中医临床各科研究进展及医患沟通

模 块 教 案

上海中医药大学教案首页

课程名称：　中医内科学

题目：肺癌

本次课程要求与需要解决的问题：

一、课程要求（掌握、熟悉、了解）

1. 了解肺癌的概念、病因、预后、诊断、病理学分型。
2. 掌握肺癌的辩证要点、治疗要点、分型治疗。
3. 熟悉肺癌的临床表现、鉴别诊断。
4. 了解肺癌相关英语词汇。

二、需要解决的问题

同过本次课堂教学使学生掌握肺癌的鉴别诊断，各证型的证候表现、治法、方药，初步掌握本病常见典型病例的辨证论治，立法处方，了解相关现代医学知识，相关英语词汇。

授课组织形式：

采用幻灯片与板书相结合，教师讲授与学生讨论相结合；讲授肺癌的概念、流行病学、临床表现、诊断、 病因病机，诊断，类证鉴别，辨证论治，病例讨论等。

	内容	方式	时间
1、	概述（概念、流行病学、病因、临床表现、诊断、简单辨证分型、病例讨论）	英语讲解	40分钟
2、	类证鉴别、病因病机、辨证分型及治疗	讲解	52分钟
3、	调护	讲解	5分钟
4、	病例讨论	学生讨论，教师点评讲解	20分钟
5、	下节课预习范围及后续课程介绍复习与总结		3分钟

上海中医药大学授课教案

课程名称：中医内科学肺癌　**授课教师：**韩建宏 **对象：**中医学专业

内　　　　　容	教具、时间分配、使用教材和参考书
一、本课的目的和要求 5. 了解肺癌的概念、病因、预后、诊断、病理学分型。 6. 掌握肺癌的辩证要点、治疗要点、分型治疗。 7. 熟悉肺癌的临床表现、鉴别诊断。 8. 了解肺癌相关英语词汇。 二、本课的重点、难点 重点：肺癌各证型的鉴别诊断和证候表现、治法、方药 难点：相关现代医学知识的英语教学，肺癌的鉴别诊断及具体病例的辨证论治，立法处方。 三、内容安排（含教学程序、主要内容、小结、复习思考题、下节课预习范围及后续课程介绍）	基本教材： 陈湘君主编 **中医内科学 上海科技出版社**，2004 年 8 月. 主要参考教材： 陈湘君主编 **中医内科常见病证辨证思维与方法，**人民卫生出版社，2003 年. 张小萍，陈明人，**中医内科医案精选，**上海中医药大学出版社，2002 年 汪悦主编 **中医内科学**（英汉对照）上海中医药大学出版社 2002 年 11 月
【教学程序、主要内容】 **现代医学知识（英语讲解）**	时间　40 分（第一课时）
1 Definition Lung cancer, also called primary bronchogenic carcinoma, is a malignant pulmonary tumor primarily originating from bronchial mucosa and glands.	时间 2 分钟（幻灯片演示） 简要介绍肺癌的定义
2 Epidemiology In the world, the leading cause of cancer deaths. 1,380,000 new cases yearly (1997 statistics) 989,000 deaths yearly (1997 statistics), 390,000women, 990,000 men .in China lung cancer is the third cause of cancer deaths. Its average survival rate of five years is about 10% after various treatments.	时间 3 分钟 扼要介绍肺癌的流行病学，突出其重大疾病的特点。
3 Causes of Lung Cancer • Smoking • Radiation Exposure • Environmental/ Occupational Exposure • Asbestos • Radon • Passive smoke	时间　3 分钟 介绍肺癌的病因

4 Clinical Presentations Local Symptoms： Cough， dyspnea， hemoptysis recurrent infections，chest pain Syndromes/Symptoms secondary to regional metastases: • Esophageal compression ：dysphagia. • Laryngeal nerve paralysis ： Hoarseness. • Lymphatic obstruction ： Pleural effusion. • Vascular obstruction： SVC syndrome. General Symptoms：Weight loss，fatigue. Lung Cancer: Metastatic Sites Lymph nodes, brain, bones, liver, lung，pleura, adrenal gland.	时间 8 分钟 详细介绍肺癌的临床表现。
5 Diagnoses History and Physical exam Diagnostic tests • Chest x-ray • Biopsy (bronchoscopy, needle biopsy, surgery) Staging tests • CT chest/abdomen • Bone scan • PET scan	时间 8 分钟 详细介绍肺癌的临床表现（分类）病理分型。
6 Syndrome differentiation and treatment (1) Type: Spleen insufficiency and phlegm-damp Syndrome 脾虚痰湿证 Principle：To invigorate the spleen and resolve phlegm 健脾化痰 Prescription: Modified Liujunzi Tang 六君子汤加减 (2) Type: Yin deficiency and internal heat Syndrome 阴虚内热证 Principle：To nourish yin and clear heat 养阴清热 Prescription: Modified Shashen Maidong Tang 沙参麦冬汤加减 (3) Type: Deficiencies of qi and yin Syndrome 气阴两虚证 Principle：To replenish qi and nourish yin 益气养阴 Prescription: Modified Shengmai San and Shashen Maidong Tang 生脉散和沙参麦冬汤加减 (4) Type: Deficiencies of yin and yang Syndrome 阴阳两虚证 Principle：To replenish yin and warm yang 滋阴温阳 Prescription: Modified Shashen Maidong Tang and Zanyu Dan 沙参麦冬汤和赞育丹加减 (5) Type: tagnation of qi and blood stasis Syndrome 气滞血瘀证 Principle：To regulate qi and activate blood 理气活血 Prescription: Modified Fuyuan Huoxue Tang 复元活血汤加减	时间 6 分钟 简单介绍肺癌的中医辨证分型及治疗，重点在于中医术语。

