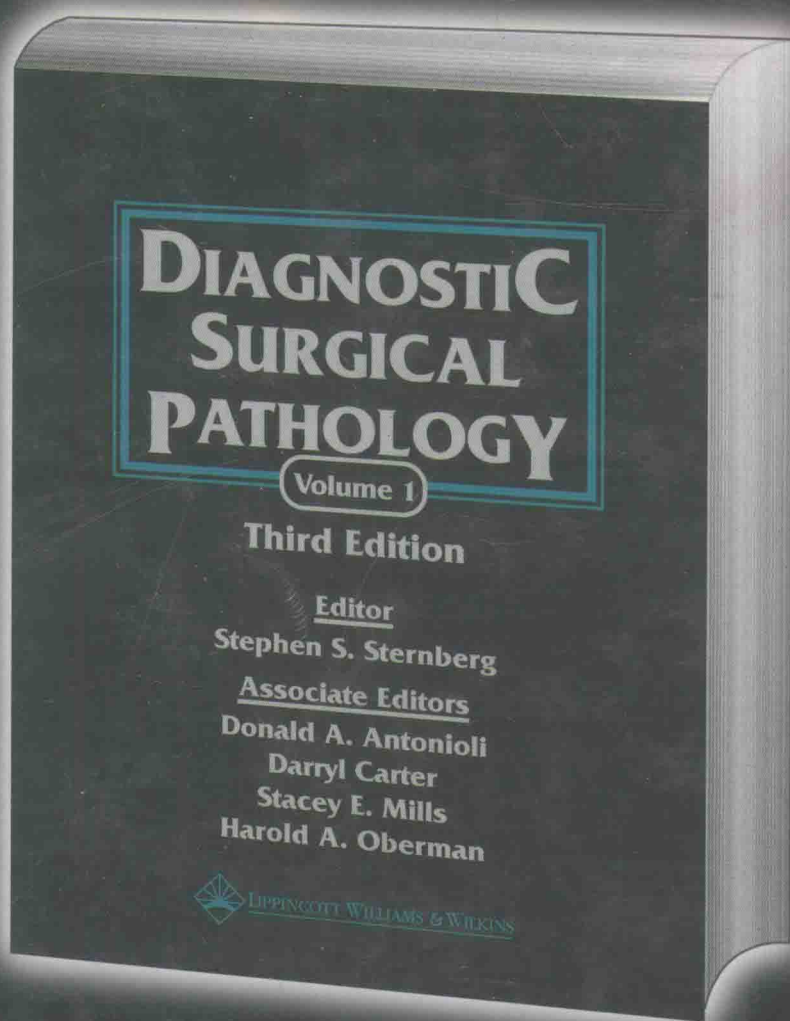


诊断外科病理学

第3版 · 上卷

主编: Stephen S. Sternberg

主译: 回允中



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Diagnostic Surgical Pathology

诊断外科病理学

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Volume 1 · 上卷

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中文译本序

以著名病理学家 Stephen S. Sternberg 为首的众多学者编写的《诊断外科病理学》(*Diagnostic Surgical Pathology*)是一部优秀的诊断病理学参考书。自从1989年第一版问世以来,该书在病理学界引起了很大的反响,受到了广大病理学工作者的欢迎和赞赏,并且一直是病理学工作者书架上常备的读物。

这次以回允中教授为主译翻译的这本外科病理学是该书的第三版。它保留了第一版、第二版以苏木素-伊红染色所见为主的诊断病理学内容特色;与五年前出版的第二版相比较,确实又经过了极大的充实和更新;原作者大部分保留了,又增加了许多新的合作者。在内容上突出的变化是吸收了大量免疫组织化学和分子生物学的最新进展。该书的显著进步还反映在病变图片上,即以大量清晰彩色图片替换下黑白图片。本书的写作特点是内容涵盖广泛,章、节、段落层次分明;书的写作针对性强,特别有助于解决诊断病理学日常工作遇到的问题;许多表格提供了易混淆病理过程的鉴别诊断,读后十分受益。

