

Medical English Literature Reading  
of Common Clinical Diseases

# 临床常见疾病

## 医学英语文献阅读

主 编 马志方 晋建华 王斌全

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随着时代发展,高等医学教育国际化的步伐正在加快,对医学生的培养要求也越来越高。英语水平是反映学生综合素质的重要方面,医学英语是高等医学院校学生的必修课程之一,需要长期地系统地学习。医学本科生、研究生和低年资住院医师在见习、实习阶段要接触很多临床专业的常见病,如果在这一期间同步进行专业外语的学习,可以提高学习兴趣,掌握相对全面的基本专业外语。通过阅读本书可以学习临床各专业常见 100 个典型疾病的概念、诊断和治疗原则,快速掌握相关英文的关键词汇和口语表达,是医学生从公共英语过渡到专业英文文献的桥梁教材。

本书编写特点是:①精心挑选临床上最常见的 100 个病种,涵盖面广;②以疾病的概念、临床表现、诊断和治疗原则为主线,简明扼要;③以问答的形式串联相关内容,采用通俗化的语言,便于理解和掌握;④在每个疾病后附有关键词汇和主要短语的中英文注释。

本书由山西医科大学第一临床医学院教务处策划,并组织一批青年骨干教师以及高年级研究生进行编写,同时还邀请外校英语专业教师参与编写和校对。为了体现英文教材纯正的英语表达,部分内容参阅了 WebMD 和 Wikipedia 等国外医学网站内容。由于编写时间和水平有限,书中难免有不足之处,欢迎各位读者批评指正。

编者

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## Section One: Surgical Disease

# 第一部分 外科疾病



# 1

## Appendicitis

## 阑尾炎

### What is appendicitis?

Appendicitis is an inflammation of the appendix, a 3 1/2-inch-long tube of tissue that extends from the large intestine. No one is absolutely certain what the function of the appendix is. One thing we do know: We can live without it, without apparent consequences.

Appendicitis is a medical emergency that requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst, or perforate, spilling infectious materials into the abdominal cavity. This can lead to peritonitis, a serious inflammation of the abdominal cavity's lining (the peritoneum) that can be fatal unless it is treated quickly with strong antibiotics.

Sometimes a pus-filled abscess (infection that is walled off from the rest of the body) forms outside the inflamed appendix. Scar tissue then “walls off” the appendix from the rest of the abdomen, preventing infection from spreading. An abscessed appendix is a less urgent situation, but unfortunately, it can't be identified without surgery. For this reason, all cases of appendicitis are treated as emergencies, requiring surgery.

In the U.S., one in 15 people will get appendicitis. Although it can strike at any age, appendicitis is rare under age 2 and most common between ages 10 and 30.

### What causes appendicitis?

Appendicitis occurs when the appendix becomes blocked, often by stool, a foreign body, or cancer. Blockage may also occur from infection, since the appendix swells in response to any infection in the body.

### What are the symptoms of appendicitis?

#### **The classic symptoms of appendicitis include:**

- Dull pain near the navel or the upper abdomen that becomes sharp as it moves to the lower right abdomen. This is usually the first sign.
- Loss of appetite

- Nausea and/or vomiting soon after abdominal pain begins
- Abdominal swelling
- Fever of 99-102 degrees Fahrenheit
- Inability to pass gas

**Almost half the time, other symptoms of appendicitis appear, including:**

- Dull or sharp pain anywhere in the upper or lower abdomen, back, or rectum
- Painful urination
- Vomiting that precedes the abdominal pain
- Severe cramps
- Constipation or diarrhea with gas

If you have any of the mentioned symptoms, seek medical attention immediately since timely diagnosis and treatment is very important. Do not eat, drink, or use any pain remedies, antacids, laxatives, or heating pads, which can cause an inflamed appendix to rupture.

## How is appendicitis diagnosed?

Diagnosing appendicitis can be tricky. Symptoms of appendicitis are frequently vague or extremely similar to other ailments, including gallbladder problems, bladder or urinary tract infection, Crohn's disease, gastritis, intestinal infection, and ovary problems.

The following tests are usually used to make the diagnosis:

- Abdominal exam to detect inflammation
- Urine test to rule out a urinary tract infection
- Rectal exam
- Blood test to see if your body is fighting infection
- CT scans and/or ultrasound

## How is appendicitis treated?

Surgery to remove the appendix, which is called an appendectomy, is the standard treatment for appendicitis.

