

简明普通外科

(英汉对照)

主编

李清怀 高原 卢安

河北科学技术出版社

Concise General Surgery
(English-Chinese)



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图书在版编目(CIP)数据

简明普通外科/李清怀,高原,卢安主编. —石家庄:
河北科学技术出版社, 2003

ISBN 7-5375-2882-9

I. 简… II. ①李…②高…③卢… III. 外科—疾病—
诊疗—英、汉 IV. R6

中国版本图书馆 CIP 数据核字 (2003) 第 093899 号

简明普通外科(英汉对照)

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出版发行	河北科学技术出版社
地 址	石家庄市和平西路新文里 8 号(邮编:050071)
印 刷	石家庄市东方彩印厂
经 销	新华书店
开 本	850 × 1168 1/32
印 张	9.125
字 数	181000
版 次	2004 年 1 月第 1 版 2004 年 1 月第 1 次印刷
印 数	1000
定 价	16.00 元

<http://www.hkpress.com.cn>

PREFACE

Many books on surgery appear in recent years. However, English-Chinese edition surgical textbook is rare. Therefore, we compiled *Concise General Surgery (English-Chinese)* in order to meet the demand of junior clinicians and medical students to master clinical diagnosis and management of common surgical diseases, especially the needs of studying medical English.

Authors of this manual are experienced clinicians from several hospitals proficient at English. Their contributions were exhaustively reviewed, edited, correlated and assembled by the chief editors into concise and compact form. It was developed to contain the essential and practical materials of surgical diagnosis and treatment in daily clinical settings. The manual comprises twenty-seven common general surgical conditions in which clinical findings, essentials of diagnosis, differential diagnosis, prevention, treatment and prognosis are mainly covered. We have made every attempt to produce it a concise, practical and portable tool. The latest developments, e. g. new knowledge and skills, are incorporated in this book.

Because of the limitation of the editors' knowledge and the

fast development of medical science, errors and out-of-date points may appear in the book. It is our hope that readers may correct it, if any. We would like to give our sincere thanks to various friends who have made contributions to the publishing of the book.

Chief Editors

September 6, 2003 in Shijiazhuang

前 言

近年来有关外科学方面的书籍不断涌现,然而英汉对照版外科简明实用手册并不多见。为了满足中青年临床医师及临床医学生掌握外科常见病、多发病的临床诊治要点,尤其是学习医学英语的需求,我们组织编写了《简明普通外科》(英汉对照)。

本书的编者是几位精通英语的医学临床工作者,又经过主编的精心审校、编辑,汇编成简明、袖珍的格式。本书包含了普通外科疾病诊断与治疗中最基本的、实用的内容。全书共收录了 27 种普通外科常见病、多发病,每种疾病主要包括临床表现、诊断要点、鉴别诊断、预防、治疗和预后等。在编写过程中,力求提供一种简明、实用的便携式工具书,将普通外科的新进展、新知识、新技术融入其中。

由于作者水平有限及医学科学的迅猛发展,书中出现错误或过时之处在所难免,望广大读者批评指正。对在本书的出版过程中提供帮助的各界朋友表示衷心的感谢!

编者

2003 年 9 月 6 日于石家庄

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Chapter 1 SIMPLE & NODULAR GOITER

In many parts of the world, goiter is due to iodine lack and occurs in endemic areas away from the seacoast. Deficiency of iodine leads to functional overactivity and hyperplasia of the gland, which becomes filled with colloid poor in iodine. If the deficiency is corrected, the enlargement may subside. In long-standing cases, the goiter persists and is often nodular. Iodine excess can also cause goiter (e. g. chronic treatment with saturated solution of potassium iodide or Lugol's solution). Unknown factors other than iodine lack play a role in the genesis of goiter. Simple goiter may occur transiently in persons living in iodine-deficiency areas when there is greater demand for thyroid hormone, e. g. during pregnancy. Rarely, goiter may occur in spite of adequate iodine intake when there is interference with formation of thyroid hormones, e. g. due to excess intake of certain goitrogenic foods (rutabagas, turnips, soybean products), exposure to thiocyanate, selenium deficiency, or congenital lack of enzyme systems involved in thyroxine biosynthesis. Thyroid growth-stimulating immunoglobulins have been demonstrated in the serum of patients with goiters previously thought not to be autoimmune. Goiter may also be seen in rare patients with

resistance to thyroid hormone, the serum thyroxine level is elevated without symptoms of thyrotoxicosis. Goiter is more easily prevented than cured. Simple goiters may show chronic thyroiditis on biopsy.

