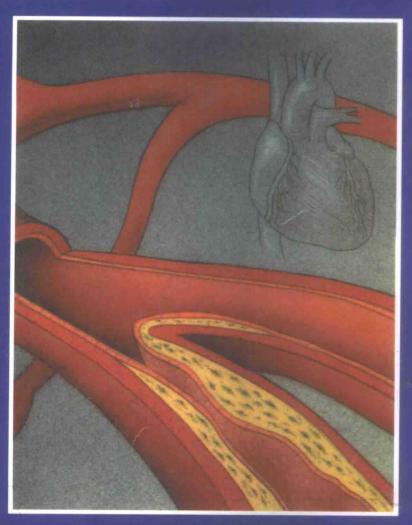
美国著名医学院核教材系列

Essentials of

# Pathophysiology 摘理生理学精要

(英文影印版)



Chris E. Kaufman, M.D. Patrick A. McKee, M.D.



中国协和医科大学出版社



LIPPINCOTT WILLIAMS & WILKINS

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# 病理生理学精要

# Essentials of Pathophysiology

Chris E. Kaufman, MD Patrick A. Mekee, MD



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# **Plate Legends**

Plate 1. Peripheral blood smear in acute lymphocytic leukemia. The lymphoblast (arrow) is of the L3 histologic subtype. Note the enormity of this cell in comparison to normal erythrocytes in the field. The blast cell has the characteristic high nuclear: cytoplasmic ratio, dark blue cytoplasm, and vacuoles seen in L3 lymphoblasts. In addition, immature neutrophils and a nucleated red blood cell are characteristic of the myelophthisic blood picture.

Plate 2. Peripheral blood smear in chronic lymphocytic leukemia. The malignant cells appear histologically like normal lymphocytes. The size approximates that of an erythrocyte and is markedly smaller and quite distinct from the appearance of the lymphoblast in Plate 1. Also shown is the typical smudge cell seen in chronic lymphocytic leukemia. Some variability of the size and shape of the malignant cells is not uncommon, but the majority of the lymphocytes are rather bland.

Plate 3. Bone marrow aspirate in multiple myeloma. The marrow shows a large number of plasma cells (PC). These cells may be morphologically normal or abnormal, such as the binucleate plasma cell (BN). The erythroid (E) and myeloid (M) cells in the background appear normal, because they are unaffected by the malignant clone.

Plate 4. Monosodium urate monohydrate crystals aspirated from a tophus of a patient with gout. Numerous needle-shaped crystals are seen, without inflammatory cells. A. Under polarized light with a red compensator, urate crystals show negative birefringence; thus, all crystals whose long axis is parallel to the slow axis of vibration of the

red compensator (arrow) appear yellow (white in these photographs), while those lying perpendicular appear blue. Some crystals lying obliquely are seen to extinguish (appear dark). B. When the same field is viewed so the axis of the compensator (arrow) is turned 90 degrees from that in A, each individual crystal that appeared yellow becomes blue, and those appearing blue become yellow. (Courtesy of Jan Pitha, M.D.)

Plate 5. Immunofluorescence of a glomerulus showing linear staining for IgG typical of anti-glomerular basement membrane glomerulonephritis. (Courtesy of Fred Silva, M.D.)

Plate 6. Immunofluorescence of a glomerulus showing granular staining of the peripheral capillary loops and mesangial areas. (Courtesy of Zoltan Laszik, M.D.)

Plate 7. Red cell cast, unstained (original magnification 400x).

Plate 8. Acute tubulointerstitial nephritis. Marked inflammatory cell infiltrate in the interstitium along with edema causing tubular separation (hematoxylin-eosin stain, original magnification 250×). (Courtesy of K. Min, M.D.)

Plate 9. Photomicrograph of Cowdry type A intranuclear inclusions.

Plate 10. Photomicrograph of cerebral toxoplasmosis shows three cysts (arrows) and free multiple organisms (tiny spots near bottom arrows).

### **Preface**

Essentials of Pathophysiology emphasizes the relationships between abnormal function and clinical manifestations of disease. It was created according to four pedagogic principles. First, throughout the text, the reader will review the language of physiology and, to a certain extent, pathology from the standpoint of words and symbols that depict normal and abnormal function. Second, factual knowledge about disease is laid out in an economical way to facilitate retention of key information. Third, the reader is guided to recall and arrange this information in logical ways that lead to the correct interpretation and understanding of signs and symptoms of illness. Fourth, frequent repetition of facts and concepts throughout the text, and their presentation in different formats and relationships, augment the ability to recall information and construct a conceptual framework for its application.

