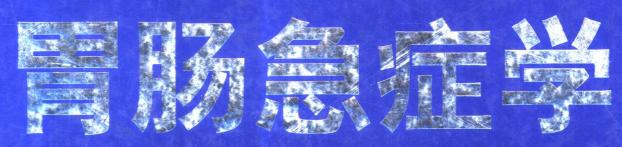
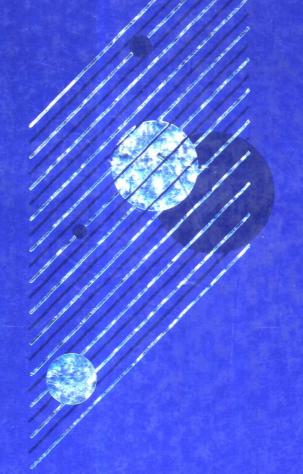
主编 Mark B. Taylor



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胃肠急症学

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Gastrointestinal Emergencies

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原版前言

自第一版《胃肠急症学》出版 5 年来,胃肠病和肝病学领域又有许多新的进展。为了跟上时代的步伐,第二版进行了广泛地修订,在原有各章中增添了很多新内容,有 65 位新作者。第二版对原有 58 章中的 18 章由权威重新改写,因此呈现出全新的面貌。在校样阶段对文字和参考文献又做了修改,使本书的文献更新到 1996 年。本版的宗旨是为胃肠病学医师、外科医师、急症医师和内科医师面对胃肠急症问题,提供一个具有权威性、实用性,并有一定深度和现代知识水平的工作规范。

第二版有 9 个新章:

- 1. 急性腹痛病人的诊断
- 2. AIDS 的胃肠道并发症
- 3. 热带病
- 4. 酒精性肝炎
- 5. 儿科胃肠急症
- 6. 蜂窝织炎性胃炎
- 7. 其他结肠急症
- 8. 腹腔镜外科手术的并发症
- 9. 消化系统药物与妊娠

本书的下列章节在多数胃肠教科书中都没有深度足够的介绍:

- 1. 下消化道异物
- 2. 盲肠炎
- 3. 妊娠期急腹症
- 4. 宿主移植反应病
- 5. 操作中的并发症
- 6. 创伤

对以下主题予以扩展并有新的讨论:

- 1. 蜂窝织炎性胃炎
- 2. 化学物与药物诱导的结肠炎
- 3. 抗生素相关性出血性结肠炎
- 4. 子宫内膜异位、粪嵌顿和结肠溃疡的急性并发症
- 5. 气腹的诊断
- 6. 钡灌肠引起的结肠穿孔
- 7. 热带病

本版的儿科胃肠急症及免疫抑制患者这两部分是新增的。骨髓和干细胞移植的肠道和肝脏并发症一章写得很精彩,对本症的诊断和治疗极具实用价值。免疫抑制患者的食管感染一章,写了有关新药、药品交互作用、难治性疾病、预防以及 AIDS 病人非特异性食管溃疡等当前的最新知识。"AIDS 的胃肠道并发症"这一新章与食管感染的写作格式相似,详述了 AIDS 的临床表现、诊断、并发症以及对 AIDS 病腹泻、腹痛、胃肠道出血、胰腺炎和肝胆疾病的处理,增添了宝贵的资料。

在过去的五年中,腹腔镜外科手术、静脉曲张和非静脉曲张出血的内镜治疗、上胃肠道取异物、

胆道急症、胰腺假囊和食管肿瘤急性并发症的处理等方面都有很大的进展。在有关章节中对以上问题都作了详细的探讨。操作并发症部分大大地扩容,包括了小肠镜、超声内镜、气囊压迫、内镜下曲张静脉结扎、TIPS、经皮空肠造瘘和腹腔镜手术的并发症等新内容。由于并发症可发生于内镜操作的正常过程中,书中特别增补了对有关并发症的处理。