7 Case Discussion 《刘嘉湘谈肿瘤》 Mr. Yu, a 77-year-old male patient had complained of cough and blood-stained sputum, in Oct 1999. A shadow was found in superior lobe of right lung by X-ray, and chest CT showed：cancer in superior lobe of right lung, lymphadenectasis in hilun of right lung and mediastina. The fiberoptic bronchoscopy was refused by his family, but adenoca cells were found in sputum in 12nd and 13rd Jan 2000. He presented to doctor with cough, cough up sputum with difficulty, blood-stained sputum, aching pain in right shoulder and back, dry stool, one defection every 4 or 5 days, acceptable appetite, red tongue with thin coating, thready pulse. 虞某 男 77 岁 。患者于 1999 年 10 月因咳嗽、痰中带血，在地段医院胸透发现"右上肺块影"，遂就诊于市第一人民医院。胸部 CT 示：右肺上叶癌，右肺门及纵隔淋巴结肿大。建议行纤维支气管镜检查，家属拒绝， 2000 年 1 月 12 日，13 日痰中找到腺癌细胞。患者咳嗽，咳痰不利，痰中带血，右肩背酸痛，大便干燥，四五日一行，食欲尚可 ，舌质红，苔薄，脉细数。 TCM analysis Yin deficiency : cough up sputum with difficulty, dry stool, red tongue with thin coating, thready pulse Internal heat: blood sputum, rapid pulse Treatment Syndrome Type: Yin deficiency and internal heat (阴虚内热) Principle: To nourish yin and clear heat（养阴清热） Prescription: Modified Shashen Maidong Tang（沙参麦冬汤加减） 南北沙参[各]30，天麦冬[各]15，百合 15，桑白皮 9， 瓜蒌皮仁[各]30，杏仁 9，八月札 15，石上柏 30， 石见穿 30，七叶一枝花 15，干蟾皮 9，忍冬藤 15， 炙紫菀 12，生地榆 30，白茅根 30， 炙鸡内金 12 Outcome Longer survival period Good quality of Life	时间：10 分钟 同学阅读英文病案，同时讲解难懂英文词汇。 启发同学进行病例分析，英语讲解中医辨证分析治疗及本病例的预后。
概　述 **历史沿革** 肺癌类似于中医学中的"咳嗽"、"咯血"、"胸痛"、"积聚"、"肺积"、"息贲"、"痞癖"等。 1. 《素问・玉机真藏论》：大骨枯槁，大肉陷下，胸中气满，喘息不便，内痛引肩项，身热脱形破。 2.《难经・论五脏积病》：肺之积名曰息贲。在右胁下，如覆杯，气逆背痛，	时间：40 分（第二课时） 时间：3 分钟 讲解肺癌中医的历史沿革，强调肺癌的"肺积"、"息贲"病名。

久则喘咳。 3.《卫生宝鉴》提出“养正积自除”的论断，以及初、中、末三个阶段的治疗原则。	强调肺癌的治疗以扶正为第一要义，解释扶正在肺癌治疗中的作用。
病 因 病 机 1.正气内虚：“积之成者，正气不足，而后邪气踞之。”肺气、肺阴亏损，外邪乘虚而入，客邪留滞不去，气机不畅，终致肺部血行瘀滞，结而成块。 2.烟毒内蕴：长期吸烟，热灼津伤，气随阴亏，烟毒内蕴，阻塞气道，致痰湿淤血凝结，形成肺积。 3.邪毒侵肺：邪毒侵袭，肺失肃降，肺气郁滞，血瘀不行，毒瘀互结，而成肺积。 4.痰湿聚肺：湿聚生痰，留于肺脏，痰凝气滞，郁结胸中，肺及形成。	时间：5 分钟 讲解肺癌的病因病机，重点突出正虚在肺癌发病中的重要作用。
鉴 别 诊 断 1.肺痨 两者均有咳嗽、咯血、胸痛、发热、消瘦等症状。40 岁以下患肺痨机会较多，40 岁以上往往青少年时期有肺痨史。肺癌好发于 40 岁以上中老年男性，肺痨抗痨治疗有效。但须依据现代医学诊断相鉴别。 2.肺痈 可见发热、高热、痰多而臭，肺癌热势不高，咯痰不臭，可见痰中带血。 3.肺胀 主要是咳、痰、喘、肿四项主症同时并见，肺癌不是必具之症。	时间：5 分钟 从病史、临床表现、相关现代医学检查、预后、中医发病机制等方面分析肺癌、肺痨、肺胀的鉴别诊断。
辨 证 论 治 **辨证要点** 1. 辨邪正盛衰 病程初期，临床症状不十分明显或症状较轻，以邪实为主，后期肿瘤发生全身转移，消瘦、乏力、气急、食欲不振等多属正虚。 2. 辨正虚的性质及脏腑 肺脾气虚：咳嗽痰白易咳 ，咳声低弱，神疲乏力，面色少华，气短自汗，舌质淡胖有齿痕。 肺阴虚：干咳无痰，或少痰 ，痰中带血，色鲜红，口干 ，午后发热，盗汗，心烦，舌红少苔或无苔，脉细数。 气阴两虚：咳嗽少痰，咳声低弱，神疲乏力，气短，自汗或盗汗，口干，舌红或淡红，有齿痕。 阴阳两虚：咳声低怯，气急动则加剧，畏寒肢冷，腰膝酸软等。 3. 辨标实情况 气滞：咳嗽痰白，胸闷时作，痛无定处。 痰凝：咳嗽痰多色白，胸闷，舌苔白腻	时间 10 分钟 重点突出肺癌局部属实，整体属虚，正虚为本，邪实为标的特点，详细讲解肺癌正虚的各型临床表现，强调辨证要点，指出肺癌以正虚为本邪实为标的基本病理特点。

