

BRAUNWALD 心脏病学

——心血管内科学教科书

Braunwald's Heart Disease a textbook of cardiovascular medicine

原著 Douglas P. Zipes Peter Libby Robert O. Bonow Eugene Braunwald

主译 陈灏珠

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第一版

南京医科大学图书馆藏书

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Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th edition

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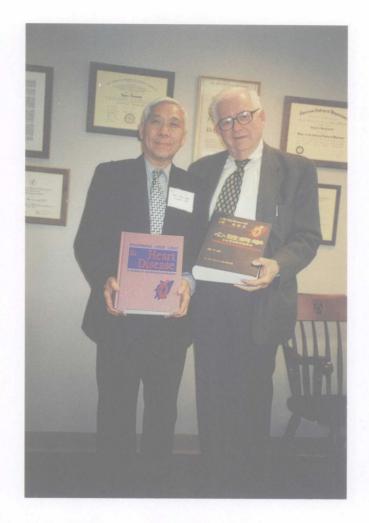
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本书主译陈灏珠院士在出席第22届北美心脏起搏和电生理学会学术年会期间,与本书主编——美国哈佛大学教授Dr. E. Braunwald 在其办公室互赠书籍

译者序

人民卫生出版社于 1997 年取得美国 W. B. Saunders 出版公司授权,翻译出版该公司由美国哈佛大学医学院 Eugene Braunwald 教授主编,于 1997 年出版的《心脏病学——心血管内科学教科书》第 5 版。人民卫生出版社约我组织翻译该书。经 88 位来自上海市兄弟医院同道共同参与,于 1998 年 9 月全部译完,出版社于 1999 年底出书,2000 年 1 月正式发行。出版以来本书受到我国读者的欢迎,6 年间重印了 6 次。2001 年 5 月我和副主译戎卫海教授到美国波士顿市出席第 22 届北美心脏起搏和电生理学会学术年会期间,拜访了 Braunwald 教授,他在办公室里热情接待了我们,我们将本书赠予他,他也回赠我们当年出版的该书第 6 版。我们交谈融洽,度过一段愉快的下午时光。

2005 年该书第 7 版问世。此时书名依旧冠以 Braunwald 之名,Braunwald 教授仍为主编之一,但排名在最后; 主编中排名第一的是 Douglas P. Zipes 教授; 原出版该书的 Saunders 公司已并入 Elsevier 公司。显然,Braunwald 教授已将编书的主要责任交给 Zipes 教授,而出版公司已是 Elsevier 公司。2005 年 10 月,人民卫生出版社获得 Elsevier 公司的授权,约我再次组织翻译该书。为此,我于2005 年 11 月再次约请上海市兄弟医院 13 位心脏病学专家共同安排分工进行译校。此次有 123 位同道参加翻译,31 位同道参加审校,2006 年 5 月起陆续交稿,年底全部交齐。

