全国高等学校医学规划教材配套用书

(供临床、基础、预防、护理、口腔、药学等专业用)

病理学实习指导

(中英文对照)

PATHOLOGY PRACTICE GUIDE

(Chinese-English)

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内容提要

《病理学实习指导(中英文对照)》为教育部"十五"国家级规划教材、全国高等学校医学规划教材《病理学》的配套实习教材。

本书约30万字,设16章,第1章为绪论,主要介绍病理学实习课的目的、内容和大体标本、组织切片的观察方法;第2至6章为总论,重点描述各种疾病的基本病变特点;第7～15章为各论,主要描述各器官系统常见病等的病变特点。此外,各章还设有下列四方面内容:① 临床病例和尸检病例,共30例,供学生讨论、分析;② 实习报告,需学生实习后完成;③ 复习思考题,供学生实习过程中思考、分析;④ 随书赠送实习教学要求的大体标本、组织切片图谱光盘,供教师实习教学和学生实习以及自习使用。

本教材主要供医药院校七年制、六年制和五年制学生病理学双语实习教学使用,同时,对其他学制、研究生和临床医生也有很大参考价值。

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前　　言

《病理学实习指导》是贯彻教育部提出的加强全国高校双语教学的精神，在高等教育出版社的组织、指导下编写的一部中英文对照的病理学实习教材，是王恩华主编的《病理学》（普通高等教育“十五”国家级规划教材，全国高等学校医学规划教材）系列配套教材之一。病理学实习课是病理学教学的重要组成部分，是加强理论知识理解、病变认证和临床三结合的主要教学途径。为了提高病理学实习课的教学质量和专业外语水平，高等教育出版社组织全国 11 所医学院校的 14 位编者编写了这部双语实习教材。编者均具有高级职称，是所在院校从事教学、科研和临床病理诊断的骨干教师和学术带头人，其中 8 位具有博士学位；虽然多数较年轻（40 岁左右），但他们一直在教学第一线，教学经验丰富，对教学改革具有很大积极性。这本《病理学实习指导》的出版，将会起到一个抛砖引玉的作用，并愿意与全国的病理学者一同讨论，共同促进病理学双语教学水平的提高。

本实习指导是按 2003 年王恩华主编的《病理学》教材章节顺序编写的，每章分为中文和英文两部分，实习内容主要按病理学教学大纲的要求选取。本实习指导与各医学院校所用的实习指导相比较，在主要实习内容上是相一致的，但其具有以下几方面特点：① 每章分中、英文两部分，以加强病理学双语教学。② 每种病变或疾病首先提出基本病变要点，重点突出，便于学生掌握和记忆。③ 各论每章设有各组织、器官的特点和观察方法，利于学生学习的过渡。④ 每章设有临床和尸检病例讨论，并在光盘中附有病变图片。部分疾病或病变前有简要临床病史，以培养学生理论联系实际、独立分析问题和解决问题的能力。⑤ 随书赠送病变图像光盘，共有图像 682 幅，绝大部分与理论教材中的图像不重复，其中大体标本 281 幅，组织切片 359 幅，病例讨论相关图片 42 幅。图像清晰，病变典型；大体与镜下相对应，高、低倍镜图片相结合，体现了病理学的形态学教学特点，利于学生理解、掌握以及自学。

本实习指导内容丰富，中英文相结合，可供医药院校各学制学生的病理学实习教学使用，实习内容可根据各院校的具体情况取舍。

尽管编者们尽了最大的努力，但由于时间紧迫，水平和经验所限，特别是初次编写的英文部分，会有不尽如人意之处，在用词和书写上难免有遗漏、不当和错误，敬请使用和关心本书的教师、学生以及病理学同道多提宝贵意见和建议，以便再版时修订、改进和完善。