内　　　　容	教具、时间分配、使用教材和参考书
毒聚：壮热，咳嗽痰黄，咯吐鲜血，胸中烦热，肿块溃烂。 血瘀：胸部刺痛，痛有定处，舌紫黯 。	
4.　随访 治疗过程中定期复查胸片，CT，超声等了解治疗效果，及局部和全身转移情况。 治疗要点： 扶正祛邪，标本兼治。早期以标实为主，治疗以攻邪为主，中期邪盛正虚，扶正与祛邪并重。晚期正虚为主，治疗以扶正为主。 治疗上应注意：1.扶助正气，顾护胃气，2.辨证与辨病相结合。	时间 7 分钟 简要介绍肺癌的相关现代医学检查方法，强调治疗要点扶正祛邪，但扶正应当贯彻全过程。
辨证分型及治疗 1.脾虚痰湿证 （Spleen insufficiency and phlegm-damp Syndrome） 主证：咳嗽痰多，色白而粘，胸闷气短，腹胀纳差，神疲乏力，面色无华，大便溏薄，舌淡胖有齿痕，舌苔白腻，脉濡缓或濡滑。 治法：健脾化湿，理气化痰(To invigorate the spleen and resolve dampness, regulate qi and resolve phlegam) 方药：六君子汤加减 党参 15-12g，白术 15-12g，茯苓 15-9g，薏苡仁 30-15g，半夏 12-9g，陈皮 9-6g，杏仁 12-9g，瓜蒌皮 30-15g，石见穿 15-30g，石上柏 15-30g，百部 9-12g，紫菀 9-12g，谷麦芽各 15-30g，鸡内金 9-15g。 方义：本方以党参、白术、茯苓、薏苡仁健脾兼以化湿，半夏、陈皮、瓜蒌皮理气化痰，杏仁、百部、紫菀止咳，石上柏、石见穿解毒散瘀，谷麦芽，鸡内金生发脾胃之气以助药物吸收。 加减：加减：若痰多加白芥子、天浆壳，便溏肢冷加补骨脂、葫芦巴、菟丝子，胸水加猫人参、葶苈子、红枣。 2.阴虚内热证 (Yin deficiency and internal heat Syndrome) 主证：咳嗽无痰或痰少而粘，痰中带血，口干，低热盗汗，心烦失眠，胸痛气急，舌质红或暗红，少苔或光剥无苔，脉细数。 治法：养阴清热，润肺化痰 (To nourishing yin and clear heat, remove toxin and dissipate nodulation) 方药：百合固金汤加减 南北沙参各 15-12g，天麦冬各 15-12g，百合 12-9g，杏仁 12-9g，全瓜蒌 30-15g，鱼腥草 30-15g，白花蛇舌草 30-15g，八月札 15-12g，石见穿 30-15g，石上柏 30-15g，苦参 15-12g，干蟾皮 15-12g，夏枯草 15-12g，生牡蛎 30-15g，谷麦芽各 30-15g，鸡内金 15-12g。 方义：本方以南北沙参、天麦冬、百合以养阴润肺，鱼腥草、白花蛇舌草、苦参以清热解毒，全瓜蒌、八月札、杏仁以化痰止咳，石见穿、石上柏、干蟾皮以化瘀散结，夏枯草、生牡蛎以软坚散结，谷麦芽、鸡内金健脾助运。 加减：若见痰血加仙鹤草、生地榆、白茅根，低热加银柴胡、地骨皮，不寐加酸枣仁、合欢皮、夜交藤，盗汗加糯稻根、浮小麦。	时间 10 分钟 结合临床病例介绍肺癌的辨证治疗。 时间：40 分 （第三课时）
3.气阴两虚证(Deficiencies of qi and yin Syndrome) 主证：咳嗽痰少，咳声低弱，痰中带血或咯血，神疲乏力气短，面色	时间：12 分钟 继续讲解肺癌的辨证治疗，及

苍白，自汗盗汗，口干咽燥，舌淡红或舌红有齿痕，舌苔薄，脉细弱。 治法：益气养阴，清化痰热(To replenish qi and nourish yin, clear heat and resolve phlegm) 方药：生脉散和沙参麦冬汤加减。生黄芪 30-15g，白术 15-12g，北沙参 15-12g，麦冬 15-12g，薏苡仁 30-15g，杏仁 12-9g，瓜蒌皮 15-12g，石见穿 30-15g，白花蛇舌草 30-15g，夏枯草 15-12g，生牡蛎 30-15g，谷麦芽各 30-15g，鸡内金 15-12g。 方义：黄芪、白术、薏苡仁以健脾益气，北沙参、麦冬以养阴润肺，白花蛇舌草、石见穿以清热解毒，活血散瘀，杏仁、瓜蒌皮以化痰止咳，夏枯草、生牡蛎以软坚散结，谷麦芽、鸡内金健脾助运。 加减：若偏阴虚加女贞子、西洋参，若偏气虚加生晒参、太子参，黄痰加桑白皮、黄芩、野乔麦根。 4.阴阳两虚证(Deficiencies of yin and yang Syndrome) 主证：咳嗽气急，动则喘促，胸闷，腰酸耳鸣，畏寒肢冷，或心烦盗汗，夜间尿频，舌质淡红或暗红，舌苔薄白，脉沉细。 治法：滋阴温阳，消肿散结(To replenish yin and warm yang, relieve swelling and dissipate nodulation) 方药：沙参麦冬汤和赞育丹加减。 北沙参 30-15g，天麦冬各 15-12g，生熟地各 15-12g，淫羊藿 15-12g，肉苁蓉 15-12g，仙茅 15-12g，石见穿 30-15g，石上柏 30-15g，王不留行子 15-12g，薜荔果 15-12g，芙蓉叶 30-15g，川贝母 12-9g，蚕蛹 12-9g。 方义：北沙参、天麦冬，生熟地以滋阴，淫羊藿、仙茅、肉苁蓉以温补肾阳，石见穿、石上柏，王不留行子、薜荔果、芙蓉叶以消肿散结，川贝母、蚕蛹以化痰平喘。 加减：若气急较甚加参蛤散、紫石英、菟丝子，肾阳虚肢冷加附子。 5.气滞血瘀证(Stagnation of qi and blood stasis) 主证：咯痰不畅，痰中带暗血或血块，胸肋胀痛或刺痛，痛有定处，颈部及胸壁青筋显露，唇甲紫暗，舌暗红或青紫，有瘀点或瘀斑，舌苔薄黄，脉细弦或涩。 治法：理气消肿，活血化瘀(To regulate qi and relieve swelling, activate blood and resolve stasis) 方药：复元活血汤加减。 桃仁 15-12g，王不留行子 15-12g，丹参 15-12g，莪术 12-9g，蜂房 12-9g，八月札 15-12g，郁金 12-9g，全瓜蒌 30-15g，夏枯草 15-12g，生牡蛎 30-15g，海藻 15-12g，昆布 15-12g，山豆根 15-12g，石见穿 30-15g，白花蛇舌草 30-15g，山慈菇 12-9g，谷麦芽各 30-15g，鸡内金 15-12g。 方义：桃仁、王不留行子、丹参、蜂房、石见穿以活血化瘀，消肿散结，莪术、郁金、八月札以理气活血，全瓜蒌、夏枯草、生牡蛎、海藻、昆布、山慈菇以化痰软坚散结。山豆根、白花蛇舌草以清热解毒，谷麦芽、鸡内金以健脾助运。 加减：痰血去桃仁、丹参、王不留行子，加仙鹤草、生地榆、茜草根、参三七，头面部肿加生黄芪、防己、车前子，疼痛较甚加延胡索、没药、乳香、徐长卿。 治疗目标	用药技巧。 时间 5 分钟 简要介绍肺癌的预后及调护。

