

CURRENT DERMATOPATHOLOGY

主编

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西安第四军医大学西京医院皮肤科

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现代

皮肤组织 病理学

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使用说明

- 如果你是大病理医师或熟知病理，请先阅读概述，熟悉本书分类中的主要名词概念，其后你就可根据片中的病理改变查到相应的病名，再根据其它条件作出诊断，而不像传统的分类法需要知道病名及相应的病理改变方能查书、下诊断。
- 如果你是初学者，请先学第二部分，即皮肤病理学基础，然后再熟悉本书炎症性皮肤病的分类。运用此书，相信你能获得事半功倍的效果。
- 如果用作教材，请根据对象先学第二部分或直接从第一部分概述学起。

If you are a general pathologist or you know histopathology well, read the outline first please. After you are familiar with the general concepts in the classification, you can look up the names of diseases corresponding the pathologic manifestations you found. It is different from other traditional books. You need not know the names of diseases in advance of your diagnosis. Of course you will make a sound diagnosis after you comprehensively think about the conditions.

If you are a primary learner, read the second part which is the foundation first please. Then try to familiarize the classification of inflammatory dermatoses. You will half the work with double results with the book we offer you.

If you use it as teaching material, please treat it differently according to the various conditions of the learners.

序

皮肤组织病理学赋予皮肤科医师透视皮肤的能力，是肉眼观察的延伸与补充，系临床皮肤科学中一个不可缺少的组成部分。它不仅在皮肤病的诊断方面具有重要意义，而且也是深入探讨皮肤病的发生发展规律、指导皮肤病治疗的重要基础。做一名好的皮肤科医师需要有组织病理学知识与基本技能。皮肤组织病理学的内容广泛，分类复杂，常常使学习者感到难以掌握。由高天文和孙建方教授主编的《现代皮肤组织病理学》尝试从全新的角度，为读者提供了一本新颖而且实用的参考书，是一件很有意义的事情。

我认为该书有以下几个突出的特点：①分类科学：对疾病的分类在充分吸取 Barnhill RL、Ackerman AB 和 Lever RF 思想的基础上进行了大胆的探索，有独到的见解和创新，分类较为科学合理；②目录标新：目录的编排采用独特的树状结构，思路清晰，查阅方便，使读者一目了然；③简洁明了：采用条文形式，重点突出，同时又不失资料丰富，内容全面，基本涵盖了各种皮肤病的组织病理学知识，而且病理与临床结合紧密；④实用性强：该书的内容编排适于临床一线的皮肤病理医师、大病理科医师出报告时查阅和参考，同时适于作为教材供初学者学习。相信本书的问世将成为皮肤组织病理学方面的重要参考书，一定会得到各个层次读者的积极反应和肯定。

我很高兴地看到本书主编、副主编和所有作者都是朝气蓬勃的中青年皮肤病学博士和硕士。他们有能力、有干劲、积极进取，代表着推动我国皮肤科学事业迅猛发展的中坚力量，故而欣然为之写序，并表示由衷的祝贺！

朱学骏

2000年10月

前 言

皮肤组织病理不仅对皮肤病的诊断有价值，而且对了解疾病的发生、发展、转归、机体的全身状态以及对治疗方法的选择均有重要意义。病理科医生、皮肤病理医生需要深入地学习和掌握皮肤病理，以便对疾病作出正确的诊断；所有的皮肤科医生同样需要学习、了解皮肤病理，只有如此，方能对疾病有深入的认知。

由于皮肤病理难学难懂，众多的皮肤科医生及大病理科医生对其敬而远之。本书根据皮肤病理教学及临床工作中遇到的一些实际问题，试图从目录到内容，均给人一种一目了然、易学好用的感受，使具有扎实病理基础但不懂皮肤病的大病理科医生能完全依据病理改变定位疾病，并参考临床要点等作出正确诊断；使皮肤病理医生在诊断遇到困难时能迅速查阅，抓住病理改变的要点，并获得所期望得到的各种信息，达到事半功倍的效果；使初学者感到清晰明了、内容简明而全面，从而达到老师易教、学生易学的目的。

本书的分类、内容构成、写作形式等均不同于已出版的其它著作，但这些知识则源于皮肤病理学的前辈，仅少数内容根据作者的实践经验编写而成。简洁、明了的写作形式得益于第一主编的导师刘荣卿教授《皮肤组织病理学图谱》及他的耳濡目染。“结构型式分析”源于 Arckerman AB 的思想，获得这一思想则是通过一座桥梁——朱学骏教授的《皮肤病的组织病理诊断》一书及讲授。主要的皮肤病理知识获得于 Lever WF < Histopathology of the Skin >。分类主要参考 Barnhill RL < Textbook of DERMATOPATHOLOGY > 和 Ackerman AB < HISTOLOGIC DIAGNOSIS OF INFLAMMATORY SKIN DISEASES An Algorithmic Method Based On Pattern Analysis > 第二版。

