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心脏病学案例30例

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- Includes board-style review questions and clinical pearls
- Written by experienced educators

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CASE FILES®

Cardiology

心脏病学案例30例

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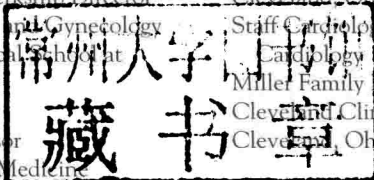
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Case Files 是美国麦格劳 - 希尔教育出版公司医学图书中的著名品牌系列图书, 被世界多所著名医学院校选定为教学用书。北京大学医学出版社与麦格劳 - 希尔教育出版公司合作, 全套影印出版了该丛书。包括:

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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 the amazing members of our Cambodia medical mission team of 2014, who sacrificially shared their talents and compassion to help hundreds of villagers in the province of Kratie, Kingdom of Cambodia.

To my daughter Allison, our team leader, who is already showing wisdom at such a young age and is my hero.

To my wife Terri, who served as team administrator and “team mom”, and is an organizational genius.

To our super nurses, Erin, Natalie, and Elizabeth, who went above and beyond each day, tending to the medical and spiritual needs of our patients.

To Amy, who organized and updated our pharmacy, keeping hundreds of dispenses straight.

*To Khai and Meredith, our gifted counselors, who shared the love of God each day;
And finally to Archie and his family, his leaders, his interpreters, and his church, who blazed the trail, ministered to us, and who continue God's work in the lovely Kingdom of Cambodia.*

—ECT

To my lovely wife Ashley and my sons, Jackson and Gregory, for making it so easy to find balance and happiness in my life. You are the reason I can't wait to get home every evening.

To the medical students, residents, and fellows at Case Western Reserve University Lerner College of Medicine and Cleveland Clinic, for making it so easy to find balance and happiness in my career. You are the reason I can't wait to get to work every morning.

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The curriculum that evolved into the ideas for this series was inspired by Philbert Yau and Chuck Rosipal, two talented and forthright students, who have since graduated from medical school. It has been a tremendous joy to work with my excellent coauthor, Dr. Michael Faulx, who exemplifies the qualities of the ideal physician—caring, empathetic, and brilliant educator who can make complex topics understandable; he also has the unique ability to bridge the disciplines of internal medicine and cardiology, no easy feat!

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Eugene C. Toy and Michael D. Faulx

Mastering the cognitive knowledge within a field such as cardiology is a formidable task. It is even more difficult to draw on that knowledge, procure and filter through the clinical and laboratory data, develop a differential diagnosis, and, finally, to make a rational treatment plan. To gain these skills, the student 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 rarely encompass the breadth of the specialty. Perhaps the best alternative is a carefully crafted patient case designed to stimulate the clinical approach and the decision-making process. In an attempt to achieve that goal, we have constructed a collection of clinical vignettes to teach diagnostic or therapeutic approaches relevant to cardiology.

In this age of technology and high-definition imaging, we would like to reinforce the importance of the history and physical examination. We urge that students diligently read through this area in Section I of the book, and practice their skills. We likewise urge our peer colleagues to spend time demonstrating to students and trainees how to properly perform the physical exam maneuvers. We hope that our cases will stimulate excitement for the clinical care of patients.

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 allows the student who wants thought-provoking explanations to obtain them. The answers are arranged from simple to complex: the bare answers, an analysis of the case, an approach to the pertinent topic, a comprehension test at the end, clinical pearls for emphasis, and a list of literature sources 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 student who desires to test his/her knowledge of a certain area, or to review a topic, including basic definitions. Finally, we intentionally did not use a multiple-choice question format in the case scenarios, because clues (or distractions) are not available in the real world.

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How to Approach the Cardiology Patient

- Part 1** Approach to the Patient (History and Physical)
- Part 2** Approach to the Electrocardiogram (ECG)
- Part 3** Providers and Procedures

Part 1. Cardiovascular History and Physical Examination

There are four main components of cardiovascular history and physical examination:

- A. Taking a cardiovascular history
- B. Performing the cardiovascular examination
- C. Interpreting heart sounds
- D. Evaluating cardiac murmurs

Despite the proliferation of medical technology over the past several decades, there remains no single imaging study or laboratory assay more valuable to patient care than a proper history and physical examination (H&P). A thoughtful H&P will provide you with the correct diagnosis for most patients presenting with cardiovascular disease complaints. The act of performing the H&P also affords the caregiver an opportunity to forge a therapeutic relationship with the patient. The attention paid to a frightened patient by a thoughtful practitioner during the H&P, however brief, can have both diagnostic and therapeutic benefits. Finally, in this current era of cost-conscious medical care, there are few tools as cost-effective as a good H&P.

CLINICAL PEARL

- The most important tool in the assessment of the patient with cardiovascular disease is a well-performed history and physical examination.

A. TAKING A CARDIOVASCULAR HISTORY

Prior to entering into a discussion of the cardiovascular history, there are a few general rules of history taking that merit a review. The first is to establish a meaningful rapport with the patient. As the provider, you should be the adaptable member of this relationship as you will need to alter your history-taking approach from one patient to the next to account for differences in individual language comprehension, cultural background, and level of education. The use of medical or technical jargon during the history should be avoided. Similarly, common colloquial medical terms should be carefully scrutinized as they often mean different things to different patients. For example, a patient may tell you that she has had five heart attacks in the past 2 years, but a careful review of her records reveals no evidence of myocardial infarction but rather five emergency department visits for chest pain and severe hypertension in the setting of medication noncompliance.

Another important skill in history taking is the ability to adjust one's interview style to best suit the patient and setting. It is generally advisable to begin the interview with open-ended questions (eg, "What brings you to the emergency department today, Mr. Smith?") to allow patients to guide you through their histories. However, there are certainly patients who do not provide much open-ended information (eg, "My wife made me come."), in which case direct initial questions may