提高生存质量，延长生存期。 **演变与预后** 肺癌可发生远处转移，和局部侵犯，预后很差。 **预后与调护** 保持心情舒畅，生活健康， 适当锻炼。	
病 例 分 析《刘嘉湘谈肿瘤》 病例分析 女 58 岁 一年前咳嗽频作，痰中带血，口干唇燥，胸闷，夜寐欠安。 既往有嗜烟史 38 载，每日 20 支左右。 问题 1.可能是哪些疾病，如何鉴别诊断。(肺癌、肺痨、肺胀) 2.可行哪些相关检查（胸片、CT、气管镜、痰中找脱落细胞等） 胸片：左肺上叶阴影。 痰中找到鳞癌细胞 支气管镜：左侧上叶支气管口新生物阻塞。 问题 3.诊断是什么？（肺癌） 4.诊断依据？ （病史、影像学、细胞学） 咳嗽频作，痰中带血，口干唇燥，胸闷，夜寐欠安。苔薄黄，舌边尖红，脉濡细。 问题 5.属哪种证型？ 6.治疗方法是什么？ 7.可选什么方？ 肺热阴虚 养阴清热 生熟地各 12 天麦冬各 12 玄参 12 鱼腥草 30 漏芦 30 土茯苓 30 升麻 30 七叶一枝花 30 百部 30 白芨 9 花蕊石 30 八月札 12 水煎服 14 剂 肺热阴虚 养阴清热 生熟地各 12 天麦冬各 12 玄参 12 鱼腥草 30 漏芦 30 土茯苓 30 升麻 30 七叶一枝花 30 百部 30 白芨 9 花蕊石 30 八月札 12 水煎服 14 剂 三诊:服上方后，咳嗽已轻，精神好转，咯痰不爽，胃纳不香。 问题 8.下一步如何处理？ （随访、复查） 胸片：左肺上叶阴影较前明显吸收。 生熟地各 12 天麦冬各 12 玄参 12 鱼腥草 30 漏芦 30 土茯苓 30 升麻 30 开金锁 30 苏子 9 葶苈子 12 广木香 6 蔻仁 3	时间 20 分钟 学生阅读病例，并根据前面说讲的内容，通过 8 个问题，启发教学，讲所学内容全面应用到准实践过程中，加深学生对所学知识的理解和记忆。 结合肺癌的病因病机特点讲解立法处方，用药特点。 强调肺癌治疗的长期性。

<table>
<tr><td colspan="2">水煎服　70 剂
随访：胸片提示左上肺阴影消失。
继以原方加减。
【小结】
教师参照教材将肺癌的定义，诊断，辨证要点，治疗要点，辨证分型，立法处方，预后调护进行总结。
【复习思考题】
1.名词解释　息贲
2.简述肺癌的临床表现。
3.简述肺癌的辨证及治疗要点。
4.肺癌与肺痨、肺痈、肺胀的鉴别诊断。
【下节课预习范围及后续课程介绍】
下节课讲授呃逆，请大家预习呃逆的概念、病因病机、辩证论治。</td><td>指出中医药治疗肺癌的优势。

时间 3 分钟</td></tr>
<tr><td>撰写人</td><td>教研室</td><td>撰写日期</td></tr>
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Case Discussion

病例讨论

A 57-Year-Old Man with a Mass in the Liver

(select from: the New England Journal of Medicine Case 23-2005)

一例男性 57 岁肝脏肿块病例

（选自：新英格兰杂志 **2005** 年病例 **23**）

Write by: Yin Xiaoling

编写：殷晓聆

Author from：Shanghai TCM Hospital

著者单位：上海市中医医院

2007-12-22

GLOSSARY
词汇表

chronic active hepatics	慢性活动性肝炎
hepatitis B virus (HBV)	乙型肝炎病毒
ultrasonic 【 'ʌltrə'sɔnik 】	超声波
ultra sonogram	超声记录图
lobe 【ləub】	原裂片
the right lobe of the liver	肝右叶
computer tomographic (CT)	电子计算机 x 线体层照相机
magnetic resonance imaging (MRI)	磁共振成象
percutaneous 【 .pə:kju(:)'teiniəs, -njəs】	经由皮肤的，经皮的
a percutaneous fine needle aspiration biopsy of the liver	经皮肝穿刺活检术
hepatocellular 【.hepətəu'seljulə】	肝细胞
hepatocelluar carcinoma	肝癌
liver transplantation	肝移植
arterial-phase 【ɑ:'tiəriəl】	动脉期
cirrhosis 【si'rəʊsis】	肝硬化
recipient 【ri'sipiənt】	接受者,收信人
percutaneous pathanoll injection	经皮无水酒精注射
radiofrequency ablation	放疗切除术
consultation【.kɔnsəl'teiʃən】	会诊，请教,谘询,协议会
concretion【kən'kri:ʃən】	凝固,凝固物,结石
conglomeration【kɔn.glɔmə'reiʃən】	聚集,凝聚

PLAY BOOK
剧本

FIGURES（角色）：

Director: Doctor Hu	主任医师：胡医生
Visiting Physician: Doctor Yin	主治医师：殷医生
Resident：Doctor Jiang	住院医师：蒋医生
Intern：Doctor Zhang	实习医师：章医生

ACT ONE

(One day, Dr Jiang and Intern Zhang were at the officer of oncology department. The door opened. Dr Hu and Dr Yin came in.)

（一天，蒋医生和实习章医生在肿瘤科办公室。门开了，胡医生和杜医生走了进来。）

Resident and Intern: Good morning Dr Hu. Good morning Dr Du.

住院医师和实习医师：早上好，胡医生。早上好，杜医生。

Director: Good morning.

主任医师：早上好。

Visting Physician: Good morning. You look tired. Maybe you have a busy night.

