

<<西氏内科学（上下卷）>>

图书基本信息

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内容概要

《西氏内科学（第24版）（套装上下卷）》是世界经典医学名著，被誉为“标准内科学参考书”，是世界一流医学院校首选内科学教材，临床医生和医学生必备用书，全新改版，提供最新的内科学知识和循证实践内容，语言规范、地道，是学习专业英语的最佳教材。

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章节摘录

版权页：插图： Symptoms resulting from the primary lung cancer depend on the location and size of the cancer. Such symptoms can be secondary to endobronchial or peripheral growth of the primary tumor. The most common, cough, occurs in approximately 45% of cases, but it is nonspecific and also common in patients who smoke and have COPD. Hemoptysis occurs in more than 30% of patients, but the most common causes of hemoptysis are bronchitis and bronchiectasis. Dyspnea also occurs in 30 to 50% of patients. Wheezing is uncommon as an initial symptom in lung cancer and may signify major airway obstruction, which can cause a postobstructive pneumonia that may not initially be evident on chest radiographs and may be diagnosed only when the pneumonia fails to respond to standard therapy (Chapter 97). Lesions may be avitary and may be associated with an abscess at the time of diagnosis of the lung cancer. Peripheral lung tumors may be asymptomatic but are more frequently associated with symptoms of cough and pain from involvement of the pleura or chest wall. Chest pain, which occurs in more than 25% of patients, may be dull in nature, but chest pain that is severe and persists may be due to chest wall involvement. Intrathoracic Spread Symptoms associated with intrathoracic spread may be related to direct extension of the tumor or metastasis to regional lymph nodes. Dysphagia may occur secondary to esophageal compression. Although tracheoesophageal or bronchoesophageal fistulas are uncommon, coughing associated with swallowing or the development of aspiration pneumonitis (Chapter 97) should point to this possibility. Hoarseness, which is associated with recurrent laryngeal nerve paralysis, occurs in less than 20% of cases; it is more common with left-sided lung tumors because the nerve on this side has a longer intrathoracic course than the right-sided nerve. Phrenic nerve paralysis with hemidiaphragmatic elevation is associated with dyspnea and hiccups. Apical tumors, such as superior sulcus NSCLC (Pancoast's syndrome), may cause Horner's syndrome (Chapter 427), pain secondary to rib destruction, atrophy of hand muscles, and pain in the distribution of the C8, T1, and T2 nerve roots because of tumor invasion of the brachial plexus. Blockage of the superior vena cava (SVC) (Chapter 99) as a result of compression or direct invasion by the tumor itself or by enlarged mediastinal lymph nodes may cause dyspnea. Signs of SVC syndrome include facial swelling, plethora, upper extremity swelling, dilated neck veins, and a prominent venous pattern on the anterior surface of the chest. Lung cancer accounts for most cases of SVC syndrome, with most cancer being SCLC and located on the right side. Other manifestations of intrathoracic spread include pleura] effusion (Chapter 99) causing dyspnea; pericardial effusion (Chapter 77) and cardiac extension of the tumor (Chapter 60) causing heart failure, arrhythmia, or tamponade; and lymphangitic spread through the lungs causing dyspnea and hypoxemia.

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编辑推荐

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