The text does not provide detailed descriptions of cellular and molecular aberrations that lead to disease, it does not address all diseases known, and it cannot substitute for more comprehensive textbooks. Instead, the text primarily discusses how deranged function becomes manifest in frequently encountered and illustrative human diseases.

Essentials of Pathophysiology was written primarily to help medical students and residents make the transition from the basic science—oriented years of learning to the patient's bedside, by explaining structure-function relationships for each organ system and the resultant signs and symptoms of common illnesses. Each chapter begins with a list of learning objectives and concludes with one or more case histories that exemplify how the history, physical examination, and laboratory findings can be explained if one comprehends the underlying pathophysiology.

The book contains numerous tables and illustrations selected to enhance understanding. Board examination-type questions are provided at the end of each part to test whether facts can be logically integrated and applied to clinical problems. In short, the overarching goal is to draw the reader toward an enhanced ability for clinical problem solving through orderly arrangements and interpretations of factual knowledge.

The book should be a powerful complement to most medical school pathophysiology courses. We expect that physicians-in-training and practicing physicians will find the book useful for review of the basic science concepts underlying clinical practice. The book should also facilitate preparation for medical board examinations as well as those required for certification by the osteopathic, dental, nursing, and physician assistant professions.

We are most appreciative of the hard work and caring attention that Beverly Clarke, our administrative assistant, provided in assembling and editing this book.

C. E. K. P. A. M.

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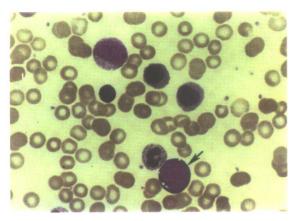


Plate 1

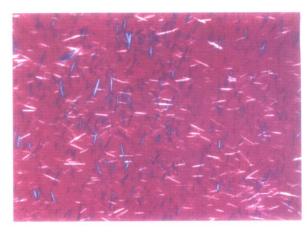


Plate 4A

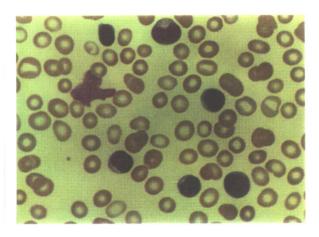


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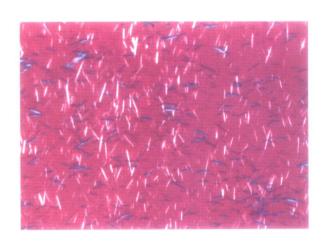


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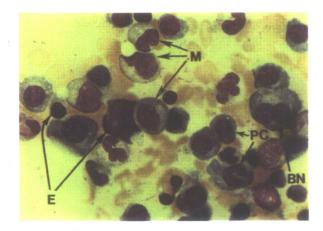


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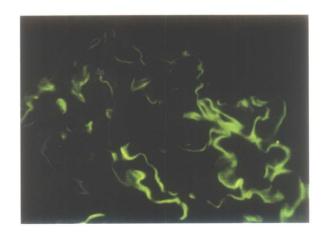


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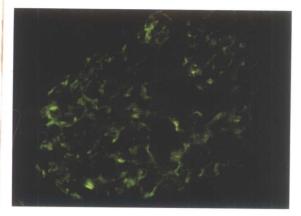


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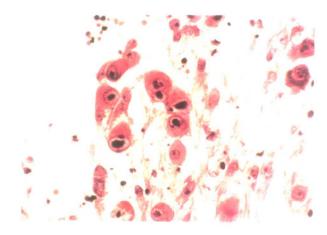


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# I Cardiovascular Diseases

Part Editor Udho Thadani

### **Notice**

The indications and dosages of all drugs in this book have been recommended in the medical literature and conform to the practices of the general medical community. The medications described do not necessarily have specific approval by the Food and Drug Administration for use in the diseases and dosages for which they are recommended. The package insert for each drug should be consulted for use and dosage as approved by the FDA. Because standards for usage change, it is advisable to keep abreast of revised recommendations, particularly those concerning new drugs.