主治医师：你看上去很累，昨天值班很忙吧。

Resident: Thank you, it's OK.

住院医师：还好，谢谢。

Director: Is there any new patient to look around today?

主任医师：今天有新病人要查吗？

Resident: Yes, we got a patient yesterday. I will ask Dr Zhang introduce it.

住院医师：是的，我们昨天收了个病人，我让章医生来介绍一下。

Director: OK.

主任医师：好的。

Intern: He is a 57-year-old man. He was admitted to our department yesterday because of a mass in the liver for 5months.

The patient had been well until about two years before admission, when a diagnosis of chronic active hepatitis associated with hepatitis B virus (HBV) infection was made at another hospital. The results of liver-function tests were

住院医师：他是一名 57 岁男性患者。昨天他由于肝脏肿块 5 月收入。

患者在二年前外院诊断为乙型肝炎病毒感染，既往身体尚可。肝功能和相关检查正常。五个月前腹部 B 超检查检查发现一个肿

normal after relevant treatment was initiated. An ultrasonic examination of the abdominal area performed five months before admission revealed a mass, 3 cm in diameter, in the right lobe of the liver. Four months ago, computed tomographic (CT) scanning and magnetic resonance imaging (MRI) of the abdominal area documented a mass, 4 7cm in diameter, in the dome of the right lobe of the liver. Two months before admission, a percutaneous fine-needle aspiration biopsy of the liver was performed at another hospital; pathological examination of a specimen revealed a poorly differentiated carcinoma, thought to be hepatocellular carcinoma. The patient was evaluated at another hospital for liver transplantation, and it was determined that he was eligible. He had lost 1.4 kg in the preceding five months but felt well. For further treatment, the patient was admitted to our hospital. The initial impression is “hepatocellar carcinoma”. On physical and laboratory examination there were no abnormalities.

块，3cm 直径，位于肝右叶。四月前 CT 和 MRI 检查证实肿块，肿块 4.7cm 直径，位于肝右叶。二个月前，经皮肝脏穿刺活检证实为恶性病变，诊断为肝癌。患者在外院进行肝移植评估，他定为合格。患者在五个月中体重减少 1.4 公斤。为了进一步治疗，患者被收入医院。入院初步诊断为“肝细胞癌”。体检和实验室检查均显示正常。

Director: Thank you for your introduce. Dr Jiang, do you have anything to supply?

主任医师：谢谢你的介绍。蒋医生，你有什么要补充的吗？

Intern: Oh，I have missed it. I want to say something about the patient’s family and other histories. He had a history of 10 pack-years of smoking but had stopped two years earlier, he rarely drank alcohol and did not abuse intravenous drugs. He was a native of China and had immigrated to the United States fifteen years earlier. He came back to Shanghai two weeks ago. He was married with two children, who were well. His father was alive and well in his eighties, his mother had died in her seventies from congestive heart failure, and two of his five siblings were known to have hepatitis B infection.

实习医师：哦，我忘了。我还想介绍一下患者的家族史和其他病史。他有一天 10 年吸烟史，每日一包，但是二年前他戒烟。他很少饮酒，没有药品滥用史。祖籍中国，十五年前移民美国。二周前患者回到中国。他已婚有二个孩子，妻子及子女身体健康。他父亲八十岁身体健康，母亲七十岁时死于慢性心功能衰竭，他兄弟五人，二人乙肝携带。

Director: A good case report should tell every detail. I think it’s important to the diagnosis of the disease. He has a family history of hepatopathy and lives in an area where the rate of hepatitis is high. Let’s see the patient first.

主任医师：一个好的病例报告应该每项都详细。我认为这对于该疾病的诊断有重要意义。他有一个肝脏疾病家族史，出生于肝炎高发的地区。让我们先去看一下病人吧。

All: OK

全部：好的。

ACT TWO

(All Doctors went into the ward.)

（所有的医生走入病房）

Resident: Hello, Mr Zang this is our Director Dr Hu and Visiting Physician Dr Du. How are you feeling today?

住院医师：你好，张先生，这是我们主任胡医生，这是我们主治医师杜医生。你今天觉得如何？

Patient: I feel very well these days.

病人：我这些天感觉很好。

Director: Hello, Mr Zhang. Do you have any uncomfortable?

主任：你好，张先生。你觉得有什么不舒服吗？

Patient: No, I feel good.

病人：没有，我觉得很好。

Visiting Physician: How about your appetite?

主治医师：你的胃口如何？

Patient: Good，good. I eat all the breakfast this morning.

病人：很好，我今早吃完了所有的早餐。

Director: Please lie down. Let's have a physical exam.

主任医师：请躺下，让我们做个体检。

Patient: You do this for me.

病人：你帮我做吗？

Director: If you have any pain, let me know……any pain…..

(The patient lay down. Director had a palpation of his liver area. Then she look back to the Intern.)

主任医师：如果你觉得疼痛，让我知道 •••• 痛吗？ ••••

（病人躺下。主任医师进行肝区触诊。然后，她看向实习医生。）

Director: Dr Zhang, please come here. You do the exam.

(Intern did the wrong action of palpation.)

主任医师：章医生，请过来，你来做。

（实习医生做了错误的触诊动作。）

Director: No, no. You should use your both hand, like this. Try. Can you feel the edge of liver?

主任医师：不，不。你应该用两个手。试一下。你能感觉到肝下界吗？

Intern: Yes, I can touch the liver now.

实习医师：是的，我能触到肝脏了。

Director: Mr Zhang, let's see your tongue.

(The patient opened his mouth. Director looked at his tongue and took his pulse.)

主任医师：张先生，让我们看一下你的舌苔。

（患者张开嘴。主任看了舌苔并按脉。）

Director: Dr Zhang, please take the pulse.

(Intern took the patient's pulse.)

主任医师：章医生，来感觉一下患者脉搏。

（实习医生按脉。）

Director: Ok, let's go back to the officer.

主任医师：好了，让我们回办公室。

ACT Three

(All the doctors in the office.)

（所有的医生在办公室。）

Director: Now the conventional meeting of case discussion begins. Today we will focus on a case of a man with a mass in the liver. Everyone has the chance to speak. First of all, Dr Jiang, because you are in charge of this bed, so I am very interested in your analysis about this case.