对食管篇章进行了修改。上胃肠道异物的内容包括了取异物的新技术,对吞服钮扣电池的问题增加了讨论的篇幅和 42 篇新文献。在腐蚀物食人的紧急处置方面,作了更加深人的复习,增添了 31 篇文献。对食管穿孔诊断和治疗(包括手术和非手术)的修订增加了新内容,包括 67 篇新文献资料。有关食管动力性疾病的"急性吞咽困难、吞咽痛和非心源性胸痛的处理"一章,采用了更具实用性的写作格式。

增加了胃肠道出血相关章节的内容,若干新作者的参与使观点更新鲜。"门脉高压性上消化道出血的紧急处理"一章中,对药物治疗、曲张静脉套扎术、TIPS、门脉高压性胃病、异位曲张静脉等,均有更详细的新资料。下消化道出血一章在很多地方进行了修改,是"急性上消化道出血的处理"一章的姊妹篇。本版对急症结肠镜检查的清肠、下消化道出血的处理以及出血的少见病因,如门脉高压性小肠结肠病、小肠和大肠的血管发育不良、结肠静脉曲张和 NSAID 相关性低位肠出血等,都作了新的讨论。"上消化道非静脉曲张性出血的药物治疗"一章的作者也是新的,章中对脱氨基 – 8 – D 精氨酸升压素、共轭雌激素的应用,以及在出血情况和应激损伤综合征时抗凝治疗的应用等,都提供了最新和具实用性的资料。"非静脉曲张性上消化道出血的内镜治疗"一章也增添了许多内容,对治疗方法、疾病的并发症和治疗引起的并发症进行了深入的探讨,作者还对一些特殊情况下的处置提出建议。

胆囊和胆道方面的三章也有新作者。在"急性胆囊炎"一章内,对胆囊穿孔和胆汁性腹膜炎、胆石性肠梗阻、气肿性胆囊炎和非结石性胆囊炎,都有新的叙述。"胰胆系急症的内镜治疗"中,对胆石性胰腺炎、胆管炎、医源性胆管损伤和急性胆囊炎的内镜治疗,也有新的综述。

对第五部分肝脏的内容增加如下:

- 1. 对药物的肝毒性反应增加了讨论的篇幅
- 2. 对腹腔积血做了新的综述
- 3. 修订了"肝脏占位性病变"一章,发病率、临床表现、急性并发症、影像学特点、预后和治疗等内容都有新的资料
 - 4. 对自发性和继发性腹膜炎的鉴别有新的内容
- 5. 第一版中 Reye 综合征一章更名为"急性高血氨综合征",对其先天性代谢异常进行了更广泛的研讨
 - 6. 酒精性肝炎是全新的一章。
 - 7. 在腹腔穿刺的并发症之下列出新的细目
 - 8. 对布 加综合征的评价及其内/外科治疗进行了更广泛的复习
- 9. 在乙酰氨基酚中毒章中有新的细目:包括静脉应用乙酰半胱氨酸,对服毒 24 小时后患者的处置,肝移植的作用,和妊娠期患者的处理等
 - 10. Flumazenil 在肝性脑病治疗中的作用
 - 11. TIPS 在肝肾综合征中的应用

在第六部分大肠和小肠方面,有3个新章,即:"急性腹痛病人的诊断"、"热带病"和"其他结肠急症"。感染性腹泻一章由新的作者改写,新章目的内容包括食物中毒、大肠杆菌0157: H7,增补了一些微生物(如阿米巴原虫、蓝氏贾第鞭毛虫和隐孢子虫)的并发症和处理,旅行者腹泻,急症并发症和妊娠期的急性腹泻等。在炎症性肠病章中,增加了4个新内容:(1)与药物相关的急症;(2)

肠外病变的急症; (3) 环孢菌素的应用; (4) 中毒性巨结肠。"急性肠缺血"一章有关动脉造影的作用、罂粟碱的应用、缺血性结肠炎及肠系膜静脉血栓形成等,均扩展了新的内容。对 Ogilvie 综合征的内科处理和内镜治疗增添了新的资料。