If appendicitis is even suspected, doctors tend to err on the side of safety and quickly remove the appendix to avoid its rupture. If the appendix has formed an abscess, you may have two procedures: one to drain the abscess of pus and fluid, and a later one to remove the appendix.

### **Appendectomy: What to Expect**

Antibiotics are given before an appendectomy to fight possible peritonitis. General anesthesia is usually given, and the appendix is removed through a 4-inch incision or by laparoscopy. If you have peritonitis, the abdomen is also irrigated and drained of pus.

Within 12 hours of surgery you may get up and move around. You can usually return to normal activities in two to three weeks. If surgery is done with a laparoscope (a thin telescope-like instrument for viewing inside the abdomen), the incision is smaller and recovery is faster.

After an appendectomy, call your doctor if you have:

- Uncontrolled vomiting
- Increased pain in your abdomen
- Dizziness/feelings of faintness
- Blood in your vomit or urine
- Increased pain and redness in your incision
- Fever
- Pus in the wound

## Can appendicitis be prevented?

There is no way to prevent appendicitis. However, appendicitis is less common in people who eat foods high in fiber, such as fresh fruits and vegetables.

## 中英文注释

### 关键词汇

appendectomy [ˌæp(ə)n'dektəmi] n. 阑尾切除术

blocked [blɒkt] adj. 堵塞

burst [bɜːst] v. 破裂

fever ['fiːvə] n. 发热

inflammation [ˌɪnflə'meɪʃən] n. 炎症

laparoscope ['læpərəʊskəʊp] n. 腹腔镜

perforate ['pɜːfəreɪt] v. 穿孔

peritonitis [ˌperɪtə'naitɪs] n. 腹膜炎

pus [pʌs] n. 脓, 浓汁

### 主要短语

abdominal swelling 腹胀

high in fiber 富含纤维

lower right abdomen 右下腹

loss of appetite 食欲缺乏

medical emergency 医疗急症

rule out 排除

# 2

## Bowel Obstruction, Ileus (Paralytic Ileus)

### 肠梗阻, 麻痹性肠梗阻

#### Bowel Obstruction

#### 肠 梗 阻

#### What is a bowel obstruction?

A bowel obstruction happens when either your small or large intestine is partly or completely blocked. The blockage prevents food, fluids, and gas from moving through the intestines in the normal way. The blockage may cause severe pain that comes and goes.

This topic covers a blockage caused by tumors, scar tissue, or twisting or narrowing of the intestines. It does not cover ileus, which most commonly happens after surgery on the belly (abdominal surgery).

#### What causes a bowel obstruction?

Tumors, scar tissue (adhesions), or twisting or narrowing of the intestines can cause a bowel obstruction. These are called mechanical obstructions.

In the small intestine, scar tissue is most often the cause. Other causes include hernias and Crohn's disease, which can twist or narrow the intestine, and tumors, which can block the intestine. A blockage also can happen if one part of the intestine folds like a telescope into another part, which is called intussusception.

In the large intestine, cancer is most often the cause. Other causes are severe constipation from a hard mass of stool, and narrowing of the intestine caused by diverticulitis or inflammatory bowel disease.

#### What are the symptoms of bowel obstruction?

##### **Symptoms include:**

- Cramping and belly pain that comes and goes. The pain can occur around or below the belly button.

- Vomiting.
- Bloating.
- Constipation and a lack of gas, if the intestine is completely blocked.
- Diarrhea, if the intestine is partly blocked.

Go to hospital right away if your belly pain is severe and constant. This may mean that your intestine's blood supply has been cut off or that you have a hole in your intestine. This is an emergency.

## How is a bowel obstruction diagnosed?

Your doctor may do:

- Check your belly for tenderness and bloating.
- Your symptoms and other digestive problems you've had.
- An abdominal X-ray, which can find blockages in the small and large intestines.
- A CT scan of the belly, which helps your doctor see whether the blockage is partial or complete.

## How is it treated?

Most bowel obstructions are treated in the hospital.

In the hospital, the doctor will give the patient medicine and fluids through a vein (IV). To help the patient stay comfortable, the doctor may place a tiny tube called a nasogastric (NG) tube through your nose and down into your stomach. The tube removes fluids and gas and helps relieve pain and pressure. The patient will not be given anything to eat or drink.

Most bowel obstructions are partial blockages that get better on their own. Some people may need more treatment. These treatments include using liquids or air (enemas) or small mesh tubes (stents) to open up the blockage.

