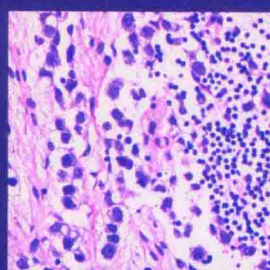
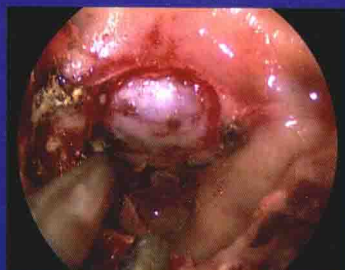


Pituitary Disorders

Diagnosis and Management



垂体疾病 的诊断和管理

主编

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内 容 提 要

本书系统介绍了垂体疾病的诊断、治疗和患者自我管理等内容。全面分析了垂体腺瘤、肢端肥大症、库欣综合征等各类垂体疾病的临床表现和治疗,描述了常见的并发症,提供了国外最新的研究知识。同时书中对垂体疾病患者自我管理做了非常细致的介绍,通过对患者的心理、身体状态的调查,提出了相关的管理体系。

本书可供神经外科专业医生和垂体疾病患者及家属参考。

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中文版序

垂体位于生命中枢,通过分泌多种激素如生长激素(GH)、促甲状腺激素(TSH)、促性激素(GnRH)、促肾上腺皮质激素(ACTH)、催乳素(PRL)等在人体正常代谢、生长发育及生殖中起重要作用。早在1913年,Cushing就指出:“我们日常生活中的神经活动主要依赖于这一内分泌腺体对神经系统的影响。”垂体病变(或肿瘤)并不是一种“少见疾病”,人群中约五分之一的人存在各种类型的垂体疾病,导致严重的健康问题。如果得不到及时的诊断和治疗,将损害正常的垂体内分泌功能并最终影响生存质量和寿命。

近十几年来,垂体疾病(如肿瘤)的研究发展迅猛。然而,目前尚缺乏有效的理论整合及实用诊疗指南,尽管科学家和临床医生们不断地发展内科、激素替代、手术及放射等多种治疗方式,仍有大量垂体瘤患者未得到合理的治疗或治疗不充分,甚至无法明确诊断或遭遇误诊。为帮助医务人员熟悉并掌握垂体疾患的规范化诊疗方法,上海交通大学医学院附属瑞金医院卞留贯主任、孙青芳主任依靠医院垂体疾病诊治中心(MDT)这一平台,组织业务骨干翻译了《垂体疾病的诊断与管理》一书,可谓恰逢其时、恰到好处。此书的作者Edward R. Laws教授是世界顶尖的神经外科专家,尤其在垂体手术领域造诣非凡,为国内众多神经外科、内分泌界专业人士所熟知。Laws教授曾担任美国神经外科医师协会主席、美国外科医师委员会主任、垂体协会主席等学术职务,已主刀完成垂体手术逾5 000例,发表大量关于垂体疾病的学术论著和论文,获得了世界神经外科同仁的肯定和尊重。

我有幸作为本书的主审,在阅读原著及翻译稿时,能体会到卞留贯教授团队在本书翻译过程中所付出的艰辛和努力,也充分展示了瑞金医院垂体疾病诊治中心(MDT)的凝聚力和战斗力,他们的执着值得我和同道学习。