第八部分,妊娠,其修改内容包括:增加了"消化系统药物与妊娠"一章;对 HELLP 综合征、急性肝破裂等节扩增了篇幅;"妊娠急腹症"与"妊娠和肝病"两章重新改写,对其中发病率、症状与体征、诊断、处理、母体和胎儿的预后等内容作了更新。

在本版的编写中,我们再次组织了一个国际知名的、杰出的作者班子。我非常感谢他们的合作、 努力、专业技能以及为本书所作出的贡献。

我要感谢组成本书编委会的 John Gollan、Michael Steer 和 M. Michael Wolfe, 在编写本书第一、二版中, 对我的建议、支持和鼓励。

我要对 Karen Gulliver 给我的鼓励、她的耐心、幽默、打字工作、对编辑的建议和协助收集本书许多修订的篇章表示感谢。我感谢 Anne Maraday 和 Jennnifer Gaus 对文稿编写的秘书工作。感谢出版社 Kathleen Millet、Carol Eckhart 和 Joyce Murphy 三位的指导、建议和专业性工作。

我要感谢我的父母和姻亲在我写作此书时对我的理解和关心。我愿将本书献给我的岳母 Frances Perlman,以纪念她的带头鼓励并始终支持本工作;不幸的是,在手稿完成后不久她意外地去世。

我最要感谢我的妻子 Dr. Judy Perlman Taylor, 因为她在我编写本书三年半的过程中,始终最坚定的支持我,并作出牺牲、忍耐、建议和承担着许多义务。我也要感谢三个孩子对我写作的理解和不干扰。在英文中没有最合适的语言可用以表达我对家庭为我完成本书所给予的帮助、支持和鼓励的感激之情。

Mark B. Taylor, M. D. 写于康涅狄格州, 纽黑文 (潘国宗 译)

译者前言

《胃肠急症学》是论述各种疾病或意外情况引发胃肠系统急症时,如何作出紧急应对、诊断和处置的一部医学专著。Mark B. Taylor等编著的《胃肠急症学》第一版由 Williams & Wilkins 于 1992 年出版后,受到读者的欢迎。此后,作者等对该书进行了修订,内容广泛扩增(参见原版前言),第二版在 1997 年问世。现展示于读者面前的,就是该书第二版首次的中译本。

我们为什么要翻译《胃肠急症学》? 这就涉及到本书的具体内容和学术价值。书的内容包括食管、胃和十二指肠、胰腺、胆囊和胆道、肝脏、大小肠、腹膜腔、妊娠、儿科、免疫抑制患者、操作并发症及创伤等十二个方面胃肠系统的急症;涉及与溃疡、炎症、结石、感染、肿瘤、寄生虫、血栓形成、先天性异常、免疫抑制等有关的疾病;紧急并发症有出血、穿孔、梗阻、脓毒症、器官坏死和衰竭,以及一些意外情况下发生的摄入异物、腐蚀性物质,药物中毒,器官创伤或操作意外的紧急处置。

本书的学术价值如何呢?其价值首先在于书中阐述的情况都属于临床最复杂而瞬息万变的难治性问题。把握时机,处置得当可挽救病人的生命;稍有不慎,患者就可能丧失生存的机会或残留永久性后遗症。临床医师在处理这些紧急和棘手的问题时常需查阅资料,以便迅速进行决策并采取果断措施。本书就向医师集中提供了查阅资料的方便。

