

MEDICINE GASTROENTEROLOGY A PRACTICAL ORAL ENGLISH COURSE OF MEDICINE GASTROENTEROLOGY

王英德 \ 著
Written by Wang Yingde

A PRACTICAL ORAL ENGLISH COURSE OF MEDICINE GASTROENTEROLOGY

实用医学英语口语教程

[消化篇]

A Practical Oral English Course
of Medicine
Gastroenterology



辽宁师范大学出版社
Liaoning Normal University Press

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• 大连 •

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前 言

近些年来，随着社会的不断进步和发展，医学科学也在突飞猛进地发展。内科系统疾病新的诊断和治疗技术层出不穷。同时，随着我国中央政府对外开放政策的不断深入，国际间的医学学术交流也在不断加强。这就要求医学工作者不仅在医学专业上有所建树，而且要求他们在英语，特别是英语口语方面有较大的进步，才能完成当今医学界的国际间的医疗、教学、科研以及学术的交流。由于种种原因，我们有许多医生有着高尖的医学知识、理论和技术，但是，他们的英语口语水平还满足不了国际间交流的需要。虽然社会上已经有了许许多多英语口语教材，但是适合医学专业人员的医学英语口语教材目前确实很少。因此，为这些具有较好的医学知识而需要提高英语口语能力的医学专业人员提供一部医学英语口语教材就显得十分重要。为此，我们撰写了这部《实用医学英语口语教程》，以满足他们的需要。

本教程共由六部分组成，即消化篇、呼吸篇、循环篇、血液篇、泌尿篇和内分泌篇。本部分为消化篇，先行编写并出版发行。以后将陆续撰写和出版其他五篇。在写作过程中，我们本着实用性、专业性和口语化的原则，每一课程均以一种疾病为主线，包括课文、对话一、对话二、对话三、词汇、短语以及对课文和对话的必要的解释和口语练习。对话涉及的内容较广，包括了门诊看病、预约检查、接收病人、查房、会诊、病例讨论、交待病情、病人出院、学术会议等等各个场景，内容丰富多彩。

由于作者医学专业水平和英语水平有限，本书一定存在诸多的缺点和不足。热忱希望广大读者批评指正。在本书的编写过程中，得到了在辽宁师范大学任英语教师的加拿大英语专家 Frank Manuel 的支持和帮助，在此表示衷心的感谢。

作者

2005年1月28日 于大连

Preface

In recent years, medical science has developed rapidly as our society progresses. New diagnostic and therapeutic technologies for diseases of internal medicine have increasingly emerged. Meanwhile, the Central Government's policy of opening up to the outside world has continuously enhanced international academic communications in the medical field. This requires that medical professionals make not only great achievements in their professions, but also considerable progress in English language, especially oral English so as to carry out international academic communications in medicine, teaching, and scientific research. For various reasons, many doctors have obtained a great deal of highly advanced medical knowledge, theory and techniques, but their oral English ability cannot fulfill the requirement for international communications. Although there are many public oral English courses, those suitable for medical professionals are few in deed. It is, therefore, quite important and necessary to supply an oral English course of medicine for those who are qualified in their medical professions, but need to improve their oral English abilities. To this end, we have composed this *A Practical Oral English Course Of Medicine* to meet their needs.

This course consists of six books, i.e. *Gastroenterology, Respiration, Cardiology, Hematology, Nephrology and Endocrinology*. This book, *Gastroenterology* is the first to be composed and published. The other five books will be published in succession later. We adhere to the principle of utility, professionalism and plain language in composing this book. Each lesson in this book deals with a disease and consists of text, dialogue one, dialogue two, dialogue three, new words and expressions, some necessary explanations of the text and dialogues, and oral practices. The dialogues covers various situations such as seeing a doctor in the out patient department, reservation for examinations, receiving a patient, rounding a ward, consultation, case discussion, discharging a patient and academic meetings.

Because of our limited ability in the specialized English of the medical profession, there must be some shortcomings and mistakes in this book. We sincerely welcome any criticism from our readers. We are grateful for the help and support of Frank Manuel who is a Canadian expert on English working as an English lecturer in Liaoning Normal University.