与第 5 版比较,该书第 6 版的内容已从 5 个部分 63 章增加到 8 个部分 72 章,而第 7 版新书则再增至 10 个部分 87 章,可见编者对该书内容作了大量的调整、修订、更新和补充。该书的第一部分在上一版两章的基础上,增加了"心脏病学临床决定的作出"、"心血管病服务质量的评价和改进"、"药物治疗的原理"、"终末期心脏病病人的照料"等 4 章。第二部分将原来磁共振显像和计算机 X 线断层显像的内容分列成两章。第三部分标题被改为"心力衰竭",单独阐述有关心力衰竭的内容。第四部分将上一版原列入第三部分的心律失常内容,在"心律失常、猝死和昏厥"的标题下阐述,并增加"心律失常的基因学"、"心律失常的诊断"两章。第五部分为上一版第四部分的内容"预防心脏病学",增加了"脂蛋白失调和心血管病"、"糖尿病、代谢综合征和动脉粥样硬化性血管病"、"营养和心血管病"三章。第六部分改标题为"动脉粥样硬化性心血管病",增加"胸痛病人的探讨"一章,原来心肌梗死一章分为"ST 段抬高性心肌梗死的病理、病理生理和临床表现"和"ST 段抬高性心肌梗死的处理"两章,原来不稳定型心绞痛一章改为"不稳定型心绞痛和非 ST 段抬高性心肌梗死",并将上一版第八部分"糖尿病和心脏病"一章移置于本篇之内。第七部分为上一版第五部分的内容,标题仍为"心脏、心包和肺血管床疾病",其中儿童和成人的先心病和瓣膜病四章合并为两章,原来心肌病和心肌炎一章,分成"心肌病"和"心肌炎"两章,将上一版第八部分的"艾滋病的心血管异常"一章置于本篇之内,增加"毒素和心脏"、"睡眠疾病和心血管病"两章,而删去"肺心病"这一章。第八部分为上一版第六部分分子生物学和基因学的内容,增加了"心肌再生"一章。第九部分为上一版第七部分特殊人群的心血管病内容,并将上一版第八部分"妊娠和心血管病"一章置于本篇之内,还增加"不同人群的心脏病"一章。第十部分为上一版第八部分(心血管病和其他脏器的疾病)内容,增加了"自律神经障碍的心血管表现"一章。此外,在 16 个章中提供了现行诊断指南的纲要。

上述所列本版内容的变动,体现了近年心血管病学的进展,也体现主编者一如既往为读者提供服务、帮助工作繁忙的科学家和临床医学家快速跟上心血管病诊疗的现代进展、提高为病人服务质量的愿望。主编者还提到就目前新版书出版的周期而言,不能期望书中内容能完全跟上用难以置信的速度进展的最新研究潮流。

对本版的翻译,我们努力以最快的速度完成,以期尽快为读者提供新的信息。由于时间的匆促,难免有错漏之处,望读者一如 既往,惠予指正为幸。

作微埃

2006年11月于 复旦大学附属中山医院 上海市心血管病研究所

前言

上一版 (第6版)《心脏病学》的前言是这样开始的:"自第5版《心脏病学——心血管内科学教科书》出版以来,心脏病学的加速发展使得这次修订需要比过去任何一次修订作出最为广泛的改动。"这一陈述在本版的修订更要加以强调。新知识典型的增长曲线从未像现在这般陡峻,《心脏病学——心血管内科学教科书》第7版正为应对这一挑战而作贡献。

书内各页均为彩色套印,以增强对读者的吸引力,并使图和影像更真实和更易理解。

本版书中内容已全面升级。全书有表 569 张和图 1 503 幅。正如所期望的那样,第 6 版中所有被保留在现版中的 51 章,其内容已被彻底修订和更新。此外增加了 36 个新章,其题目的范围包括从"心脏病学临床决定的作出"到"自律神经障碍的心血管表现"。有 57 位新作者参加编写。因此,以科学发展动态信息服务作为本书知识活力基础的理念在本版得以保留并加强。文献的引用一般限于 1998 年或以后发表者,从而避免文献引用过多,浪费宝贵的页面却并不提供新的有用的资料。较早期的文献可从综述文章引用中和过去各版书中看到。我们继续提供对基础疾病情况基本机制的阐述,但也强调对有这些问题的患者进行诊查和治疗的实践,以及为方便读者而提供现行诊治指南的纲要。

本书第一部分包括心血管病的总论,有心血管病的全球负荷、经济与心血管病、心脏病学临床决定的作出、心血管病服务质量的评价和改进、药物治疗的原理以及终末期心脏病患者的照料等章。

本书第二部分继承上一版的传统,强调病史和体格检查、心电图、运动负荷试验和超声心动图。然而,由于认识到新的显像技术的重要性,本部分包括有关心脏和大血管放射学、核心脏病学、MRI、CT、心脏导管术、冠状动脉造影、血管内超声显像等各章,还有一章罗列不同的影像模式做比较,并对其前景作出展望。

心力衰竭已经显现出成为心脏病学的最重要问题的趋势,如在第三部分所反映包含关于了解心脏收缩的机制、心功能的评价、 心力衰竭的病理生理及其临床方面等章,还有关于药理学治疗的两章和关于辅助循环,以及心脏移植等章。