王恩华

2004 年 4 月 18 日于沈阳

Preface

Pathology Practice Guide is the Chinese English contrast textbook compiled to satisfy the demands set by Ministry of Education to reinforce bilingual education of colleges and universities in China. Its compilation was organized and supervised by Press of Higher Education. It is one of a series of textbooks of *Pathology* that come in a complete package. (*Pathology*, with Wang Enhua as its editor-in-chief, is the textbook for general higher education as part of the Tenth Five-Year Plan drawn by the state and medical textbook designed for institutions of higher education in China). Pathology practice is an important component of pathology teaching and learning, and the chief means to achieve better understanding of theoretical knowledge, cognizance of pathological changes and clinical practice. Press of Higher Education organized fourteen compliers in ten medical colleges and universities to write and compile this textbook for practice of pathology to enhance the teaching and learning for practice of pathology and to reinforce professional English ability. All the compilers have earned senior technical or professional titles. They are the key members of the teaching staff and the forerunners in their own colleges and universities who dedicate themselves to teaching, scientific research and clinical pathology diagnoses, among whom eight have doctoral degrees. While most of the compilers are young (aged around forty), they have been devoting their time and energy to teaching and taking on active part in teaching and learning reforms, thus having rich teaching experience. *Pathology Practice Guide* will offer a few somewhat immature ideas to solicit wise and mature opinions. The compilers would like to discuss with pathology scholars nationwide all the problems concerning pathology to enhance bilingual pathology education.

Pathology Practice Guide is compiled in the order of chapters and sections of *Pathology* (2003) with Wang Enhua as its editor-in-chief. In each chapter, there are two corresponding parts, one Chinese and the other English. The content of practice is selected according to pathology syllabus. *Pathology Practice Guide* is consistent in the content of practice with those used in medical colleges and universities, but has its own characteristics: 1. In each chapter, there are two corresponding parts, one Chinese and the other English to reinforce bilingual pathology education; 2. The basic and key points of pathological change of each kind of pathological changes of diseases are suggested first so that key points are stressed, which makes it easier for students to master and memorize relevant knowledge; 3. In each chapter, the characteristics and obser-

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vation methods of each tissue or organ are introduced, which enables students to have a smooth transition in their studies; 4. Discussion topics on autopsy and clinical cases and pictures of the pathological changes concerned are included in each chapter. Some diseases or pathological changes are preceded by brief introduction of clinical case history to develop student's abilities to link theories and practice, analyze and solve problems independently; 5. VCDs of relevant pathological changes with a total of 682 pictures are also provided, most of which are different fromthose used in theoretical textbook. Among these pictures are 281 gross specimens, 359 slices of tissues and 42 pictures concerning the discussion of cases. These pictures are clear and showtypical pathological changes. The gross specimens corresponding with histopathology, and pictures under low-power microscopes combining with those under high-power, showcharacteristics of morphology teaching in pathology to make it easy for students to have a better understanding of, master and teach themselves relevant knowledge in pathology.

Pathology Practice Guide with corresponding Chinese and English versions provides rich sources for teaching. It can be used in teaching practice of pathology for students of various school systems of different medical and pharmaceutical colleges and universities. Users can select parts of *Pathology Practice Guide* under different circumstances in their colleges and universities.

Due to limited time and experience, especially being the first time to write the English version, something in *Pathology Practice Guide* might not seemsatisfactory. In the choice of words and writing, something might be left out, inappropriate or erroneous. We really do appreciate all the teachers, students and colleagues in pathology for your invaluable comments on and suggestions of howto revise, improve and bring *Pathology Practice Guide* to its right state of excellence on its second edition.



Shenyang

2004.4.18

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第一章　绪　　论

一、实习课的目的

病理学实习课是病理学教学过程的一个重要组成部分，主要进行病理形态学方面的学习和认知，使同学们达到下列目的：① 更好地理解和掌握理论课讲过的病理学的基本理论内容；② 训练学生必备的科学技能和科学作风；③ 培养学生综合分析问题和解决问题的能力，使其成为动脑、动手能力较强，具有创新精神的开拓型人才。