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Unit One: Diseases of the Esophagus

Section One: Carcinoma of the Esophagus

Text

Carcinoma of the esophagus is one of the most common malignant tumors of the digestive tract. Pathologically it usually belongs to squamous cell carcinoma. The primary symptom is dysphagia, which is typically progressive. China is a country with high morbidity and mortality of esophageal cancer.

The etiology and pathogenesis of esophageal cancer are not yet known so far. Nitrosamines, fungimycin, esophageal injury and heredity may all play a role in predisposing esophageal cancer, but their definite functions are still under investigation. The location of the lesion is most commonly seen in the middle segment of the esophagus. The histological cell type is squamous cell carcinoma in most cases. Esophageal carcinoma can be transferred along the wall to the neighboring organs or by way of circulation to distant organs such as the liver.

Typical clinical manifestation of carcinoma of the esophagus is difficulty in swallowing, which is also called in medical terms dysphagia. Usually it is progressive in course, starting with solid and semisolid food and finally liquids. Some patients may describe a dull, deep and substernal pain of mild to moderate degree, which is sometimes aggravated by swallowing. In the late stage, obvious weight loss is considerable, and hoarseness is present when the tumor invades the recurrent laryngeal nerve.

Clinical diagnosis depends on the symptoms of dysphagia, X-ray barium meal examination and esophageal endoscopy. X-rays usually provide the first confirmatory evidence of a suspected patient. The lesion is seen as an irregular mass, sometimes completely encircling the esophagus, and leaving an eccentric lumen. Esophagoscopy usually reveals the irregular and ulcerated mass. Biopsy and cytology can be diagnostic of the disease.

Surgical operation is the primary method of treating this carcinoma. Operation may eradicate this deadly disease in its early stage. Radiation and chemical therapy are optional for patients with esophageal carcinoma in the late stage.

New Words and Expressions

carcinoma 癌, 癌肿

esophagus 食管, 食道

malignant 恶性的	tumor 肿瘤
malignant tumor 恶性肿瘤	digestive 消化的
tract 道, 跑	digestive tract 消化道
pathologically 病理学地	squamous 鳞状的, 有鳞片的
squamous cell carcinoma 鳞状细胞癌	symptom 症状
dysphagia 吞咽困难, 咽下困难	progressive 进行性的
progressive dysphagia 进行性吞咽困难	morbidity 发病率
mortality 死亡率	etiology 病因学
pathogenesis 发病机制	nitrosamines 亚硝胺
fungimycin 真菌霉素	esophageal 食管的, 食道的
esophageal cancer 食管癌	injury 损伤, 损害
heredity 遗传	predispose 使偏向于, 使易
investigation 调查, 研究	under investigation 在调查之中
segment 节, 段, 分段	middle segment of the esophagus 食管中段
histological 组织学的	by way of 通过
swallow difficulty 吞咽困难	in medical terms 按医学术语
weight loss 消瘦, 体重下降	X-ray barium meal examination X线钡餐透视检查
esophageal endoscopy 食管内窥镜检查	transfer 转移, 转移术
neighboring 邻居的, 相邻的	organ 器官
neighboring organ 邻近器官	circulation 循环
liver 肝脏	clinical 临床的
manifestation 临床表现	swallow 吞咽, 喉
semisolid 半固体	substernal 胸骨下的, 胸骨后的
substernal pain 胸骨后疼痛	aggravate 使更恶化, 使更严重
hoarseness 嘶哑, 刺耳	invade 侵入, 侵犯
recurrent 重复的, 再发生的	laryngeal 喉的
nerve 神经	recurrent laryngeal nerve 喉返神经
diagnosis 诊断	barium 钡剂
endoscopy 内窥镜检查术	confirmatory 确定的, 证实的
suspected 可疑的	mass 包块, 肿块, 团块

eccentric 偏心的, 离心的

lumen 管腔

esophagoscopy 食管镜检查术

ulcerated 溃疡的

biopsy 活组织检查

cytology 细胞学

eradicate 根除, 消灭

radiation 辐射

optional 可选择的, 任选的

Notes to the Text

1. Pathologically it usually belongs to squamous cell carcinoma.

在病理学上, 它通常属于鳞状细胞癌。

belong to: 属于, 比如: Esophageal cancer belongs to the category of malignant tumor. 食管癌属于恶性肿瘤类。

