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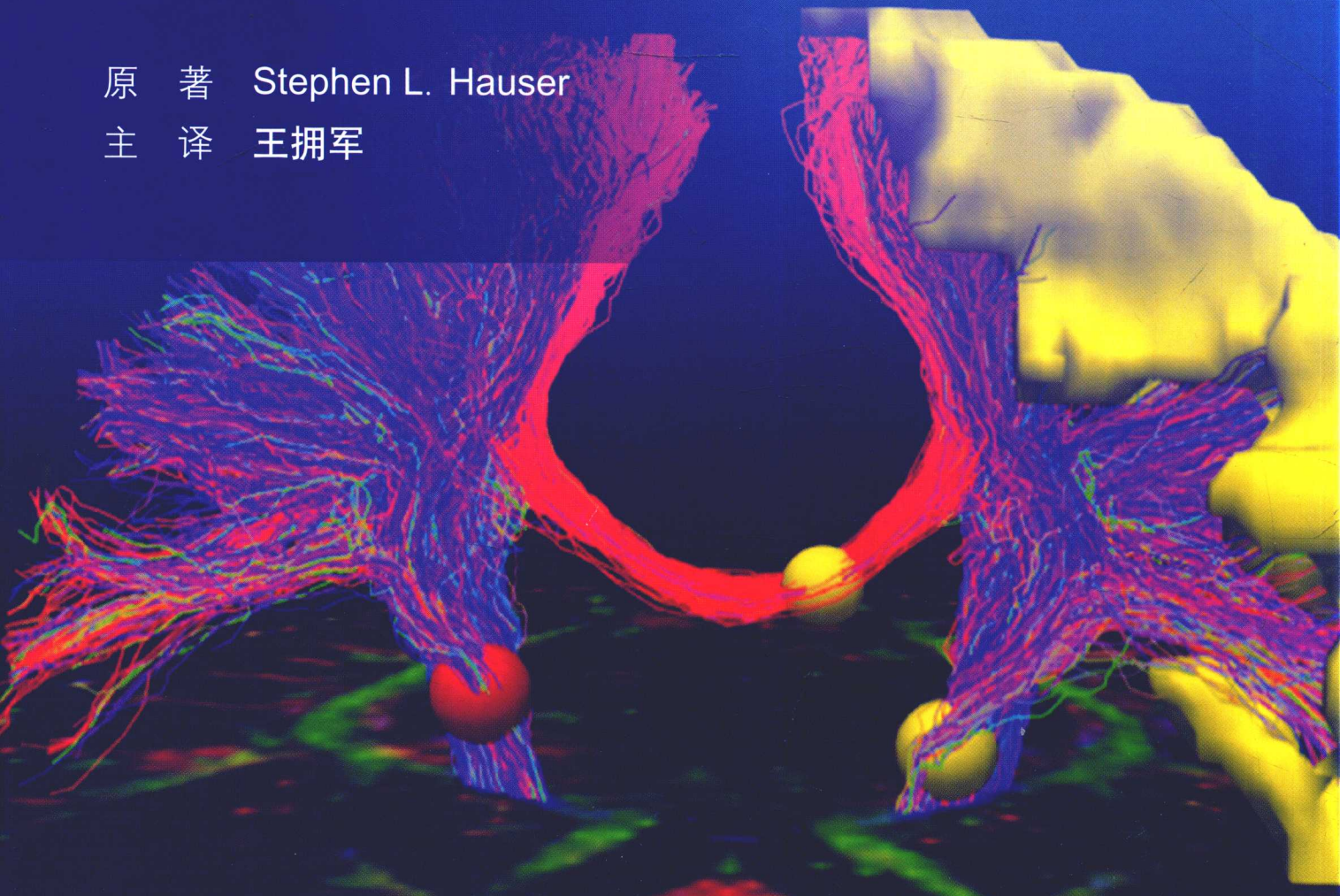
中文翻译版
原书第3版

哈里森神经内科学

Harrison's Neurology in Clinical Medicine

原　著　Stephen L. Hauser
主　译　王拥军



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内 容 简 介

本书为世界级神经内科学经典专著,由著名神经内科专家王拥军教授领衔翻译,多名神经内科专家共同参与,全书包括6部分58个章节,分别阐述了神经病学概论,神经疾病的临床表现,神经系统疾病,慢性疲劳综合征,精神障碍,酒精和药物依赖。