主任医师：现在我们开始病例讨论。今天我们主要谈论一名肝脏肿块病人。每个人都有机会发言。首先，蒋医生，由于这是你管的床位，所以我对于你对于病例的分析很感兴趣。

Resident: Generally speaking, I think there are enough evidence to prove the diagnose "hepatocellular carcinoma". The most important proof is pathological examination result, then the images of CT and MRI. The patient has a history of chronic active hepatitis associated with hepatitis B and from MRI we can find the mass clearly. So I think the diagnosis is no problem.

住院医师：一般来说，我认为患者目前"肝细胞癌"的诊断很明确。最重要的是病理检查结果，并且有 CT 和 MRI 图像证实。患者有慢性乙型肝炎感染病史，在 MRI 上我们可以清楚的发现肿块。所以我认为诊断没有问题。

Director: I can't argue with it.

主任医师：我同意你的观点。

Resident: Since the patient must wait at least six months for the liver transplantation, he came back to China. I wonder about which therapy should be taken now and what can we help him.

住院医师：由于患者如果要接受肝移植必须至少等待六个月。他回到了中国。现在的问题是我们有什么治疗可以帮助他。

Visiting Physician: I want to interrupt you now. I just see the MRI scans. You look this, the mass is about 4 cm in diameter. On arterial-phase images, the mass enhanced. There was no evidence of venous invasion or cirrhosis. But how about the patient now, maybe the mass have expanded or transferred to other place.

Of course, liver transplantation is thought to be best treatment for hepatocellular carcinoma. It has the benefits of simultaneous removal of the primary cancer and replacement of the underlying cirrhotic liver, from which subsequent cancers may arise. But include the adverse effects of immune suppression on cancer control and relative shortage of donor livers, which leads to prolonged waiting times for recipients. Because of the long wait for

主治医师：我想打断一下。我刚才看了 MRI。你们看，这个肿块大约 4cm 直径。在动脉期成像上，肿块强化。这里没有静脉转移或肝硬化的表现。但是病人现在如何，是否有新的转移或扩大。

当然，肝移植是治疗肝癌最好的方法。它可以去除原发病灶并且取代可能出现硬化的肝脏，在硬化的肝脏复发容易出现。但是它也必须进行免疫抑制，而且捐献的肝脏很少，导致接受者长期的等待。由于长期的等待，约有 20% 的患者在等待期间必须考虑其他

donor organs, more than 20 percent of patients need to consider other treatment options during the waiting period and do not actually undergo transplantation. Hepatocellular carcinoma may grow rapidly during the short interval. The patient's tumor grow from 3cm to 4.7cm in diameter by one month, and the continued tumor progression will soon render him ineligible for transplantation because of the tumor size.

的治疗，无法进行移植。肝癌可以在短期迅速生长。患者的肿块在一月间从 3cm 长到 4.7cm，肿块不断进展，可能使他由于肿块的大小而无法进行移植。

Director: I agree with you. What are your suggestions?

主任医师：我同意你的观点。你有什么建议吗？

Visiting Physician: Percutaneous ethanol injection and radiofrequency ablation can be considered as primary treatment option for patients. But is has been reported that if the tumors are larger than 4cm in size, the chances of recurrence after either of these procedures are high. Maybe we can try to treat the patient by resection. The tumor is single and straddles the right and left functional lobes of the liver. Maybe we can treat it by resections.

主治医师：经皮无水酒精介入和放疗被认为也是肝癌的一种治疗方式。但是如果肿块大于 4cm，则这些治疗后复发的几率很高。我们是否可以考虑手术切除。肿块单个，位于左右肝叶之间，也许我们可以进行切除治疗。

Director: Yes. Dr Jiang. Maybe you shall order a MRI for the patient. After MRI, ask a consultation for surgery department.

主任医师：是的。蒋医生，你给病人预约一个 MRI。检查结束后，请外科会诊。

Resident: OK, I will do it sooner.

住院医师：好的，我马上安排。

Director: We just see the tongue and pulse of the patient. What do you think our Chinese medicine can do with him? Dr Zhang, do you think which pattern does he belong to?

主任医师：我们刚才看了患者舌苔和脉搏。你们谈一下中药治疗方面有什么想法？章医生，你认为患者属于什么证型？

Intern: Because his tongue is yellow and wet. I think he may belong to liver-gallbladder damp-heat pattern.

实习医师：由于患者舌苔黄腻。我认为他属于肝胆湿热。

Director: Can you tell me how his pulse feels like?

主任医师：你觉得他的脉象如何？

Intern: It is hard to feel. It's at a deep level.

实习医师：很难摸到。沉脉。

Director: Does the pulse accord with the pattern?

主任医师：你认为脉象和证型符合吗？

Intern: No.

实习医师：不符合。

Director: Dr. Jiang, what is your option?

主任医师：蒋医生，你有什么看法？

Resident: I think it is belonged to pattern of liver-kidney yin depletion. The patient has liver disease for a long time, so the right qi vacuity and evil affection. The evil has stayed for a long time, then, concretions and conglomerations come into being. They blocked the transport of water and damp. They lead to damp-heat brewing internally. So the essence of the pattern is right vacuity and evil repletion. The pulse and the tongue are accordant to it.

住院医师：我认为它属于肝肾阴虚。该病人长期患有肝病，导致正气虚、邪气侵犯。邪气留而不去，结为症瘕。阻碍水湿运行，湿热内蕴。所以该证的本质为正虚邪实。舌苔和脉象都符合该诊断。

Director: Yes, I agree with you. Dr Du, do you agree?

主任医师：是的。我同意你的看法。杜医生，你同意吗？

Visiting Physician: I agree. During clinical treatment of hepatocellular carcinoma, we often use some medicine to supple the kidney and liver.

主治医师：我同意。在临床肝癌的治疗中，我们常使用补益肝肾的药物。

Director: But I think we also can use some herbs to fortify the spleen. Let's use Pill for Invigorating Kidney Energy and Four Mild Drugs Decoction. Write down: Radix Codonopsis Pilosulae 10g , Rhizoma Atractylodis Macrocephalae 10g, Poria, 10g and Radix Glycyrrhizae Praeparata 5g…….
主任医师：是的，

主任医师：但我认为我们还可以加一些健脾的药物。我们用肾气丸加四君子汤。记下来：党参 10 克，白术 10 克，茯苓 10 克，甘草 5 克……..