希望本书的出版能为业内同行的临床工作提供些许帮助,从而更好地造福病患群体,造福社会。

李青

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中文版前言

目前,随着内分泌学和影像学的飞速发展,垂体疾病的检出率呈增高趋势,但由于非专科医生对垂体疾病的认识不足或者基层医疗资源欠缺,仍有许多病患未得到及时诊断及合理治疗。小小垂体,状如豌豆,偏安一隅,却是人体最大的内分泌器官,也是很多全身性疾病的“幕后推手”,笔者二十多年来身居临床一线,身体力行,深感垂体疾病的复杂性及综合治疗的持久性。一个优秀的神经外科医师绝不单单是一个“手术医师”,术前全面的内分泌学评估、围手术期的精细管理、术后并发症的有效处理以及对患者身心疾患的认识都非常重要。患者及家属因疾病而背负的心理压力同样如一块巨石压在笔者的心头,令人揪心。常常有患者问起“医生,我到底该吃药还是手术……”“医生,我手术后还能不能生育……”“医生,我尚年轻就得了此病,以后会不会终身残疾……”,诸如此类。我们必须在具备专业素养的基础上给予人文关怀,这种“生物-心理-社会医学模式”不仅重视人的生物生存状态,而且更加重视人的社会生存状态。

偶然的的机会,笔者看到了 Edward R. Laws 教授等主编的 *Pituitary Disorders: Diagnosis and Management* 一书,相见恨晚,深感有必要引进给国内的读者,遂极力促成《垂体疾病的诊断和管理》中译本付梓。本书病谱全面,内容新颖,临床思维科学缜密,同时注重对患者心理和社会层面的关注,很好地诠释了“生物-心理-社会医学模式”,在更高层次上实现了对人的尊重,具有很强的临床指导性和参考价值,值得临床一线医疗人员特别是神经外科、内分泌科等医师阅读和学习。

翻译是一种再创造的过程,又必须以精准的文字来表达原著的精神,这也是本书编译过程中面临的一个艰巨任务。可喜的是,本书的译者多为上海交通大学医学院附属瑞金医院垂体疾病诊治中心(MDT)的骨干医师和历届研究生,他们专业知识全面、语言功底扎实,对翻译细节反复推敲、字斟句酌,可谓精益求精、力臻完美。同时,本书的翻译出版得到了宁光院士的大力支持和帮助,他在百忙之中抽出时间指导该书的编译并进行审阅,在此致以崇高的敬意,也向付出了艰辛劳动的全体编写人员表示衷心的感谢。本书的出版还得到上海科学技术出版社的大力支持,在此一并致谢。

由于时间仓促、能力所限及原著者语言背景差异,书中疏漏和错误之处在所难免,尚祈广大同道批评指正。

卞留贯 孙青芳

2017年8月

英文版序

对于大多数患者而言,“头脑”是百病之源。

1886年, Pierre Marie 记载并报道了一种垂体疾病,首次命名为肢端肥大症。1887年, Oskar Minkowski 通过尸检明确了垂体增大是导致肢端肥大症的原因。事实上,历史上早有关于“巨人”现象的报道,如《圣经》中记载了大卫刺杀巨人歌利亚的故事。书中虽未指出歌利亚巨人身材的原因,但是可以猜测,他很有可能患有巨人症。

1924年,苏联医生 Nikolai Mikhailovich Itsenko 报道了两例垂体腺瘤病例。患者体内产生大量促肾上腺皮质激素(ACTH),进而导致肾上腺合成过多的皮质醇激素。然而,直到1932年,美国神经外科医生 Harvey Cushing 才具体描述了垂体促肾上腺激素腺瘤的临床特点。我们将此肿瘤称为库欣病,而高皮质醇血症引起的一系列临床症状称为库欣综合征。Harvey Cushing 被公认为“现代神经外科之父”,他的卓越成就促进了内分泌学、激素异常研究以及垂体功能研究的发展。

早在1936年,梅奥诊所病理科医生 Russell T. Costello 就发表了一项样本量达1000例的解剖研究。研究发现,垂体肿瘤的发病率达成人总数的22.5%。随后大量研究发现,垂体存在各种肿瘤、囊变及其他损伤,这也证实了 Costello 的结论。目前,垂体瘤已被证实为常见疾病。事实上,人群中有一分之五存在垂体肿瘤,只是许多人都未得到明确诊断。

在过去的15年中,垂体疾病(如肿瘤)的研究发展迅猛。然而,目前却缺乏有效的理论整合及实用诊疗指南的制定。尽管科学家和临床医生们不断地发展内科、激素替代、手术及放射等多种治疗方式,仍有大量垂体瘤患者未得到合适的治疗或治疗不充分,甚至无法明确诊断或遭遇误诊。