第 1 章 单纯性和结节性甲状腺肿

在全球许多地方,甲状腺肿由碘缺乏所致且发生在远离海岸的地区。碘缺乏导致甲状腺功能过度活跃及增生,其内充满缺碘的胶质。如果碘缺乏状态被纠正,肿大的腺体可以消退。病史较长的患者,甲状腺肿持续存在且常常演变为结节性。碘过剩也可以引起甲状腺肿,如接受饱和碘化钾溶液或卢戈氏液的长期治疗,这种情况下,甲状腺肿的发生不是因为碘缺乏而是由于某些未知因素所致。在碘缺乏地区,当机体对甲状腺激素的需求增加时,如妊娠期,可以发生暂时的单纯性甲状腺肿。偶尔甲状腺肿也可以发生在碘摄入量适当的人,这种情况是由于有干扰甲状腺激素合成的因素存在,如一些致甲状腺肿食物的过量摄入(芜菁甘蓝、萝卜、大豆制品)、接触硫氰酸盐、硒缺乏或者是甲状腺素生物合成相关酶系统的先天性缺陷。尽管以前认为甲状腺肿不是自身免疫性疾病,但已经在甲状腺肿患者血清中检测到甲状腺刺激免疫球蛋白。甲状腺肿还可以发生在罕见的对甲状腺激素耐受的患者,这种患者的血清甲状

腺素水平升高但没有甲状腺毒症的表现。甲状腺肿的预防比治疗容易得多。单纯性甲状腺肿的活组织检查可以有慢性甲状腺炎的表现。

【Clinical Findings】

1. Symptoms and Signs: The gland is visibly enlarged and palpable. There may be no symptoms, or symptoms may occur as a result of compression of the structures in the thoracic outlet: wheezing, dysphagia or respiratory embarrassment. Large goiters with intrathoracic extension may intermittently block the thoracic outlet: raising of the arms above the neck may result in facial congestion, jugular venous distention, and dizziness. Most patients with large multinodular goiters are euthyroid. A few may be hypothyroid. Exposure to large amounts of iodine may produce thyrotoxicosis, but this can also occur spontaneously if nodular autonomy has taken place.

2. Laboratory Findings: The T_4 is usually normal. The TSH levels may be normal or elevated. The radioiodine uptake of the gland may be normal or high. The uptake over nodules usually shows them to be low in activity (in contrast to toxic nodular goiters). With special techniques it is possible to demonstrate enzymatic defects in thyroid hormone production or abnormal circulating compounds in a number of patients with goiters, especially the familial types. Antimicrosomal and antithyroglobulin antibody titers are usually not elevated.

3. CT, MRI and Ultrasound: These techniques are useful in the presence of large goiters to demonstrate tracheal compression or impingement upon other neighboring structures. Ultrasound is helpful in certain cases; cystic masses, generally benign, may occasionally be malignant.

【临床表现】

1. 症状和体征:腺体明显肿大并可触及。可无症状,当胸廓出口内组织结构受压时可出现压迫症状:哮喘、吞咽困难或呼吸不畅。巨大的胸骨后甲状腺肿可间歇性阻断胸廓出口:将上肢举过颈部可引起面部充血、颈静脉怒张及头晕。大多数巨大的结节性甲状腺肿的功能正常,少数患者可以表现为甲状腺功能低下,摄入大量的碘可引起甲状腺毒症,但甲状腺毒症也可因结节自主功能的出现而自然发生。