1999年第三版问世,我正好在 San Francisco,参加美国、加拿大病理学会学术年会,在书展上先睹为快,并在浩瀚的书海中以399美元选中了这套原著。在我书架上还没放多久,就让郑杰教授要走了,说明大家都很关注它。同年回允中教授倡议组织译成中文,我大力支持他的设想。回允中教授以他30多年丰富病理实践,又有翻译《阿克曼外科病理学》宝贵的翻译和组织经验,一定会保证这本书能在短期内出版,服务于我国病理学工作者。

本书紧密结合临床。不仅病理学工作者可随时案旁查阅,也可供临床学家参考。该书大约1/5的内容涉及女性生殖系统,除了对病理全科医生具有指导作用外,无疑对于专业妇科病理医生的日常工作也会有裨益。但愿这本书会更增强读者的求知欲,爱不释手。

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2001年9月

译者的话

在日常病理外检工作中,病理医师经常遇到一些诊断困难的病例,解决这些疑难病例的诊断问题往往需要进行会诊。病理会诊主要有两种方式:教科书会诊(Textbook Consultation)和病理专家会诊(Human Consultation)。

我们的一些病理医师习惯于请人会诊,而不大习惯于请书会诊;究其原因我想主要是案边缺少足够的,特别是比较公认的经典的诊断病理学参考书。由于缺少图书,领略不到教科书会诊的益处,长此以往也就不同程度地忽略或者舍弃了请书会诊,从而形成了一种依赖别人会诊的习惯。请人会诊固然重要,但是在一定程度上请书会诊的重要性并不亚于(有时甚至优于)请人会诊,特别是对于具有一定工作经验的病理医师来说尤其是这样,这也是参加本书翻译工作各位同仁的共识。

Dr. Sternberg 主编的《诊断外科病理学》(*Diagnostic Surgical Pathology*)一书历经10年已于1999年出版了第三个版本。它的问世为广大病理医师提供了一部新颖而又实用的具有权威性的诊断外科病理学教科书。本书内容极其丰富,图文并茂,它的最大特点是针对病理医师日常所遇到的诊断问题,将重点放在H.E.病理形态学(这是诊断病理专业的基石)上,目的在于着重解决病理诊断和鉴别诊断的难点。译者希望本书能够放在每一位外科病理医师的身边,成为他们的助手,对于日常病理诊断工作有所裨益,这也是 Dr. Sternberg 编写本书的初衷。

译(校)者水平有限,译文错误难免,敬请读者不吝指正。

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回允中

2001年3月9日

第一版序言

众所周知,参加长距离赛跑的长跑运动员孤独而又寂寞,但是,长跑者再寂寞也比不上一个外科病理医师独自工作时的寂寞。在大型医院,病理诊断工作的乐趣在于随时可能就一个特定的病例与其他病理医师进行商讨,有的身边可能还有一个善于解决这个领域内难题的专家。会诊是作出正确诊断和最佳治疗病人的先决条件。当忙碌的病理医师而又诊断水平不高时,会诊就显得尤其重要。可惜,迫于时间的压力,会诊容易被忽略,有时不经会诊就发出了报告。非常困难的病例,也就是那些容易看出是有问题的病例,需要会诊是不言而喻的,从某种意义上说这些病例是不大容易出现麻烦的。因此,对于外科病理医师来说,知道自己不懂什么以及什么时候需要会诊是非常重要的。

除了病理医师之间的讨论之外,图书馆的病理学参考书是病理医师的另一个信息来源。教科书会诊(Textbook Consultation)和病理医师会诊(Human Consultation)缺一不可。本书尝试强调外科标本的鉴别诊断,并保持对疾病自然病史,治疗和尸检所见的最低限度的讨论。虽然教科书不能取代病理医师之间面对面(特别是在多头显微镜下)的有关诊断问题的讨论,但是,我们要求本书的作者在探讨一个活检标本的鉴别诊断时,能为读者提供出他们的推理过程,借以形成亲自参加会诊的格调。此外,选择不同章节的作者不仅是根据他们在这个特殊领域内是否得到了公认,而且还根据他们是否有写作通讯技巧。因为外科病理学诊断运用视觉,所以本书拥有大量的彩色和黑白照片。并且,每一章的作者都引用了大量的文献,为希望得到更多信息的读者拓宽了思路。