二、实习课的内容和方法

病理学的实习内容包括：① 观察病变组织、器官的大体和组织学改变；② 进行尸检病例或临床病例讨论；③ 观看多媒体教学、幻灯、录像等；④ 参观尸体剖检等。

(一) 大体标本的观察和诊断

1．标本来源和固定液

标本来源：手术切除或尸体解剖获得的病变器官或组织。

固定液：常用的为 10% 中性福尔马林(甲醛)固定液，其为无色透明液体。固定后的标本，组织呈灰白色，血液呈暗黑褐色。有时用原色固定液(凯氏固定液)，为淡黄色液体，固定后的组织基本上保持原色不变。

2．观察方法　首先判定是何组织、器官，然后从外向内、从上到下观察器官的体积、形状、颜色、硬度、表面及切面等，运用所学的知识判定有无病变，综合分析做出病理诊断。

3．观察要点

(1) 体积　有无增大、缩小，增大时包膜紧张，缩小时包膜皱缩。

(2) 形状　有无异常，有无新生物，其形态如何。

(3) 颜色、光泽　灰黄、灰白且正常纹理消失常为坏死，暗红且成片常为淤血或出血。

(4) 表面　是否光滑，被膜有无渗出物或增厚；血管有无扩张、充血；被膜剥离难易。

(5) 切面　结构、颜色和质地有无改变，空腔脏器有无内容物、腔有无扩张或变小。

(6) 病灶的情况　发现局限性病灶时，注意观察病灶的部位、分布、数目、形状、大小、颜色、质地、有无包膜及其和周围组织的关系等(不同脏器的具体观察方法见各系统的介绍)。

4．诊断　根据所见病变特点，结合理论知识做出病理诊断。病理诊断的书写方法为：器官

说明：文中所提到的图均为书后所附光盘中的图。

或组织名加病变或疾病名称，如脑梗死、子宫平滑肌瘤、骨结核、皮肤溃疡等。

（二）组织切片的观察和诊断

1．组织切片的制作　组织经固定、脱水、石蜡包埋、组织切片、染色等过程制作成组织切片。一般用苏木素 - 伊红（HE）染色，细胞核呈蓝色，细胞质呈粉红色。

2．观察方法

（1）肉眼观察

1）初步判定是什么组织或器官。

2）切片的密度、颜色是否一致。

（2）低倍镜观察

1）观察方法　实质器官一般由外（被膜侧）向内，空腔脏器由内向外逐层观察。观察每层时应从一端开始，按从左到右或从上到下的顺序进行全面观察。

2）观察内容　确认是何器官或组织，找出病变部位，确定病变范围、与周围组织间的关系。

（3）高倍镜观察　仔细观察病变部位的微细结构和细胞特点。

（4）观察非主要病变部位有无改变及改变的特点。

3．诊断　综合分析所见病变特点，做出病理诊断，书写方法同大体标本。

（三）观察大体标本和组织切片的注意事项

1．动与静的联系　把片段的、静止的标本与该病变在人体内动态的发生、发展到结局的过程联系起来，加深对理论的认识。

2．宏观与微观的联系　从大体标本的病变出发联系到切片中会出现什么改变，或从切片标本出发联系到大体标本会出现什么病变，从宏观到微观或从微观到宏观更扎实地掌握病变。

3．形态与功能的联系　从标本的病变出发主动联系到该患者会出现哪些功能障碍，临床有哪些表现，提高分析问题的能力。

4．各病变间的联系　有两种以上病变的标本，应分析判定各种病变间有无联系，是同一病理过程的病变组合，还是互无关系的不同疾病。

5．观察标本要细致、全面，分析问题、推理要有科学的根据、要实事求是，才能做出正确的判断。

6．课前应预习相关的病理学理论、解剖学、组织学及病原生物学等知识。

（四）临床病理讨论

1．目的　通过分析典型的临床病例、尸检病例，运用所学的病理学知识，在教师指导下进行讨论，达到理论联系实际、加深对所学知识的理解，以培养综合分析问题和解决问题的能力。