Surgery is almost always needed when the intestine is completely blocked or when the blood supply is cut off. You may need a colostomy or an ileostomy after surgery. The diseased part of the intestine is removed, and the remaining part is sewn to an opening in the skin. Stool passes out of the body through the opening and collects in a disposable colostomy bag.

If the blockage was caused by another health problem, such as diverticulitis, the blockage may come back if the patient don't treat that health problem.

## 中英文注释

### 关键词汇

adhesion [əd'hi:z(ə)n] n. 粘连



bloating ['blɒtɪŋ] adj. 腹胀

blockage ['blɒkɪdʒ] n. 堵塞

colostomy [kə'lɒstəmi] n. 结肠造口术

cramping ['kræmpɪŋ] n. 绞痛

diverticulitis [,daɪvətɪkjʊ'laitɪs] n. 憩室炎

enema ['enɪmə] n. 灌肠剂

ileostomy [,ɪli'ɒstəmi] n. 回肠造口术

intussusception [,ɪntəsə'seɪpʃ(ə)n] n. 肠套叠

nasogastric [,neɪzəʊ'gæstri:k] n. 鼻胃管

vomiting ['vɒmɪtɪŋ] v. 呕吐

### 主要短语

a lack of gas 不排气

bowel obstruction 肠梗阻

get better 好转

scar tissue 瘢痕组织

## Ileus(Paralytic Ileus)

### 肠梗阻(麻痹性肠梗阻)

#### What is ileus?

Ileus is a condition where bowel movement stops for a period of time. It often occurs after surgery on the abdomen. The stomach and the small bowel recover usually within 24 hours after surgery. However, the large intestine takes much longer to recover, sometimes up to 72 hours. This then leads to a backing up of the bowel contents at the level of the colon.

#### What causes ileus?

In addition to postoperative causes, ileus also results from intraperitoneal or retroperitoneal inflammation (eg, appendicitis, diverticulitis, perforated duodenal ulcer), retroperitoneal or intra-abdominal hematomas (eg, ruptured abdominal aortic aneurysm, lumbar compression fracture), metabolic disturbances (eg, hypokalemia), or drugs (eg, opioids, anticholinergics, sometimes  $Ca^{2+}$  channel blockers). Ileus sometimes occurs in association with renal or thoracic disease (eg, lower rib fractures, lower lobe pneumonias).

Gastric and colonic motility disturbances after abdominal surgery are common. The small bowel is typically least affected, with motility and absorption returning to normal within hours after surgery. Stomach emptying is usually impaired for about 24 h or more. The colon is often most affected and may remain inactive for 48 to 72 h or more.

## What are the symptoms of ileus?

Swelling of the bowel, abdominal pain and vomiting of dark bowel contents with a fecal smell are common signs and symptoms of ileus. Blood poisoning (toxemia) and dehydration may also be present. If neglected, ileus can cause shock and pus to form in the infected area (sepsis). Upon examination, the physician will fail to hear the normal bowel sounds in the abdomen. Swollen bowel loops can be seen on X-rays of the abdomen.

## How is a ileus diagnosed?

Clinical evaluation

Sometimes X-rays

The most essential task is to distinguish ileus from intestinal obstruction. In both conditions, X-rays show gaseous distention of isolated segments of intestine. In postoperative ileus, however, gas may accumulate more in the colon than in the small bowel. Postoperative accumulation of gas in the small bowel often implies development of a complication (eg, obstruction, peritonitis). In other types of ileus, X-ray findings are similar to obstruction; differentiation can be difficult unless clinical features clearly favor one or the other. Water-soluble contrast studies may help differentiate.

## How is ileus treated?

Ileus is treated through decompression therapy, which involves providing continuous suctioning through a tube hooked up to a vacuum machine. Food intake is restricted until the bowel sounds reappear and the patient passes gas. The potassium level is monitored as a low potassium level could also contribute to the ileus. Intravenous fluids are given to treat dehydration. When the patient starts to pass gas, their diet is gradually built up from fluids to a full diet over a period of three days.

Treatment involves continuous nasogastric suction, NPO status, IV fluids and electrolytes, a minimal amount of sedatives, and avoidance of opioids and anticholinergic drugs. Maintaining an adequate serum K level ( $> 4 \text{ mEq/L}$  [ $> 4 \text{ mmol/L}$ ]) is especially important. Ileus persisting  $> 1$  week probably has a mechanical obstructive cause, and laparotomy should be considered. Sometimes colonic ileus can be relieved