本书的章节编辑与每一章的作者密切合作,以确保符合原文的宗旨,使之每一章节都能成为针对病理医师面临的诊断问题的专题论文。总之,编者的目的在于能将本书放在每一个外科病理医师显微镜的旁边,使其成为外科病理医师工作的伴侣。

Stephen S. Sternberg
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回允中 译

序 言

在回顾第2版《诊断外科病理学》*Diagnostic Surgical Pathology*的序言时,我们发现将其第一段作为第3版序言的第一段仍不过时。另外,我们还注意到“病理学家已经被不断增加的淋巴细胞免疫组化染色所困惑,由此导致了新的淋巴瘤分类方法,同时也就提出了有关将这些突然涌现出来的淋巴瘤放在哪里以及是否确实应该将它们归入不同范畴的问题”。当然,这些年来新的淋巴瘤以相当快的速度不断地出现。

病理学的进步也反映在免疫组化和分子生物学的惊人的进步上。事实上,已经有几份新的杂志专门涉及到免疫组化和分子生物学这两个非常有生气的领域。另外,现有的一些杂志也扩大了有关这方面的内容。本书作者已经增补并重写了许多《诊断外科病理学》的内容,以便反映这些方面的最新进展。

然而,我们必须牢记,整个诊断外科病理学的基础仍然是石蜡切片和苏木素-伊红染色,这是病理学专业的基石。因此,在日常工作中我们仍然强调常规光学显微镜检查的重要性。本书作者成功地将所有器官系统老的和新的疾病的最新信息展现给读者。我们相信,读者将会发现第3版《诊断外科病理学》是比从前两个版本更具有价值的诊断病理学参考书。

新增加的许多内容之一是淋巴瘤的REAL分类,并根据早期分类对其进行了评论。此外,还介绍了WTO提出的淋巴瘤分类。对最新的肠道淋巴瘤以及皮肤淋巴瘤展开了广泛的讨论。加进了国际泌尿病理学会会议提出的乳头状泌尿道上皮肿瘤的新分类。还描述了肾肿瘤的新分类。

胃肠道的其他论题是胃和肠道其他部位间质瘤的细节,特别值得注意的是这些肿瘤与Cajal间质细胞的关系。非肿瘤性肠疾病一章主要的新内容是讨论肠系膜和腹膜后的炎症性病变。

在乳腺一章,除了许多其他内容之外,尚有关于导管原位癌相应的讨论。髓样癌和囊肉瘤的内容也有增加。概述了处理乳腺标本的新技术以及预后标记物。在生殖泌尿系统,提出了肾和膀胱肿瘤的最新分类。在非肿瘤性肾疾病一章,就肾小球肾炎,基底膜异常和Alport综合征进行了广泛的讨论。至于Wilm瘤,加进了有关局灶性和弥漫性间变,当然也包括了有关PMET的最新内容。关于前列腺癌的新近进展,特别是早期病变,也有很好的描述。

在胸腔一章,描述了有关胸膜病变免疫组化鉴别诊断的最新见解,具有很大的实用价值。现在比较了解睾丸生殖细胞肿瘤及其对于化疗的反应,加进了由临床细胞遗传学进展反映出来的两性畸形问题状况的最新内容。

多数章节几乎全部应用了彩色照片,明显地增加了对读者的吸引力,特别是有关肿瘤性和非肿瘤性肺疾病以及涎腺病变章。最后,为便于读者查找,多数章节的文献是按主题分别列出的。

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回允中 译

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