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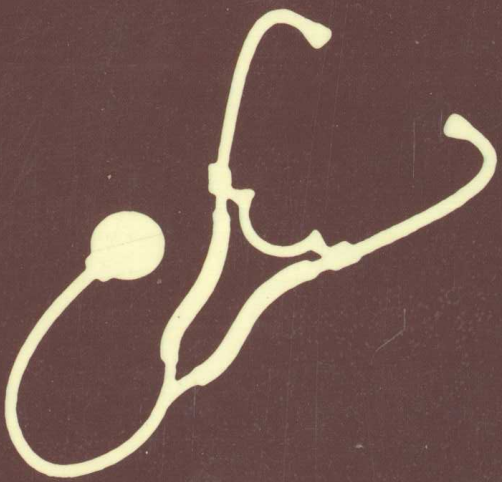
德高文诊断性检查

DEGOWIN'S DIAGNOSTIC EXAMINATION

（第7版）

SEVENTH EDITION



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DeGowin's Diagnostic Examination

第 7 版 ● Seventh Edition

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To the late Elmer L. DeGowin, MD, MACP

PREFACE

When a patient comes to you with complaints of discomfort, pain, or inability to enjoy accustomed activities, why should you strive to diagnose an illness causing those symptoms? The answer seems obvious that discovering the disease responsible for the symptoms permits you to tell the patient the cause or nature of the problem, its prognosis, and the expected response to therapy. Yet, one has the growing impression that forces external to our profession promote the treatment of symptoms, precluding a rational search for their cause. Cost-containment policies of HMOs, "demand medicine" from patients persuaded by the pharmaceutical industry's advertising of their cures in the public media and the promotion of alternative remedies of unproven value and safety are some of the current pressures that compromise good care.

Serving on our college of medicine Admissions Committee convinced me that by your words and actions you entered the profession of medicine because of a desire to serve humanity by caring for persons whose lives are adversely affected by illness. My contacts with medical students, residents, practicing physicians, and physician assistants recently and over many years have confirmed my perception of your motives and your commitment to practice evidence-based scientific medicine. Your personal experiences, reading, and the guidance of your family, religion, and school have persuaded you to care for other persons with empathy, compassion, sensitivity and courteous respect for their dignity. This means that you listen to patients' concerns and allay their fears.

A book on diagnosis cannot teach you to embrace the humanistic approach to medicine, which I am confident you already possess. That is why the thrust of this book is to provide you with a portable source of information with which to implement your objectives of making diagnoses that lead to rational therapy.

With advances in laboratory testing and imaging techniques, which have greatly facilitated accurate diagnosis, one may ask if the clinician's skills of taking a history and performing a physical examination have withered and become unnecessary. Indeed,

members of the American Board of Internal Medicine have expressed concern about the atrophy of diagnostic skills among trainees and have recommended improvements in training programs [GP Schechter, LL Blank, HA Godwin, Jr., MA LaCombe, DH Novack, and WF Rosse: Refocusing of history-taking skills during internal medicine training. *Am J Med* **101:** 210–216, 1996]. They reasonably assert that reliance on the remarkable progress in technological testing has contributed to this deficiency. Many diagnoses do not require expensive testing, however. The technology is not always available outside of modern tertiary care hospitals, particularly in the setting of home care, which has become increasingly accessible for the chronically ill. Moreover, the yield of positive findings diminishes considerably when imaging and other procedures are ordered without selection directed by clues uncovered during the history and physical examination. Finally, to paraphrase an aphorism of a former colleague Jonathan Goldsmith, "All unindicated tests are abnormal." The requirement to explain all abnormal test results leads to further testing, which yields more abnormal results, increased patient anxiety, and unnecessary expense, the "cascade effect."

This book is designed to assist the diagnostician in training or in practice with the process of making a diagnosis in which he or she takes a history, performs a physical examination, orders appropriate laboratory tests, and consults specialists for radiological and other procedures. We have emphasized the characteristics of diseases in this book, because a clinician who knows the manifestations of illness will ask the right questions and elicit the pertinent signs in the search for clues leading to a definitive diagnosis. Within the text, there are descriptions of symptoms and signs, highlighted instructions on how to elicit signs and lists of diseases with which to make a differential diagnosis. It should serve the student, the resident, the primary care physician, and the specialist (who encounters findings outside his or her field). We have observed that despite its 1000+ pages, it is still carried in the book-bag to be used in the clinic and in the patient conference room.

I have had the pleasure of revising the book with my cardiologist coauthor, Dr. Donald Brown, who has directed the course of history-taking and physical diagnosis for sophomore medical students and physician assistant students for 20 years. We have retained the objectives and format of the book because of its

reception and the letters I have received from students, physicians, and physician assistants in the United States and from abroad. The English version has been in print for 34 years, and it has been translated into French, German, Italian, Spanish, Greek, and Portugese. Franklin Electronic Publishers has produced the sixth edition in their Digital Book System for a palmtop computer.

During this revision, we sought and received valuable recommendations from medical students and colleagues, whom I wish to acknowledge and thank. Several have reviewed the entire text: David P. Asprey, PA-C, Director, Physician Assistant Program; Lori Carr, junior medical student; Ty T. Dickerson, senior medical student; Lori Lee Marie Larson, MD, senior resident in internal medicine; and Richard F. LeBlond, MD, Professor of Internal Medicine. Dr. LeBlond's extensive and detailed review revealed his wide-ranging experience from his former private practice in Montana and his encyclopedic knowledge of medicine. His skills and excellence in teaching are recognized by his invited service on the American Board of Internal Medicine.