2. The etiology and pathogenesis of esophageal cancer are not yet known so far.

到目前为止, (人们) 还不知道食管癌的病因和发病机制。

so far: 到目前为止, 比如: Doctors have not yet developed successful treatment for esophageal cancer in the late stages so far. 到目前为止, 医生们还没有开发出晚期食管癌的成功疗法。

3. Nitrosamines, fungimycin, esophageal injury and heredity may all play a role in predisposing esophageal cancer, but their definite functions are still under investigation.

亚硝酸胺、真菌霉素、食管损伤以及遗传都可能在诱发食管癌方面起作用, 但是它们的确切作用仍然在研究中。

play a (an important) role in...: 在……方面起(重要)作用, 比如: Radical operation for esophageal cancer plays an important role in prolonging patient's life span. 食管癌根治性手术在延长病人生存期方面起着重要的作用。

under investigation: 在调查(研究)之中, 比如: Etiology of esophageal carcinoma is still under investigation. 食管癌的病因仍然处于研究之中。

4. Esophageal carcinoma can be transferred along the wall to the neighboring organs or by way of circulation to distant organs such as the liver.

食管癌可以沿着食管壁转移到邻近器官或者通过循环转移到远处器官, 比如肝脏。

by way of: 通过……途径, 比如: Patient's general condition can be improved by way of nutritional enhancement. 通过强化营养, 病人的一般状况可以得到改善。

5. Typical clinical manifestation of carcinoma of the esophagus is difficulty in swallowing, which is

also called in medical terms dysphagia.

食管癌的典型临床表现是咽下困难，用医学术语讲也称为吞咽困难。

In medical terms: 按医学术语，比如：Indigestion is often called dyspepsia in medical terms.

按医学术语讲，消化不好经常被称为消化不良。

6. Biopsy and cytology can be diagnostic of the disease.

活组织检查和细胞学检查对此病有诊断价值。

be diagnostic of: 有诊断价值（意义），比如：Endoscopy is diagnostic of gastric cancer. 内窥镜
检查对胃癌有诊断价值。

Dialogue One: A Patient with Dysphagia

(A patient who has had dysphagia for some times comes to the OPD, Out Patient Department, to see a doctor, so a talk between the doctor and the patient takes place.)

Doctor: Good morning, sir. Is there anything wrong with you?

Patient: Yes, I think so. I have been feeling bad these days.

Doctor: Can you tell me more specifically about your symptoms?

Patient: Yes. I feel I can't swallow properly.

Doctor: Do you mean you have dysphagia?

Patient: Dysphagia? What's that?

Doctor: I mean if you have swallow difficulty.

Patient: Yes, exactly. I felt like there's some obstruction here on my chest while having a meal.

Doctor: How long have you had this kind of feelings?

Patient: Well, I guess it's been about three months.

Doctor: Oh, I see. Can you swallow a piece of bread?

Patient: No, I'm afraid not. Now I can only drink some soup and water.

Doctor: OK. I think I understand your problem. Have you noticed any weight loss recently?

Patient: Yes, I think so. I think I have lost about five kilos since I became ill.

Doctor: I see. Do you have any other symptoms?

Patient: Yes. My appetite is not good, and sometimes I feel weak without obvious reasons.

Doctor: OK. I guess you have a problem in your esophagus. You need an endoscopic examination first to see what's going on in your esophagus. All right?

Patient: All right.

Doctor: Now, I'll make an appointment for you to take this exam.

Patient: Thank you, doctor.

New Words and Expressions

OPD 门诊 (Out Patient Department 的缩写)	feel bad 感觉不舒服
I guess 我认为, 我想	specifically 明确地, 具体地
more specifically 更具体地	obstruction 阻塞物, 梗阻
have a meal 吃饭, 进食	soup 汤
appetite 食欲	a piece of bread 一片面包
make an appointment 预约, 约会	

Notes to the Dialogue

1. Is there anything wrong with you?

你哪里不舒服吗?