2．讨论要求

（1）根据肉眼及镜下所见病理变化，结合临床表现，做出主要病理诊断。

（2）分析病变的发生、发展过程，及主要病变间的联系。

（3）分析病变和主要临床表现间的联系。

（4）找出患者死亡的主要原因。

(五) 电化教学

配合教学内容,使用多媒体课件、放映录像等,强化教学效果。

三、实习报告

书写实习报告的目的在于培养学生观察、认识病变的能力和文字表达能力,加深对重点内容的理解,同时了解学生对病理知识的掌握情况,及时发现和解决教学中存在的问题。

实习报告的内容有描述大体标本、组织切片的病变特点,绘制组织学改变图,回答问题,以及写出病例讨论的提纲等。描述病变要求全面准确、突出重点、文字简练、条理清楚。绘图要求准确,能表现出器官的特点和病变的重点,并加以文字注释。

(邱雪杉　韩昱晨)

Chapter 1

Introduction

Practice is one of the most important parts of Pathology tuition. By practice, the students will be able to understand and grasp the basic theory of Pathology learned in class, and to obtain the necessary techniques and style of scientific work that a good doctor must possess, as well as the abilities of scientific, creative thinking and comprehensive analysis.



CONTENTS AND METHODS

The contents include: ① The observation and description of various pathological changes in tissues and organs; ② The clinical pathological conference and autopsy case discussion; ③ Watching the multimedia, slides and films etc.; ④ Observation of the processes of autopsy and so on.

1. The observation and diagnosis of gross specimens

1.1 Source of gross specimens and fixatives

Gross specimen: The pathological organs or tissues are obtained from biopsy or autopsy.

Fixative: Usually 10% Formalin, achromatic and transparent liquid, is used. After fixing, the tissue appears grayish white while the blood appears dark brown. Sometimes KaiserLing's fixative is used to maintain the original color of the tissue.

1.2 General observation method

Firstly to identify the tissue or organ; secondly to observe the volume, shape, color, hardness, surface and cut surface of the organ from external to internal, top to bottom, and then judge whether there is any pathological change by applying the theoretical knowledge; finally to make the pathological diagnosis through comprehensive analysis.

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1.3 Key points in observation

(1) *Volume*. Whether it enlarges or reduces, and the capsule becomes tense when enlarged, while ruffled when reduced.

(2) *Shape*. Abnormal or not, whether there is any neoplasm and its morphology.

(3) *Color and Luster*. Grayish yellow, grayish white in color and the normal texture usually disappear in necrosis, while dark red in color mostly presents in congestion or hemorrhages.

(4) *Surface*. Rough or smooth, any exudation, or thickening of the capsule, and dilation or congestion of blood vessel, any difficulties in separating the capsule.

(5) *Cut-surface*. Whether there is any change in structure, color and texture; or any substance can be found in cavity viscera, whether the cavity dilates or contracts.

(6) *The focus*. Note the features of a local lesion, such as position, distribution, quantity, shape, size, color, texture, and the capsule, and the relationship with the surrounding tissues (the observational methods of different organs see also introduction in each chapter).

1.4 Diagnosis

According to the features of the lesion, make the pathological diagnosis with the theoretical knowledge. The describing method is: the organ or tissue name is followed by the lesion or disease name, for example: infarct of the brain, leiomyoma of the uterus, tuberculosis of the bone, ulcer of the skin and so on.

2. The observation and diagnosis of tissue section

2.1 The making process

The tissues are treated by a series of fixation, dehydration, embedding and sectioning, and last by staining. Usually HE staining is adopted, in which the nucleus is stained blue and the cytoplasm red.

2.2 Observation method

(1) Naked-eye observation.

① Firstly identify the tissue or organ.

② The consistence of the density, color in specimens.

(2) Low power light-microscope observation.

① Observation method: The parenchyma organ is observed from external capsule to internal, while the cavity organ is observed on the contrary. To gain full observation, the process should begin from one side to the other side, then according to the sequence of left-to-right or top-to-bottom.

② Observation content: Ascertain the organ or tissue, and to identify the pathological alterations; to point out which lesion it belongs to; ascertain the area of the lesion and the relationship with sur-

rounding tissues.