Our colleagues, most of whom serve as clinician mentors and section leaders in the sophomore medical school course Introduction to Clinical Disciplines, reviewed specific sections of the text and provided excellent recommendations: John E. Sutphin, MD, Professor, Ophthalmology and Visual Sciences; Peter R. Jochimsen, MD, Professor, Surgical Oncology; Jay I. Sandlow, MD, Assistant Professor, Urology; Jane Engeldinger, MD, Associate Professor, Obstetrics & Gynecology; George V. Lawry II, MD, Associate Professor, Internal Medicine; Charles R. Clark, M., Professor, Orthopaedic Surgery and Biomedical Engineering; Michael Wall, MD, Professor, Neurology and Ophthalmology; and John D. Olson, MD, Professor and Vice-Chairman, Pathology.

In order to accommodate new information and retain the portable size of the book, it was necessary to delete less timely material and anecdotes. The section "Psychiatric Disorders" was rewritten to conform to the classification in *The Diagnostic & Statistical Manual of Mental Disorders (DSM-IV)* published in 1994 by the American Psychiatric Association. We have added in the Appendix recommendations for a preoperative screening examination that involves several different organ systems, including guidelines for evaluating the risks of thrombosis and hemorrhage. Text was reorganized, and key symptoms, key signs,

diseases listed in "clinical occurrence," and instructions on how to perform examinations or procedures were flagged with marginal icons. Running heads were changed to help orient the reader. Illustrations were redrawn and added for clarity and accuracy by Shawn Roach. Line drawings were retained to illustrate anatomy and pathologic findings. Expensive color photographs were considered for inclusion and rejected, because rarely encountered examples of advanced disease are required for visualization by the camera, and we wished to hold down the cost of the book. Since references are cited within the text and the need for space acute, the bibliography of textbooks has been eliminated, with the confidence that the reader can easily select from the many excellent texts available in each field. Because of its favorable reception, we have updated and retained the pocket-size Guide insert.

Publisher Martin J. Wonsiewicz, his Assistant Editor Susan R. Noujaim, Senior Editing Supervisor Muza Navrozov, and their staff at McGraw-Hill have carried on the fine tradition of an enjoyable work relationship with the author, which I first experienced with Dereck Jeffers and Mariapaz Englis while working on the sixth edition. I appreciate their professionalism and patience.

Finally, I wish to thank those readers who have taken time from their busy professional lives to write me with suggestions for future editions. I hope that you will let me know how we can continue to improve this work.

Richard L. DeGowin

USER'S MANUAL

Following the steps listed below will help you make a diagnosis from data provided by your patient:

1. Listen to your patient's *complaint* (key symptom), which will direct your attention to a region of the body.
2. Find the region or key symptom in the Contents of this book under *Part I: Symptoms* S&S *and Signs* S&S.
3. Characterize the symptom and develop a list of disease hypotheses or a differential diagnosis with reference to those listed under the *Clinical Occurrence* D/Dx section.
4. Consider the *signs* produced by the diseases in your list, some of which are indicated in the text, and in *Part III: Diseases and Syndromes.*
5. In *Part I: Symptoms and Signs,* find (highlighted in blue) a description of how to elicit the signs you seek.
6. Modify your list of disease hypotheses and consider laboratory tests and imaging studies *(Parts I, II, and III)* to confirm and quantitate abnormalities, if necessary.
7. In some circumstances, you may start the diagnostic process with a sign the patient has discovered or an abnormal test result leading you to change your sequence of search.
8. The student or teacher, in the course of learning or teaching physical diagnosis, may wish to systematically review instructions for eliciting signs as listed in *Procedures in Examination.* In Part I of this book, the title of every description telling you how to elicit a sign is highlighted in blue and denoted by the icon Exam. The text is in boldface type. Legend titles of figures demonstrating how to elicit signs are also highlighted in blue.
9. For the periodic examination of an asymptomatic person or following a search for a specific problem, perform the *basic examination,* described in Chapter 3, and order laboratory tests appropriate for findings from your history of risk factors and physical signs.

PROCEDURES IN EXAMINATION

The following is a list of topics describing how to perform certain examinations. In the text, the title of each topic is highlighted in blue and precedes the text in **boldface** type. Legends of corresponding figures are similarly identified.

DEGOWIN'S

DIAGNOSTIC EXAMINATION

CHAPTER

1

DIAGNOSIS

Making a diagnosis of his or her illness enables you to answer your patient's question, "What's wrong with me, Doctor?" It helps you to understand the pathophysiology of the patient's complaints (symptoms) and to interpret the origin of the signs you discover during your examination. With confidence, you can discuss the ramifications of the illness in terms of the risks and benefits of confirmatory diagnostic procedures and enlist the patient's cooperation in following the treatment plan you propose.

Without a diagnosis, how can you answer your patient's other questions: "Will this illness keep me from working? How long do I have to live? Can I drive my car? Can I travel?" These questions, difficult to answer even with a clear diagnosis in hand, will force you to make an unsatisfying response when the diagnosis is unknown. Failure to pursue the diagnosis may permit your patient's disease to progress from a stage that responds to treatment to one that does not.

If you wish to help persons who are ill, remember to answer their three fundamental questions, as proposed by James Reinertsen and Richard LeBlond and discussed by Jordan Cohen: (1) "What's happening to me?" (2) "What's going to happen to me?" and (3) "What can be done to improve what happens to me?" [JJ Cohen: Remembering the real questions, *Ann Intern Med* **128:** 563–66, 1998].

Disease Names—Indices to the Medical Literature

Arriving at the diagnosis of a *disease* provides an index to the medical literature that reveals information about etiology, diagnostic findings, treatment, and prognosis. Physicians have for thousands of years recorded facts about patterns of disordered bodily structure, function, and mentation recurring