美国所有死亡者中几乎 1/4 是由于猝死,最常见的原因是心律失常,第四部分是有关这方面的内容。从心律失常的发生开始, 我们有一新的章阐述遗传学与心律失常以及它愈来愈显著的重要性,然后继以诊断、治疗、起搏器和除颤器、特殊的心律失常、心 脏骤停和晕厥等章。

预防心脏病学是心脏病学家重要任务中的一个方面,我们在第五部分提供众多的内容,包括动脉粥样硬化发生的生物学、危险 因素、高血压(两章)、脂蛋白异常、糖尿病、营养、冠心病的预防和康复。鉴于糖尿病在心脏病学的实践中愈来愈重要,本版现以一个新章阐述此常见疾病的血管并发症。

第六部分为冠心病篇,这是在发达国家中最常见的心脏病。包括了解冠脉血流和心肌缺血、胸痛患者的诊查、ST 段抬高型心肌梗死的临床表现和处理、心肌梗死的经皮冠脉介入治疗、不稳定型心绞痛和非 ST 段抬高型心肌梗死、慢性冠状动脉病、糖尿病和心脏病、经皮冠状动脉和瓣膜介入治疗、主动脉病、周围血管病、非冠状动脉的阻塞性血管病的血管内治疗。

本书其余部分阐述了一些较不常见但仍很重要的问题。第七部分包括先天性心脏病、瓣膜性心脏病、感染性心内膜炎、心肌病、心肌炎、艾滋病与心脏、毒素、原发性心脏肿瘤、心包病、创伤性心脏病、肺栓塞和肺动脉高压和睡眠性疾病等内容。第八部分聚焦于生物学和遗传学方面,包括内科医师需要的分子生物学总的原理、遗传学和心肌的再生等。

第九部分聚焦于患心血管病的特殊人群,包括老年患者、妇女、怀孕的患者、运动员、进行心脏和非心脏手术的患者、属于不同群体的患者等。第十部分填补留下的空白,包括心血管病与其他脏器疾病如内分泌病、血液病、风湿热和风湿病、肿瘤性疾病、行为情况、神经疾病、肾脏疾病和自律神经功能障碍等。

最后,感谢您们,从医学生到技术高超的临床医学家的读者们,感谢您们多年来对本书的支持。感谢我们的患者,您们是我们能做出这样的努力,向心血管病学专家提供有意义的教育的推动力。

Douglas P. Zipes
Peter Libby
Robert O. Bonow
Eugene Braunwald
2004

(陈灏珠 译)

第1版前言

心血管病为折磨工业化国家人口的最大祸患,与过去的腺鼠疫、黄热病和天花一样,不仅使人口中重要的一部分突然死亡,而且还使为数更多的人长期受难和失健。仅就美国而言,虽然最近心血管病有令人鼓舞的减少,但它仍要对每年几乎 100 万人的死亡和人口死亡总数的一半以上负责。每年有几乎 500 万人因心血管病而住院。从患者的痛苦和物质损耗的角度看,心血管病造成的损失几乎无法计算。幸而,致力于心脏病病因、诊断、治疗和预防的研究在迅速地进展。

为了能够为广而深的心血管内科学领域提供一本内容更为广泛且权威的教科书,我邀请我的一些精干的同事参加编写。但我希望我个人参与编写的内容约占全书的一半,这样可以使它作为一本多作者编写的教科书所可能存在的不完整性、缺漏现象、前后矛盾、组稿上的困难和笔调不统一等缺点减少到最低限度。

自 20 世纪早期开始,临床心血管病学已有很强的基础学科、生理和药理学基础。近年,分子生物学、遗传学、进展生物学、生物物理学、生物化学、实验病理学和生物工程学的原理已开始对心脏的正常和异常功能研究提供极为重要的信息。虽然本书基本上是临床论述而非心血管学科的基础教科书,但也较为详细地解释了心血管病的科学基础。

Eugene Braunwald

(陈灏珠 译)

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