

<<哈里森心血管病学>>

图书基本信息

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内容概要

《哈里森内科学》是一部内科学经典名著，享有“内科学著作之父”的美誉。

本书为《哈里森内科学》系列之《哈里森心血管病学》分册，本书强调基础与临床的整合，汇集了本领域内最新的进展，不但内容具有权威性和先进性，而且语言规范、地道。无论是临床医生、教师还是医学生，有这样一本原版经典专著放在案头，经常翻阅，不但可以获取医学知识，对提高专业外语水平也大有裨益。

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版权页：插图： Patients with exertional dyspnea should be asked to walk under observation in order to reproduce the symptoms. The patient should be examined for new findings that were not present at rest and for oxygen saturation. A "picture" of the patient while symptomatic may be worth thousands of dollars in laboratory tests. Following the history and physical examination, a chest radiograph should be obtained. The lung volumes should be assessed (hyperinflation indicates obstructive lung disease, low lung volumes suggest interstitial edema or fibrosis, diaphragmatic dysfunction, or impaired chest wall motion). The pulmonary parenchyma should be examined for evidence of interstitial disease and emphysema. Prominent pulmonary vasculature in the upper zones indicates pulmonary venous hypertension, while enlarged central pulmonary arteries suggest pulmonary artery hypertension. An enlarged cardiac silhouette suggests a dilated cardiomyopathy or valvular disease. Bilateral pleural effusions are typical of congestive heart failure and some forms of collagen vascular disease. Unilateral effusions raise the specter of carcinoma and pulmonary embolism but may also occur in heart failure. Computed tomography (CT) of the chest is generally reserved for further evaluation of the lung parenchyma (interstitial lung disease) and possible pulmonary embolism. Laboratory studies should include an electrocardiogram to look for evidence of ventricular hypertrophy and prior myocardial infarction. Echocardiography is indicated in patients in whom systolic dysfunction, pulmonary hypertension, or valvular heart disease is suspected.

DISTINGUISHING CARDIOVASCULAR FROM RESPIRATORY SYSTEM DYSPNEA If a patient has evidence of both pulmonary and cardiac disease, a cardiopulmonary exercise test should be carried out to determine which system is responsible for the exercise limitation. If, at peak exercise, the patient achieves predicted maximal ventilation, demonstrates an increase in dead space or hypoxemia (oxygen saturation below 90%), or develops bronchospasm, the respiratory system is probably the cause of the problem. Alternatively, if the heart rate is >85% of the predicted maximum, if anaerobic threshold occurs early, if the blood pressure becomes excessively high or drops during exercise, if the $\dot{V}O_2$ pulse ($\dot{V}O_2$ consumption/heart rate, an indicator of stroke volume) falls, or if there are ischemic changes on the electrocardiogram, an abnormality of the cardiovascular system is likely the explanation for the breathing discomfort.

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编辑推荐

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