(The end)
（结束）

SUPPLEMENT

补充材料

1. Hepatitis B Infection and Hepatocellular Carcinoma

乙型肝炎和肝细胞癌

HBV can be integrated into the DNA of the host chromosomes, where random insertion adjacent to proto-oncogenes or tumor-suppressor genes could activate proliferative pathways. In addition, the HBV X protein may itself be oncogenic. Finally, active viral replication in the liver causes a necrotizing inflammatory response, with necrosis and regeneration of hepatocytes, that results in an increase in the risk of the accumulation of mutations that contribute to malignant transformation. Fibrosis and cirrhosis ultimately develop; in general, hepatic cirrhosis from most causes is associated with an increased risk of hepatocellular carcinoma. The risk of hepatocellular carcinoma was increased 10 times among HBsAg-positive men in a recent study, as compared with those who were not HBsAg-positive, and 60 times among men who were both HBsAg-positive and HBeAg-positive, as compared with those who were not; this risk of cancer increased with age.

乙肝病毒可能插入细胞染色体的DNA中，这种无序的插入导致原癌基因和肿瘤抑制基因的活跃繁殖。而且乙肝病毒自身也可以复制成肿瘤基因。最后，活跃的肝脏中病毒复制导致炎性坏死反应，随着肝细胞坏死和再生，导致了突变危险的增加，可能引起恶变。纤维变和肝硬化可能加剧。总的来说，肝硬化是肝癌的最高危险因素。在近来的一项实验中发现患乙肝的病人肝癌的风险高于一般人的 10 倍，在 HBsAg 和 HBeAg 阳性者肝癌的风险为 60 倍，随着年龄的上升，肿瘤的风险也上升。

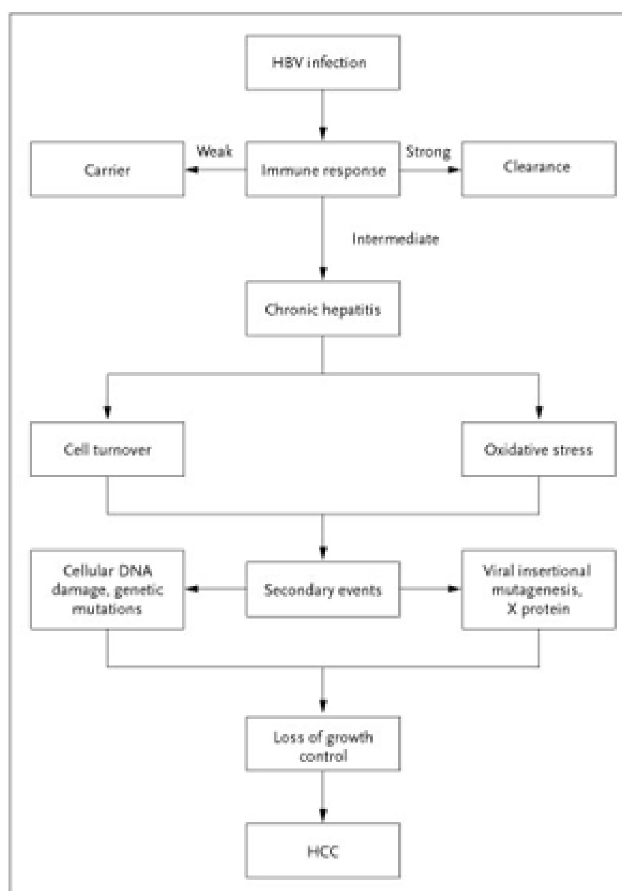

Figure Schematic Representation of the Development of Hepatocarcinogenesis in Association with HBV.

After acute infection with HBV, the paucity of a cytolytic immune response (as is seen in perinatally acquired infection) leads to the inactive carrier state. In contrast, a vigorous immune response (as is seen in infection acquired

in adulthood) is associated with successful viral clearance. Between these two states, chronic hepatitis prevails, in which a nonclearing immune response produces ongoing inflammation, injury, and repair, resulting in an increase in cell turnover and oxidative stress. In this setting, cellular DNA damage, chromosomal abnormalities, and genetic mutations occur. In addition, direct viral effects, including insertional mutagenesis and possible direct effects of the hepatitis B X protein, ultimately result in loss of cell growth control and set the stage for malignant transformation in the form of hepatocellular carcinoma (HCC). The illustration is adapted from Chisari.
图：合并乙型肝炎肝癌的发展图解。在急性感染乙肝病毒后，少量免疫应答反应（在感染时）导致非活动性携带状态。相反，大量的免疫应答反应（在成年感染中常见）可以清除病毒。在两种状态之间，慢性肝炎流行，目前尚不清除肝脏细胞破坏、修复的机制。在这个过程中，细胞 DNA 破坏，染色体异常，基因重组产生。由于直接的病毒影响，包括乙肝病毒蛋白插入，导致了细胞生长失去控制，这是肝癌发生的基础。这幅图解来自 Chisari。

Because replicative HBV infection is associated with an increased risk of chronic hepatitis, hepatic cirrhosis, liver failure, and hepatocellular carcinoma, antiviral therapy has become an important intervention in preventing or slowing the progression of HBV-associated liver disease. Lamivudine, which was given to the patient under discussion, is a nucleoside analogue that is one of four regimens approved by the Food and Drug Administration (along with interferon alfa, adefovir, and entecavir) for treating replicative HBV disease. This drug improves histopathological findings in the liver and the structure of liver tissue, increases the rate of HBeAg seroconversion, and may result in improved hepatic function and a decreased risk of hepatocellular carcinoma.
由于乙肝病毒感染，复制是慢性肝炎，肝硬化，肝功能衰竭和肝癌的一个危险因素，抗病毒治疗在预防乙肝合并疾病的过程中是一个重要的干扰因素。拉米夫定是否给病人服用仍在讨论中，它是 FDA 公布的四种相类似药物中的一种（其他包括阿尔法、阿德福韦、恩替卡维）用来治疗乙型肝炎这种药物可以提高乙肝表面抗原的水平，改善肝功能，减少肝癌风险。

