

CASE FILES

OBSTETRICS & GYNECOLOGY

EUGENE C. TOY, MD
PATTI JAYNE ROSS, MD

BENTON BAKER III, MD
LARRY C. GILSTRAP III, MD

妇产科分册

湖南科学技术出版社

- ★ 60 cases to excel on the boards and wards
- ★ USMLE-style review questions
- ★ Award-winning learning system
- ★ Proven to increase self-exam scores

医学案例分析丛书 (注释本)

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注释者: 陶光实 徐育年 唐真姿 吴 丽 马水根
贺银花 叶 茜 王 芹 田 焱

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Eugene C. Toy, Benton Baker III
Patti Tayne Ross, Larry C. Gilstrap III

Obstetrics & Gynecology

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著者: EUGENE C. TOY, MD BENTON BAKER III, MD
PATTI JAYNE ROSS, MD LARRY C. GILSTRAP III, MD

责任编辑: 曹 翥

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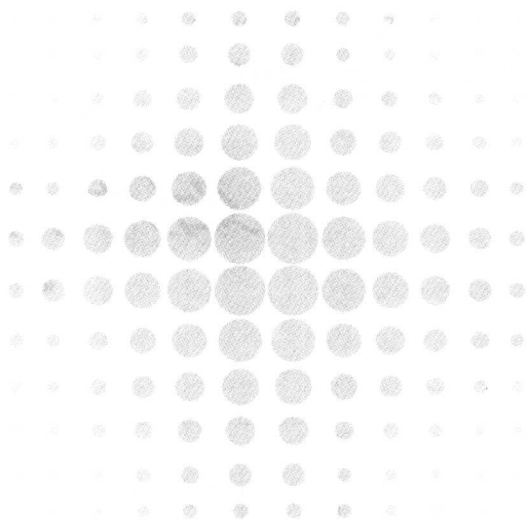
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专家审读小组 (以姓氏笔画为序)



田勇泉 杨俊杰 肖 平 徐育年

陶光实 秦晓群 梁 莉 舒 畅



前言

《医学案例分析》(Case Files)是McGraw-Hill出版公司新近推出的一套面向美国医学生的医学专业性教辅读物。本系列丛书涵盖基础医学和临床医学等不同学科的内容。每本书包含本学科中大约60个临床病例或教学案例,每个病例或案例均包括病例或案例介绍、问题导入、机制分析、学习思路及理解练习等多个环节。每个案例还分别配有临床学习精华(Clinical Pearl)、专家的分析性点评和相应的参考文献供学生理解和探索性学习。本套丛书反映了美国医学教育的课堂教学模式和案例分析教学模式的基本特点。

此套丛书通过对语言难点和专业术语及结构的注释,降低了读者阅读原著时的难度。书中英语词汇以教育部颁发的《大学英语课程教学基本要求》中较高等级的词汇为标准,医学专业术语以《朗文医学大辞典》为蓝本标注。本套丛书适合于医学院校有一定英语基础的学生阅读,同时也可作为医学课程双语教学的参考性教材。

中南大学外国语学院担任医学英语教学的专家教授参与了本套丛书的语言注释工作,中南大学基础医学院和湘雅一医院、湘雅二医院及湘雅三医院等临床学院的临床教学专家也参加了专业内容的点评和注释工作。为了保证此套丛书的质量,我们特成立了专家审读小组对全套书进行了最后的审定。在此对所有参编者的辛勤工作表示诚挚的谢意。

本套丛书是将国外医学教育模式引入我国的一次尝试,由于我们理解层次的局限和可能的疏忽,难免会有一些失误和偏差,在此诚恳地欢迎读者批评指正,以便再版时修订。

此套丛书的推出得到了中南大学湘雅医学院和外国语学院领导的大力支持,在此表示衷心的感谢。

注释者

2006年5月

NOTICE

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*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,
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—THE AUTHORS

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Eugene C. Toy, MD



CONTRIBUTORS

Nichole Fleming Cole, MD

Chief Resident in Obstetrics/Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Galactorrhea

Approach to Adnexal Masses and Struma Ovarii

Ruptured Corpus Luteum

Valeria T. Fullwood, MD

Chief Resident in Obstetrics/Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Preterm Labor

Approach to Pyelonephritis in Pregnancy

Approach to Preterm Premature Rupture of Membranes

Konrad P. Harms, MD

Chief Resident in Obstetrics/Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Preeclampsia

Approach to Abdominal Pain in Pregnancy

Approach to Hirsutism

Christina M. Hines, MD

Resident in Obstetrics/Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Primary Amenorrhea

Approach to Delayed Puberty

Joseph Bram Johns, MD

Chief Resident in Obstetrics/Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Ectopic Pregnancy