本书是神经内科专业医生、科研人员、医学院校研究生的必备参考书,还适合开展内科系统的医学继续教育工作。

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PREFACE

译者前言

《哈里森神经内科学》是全球知名教材，受到越来越多医生关注，在全球医学教材中享有盛誉。它的成功来源于几十年形成的优良传统。首先，这本教材与其他哈里森系列教材一样，都着重介绍了疾病的病理生理机制和治疗，这非常符合医学的规律。因为同一种疾病会有多种临床表现，而同样一个临床症状可能会出现于多个疾病，只有理解疾病的病理生理机制，才能更好地理解和记忆其病因、病理、临床表现、诊断、鉴别诊断、治疗和预防等，可以说病理生理机制是疾病的“核心”，抓住了病理生理机制，也就抓住了重点，这也是医生“知其然，知其所以然”的必要步骤。当然，治疗是最直接的，医生在治疗患者时，应充分了解其可能的获益和风险，才能给患者最合适的治疗。其次，这本书尽可能地包含了当今最新的进展，每一次出版前，作者都要对书的内容进行大范围更新，从浩瀚的医学进展中进行归纳、总结，筛选出最值得广大医生了解的新知识，这需要花费大量的精力和时间，但却给读者耳目一新的感觉。另外，这本书邀请的均是国际上知名的专家，他们在各自领域都取得过非常优异的成绩，对其编写内容理解透彻，形成精品，同时也从整体上保证了此书的权威性。

《哈里森神经内科学》可以称为神经科学领域的一本巨作，它包含了神经、精神等学科领域的内容，为了帮助神经内科、神经外科、精神科、内科等学科的医生学习此书，我们非常乐意，也很荣幸接受此书的翻译任务。本书的翻译工作采取全国招募的形式，译者从众多报名者中筛选产生，感谢国内同行的热心参与，也感谢每一位译者的辛苦付出，正是经过了你们夜以继日、加班加点的工作，才如期把这本中文翻译书呈现给读者。

最后，我们也想说明，虽然译者经过了最大努力，但由于能力水平有限，书中不当之处敬请读者批评指正。

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2018 年 4 月 20 日

PREFACE

前　言

前两版《哈里森神经内科学》取得了巨大的成功。此书是根据《哈里森内科学》的神经科和精神科部分编写的，众多读者热情反映此书实用、有吸引力、涵盖面广、更新及时。本书的初衷是方便使用，全方位提供神经科和精神科领域内重要疾病的信息。本书也延续了哈里森系列图书的特点，即着重介绍病理生理和治疗内容。

本书为第 3 版，对神经科和精神科疾病的内容进行了大量更新，包括疾病的原理、诊断、治疗和预防。在晕厥、头晕和眩晕、嗅觉和味觉异常、帕金森病、神经系统肿瘤、周围神经病、战争退伍军人和其他特殊情况下的神经精神疾病等内容上，增加了一些新的章节。痴呆内容也进行了大量更新，包括基因学、分子影像学、细胞病理、临床研究新成果等方面，这些进展改变了人们对这类疾病的认知。神经免疫学是另一个在神经病学中非常有活力且发展迅速的学科，此新版教材包含此方面很多进展，其中有一临床实用指南指导如何使用现有大量治疗多发性硬化的方法。另外一个新的章节回顾了常见精神疾病的病理研究进展，讨论了更有效治疗方法出现后所面临的挑战。在各个章节中有许多说明性图像，以及一些新的或延伸性的神经影像图例。在新版哈里森系列书中，提供了一套高清晰度的影像资料，包括神经科快速检查和详细查体，以及展示步态异常、局部脑功能异常、神经-眼科疾病等。

对于内科医生来说，诊治神经科疾病尤其面临很多困难。学习必要的临床技能被认为耗时且难以掌握，需要掌握一些晦涩的解剖知识，列出多种诊断可能性。患者也给诊治造成一定困难，由于神经功能障碍患者难以回诉病史，有时甚至难以认识到自己已经患病。其他难题还存在于许多医疗中心，神经科医疗服务、神经科专科设置及培训计划都是独立的，使内科医师处理神经系统疾病的机会减少。所有这些因素及现代医学的快速发展，导致过度依赖神经影像学检查，对患者的关爱不足，使预后不理想。由于神经科医师占所有医师的比例不到 1%，大量神经科医疗服务必须由非神经科医师（通常是全科医师和内科医师）提供。

随着分子医学、影像学、生物工程、临床研究的进步，如新的治疗包括：急性缺血性卒中的溶栓治疗、脑血管疾病的血管内再通、脑损伤后脑压和脑血流的监护、免疫相关疾病的有效治疗、头痛的新研发药物、神经变性疾病第一代药物的合理使用、帕金森病的神经元刺激器、发作性睡病和其他睡眠疾病的药物、通过功能影像和电生理对癫痫小病灶的精准定位和手术治疗以控制癫痫发作。受益于知识的快速发展，有机会设计出新的诊断、干预和药物方法，这个专业还将持续发展下去。

《哈里森内科学》的编辑知道神经病学的重要性，但是并不确定其在内科学教材中的作用。第 1 版（1950 年）编写时曾考虑不将神经病学内容纳入，但在 11 小时后该想法被否定。当时的神经病学内容由 Houston Merritt 仓促提供。到了第 2 版，内容由 Raymond D. Adams 进行了详述，他对教材的编写有重要影响。第 3 版神经病学的编者，Joseph B. Martin 在 20 世纪 80～90 年代出色地领导了此书的编写，在此期间神经科也由描述性学科发展为有活力且快速发展的医学领域。伴随着这些变化，《哈里

森内科学》的神经科涵盖知识更加深邃和广泛，以至于哈里森建议将本书重新命名为《神经病学评解与内科学原理》。他非常幽默的评论强调了神经科知识的深度，也适时强调了其在内科学实践中的作用。