书的学术价值还在于:新的医学知识和技术的更新,使现代胃肠急症学的范畴不仅限于消化系疾病,还涉及内科、外科、儿科、妇产科、急症科、神经科、内镜学、影像学、检验学、病理学、药理学、急救学、介人治疗学等多学科,几乎与一家综合性医院所有的重点科室均相关。解决问题还需要有各种新技术和医疗器械的配合应用。所以,对参与抢救的医务人员来说,要求的知识面宽;时间的紧迫性和问题的复杂性使技术难度增高;许多疑难问题的解决已非一个人或几个人的专业水平所能胜任,故迫切需要一部具有一定深度和现代知识水平、可指导并供广大医务人员参阅使用的有关著作。国内现还没有这样一部医学专著。要编写这样一部书,非短期可以完成。我们发现 Taylor 等编著的《胃肠急症学》可以满足读者这方面的要求。经向国外专家咨询,确认此书在国际上处于领先地位,短期内尚无再版计划。因此,在 1998 年底,我们决定翻译本书。

本书具有以下特色: (1) 这是一部基础和临床医学相结合的专著,对各种胃肠急症,不仅详述其临床知识,也介绍病因和发病机制的基础理论,对一些复杂问题使读者读后不仅"知其然",更"知其所以然";(2)书的内容有多学科综合交叉的特点,如现代物理学、化学、生物学、放射学、核医学、药理学、诸多边缘学科和医学之间的交叉,传统医学和现代科技手段的交叉,外科和内科的交叉,诊断和治疗的交叉与结合等,是一部涉面甚广的著作;(3)其内容先进、新颖,包容国际胃肠急症方面的最新进展和科技成果,对近年来发展较快的治疗内镜、腹腔镜外科术、介入治疗学等医学上的最新应用成果及艾滋病的胃肠道并发症、宿主移植反应病等诸多既有新理论、医疗实践上也属新问题的重要内容,本书均有较详尽的介绍;书中所载文献截至1996年,也是较新的;(4)本书突出实用性,对疾病的诊断方法和诊断标准叙述甚详,便于掌握;对治疗更是做到详尽细致地不予遗漏,文中对不同方法多加以比较和评价,对疗效进行追踪报道,这些都是一般著作所不易做到的。更具特色的是,许多作者在书中介绍了自己独特的经验,具有很高的参考价值;(5)具有科学性和权威性,作者们对每一问题都力求准确报道世界专家的综合性医疗实践,在文中注明出处,载有大量文献,做到有据可查。编著者花了3年半的时间完成此书,说明写作是认真、严谨的。全书67章,由119名作

者分写;这些作者在各自的领域内都有丰富的经验并享有知名度,其中著名教授 43 人;作者群体以美国哈佛和耶鲁大学医学院为中心,吸收了全美多所著名医学院校的专家和英国、加拿大、澳大利亚、以色列和亚洲多国的权威参与写作。因此,本书能够反映国际上最先进的水平和世界性的成果,具有很高的权威性。总之,这是一部学术性与实用性俱佳并有特色的大型专著,对众多科室的临床医师抢救危重病人有很高的参考价值。

为完成本书的译稿,北京协和医院和北京若干重点教学医院的七十余位医师共同组成了一个多学科的老、中、青相结合的翻译写作班子,其中有扎实理论基础和相关实践经验的中青年医师和研究生占多数。他们热情高、干劲大,所以能够在1年多的时间内使本书的译本及时与读者见面。在这里我要感谢他们的积极努力和高质量的工作。我要感谢两位副主译在本书翻译的全过程中做了大量的工作,给了我大力的支持和良好的配合。我特别要感谢丁濂教授对本书若干重要章节译文所给予的指导和校阅;感谢孙钢副教授协助对多章文稿进行校对和修改;感谢杨晓鸥同志协助做了许多文秘工作。

我们希望广大读者能喜爱这本书。由于我们知识水平、工作经验和英语水准的限制,有些译作可能不尽如人意,也难免有缺点和错误。尚希读者给我们提出宝贵的意见并及时反馈给我们,以便在本书再次印刷时订正。在这里我们也愿指出,运用外国的经验时,还请读者参照国人的条件,根据当时、当地病人的实际情况和自身掌握技术的熟练程度来选择,不能生搬硬套。对于药物的剂量和用法,更应参照国家药典和药品使用说明书来正确地应用。

潘国宗 2000 年 11 月于北京