Approach to Urinary Tract Infections

Approach to Deep Venous Thrombosis in Pregnancy

George T. Kuhn, MD

Faculty, Obstetrics/Gynecology residency program

Vice Chairman, Department of Obstetrics and Gynecology

Christus - St. Joseph Hospital, Houston, Texas

Approach to Pruritus (Cholestasis) in Pregnancy

Approach to the Palpable Breast Mass

Approach to the Abnormal Mammogram

Carl E. Lee II, MD

Resident in Obstetrics/Gynecology

Christus-St. Joseph Hospital, Houston, Texas

Approach to Herpes Simplex Virus in Pregnancy

Approach to Septic Abortion

John C. McBride, MD

Faculty, Obstetrics/Gynecology Residency Program

Christus-St. Joseph Hospital, Houston, Texas

Approach to Salpingitis

Approach to Anemia in Pregnancy

Approach to Postpartum Hemorrhage

Robert K. Morris, Jr., MD

Faculty, Obstetrics/Gynecology Residency Program

Christus-St. Joseph Hospital

Assistant Professor, Department of Obstetrics and Gynecology

The University of Texas-Houston Medical School

Houston, Texas

Approach to Emergency Contraception

Adolescent Health Maintenance

Approach to Breast Infections

Cristo Papasakelariou, MD

Director of Endoscopic and Vaginal Surgery

Obstetrics/Gynecology Residency Program

Christus-St. Joseph Hospital, Houston, Texas

Clinical Professor of Obstetrics and Gynecology

University of Texas Medical Branch Galveston Medical School

Galveston, Texas

Approach to Infertility

Approach to Intrauterine Adhesions

Approach to Tubal Factor Infertility

Kimberly S. Rutter, MD

Resident in Obstetrics/Gynecology

Christus-St. Joseph Hospital, Houston, Texas

Thyroid Storm in Pregnancy

Approach to Abnormal Serum Screening in Pregnancy

Faith M. Whittier, MD

Faculty, Obstetrics/Gynecology Residency Program

Christus-St. Joseph Hospital, Houston, Texas

Approach to Postmenopausal Bleeding

Approach to Uterine Leiomyomata

◆ INTRODUCTION

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 are purposely placed in random order to simulate the way that real patients present to the practitioner. A listing of cases is included in Section III 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:

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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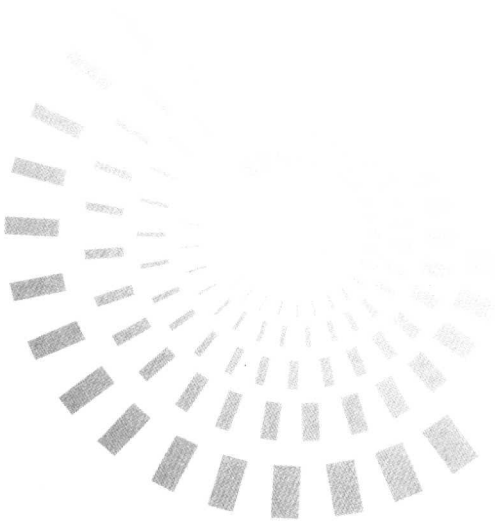
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How to Approach Clinical Problems

- ★ PART 1. Approach to the Patient
- ★ PART 2. Approach to Clinical Problem
Solving
- ★ PART 3. Approach to Reading



PART 1. APPROACH TO THE PATIENT

The transition from textbook and/or journal article learning to the application of the information in a specific clinical situation is one of the most challenging tasks in medicine. It requires retention of information, organization of the facts, and recall of a myriad^[1] of data in precise application to the patient. The purpose of this book is to facilitate this process. The first step is gathering informa-

tion, also known as establishing the database. This includes taking the history; performing the physical examination; and obtaining selective laboratory examinations or special evaluations, such as urodynamic^[2] testing and/or imaging tests. Of these, the historical examination is the most important and useful. Sensitivity and respect should always be exercised during the interview of patients.

CLINICAL PEARL

The history is usually the single most important tool in obtaining a diagnosis. The art of seeking the information in a nonjudgmental, sensitive, and thorough manner cannot be overemphasized.^[3]

History

1. Basic information:

- a. Age must be recorded because some conditions are more common at certain ages; for instance, pregnant women younger than 17 years or older than 35 years are at greater risk for preterm labor^[4], preeclampsia^[5], or miscarriage^[6].
- b. Gravidity^[7]: Number of pregnancies including current preg-

nancy (includes miscarriages, ectopic pregnancies^[8], and stillbirths^[9]).

- c. Parity^[10]: Number of pregnancies that have ended at gestational age(s) greater than 20 weeks.
- d. Abortuses^[11]: Number of pregnancies that have ended at gestational age(s)^[12] less than 20 weeks (includes ectopic pregnancies, induced abortions, and spontaneous abortions^[13]).