编辑部非常感谢此书作者——在国际上享有盛誉的权威学者，他们对非常庞大的信息进行整理，筛选出有助于理解和管理常见神经科疾病的必要知识。感谢 Elizabeth Robbins 医师担任哈里森神经病学部分主编达 15 年之久，她担负起了复杂的组织工作，编写了这样一本众多作者参与的教材，并对描述、语言和风格进行了统一修订。最后，感谢我们在 McGraw-Hill 的同事。此书得到了 James Shanahan 的支持，并且由 Kim Davis 来管理。

我们生活在一个电子、无线网的时代，知识可以通过网络下载，而不需要从书架上的书籍查阅。许多人质疑传统书籍在这样一个新时代中的作用。我们认为，随着信息量的增加，获取这些信息的渠道多元化，掌握医学实践的基本概念反而面临更大的挑战。一个年轻的同事最近评价说，他使用网络获取事实，通过哈里森的书获取医学知识。我们的目的是提供给读者完整的、相互有关联的科学知识和医学实践的总结，而不仅仅是分成章节的简述。

真诚希望您能喜欢《哈里森神经内科学》第 3 版，它可以帮您获取绝大多数最新临床神经病学的权威知识。

Stephen L. Hauser, MD

CONTENTS

目　录

第一部分　神经病学概论

第二部分　神经疾病的临床表现

第三部分 神经系统疾病

第四部分 慢性疲劳综合征

第五部分　精神障碍

第六部分　酒精和药物依赖

第一部分　神经病学概论

第 1 章

Chapter 1

了解神经系统疾病患者

Daniel H. Lowenstein, Joseph B. Martin, Stephen L. Hauser

神经系统疾病常见且诊治昂贵。根据世界卫生组织评估，世界上超过 10 亿人受到神经系统疾病的影响(表 1-1)，在世界总疾病负担中占据 6.3%，且占世界死亡人数 12%。大部分有神经系统疾病的患者常就诊于内科或其他全科而不是神经内科专科。现在大部分神经系统疾病都有合适的治疗方案，因此通过有效手段明确诊断十分必要。充足的病史及详细的体格检查是诊断所必需的，同时昂贵的神经影像学检查及实验室检查对神经系统疾病诊断也很有帮助，但过度依赖则有可能误诊。因此，为了更好地了解一名神经系统疾病患者，首先应解决解剖学问题，然后再寻找病理生理学机制，只有这样才能找到一个完整而明确的诊断。只有通过这种方法，才能使神经系统疾病诊断建立在一个合理的顺序之上，使得科学技术被合理应用，为初始治疗奠定正确的基础。

表 1-1 神经系统及精神疾病世界患病率

营养性疾病及神经病变	352
偏头痛	326
外伤	170
脑血管病	61
癫痫	50
痴呆	24
神经系统感染	18

引自：世界卫生组织统计.2002～2005

神经病学的方法

明确定位

首先，针对患者症状寻找可能的神经系统定位。这个症状是否能定位在一个特定的位置？是否多灶性？还是以病灶逐渐扩大的形式存在？这个症状局限在神经系统，还是全身系统性疾病中的一部分？这个症状是定位在中枢神经系统，还是周围神经系统，还是两者兼有？如果是中枢神经系统，是在大脑皮质、基底节、脑干、小脑还是脊髓？对痛觉敏感的脑膜是否受累？如果是在周围神经系统，那么病灶是定位于周围神经、神经肌肉接头还是肌肉本身？如果是周围神经，是运动神经受累还是感觉神经受累？

病史是获得解剖定位线索的第一步，然后进行体格检查进一步确定定位，排除有疑问的定位，或者证实尚不确定的定位。至于下一步是详细针对中枢系统还是周围神经系统查体，通常在病史询问时已有提示。如一个表现上行性皮肤感觉异常及无力的患者，通常考虑定位在脊髓或者周围神经系统。如果患者有局部背痛、明确的脊髓感觉平面、尿失禁，则定位在脊髓；如果患者表现为手套袜套样感觉缺失，则定位在周围神经系统；如果患者腱反射消失，则预示着周围神经系统损害，但也可能出现在急性脊髓受损患者的脊髓休克期。

解决了“病灶在哪里”这个问题，就能够为病因学诊断限定合理而有限的范围。除此之外，这种方法可以防止许多不必要的错误。如表现为眩晕、复视及眼球震颤的患者，不应当首先考虑“多发性硬化”(病因学诊断)，而应当首先想到“脑干”或“脑桥”(定位)，这样，脑干动静脉畸形的诊断就不会被遗漏。再举一个例子，合并了视神经炎和痉挛性截瘫的患者应首先考虑视神经和脊髓疾病；多发性硬化、中枢神经系统梅毒和维生素 B_{12} 缺乏都是可引起这一类症状并且可治愈的疾病。只有“病灶在哪里”得到了答案，“这是什么病”这一问题才能被更好地解答。

明确病理生理学机制

病史同样可以为疾病的病理生理学机制提供线