

<<Pathophysiology-病理生>>

图书基本信息

书名：<<Pathophysiology-病理生理学>>

13位ISBN编号：9787040359190

10位ISBN编号：7040359197

出版时间：2012-11

出版时间：刘慧荣 高等教育出版社 (2012-11出版)

作者：刘慧荣 编

页数：180

版权说明：本站所提供下载的PDF图书仅提供预览和简介，请支持正版图书。

更多资源请访问：<http://www.tushu007.com>

## <<Pathophysiology-病理生>>

### 内容概要

In recent years many foreign students from various countries have come to China for higher medical education or advanced studies. To adapt to ever-increasing international communication, bilingual education is inevitable for universities. It is necessary to teach pathophysiology in English for foreign students who have difficulty communicating in Chinese. We have designed this textbook to aid these students with their studies and to help them master necessary Chinese pathophysiological terminology. This textbook is designed to provide a concise summary of pathophysiology. It contains a learning guide, case files, main teaching content, exercises, and also provides some professional terminology in Chinese. We hope these students will find that this book provides useful reading material to assist them in understanding pathophysiology and enhancing their Chinese proficiency. This book is also suitable for Chinese students to improve their English level for academic purposes. This work is supported by the Capital Medical University of China. We wish to express our heartfelt thanks to Professor Xinliang Ma, at Thomas Jefferson University USA, and Professor Like Zhang, at Capital Medical University of China, for their valuable review. We are especially grateful to Yunhui Du, PhD, for her assistance of proofing the whole book. We are also heartily thankful to co-editors that contributed their time and effort to this book and all the other contributors of this book for their excellent work to make this book available.

## &lt;&lt;Pathophysiology-病理生&gt;&gt;

## 书籍目录

Chapter 1 Introduction 1.1 The Function and Elements of Pathophysiology 1.2 The Major Research Methods Involved in Pathophysiology Chapter 2 Concept of Disease 2.1 Concepts of Health and Disease 2.2 Etiology 2.3 Pathogenesis 2.4 Clinical Manifestations 2.5 Diagnosis 2.6 Clinical Course 2.7 Outcome of Disease Chapter 3 Water and Electrolyte Metabolism 3.1 Water and Sodium Metabolism Disorders 3.2 Disorders of Potassium Metabolism Chapter 4 Acid-base Disturbance 4.1 The Regulation of Acid-base Homeostasis 4.2 Simple Acid-base Disorders 4.3 Complex Acid-base Disorders 4.4 Clinical Measurements and Analysis of Acid-base Disorders Chapter 5 Stress 5.1 Stressor 5.2 Stress Response 5.3 Altered Metabolism and Function 5.4 Stress Diseases and Stress Related Diseases 5.5 Pathophysiological Basis of Prevention and Treatment for Stress Disorders Chapter 6 Fever 6.1 Etiology 6.2 Stages and Manifestation 6.3 Altered Metabolism and Function 6.4 Pathophysiological Basis of Prevention and Treatment Chapter 7 Hypoxia , 7.2 Classification, Etiology and Mechanisms of Hypoxia 7.3 Alterations of Metabolism and Function in the Body 7.4 Pathophysiological Basis of Prevention and Treatment of Hypoxia Chapter 8 Disorders of Balance between Coagulation and Anticoagulation 8.1 Normal Balance between Coagulation and Anticoagulation 8.2 Disseminated Intravascular Coagulation (DIC) Chapter 9 Ischemia-reperfusion Injury 9.1 Etiology 9.2 Duration of Ischemia 9.4 Alterations of Metabolism and Function in Myocardial Ischemia-reperfusion Injury 9.7 Pathophysiological Basis of Prevention and Treatment Chapter 10 Shock 10.1 The Etiology and Classification of Shock 10.2 The Development Process and Underlying Mechanisms of Shock 10.3 Cell Injury and Metabolic Changes in Shock 10.4 Organ Dysfunction during Shock 10.5 Treatment of Shock and Its Rationale Chapter 11 Heart Failure 11.1 Etiology of Cardiac Insufficiency 11.3 Compensatory Responses in Cardiac Insufficiency 11.5 Alterations of Metabolism and Function in Cardiac Insufficiency 11.6 Pathophysiological Basis of Prevention and Treatment for Cardiac Insufficiency Chapter 12 Respiratory Failure 12.1 The Etiology and Pathogenesis 12.2 The Alteration of Function and Metabolism 12.3 The Pathophysiological Basis of Treatment Chapter 13 Hepatic Insufficiency 13.1 Hepatic Insufficiency 13.2 Hepatic Encephalopathy 13.3 Hepatorenal Syndrome Chapter 14 Renal Failure 14.1 Etiology and Pathogenesis of Acute Renal Failure 14.2 Alterations of Metabolism/Function during ARF 14.3 Acute Renal Failure Management

## 章节摘录

版权页：插图：(3) Increased  $\beta$ -adrenergic receptor activity. For instance, epinephrine, salbutamol, etc. can activate  $\text{Na}^+$ - $\text{K}^+$  pump through cAMP mechanisms to promote the ability of cells to take in potassium. (4) Some toxicant, such as barium poisoning, can cause blocking in potassium channel, which prohibits the transference of potassium. (5) Hypokalemic periodic paralysis. It is a rare autosomal dominant genetic disease, which results in skeletal muscle paralysis and hypokalemia. 3.2.2.1.1.2 Insufficient intake of potassium Hypokalemia usually does not occur in people with normal diet. But for those patients with the digestive tract obstruction, coma, and anorexia nervosa, dieting to lose weight and those who deliberately prolongs fast after surgery, if potassium is not given in intravenous transfusion, hypokalemia can occur. 3.2.2.1.1.3 Excessive loss of potassium It is the most common causes for potassium deficiency and hypokalemia. (1) The excessive loss through kidney 1) Diuretics. Most diuretics, except for spironolactone and triamterene, can increase excretion of potassium with urine. The mechanisms are as follows. Diuretics induces an increase in distal flow. Secondary excessive secretion of aldosterone occurs after diuretics taking. Chloride can be lost after taking diuretic, and thus potassium secretion increases continually in distal nephron. 2) Renal tubular acidosis. Type I is also called the distal convoluted tubule acidosis, in which proton pump ( $\text{H}^+$  pump) in collecting tubule is in disorders and the excretion and reabsorption of  $\text{K}^+$  is blocked, which leads to acid retention and potassium loss. Type II, also known as proximal tubular acidosis, is induced by reabsorption disturbance of  $\text{K}^+$  in proximal tubule.

<<Pathophysiology-病理生>>

编辑推荐

《医学教育改革系列教材:病理生理学(英文版)》由高等教育出版社出版。

版权说明

本站所提供下载的PDF图书仅提供预览和简介, 请支持正版图书。

更多资源请访问:<http://www.tushu007.com>