内科、神经外科及内分泌科医生,护士,心理医生位于垂体瘤诊治的第一线,均应给予患者心理安慰。随着报纸、杂志上有越来越多的文章报道疾病以及精神健康问题,人们惊奇地发现:许多健康问题都与垂体疾病相关。其实,除了肿瘤、损伤以及囊变,垂体本身也可能会导致异常的内分泌信号。激素分泌不足或过多都需要密切关注和及时的干预治疗。即使是无功能腺瘤,不断增大的肿瘤组织也能侵袭、压迫周围结构,造成严重的后果,可以造成躯体或心理健康的严重损害。这也是神经外科医生 Dan Kelly 将垂体称为躯体和心理的“交叉路口”的原因。

1913年 Cushing 指出:“我们日常生活中的神经活动主要依赖于这一内分泌腺体对神经系统的影响。”

多伦多大学医学院 Shereen Ezzat 教授认为：“人群中有五分之一的人存在各种类型的垂体疾病，导致严重的健康问题。如果得不到及时的诊断和治疗，将损害正常的垂体内分泌功能并最终影响寿命。”

罹患垂体疾病的病患千差万别，但他们其中必有共性，而这个共性是我们必须了解掌握的。值得庆幸的是，编写这本书的作者们都是来自临床一线，接触了大量垂体疾病的病例，这将为提高医师诊治能力提供极大的裨益，从而帮助那些真正病痛来自头脑的垂体瘤患者。

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垂体网络协会主席/首席执行官

一名肢端肥大症患者

于美国加利福尼亚州纽伯里公园

缩略词英汉对照

ACTH	adrenocorticotropin	促肾上腺皮质激素
ADH	antidiuretic hormone	抗利尿激素
AhR	aryl-hydrocarbon receptor	芳香烃受体
AIP	aryl-hydrocarbon receptor interacting protein	芳香烃受体相互作用蛋白
AIRE	autoimmune regulator	自身免疫调节因子
APUD	amine precursor uptake and decarboxylation	摄取胶原脱羧
AVP	arginine vasopressin	精氨酸加压素
BMI	body mass index	体质指数
CAH	congenital adrenal hyperplasia	先天性肾上腺皮质增生症
CBG	cortisol-binding globulin	皮质醇结合球蛋白
CD	Cushing disease	库欣病
CDGP	constitutional delay of growth and puberty	青春期生长延迟
CDKI	cyclin-dependent kinase inhibitors	细胞周期蛋白依赖性激酶抑制剂
CNC	Carney complex	Carney 综合征
CNS	central nervous system	中枢神经系统
CPHD	combined pituitary hormone deficiency	联合性垂体激素缺乏症
CPID	combined pituitary deficiency	联合性垂体激素缺乏
CPP	central precocious puberty	中枢性性早熟
CRH	corticotropin releasing hormone	促肾上腺皮质激素释放激素
CRHT	CRH testing	促肾上腺皮质激素释放激素试验
CS	Cushing syndrome	库欣综合征
CSF	cerebrospinal fluid	脑脊液
CT	computed tomography	计算机断层扫描
CVA	cerebrovascular accident	脑血管意外
DA	dopamine agonist	多巴胺激动剂
DDAVP	desmopressin	去氨加压素
DHEA	dehydroepiandrosterone	脱氢表雄酮
DHEAS	dehydroepiandrosterone sulfate	硫酸脱氢表雄酮
DI	diabetes insipidus	尿崩症
DRE	dioxin-responsive element	二噁英反应元件
ESS	empty sella syndrome	空蝶鞍综合征
FAP	familial adenomatous polyposis	家族性腺瘤性息肉病
FDA	Food and Drug Administration	食品药品监督管理局
FIPA	familial isolated pituitary adenoma	家族性孤立性垂体腺瘤