可以简化说成: Anything wrong with you? 或 Anything wrong?

2. I have been feeling bad these days.

我这几天一直感觉不好。

feel bad: 可以表示身体不好, 也可以表示心情不好。比如: I feel very bad today because I have failed in my final examination. 因为我期末考试失败了, 所以我今天心情很不好。

3. I felt like there's some obstruction here on my chest while having a meal.

在吃饭的时候, 我感觉有什么东西阻塞在胸里。

felt (feel) like: 感觉像……, 感觉想做……, 比如: I feel like going to the movies tonight. 我想今晚去看电影。

4. Now, I'll make an appointment for you to take this exam.

现在我来为你预约进行这项检查。

make an appointment: 与……预约, 约会, 比如: I have made an appointment with Doctor Wang this afternoon. 我已经和王医生约好了下午见面。

Dialogue Two: After Esophagoscopy

(After finishing his esophagoscopy, the patient comes back to the OPD.)

Patient: Good afternoon, doctor. I have finished my esophagoscopy exam. Here is the report.

Doctor: OK. Let me have a look. I am sorry to say that you have a problem with your esophagus.

I think it's better for me to talk to your wife first. Is she here?

Patient: Yes, she is here. But what's the problem, doctor?

Doctor: Don't worry. I will tell you later. Now I need to talk to your wife. Would you please call her in and wait outside for a while?

Patient: All right, doctor. (He goes out and calls his wife in.)

Wife: Good afternoon, doctor. What's going on with my husband?

Doctor: Good afternoon, madam. I am sorry to tell you that your husband has got a tumor in his esophagus.

Wife: A tumor? What kind of tumor does he have? Is it serious?

Doctor: Well, he is suffering from carcinoma of the esophagus, and it is a very serious disease.

Wife: Oh, my God. Carcinoma of the esophagus! What should I do? What should I do?

Doctor: Fortunately I think it may not be in a very late stage. I mean probably we may have a chance to cut it off with a surgical operation.

Wife: Really? Let's do it as soon as possible, please.

Doctor: Yes, of course we will, but your husband needs to be hospitalized first. During his stay in the hospital, we will take a series of examinations to see if your husband is suitable to be operated on. Then, we will have a discussion with our colleagues from the surgical department to decide the operational protocol for your husband. You got it?

Wife: Yes, I think so.

Doctor: Now you take this admission application form to the check-in department and they will do all the check-in procedures for your husband.

Wife: OK. Thank you very much.

New Words and Expressions

have a look 看一看

call in 请进, 调入

suffer from 遭受(痛苦), 患(病)

madam 夫人, 女士

as soon as possible 尽可能快地	hospitalize 住院
be suitable to 适合于	operate on 手术
protocol 方案, 草案	operational protocol 手术方案
admission 入院, 住院	application 申请, 请求, 应用
form 表格, 形式	admission application form 入院申请单
check-in 报到, 入住 (宾馆), 登记, 登机	check-in department 入院处
procedure 手续, 操作	

Notes to the Dialogue

1. I think it's better for me to talk to your wife first.

我想最好我先和你妻子谈一谈。

It's better to do...: 最好做某事, 比如: It's better for me to go to the hospital now. 最好我现在就去医院。

2. Would you please call her in and wait outside for a while? 请叫她进来, 你在外面等一会儿, 好吗?

call... in: 叫……进来, 比如: Please call him in now, I want to talk to him. 现在请叫他进来, 我要和他谈谈。

3. What's going on with my husband?

我丈夫怎么啦?

What is going on with...: 询问某人发生了什么事, 比如: What's going on with doctor Zhang? 张医生出什么事啦?

4. I mean probably we may have a chance to cut it off with a surgical operation.

我的意思是说也许我们还有机会通过外科手术把它切除。

cut off: 切除, 切掉, 比如: The tumor is too big to cut off. 肿瘤太大难以切除。

5. You got it? 你明白吗?

等于: Do you understand? 还可以说: Got it? 为更简略的口语化说法。

Dialogue Three: Case Consultation on Carcinoma of Esophagus

(A group of doctors including the chief physician, visiting physician and junior physicians are discussing a case of dysphagia for diagnosis and further treatment.)

