

## <<Pathophysiology-病理生>>

### 图书基本信息

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### 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.

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## 章节摘录

版权页： 插图： (3) Increased  $\alpha$ -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. Chlorine 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.

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