, which is performed under direct vision, should not carry a significant risk when such strictures are being evaluate by a competent endoscopist. Using the endoscope as a "blind dilator" is not recommended, however, as this may result in a tear or perforation. Therapeutic endoscopy (dilation of the stricture) does carry a risk of injury, which is why esophageal strictures should only be managed by experienced endoscopists.

C. **TRUE:** Ingestion of strong acids and (especially) alkalis can cause serious esophageal burns, resulting in late strictures if the early injury is not managed aggressively. Lye (sodium hydroxide) was a favourite tool of the young Victorian woman intent on suicide. Lye strictures can mean of lifetime of repeat esophageal dilations. They are also associated with significant risk of malignant transformation many years later (e.g. 20+).

A. **对:**这种食道狭窄在起源上可能是“消化性的”,在患有食道裂孔疝因而下食道括约肌无能的病人中,与酸的自由反流有关。

B. **错:**现代柔性的内镜检查是在直视下进行的,由有专业经验的内镜专家对这类狭窄进行评估是不会有明显危险的。但是,不提倡用内镜作为一个“盲扩张器”,因为这可导致撕裂或穿孔。治疗性内镜检查(狭窄处扩张)确实有损伤的危险,这就是食道狭窄为什么只应由有经验的内镜学家进行的原因。

C. **对:**强酸和(特别是)强碱的摄入可导致严重的食道烧伤,如果早期损伤没有积极处理,可引起晚期狭窄。碱液(氢氧化钠)是年轻女性维多利亚式自杀的一种有利的工具。碱性狭窄意味着终生要进行反复的食道扩张。碱性狭窄也会伴有多年后(如 20 年后)恶性肿瘤转化的明显危险。

D. **TRUE:** The presence of specialized columnar epithelium (SCE) in the esophagus (usually lower 1/3) is known as Barrett's esophagus. Once considered congenital, Barrett's epithelium is now thought to be acquired, as a response to chronic acid reflux. Patients with Barrett's esophagus are at increased risk from adenocarcinoma of the esophagus, and need to be in a surveillance programme of annual endoscopy with biopsies to check for dysplasia (a premalignant change). A patient who had Barrett's esophagus ten years ago might well have developed a Barrett's stricture in that area, and it could be malignant.

D. **对:**食道内(通常在下 1/3 处)存在特化性柱状上皮(SCE),称为巴雷特食道。曾一度认为这是先天性的,但现在认为巴雷特上皮是后天获得性的,是对慢性酸反流的一种反应。患有巴雷特食道的病人患食道腺癌的危险性增加,需要每年进行内镜检查的监视程序并做活检以检查有无发育异常(恶性病变)。10 年前有巴雷特食道的病人,很可能已在那一区域形成了巴雷特狭窄,并且可能是恶性的。

CASE 3

A middle-aged woman who has been taking an antibiotic (oxycycline) for sinus infection complains of painful swallowing (odynophagia) and occasional sticking of food (dysphagia). An abnormality is noted during flexible endoscopy (EGD).

病例 3

一位中年妇女因鼻窦感染一直服用抗生素(土霉素),主诉吞咽疼痛(吞咽痛)和偶尔的食物梗塞(吞咽困难),在用柔性内镜检查(EGD)期间发现异常。

Q. What abnormalities are present?

问:存在什么异常?



ANSWER TO CASE 3

病例 3 答案

ESOPHAGEAL CANDIDIASIS ("THRUSH") AND ESOPHAGEAL STRICTURE.

This patient has a common complication of antibiotic therapy: overgrowth of the fungus, *Candida*, in the proximal gastrointestinal tract. Commonly, thrush is visible on the tongue and on the back of the throat, rendering endoscopy unnecessary for diagnosis. The esophageal lesions can be distinguished from adherent food debris by brush cytology or biopsy.

The *Candida* plaques are resistant to being pulled off with the biopsy forceps, as the fungal hyphae penetrate the mucosa. After removal, a tiny bleeding site is usually found.

The Esophageal lumen appears narrowed. In addition to candidiasis, this patient has developed a stricture, possibly the result of chemical irritation from the antibiotic (so-called "pill esophagitis").

食道念珠菌病("鹅口疮")和食道狭窄

这个病人有一种抗生素治疗常见的并发症:真菌(念珠菌)在食道近端过度生长。通常,鹅口疮见于舌和喉的背部,这使得诊断不需要内镜检查。通过刷取细胞或活检,可以把食道损伤同粘附的食物碎片区别开。

念珠菌斑片难以用活检钳剥除,因为真菌菌丝会穿透粘膜。除去后,通常可发现小的出血部位。

食道腔显得狭窄。除了念珠菌病外,这位病人已形成了食道狭窄,可能是抗生素引起的化学刺激的结果(所以称为"药丸食道炎")。

CASE 4

A 73-year-old is investigated for alternating constipation and diarrhea with 10 ~ 15 pounds' weight loss. The stool tests strongly positive for occult blood. The patient's father and a paternal aunt were diagnosed as having colon cancer at 39 years and 46 years of age, respectively. The patient has never had a rectal exam or fecal occult blood tests before. Colonoscopy reveals this finding at 30 cm from the anal verge.

病例 4

一位 73 岁的老年病人,因交替发生便秘和腹泻伴体重减轻 10 ~ 15 磅而来此进行检查。大便检查发现有强阳性潜血。病人的父亲和姑姑也分别在 39 岁和 46 岁时被诊断为结肠癌。病人以前从来没有进行过直肠检查或大便潜血检查。结肠镜检查在距肛缘 30cm 处发现这一结果。



Q. What is the abnormality?

问题:有什么异常?