2. 实验室所见:一般 T_4 正常, TSH 正常或升高;甲状腺放射碘摄取率正常或升高,通常甲状腺结节的吸碘率较低,显示其功能低下(与毒性结节甲状腺肿相比)。在一些甲状腺肿患者,特别是家族性患者中,利用特殊技术有可能证实甲状腺激素合成过程中酶缺陷的存在或异常循环复合物的存在。抗微粒体抗体及抗甲状腺球蛋白抗体的滴度通常不高。

3. CT、MRI 和超声:当巨大的甲状腺肿存在时,这些技术可以显示气管受压或邻近组织结构受侵的状况。超声对一些病例是有帮助的,囊性肿物一般是良性的,偶尔也可能

是恶性的。

【Essentials of Diagnosis】

1. Enlarged thyroid gland, often nodular.
2. No symptoms except those associated with compression by large gland.
3. T_4 usually normal; radioactive iodine uptake normal or elevated.
4. TSH may be normal or elevated.
5. Antithyroid antibodies usually normal.

【诊断要点】

1. 甲状腺肿大,常呈结节性。
2. 除巨大腺体产生的压迫症状外无其他症状。
3. T_4 一般正常;放射性碘摄取率正常或升高。
4. TSH 正常或升高。
5. 抗甲状腺抗体一般正常。

【Differential Diagnosis】

It may be difficult, by examination alone, to differentiate simple goiter from toxic diffuse or nodular goiter, especially in a patient with a great many nervous symptoms. A history of residence in an endemic area or a family history of goiter will often help. Any history of prior exposure to radiation therapy to the head or chest places the patient in a higher risk group for the

development of papillary thyroid carcinoma as well as benign nodules, thyroiditis, and Graves' disease. Thyroid function tests are usually normal in simple goiter. High titers of antithyroid antibodies point to the presence of autoimmune thyroid disease (Hashimoto's thyroiditis or Graves' disease). If the lesion is nodular, and especially if only a single nodule is present, neoplasm must be considered. Fine-needle aspiration of the nodule is the most useful technique to distinguish neoplasm from other causes of nodule formation.

【鉴别诊断】

仅靠物理检查鉴别单纯性甲状腺肿与毒性弥漫性甲状腺肿或毒性结节性甲状腺肿是困难的,特别是当患者同时合并很多的神经症状时更加困难。流行地区居住史或甲状腺肿家族史将有助于诊断。任何有接受头胸部放射治疗史的患者既是甲状腺良性结节、甲状腺炎及 Graves 氏病的高发人群,又是甲状腺乳头状癌的高危人群。通常单纯性甲状腺肿的甲状腺功能检查正常。抗甲状腺抗体滴度升高提示甲状腺自身免疫性疾病的存在,如桥本氏甲状腺炎或 Graves 氏病。如果病变是结节性的,尤其是单发的孤立结节时,必须考虑肿瘤的可能。结节的细针穿刺抽吸活检是鉴别肿瘤与其他性质结节最有效的方法。

【Prevention】

With a dietary intake of 100-200 μ g of iodine daily, simple

goiter due to iodine deficiency should not occur. During times of stress (puberty, pregnancy and lactation), the upper limits of this dose may be necessary. This amount is provided in 1-2 g of iodized salt daily. Parenteral administration of iodinated oil has been introduced in certain areas of the world for goiter prophylaxis.

【预防】

每日由饮食摄入 100 ~ 200 μ g 碘, 将不再发生因缺碘导致的甲状腺肿。在机体应激阶段(青春期、孕期及哺乳期), 每日有必要摄入日需碘量的上限。每日需碘量可由 1 ~ 2 g 碘盐提供。某些地区经胃肠外途径给予碘油预防甲状腺肿的发生。

【Treatment】

1. Specific Measures:

(1) Levothyroxine: 0.1 mg or more daily, will often cause regression of early, small, diffuse goiters but is usually ineffective in reducing the size of large multinodular goiters. It is most effective in patients with elevated serum TSH. However, it is of value to prevent further growth of established goiters. As a guide to therapy, T_4 should be maintained in the high normal range, suppressing TSH levels. Since long-standing simple goiters may contain autonomous nodules, it is prudent to watch the patient carefully for possible hyperthyroidism.