进行新的分类是在肯定 Acherman AB 和 Barnhill RL 两位权威的分类，但又不完全满意的前提下进行的。Acherman AB 主要对炎症性皮肤病作分类，皮肤肿瘤及许多非炎症为主的皮肤病未被纳入，实际使用中感到有诸多不便；其次在大量的炎症性皮肤病中以“浅层血管周围皮炎”、“浅层和深层血管周围皮炎”划分似欠合理，因为血管周围炎性浸润几乎涉及所有炎症性皮肤病，代表共性而非个性，此种分类给人的感受不是简便而是复杂化。Barnhill RL 的分类乃对结构型式分析的完善与补充，但一些内容掺入了病因分类，如药物反应、感染性皮肤病，影响了体系的整体性。本书努力使体系完整统一，对前人的合理内容只作小的修改和补充，以避免体系完善中将混乱强加于读者，造成更多的麻烦。

该书的编写初衷是写一部研究生及进修生教材，作者为第四军医大学

西京医院皮肤科对病理有兴趣的已毕业及在读博士和硕士（廖文俊、范雪莉等几位博士因暂不在科内而未参与）。邀请了中国医学科学院皮肤病研究所所长孙建方、第二军医大学长海医院皮肤科主任顾军、上海第一医科大学华山医院皮肤科病理负责人罗燕、北京军区总医院皮肤科主任杨蓉娅等作为主编、副主编。各章节中的第二作者均为主编或副主编，对相应的章节负质量责任。限于作者的水平及工作繁忙，对全书的构思及各部分的写作均可能存在不少问题，诚恳读者提出宝贵意见，以便今后修改。

第四军医大学西京医院皮肤科 高天文

2000年7月

Preface

Dermatopathology is very important not only to establishing a diagnosis but also to understanding the occurrence, the development and the prognosis of dermatoses, to getting the message of the general body state and to choosing a reasonable therapy approach. To have a deep insight into the diseases, general pathologists and dermatopathologists as well dermatologists should learn dermatopathology by hearts.

Many general pathologists and dermatologists keep themselves at a respectful distance from dermatopathology, because it is difficult to learn and master. In consideration of the problems we met during the course of teaching and clinical work, we try to offer a good book which is different from other traditional dermatopathology books. One will find it is special from the catalogue to the content. We hope that reader will use it easily while acquire lots of rewards at the same time. Some general pathologists have a solid foundation of pathology while know little about dermatology. With the help of this book, they can make a reasonable diagnosis on the basis of the pathologic alteration and the main points on clinical features we provided in the book. Dermatologists can look up the book for some suggestions when they are in face of some confused conditions. They will find it is simple and clear with comprehensive contents. Either teachers or students can use it with high proficiency.

The book is special in the classification, the contents and the form of writing. The basic knowledge is certainly taken over from the mentality of the elders. Only a few sections were derived from our practising experience. The simple and clear form of writing is enlightened by Professor Rongqing Liu <ATLAS OF HISTOPATHOLOGY OF THE SKIN>, who is the tutor of the first editor - in - chief and the later is imperceptibly influenced by what Professor Rongqing Liu says and dose. Pattern analysis is aroused by Arkerman AB. We acquired the idea through a bridge - <PATHOLOGIC DIAGNOSIS OF THE SKIN DISEASES> which was compiled by Professor Xuejun Zhu. Most of the viewpoint of dermatopathology is derived from Lever WF <HISTOPATHOLOGY OF THE SKIN>. We mainly consult Barnhill RL <Textbook of DERMATOPATHOLOGY> and Arckerman AB <HISTOLOGIC DIAGNOSIS OF INFLAMMATORY SKIN DISEASES An Algorithmic Method Based On Pattern Analysis>

(second edition) on the classification.

To write this book is under the circumstance that we agree but not satisfied completely with the classifications of both authorities, Arckerman AB and Barnhill RL. Arckerman AB classified the inflammatory skin diseases. Tumors and many noninflammatory skin diseases were not included. There are at least two defects. First, it is not convenient to use in some situation. Second, he classified inflammatory diseases as superficial perivascular dermatitis and superficial and deep perivascular dermatitis. It seemed illogical because superficial perivascular dermatitis and superficial and deep perivascular dermatitis involve almost all inflammatory skin diseases. Such classification made it even more complex but not easier. Barnhill RL offered some supplement and made the system reaching reasonable. But he classified some diseases by their causes such as reaction by medicine, infection diseases. It spoiled the integrality of his systems. In order to keep the system a whole one and avoid causing more confusing, we modified only few parts which were unreasonable of theirs in this work.