(3) High power light-microscope observation: Observe the microstructure and cellular features of the lesion carefully.

(4) Observing any changes appeared in the area of non-dominating lesion.

2.3 Diagnosis

Comprehensively analyze the features of the lesion and make the pathological diagnosis. The describing method is similar to that of the gross specimen.

3. Particular notices in observation

(1) The relationship between dynamic and static states: combine the static sample with the dynamic occurrence, development and the sequel of the lesions in vivo, to understand Pathology further.

(2) The relationship between the macro and the micro appearance: combine the pathological changes in gross specimens with the histological sections, or from the tissue section to deduce what pathologic change would happen in gross specimen.

(3) The relationship between morphology and function: combine the clinic manifestations with the basic pathological lesions, improving the abilities of mastering and applying the Pathology theory.

(4) The relationship among each lesion: when there are more than two lesions in the sample, the relationships among them should be affirmed-whether they are the combined lesions of the same pathological process, or just the irrelevant diseases.

(5) Observe the specimen carefully and comprehensively; analyzing and reasoning should base on scientific evidences, in order to make the correct judgment.

(6) Prepare relative knowledge of pathology, anatomy, histology and microbiology and so on.

4. Clinical pathological conference and autopsy case discussion

4.1 Objective

It will help students further enhance their understanding of Pathology theory and cultivate the abilities of analyzing and solving questions through the typical autopsy and clinic cases under the guidance of the teachers.

4.2 Demands

(1) According to pathological changes, combining with the clinical manifestations, make pathological diagnosis.

(2) To analyze the sequences of pathological alterations, and the relations among major lesions.

(3) To analyze the relationship between the pathological changes and clinical manifestations.

(4) To find the main cause of the death.

5. Computer-Assisted Instruction (CAI)

According to the contents of teaching, by means of multimedia, videos or courseware to strengthen the teaching quality.



PRACTICE REPORT

The purpose of writing reports is to cultivate the abilities of observation, identification and description of the pathological lesions, to enhance the comprehension of important contents, meanwhile to judge the degree in which students have learned the pathological knowledge, and solve the problems in teaching timely.

The report includes the descriptions of gross specimen and tissue section, drawing the histological changes, answering questions, and the syllabus of case discussion. The description should be comprehensive, concise, with consecution and emphases. The drawing should be accurate, which should show the feature of the organs and the important lesions, noted by words.

(Qiu Xueshan, Han Yuchen)

第二章　细胞和组织的适应与损伤

一、目的要求

1．掌握萎缩、肥大、增生、化生的概念，熟悉萎缩、肥大、化生的形态学特征。
2．掌握细胞、组织变性的常见类型、好发部位及形态学变化。
3．掌握细胞坏死的基本病变、类型及各型的形态学特征。
4．掌握凋亡的概念及形态学特征。

二、实习内容

	大体标本	组织切片
萎缩	肾压迫性萎缩	心肌褐色萎缩
	脑压迫性萎缩	
	颗粒性固缩肾	
	心肌褐色萎缩	
肥大	心肌肥大	心肌肥大
化生		鳞状上皮化生
		肠上皮化生
细胞变性和细胞内、外的物质蓄积		
细胞水肿	肾细胞水肿	肾小管上皮细胞水肿
	肝细胞水肿	肝细胞水肿
脂肪变性	脂肪肝	肝脂肪变性
	心肌脂肪变性	心肌脂肪变性
透明变性	胸膜透明变性	结缔组织透明变性
	脾被膜透明变性	脾中央动脉透明变性
		肝细胞内透明变性
含铁血黄素沉着	肺含铁血黄素沉着	肺含铁血黄素沉着
钙化	肺结核钙化	主动脉粥样斑块钙化
细胞死亡(坏死和凋亡)		
凝固性坏死	脾凝固性坏死	脾凝固性坏死
液化性坏死	脑脓肿	流行性乙型脑炎
	脑梗死	肠阿米巴病
	阿米巴肝脓肿	