Chief physician: Good morning, everybody. This morning we are going to discuss a case of dysphagia. First, let's listen to case report presented by our junior physician, Doctor Wang.

Junior physician: Good morning, everyone. I am reporting on a new case hospitalized yesterday.

This male patient of 46 was admitted to the gastrointestinal ward yesterday morning with a chief complaint of dysphagia for one month. Now, the present illness: about one month ago, the patient started to have difficulty in swallowing, especially solid food, but had no dysphagia when swallowing liquid, such as milk. Later on, his dysphagia progressed until he could not swallow liquid with ease. Beside this symptom, he also noticed a weight loss of five kilos within the last month. Weakness, loss of appetite and inertia were also present. Since he became ill, he has had relatively good sleep and normal urination. Now, the past history: The patient has had no infectious diseases, primary hypertension or diabetes, and no history of physical injury or surgical operation. He has no history of food and drug allergies. Now, his personal history: he married a healthy woman when he was 24. He has two healthy boys, but he is a heavy smoker and also a heavy drinker. No hereditary illness has been found in his family.

Physical examination: physical examination reveals normal development, poor nourishment, a clear mind and he is fully cooperative. No systematic superficial lymph node enlargement is found. No skin rash, liver palm and spider angioma are present, but the patient's face is pale. Centrally located esophagus and no enlargement of thyroid gland. No abnormal signs are found in his lungs and heart examinations. On abdominal examination, no tenderness, rebound tenderness and enlargement of the liver and spleen are noted. Shifting dullness is negative, and no positive signs have been found on bowel sounds examination. Blood vessel examination shows no water hammer, alternative and paradoxical pulse. Spinal column and extremities are normal. No pathological nervous reflexes are noted.

Here are some of the important laboratory findings. Blood routine test shows the RBC count is 2.5 millions per cubic milliliter. Hemoglobin concentration is 8.5 grams per deciliter with a hematocrit of 29%. Stool occult blood test is positive.

Esophagoscopy examination shows an ulcerated mass in the middle segment of the esophagus with a diameter of 2.8 cm. The esophageal lumen is mostly obstructed by the mass, which bled easily during biopsy procedures, and cytological study reveals a squamous cell carcinoma.

At present, the preliminary diagnosis is cancer of the esophagus. The purpose of today's consultation is confirmation of the diagnosis and further treatment. That's all. Thank you.

Chief physician: Thank you for your report. Now, is there anything that you are not clear about in this patient's history? If not, let's go to the patient's room to see the patient.

Chief physician: (After seeing the patient) OK. We have seen this patient, have carefully examined him physically. From the data obtained from the patient's history, physical examinations and laboratory findings, especially the results of esophagoscopy, we can draw the conclusion that the patient is suffering from carcinoma of the esophagus. I think we have the following points of evidence to support our diagnosis. First, from the history we know that the main symptom of this patient is dysphagia, which is progressive in its character. As we all know, progressive dysphagia is the typical symptom of esophageal cancer. Second, this patient has other symptoms, which are also supportive to the diagnosis. For example, the patient has lost his weight recently and is in an anemic state with a hemoglobin concentration of 8.5 grams per deciliter. The stool occult blood test is positive, which suggests that the patient is probably bleeding from the GI tract. These manifestations are all supportive to malignant tumor. Finally and most importantly, an esophagoscopy examination has clearly shown the presence of the ulcerated mass that is squamous cell carcinoma on cytological study. We already know that biopsy and cytological study are of diagnostic value in confirming a malignant lesion, so from the above analysis we can be sure that the diagnosis is carcinoma of esophagus.

As for the treatment, I think that surgical operation will be the best choice for this patient unless we have evidence to show that metastasis to distant organs is present, so next we need to perform certain examinations, e.g. CT scanning of the lungs to exclude the presence of metastasis. Then we will contact our colleagues from the