Our original intention is to compile a book as teaching material for the postgraduate students and graduate students. All the writers are dermatologists who have gained Doctor or Master degree and the postgraduates who are studying at the dermatology Department of Xijing hospital and interested in dermatopathology (Dr Wenjun Liao and Dr Xueli Fan were out when we compiled the book, so they did not take part in the work.). Jianfang Sun who is the president of the Institute of Dermatology, Chinese Academy of Medical Sciences, Jun Gu, the director of dermatology Department of Changhai Hospital, the second military medical university, Yan Luo who is the principal on dermatopathology of Huashan Hospital, the first Medical University of Shanghai, and Rongya Yang who is the director of the General Hospital of Beijing military area were invited as the editors - in - chief and associate editors - in - chief. All the second authors of every chapter in the book are editors - in - chief or associate editors - in - chief. They are responsible for the corresponding chapters. Because of the author's busyness and their limited knowledge, there must be some inaccuracy. We greet readers valuable notion with sincerely. It will surely be helpful for us to perfect it.

Tianwen Gao

July 2000

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一、皮肤病的组织病理改变

THE ALTERATIONS OF HISTOPATHOLOGY IN THE SKIN

0 概述(Outline)

李春英
高天文

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由患者活体取病变组织进行病理检查以确定诊断的方法称为活体组织检查 (Biopsy), 简称活检, 其优点在于组织新鲜, 能基本保持病变的本来面貌。活检是皮肤病临床诊断中广泛采用的检查方法, 同时也是最权威的诊断依据。皮肤病的病理表现较为复杂, 且同一疾病的不同发展阶段具有不同病理变化, 令人难以

掌握。任何一门学科都是有规律可循的, 只有掌握了较为科学的方法, 才能真正领会其本质, 并能较好地联系相关的变化, 全面融会贯通。皮肤组织病理学也不例外, 了解并掌握一种科学的分类方法至关重要, 它能起到提纲挈领的作用, 使学习者思路清晰, 有事半功倍之效。

概述简要介绍从阅片步骤到诊断思路以至得出正确结论的过程,并系统地介绍本书的分类方法,作为一条贯穿始末的红线。该方法借鉴并融汇了其他的分类方法,力图科学简洁,一目了然,深入浅出,期望读者在应用中除能仔细观察,立体地、动态地、全面地分析问题,密切结合临床,尽量得出比较客观的结论外,学习后能举一反三,并养成良好的皮肤组织病理学思维方式,在学习中不断总结提高。

0.1 阅片的基本步骤 (Approach to Diagnosis at the Microscope)

0.1.1 肉眼观察 (Examination of Microslide with the Naked Eye)

通过肉眼观察,可初步获得下列信息:

- a 组织的大小、数量及性质。
- b 病变部位。
- c 从组织染色可得到一些线索,如嗜碱性染色提示基底细胞癌、小圆细胞肿瘤或淋巴细胞浸润。

0.1.2 低倍镜 (2×或4×) 观察 (Examination at Scanning Magnification)

在低倍镜扫视下,可判断组织标本的取材方法。

- a 刀切法:标本较大,呈楔形,取材较深。
- b 削除法:削法取材标本较为浅表,一般仅至真皮乳头上部。
- c 环钻法:环钻法取材标本呈长柱状,两侧直上直下。
- d 刮除法:表浅,组织较小。

此外可大致判断组织标本取自身体的哪个部位,这也是重要的,因为某些皮肤病的发生有特定的部位。

0.1.3 中倍镜 (10×或20×) 观察 (Examination at Intermediate Magnification)

- a 可发现一些特征性的改变,如角化不全、海绵水肿、粘蛋白沉积等。
- b 分辨细胞类型:淋巴细胞、嗜酸性细胞或上皮样组织细胞等。
- c 依次扫视角层、表皮、真皮及皮下。
- d 确定病程阶段:早期、发展期或晚期。

0.1.4 高倍镜 (40×、60×或100×) 观察 (Examination at High Magnification)

- a 细心观察细胞及核的形态,判断是否存在异型性。
- b 发现并确定感染的微生物体。

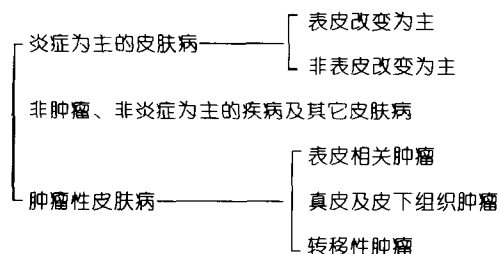
0.1.5 综合分析 (Integration of All Information)

综合病理特点,结合临床信息,认真鉴别诊断,得出正确结论。

0.2 炎症为主的皮肤病 (Predominantly Inflammatory Reactions in the Skin)

本书将纷乱复杂的皮肤病概括为表0-1所示的三类。

表0-1 皮肤病病理分类系统



炎症为主的皮肤病是皮肤组织病理学中分