续表

	大体标本	组织切片
干酪样坏死	肾结核	淋巴结结核
	淋巴结结核	
坏疽	足干性坏疽	
	肠湿性坏疽	
纤维素样坏死		血管壁纤维素样坏死
坏死的结局	空洞	
	溃疡	
	钙化	
凋亡		肝细胞凋亡

三、大体标本、组织切片的观察要点

(一) 萎缩

基本病变要点

1. 肉眼形态

(1) 器官体积缩小,色泽多数较正常加深,质地变硬或变韧,脏器边缘变薄。

(2) 脏器表面血管可有弯曲。

2. 组织学形态

(1) 实质细胞体积缩小和/或数量减少。

(2) 有/无间质纤维组织和/或脂肪组织增生。

(3) 实质细胞内可见色素沉着。

标本观察

1. 肾压迫性萎缩

病史: 男性,20 岁。反复发作性右下腹绞痛 8 年。X 线平片示: 右输尿管上段有一结石,肾体积增大,肾盂积水。

大体标本: (图 2-01) 肾脏体积增大,表面凸凹不平,呈结节状,切面见肾盂肾盏明显扩张,肾实质萎缩变薄(正常厚度 2～2.5 cm),皮、髓质分界不清,肾锥体消失。

思考: 该肾脏体积增大,为何仍称萎缩?

2. 颗粒性固缩肾

病史: 男性,55 岁。反复血尿、蛋白尿、高血压 10 年,死于肾功能衰竭。

大体标本: (图 2-02a) 肾体积缩小,表面呈弥漫分布的细颗粒状。切面(图 2-02b) 肾实质变薄,皮、髓质分界不清。肾盂周围脂肪增多。

思考: 萎缩的原因及其对机体有什么影响?

3. 心肌褐色萎缩

大体标本: (图 2 - 03) 心脏体积较正常缩小, 表面冠状动脉明显迂曲, 切面心肌呈褐色。

组织切片: (图 2 - 04) ① 心肌纤维较正常变细、变短。② 心肌细胞核两端细胞浆内可见折光性较强的棕褐色的脂褐素颗粒。

4. 脑压迫性萎缩

大体标本: (图 2 - 05) 自己观察、描述。

(二) 肥大

基本病变要点

1. 肉眼形态

(1) 肥大的器官体积增大, 表面血管较直。

(2) 切面实质增厚。

2. 组织学形态

(1) 实质细胞体积增大, 细胞核常增大、深染。

(2) 间质组织相应减少。

标本观察

心肌肥大

病史: 女性, 58 岁。反复头昏、头痛十余年, 呼吸困难和下肢水肿半个月, 死于肺部感染。

大体标本: (图 2 - 06) 心脏外形、大小与正常相似, 质量增加。切面见左心室壁及室间隔显著增厚, 达 2 cm 左右(正常为 0.8 ~1.2 cm), 乳头肌及肉柱增粗, 左心室腔相对缩小, 呈"向心性肥大"表现。

组织切片: (图 2 - 07) ① 肌束增粗, 间质相对减少。② 心肌纤维增粗、变长, 细胞核亦变大、变长。

思考: 肥大可分为几型? 本例心脏属何型肥大?

(三) 化生

1. 鳞状上皮化生

病史: 男性, 50 岁。反复发作咳嗽、咳脓痰 15 余年, 诊断为慢性支气管炎、支气管扩张。

组织切片: (图 2 - 08) ① 细小支气管管腔扩张。② 支气管部分黏膜柱状上皮被复层鳞状上皮取代。

思考: 支气管鳞状上皮化生对机体有何影响?

2. 肠上皮化生

病史: 女性, 43 岁。间歇性上腹疼痛 6 年, 诊断为慢性萎缩性胃炎。

组织切片: (图 2 - 09a、b) ① 黏膜层萎缩变薄, 腺体萎缩变小, 数量减少; 黏膜内见淋巴细胞及浆细胞浸润。② 黏膜上皮和腺体内有大量杯状细胞和少量潘氏细胞。

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