Because of the increased risk of hepatocellular carcinoma associated with chronic HBV infection, patients such as the man in the case under discussion should undergo surveillance. Although recommendations vary as to frequency, regular screening by means of measurements of serum alpha-fetoprotein and ultrasonography appears to be cost-effective in persons from areas where the infection is endemic; such screening is associated with the detection of tumors at a treatable stage in the majority of cases. This patient was at high risk for hepatocellular carcinoma, and his tumor was detected at a relatively early stage.
由于慢性乙型肝炎是肝癌的一个危险因子，如该男子这样的病人是否应当监控仍在讨论中。虽然这种疾病发病率不多，但是对于感染常见地区人员常规的定期检查 AFP 和超声是很值得的。这样的检查可以在疾病可以治疗阶段发现患者的肿瘤。该病人有肝癌的高风险，他的肿瘤在相对早期发现。

2.Pretreatment Staging of Hepatocellular Carcinoma

肝癌的早期治疗

The stage of most solid tumors can be determined with the use of the American Joint Committee on Cancer Staging System, also known as the tumor–node–metastasis (TNM) system. It was recently modified for hepatocellular carcinoma in recognition of the prognostic importance of vascular invasion, and it distinguishes between major and minor vascular invasion; the latter may not be appreciated on preoperative evaluation. However, the majority of patients with hepatocellular carcinoma have advanced liver disease, and they often die of hepatic failure, rather than from extrahepatic tumor progression. The TNM staging system does not take into account the degree of hepatic dysfunction.
大多数实体肿瘤的分期采用美国联合肿瘤协会的分期系统，通常成为 TNM 分期（肿瘤-淋巴结-转移）。但进来由于认识到血管扩张对于肝癌的重要影响进行修正，根据血管扩张的严重和轻微来区分。然而，患者肝癌的发展影响到患者肝脏，他们常死于肝功能衰竭，而非肿瘤的进展。TNM 分期没有体现出肝功能紊乱的情况。

The Okuda Staging System was the first to include factors reflecting hepatic function in addition to tumor characteristics. It categorizes the disease in three stages on the basis of the size of the patient's tumor (greater than vs. less than or equal to 50 percent of the liver volume), levels of total bilirubin (greater than vs. less than or equal to 3 mg per deciliter) and albumin (greater than vs. less than or equal to 3 g per deciliter), and the presence or absence of ascites. Problems in determining the correct stage include the difficulty of accurately estimating the volume of tumor, the fact that the bilirubin level used as a criterion is so high that even those below the cutoff may have severe liver dysfunction, and the failure to integrate vascular invasion into the model. Furthermore, because of improvements in screening and radiographic techniques, many patients are now given a diagnosis with smaller tumors than was the case for the patients used in developing the model, so that more stages are needed to stratify these early tumors according to risk.
Okuda 状态分期是最早反应肿瘤患者肝功能因素的分期方式。他根据肿瘤病人肿块的大小（大于或小于肝脏的 50%）和白蛋白（大于或小于 3g/L）和腹水将疾病分为三期。正确的评价肿瘤分期的问题在于精确地评估肿块大小。通常胆红素可以作为一种严重肝功能异常和血管侵犯的标砖。而且由于放射技术的提高，许多病人可以在肿瘤更小的时候发现，所以早期肿瘤更详细的分期是很有必要的。

The Child–Turcotte–Pugh classification is commonly used by gastroenterologists to characterize the degree of hepatic dysfunction; it represents a composite score for the serum bilirubin level, prothrombin time, albumin level, stage of encephalopathy, and extent of ascites. There are three classes (A, B, C), with A the least sick and C the most sick. There are now several staging systems for hepatocellular carcinoma that take into account important factors from the Child–Turcotte–Pugh system, in addition to tumor-specific prognostic factors. Among these systems, the Cancer of the Liver Italian Program (CLIP) score has been validated by several groups and in populations of patients with HBV and hepatitis C virus infections. On the basis of this patient's preoperative evaluation, his CLIP score was 0 on a scale from 0 to 6 (with 0 representing the best prognosis and 6 the poorest). This score corresponds to a median survival of 31 to 69 months.
CTP 分期在消化道肿瘤中常见并根据肝功能异常情况进行分期；他采用了肝功能，白蛋白，凝血情况等多项指标的综合评分。他分为三期（A,B,C），A 最轻，C 最为严重。现在有几种

转台分期系统根据 CTP 系统出现如肿瘤特殊预兆因子。在系统中，采用 CLIP 对于乙肝和丙肝患者进行评分。从 0 到 6（0 表示最好，6 最严重）。这些得分同 31-69 个月的中位生存期相对应。

3. Primary Treatment of Hepatocellular Carcinoma

肝癌的基础治疗

Of the several treatment options available for the patient's hepatocellular carcinoma, liver transplantation has the benefits of simultaneous removal of the primary cancer and replacement of the underlying cirrhotic liver, from which subsequent cancers may arise. Disadvantages include the adverse effects of immune suppression on cancer control and the relative shortage of donor livers, which leads to prolonged waiting times for recipients. The results of liver transplantation are poor for tumors of an advanced stage, but relatively good for tumors that are small and incidentally identified in explanted livers.
对于患者有几种治疗方法可以提供，肝移植是一种较好的方式，可以去除肿瘤组织的同时替换容易继发肿瘤的肝硬化肝脏组织。不利的因素包括对于人体肿瘤免疫功能的影响和减少捐献者的生命，这导致了患者长期的等待。对于进展状态的肝癌患者效果欠佳，但对于肿块较小其余肝脏没有发现明显病灶的患者效果较好。

Because of the long wait for donor organs, more than 20 percent of patients need to consider other treatment options during the waiting period and do not actually undergo transplantation.
由于长时间的等待肝源，大约 20%的患者在此期间考虑其他的治疗方式。

Several strategies have been developed to reduce the number of patients who drop out before liver transplantation because of tumor progression. The availability of a living donor essentially eliminates the issue of waiting times. However, the short-term and long-term risks to the donor are not yet well defined and raise important ethical issues concerning the appropriateness of this strategy. Transcatheter arterial chemoembolization, percutaneous ethanol injection, and radiofrequency ablation have been used in the hope that they may serve as "bridges" to transplantation. The absence of data from prospective, randomized, controlled trials of these bridging treatments precludes a clear understanding as to whether any of these strategies improves the outcome.
目前已经采用了一些措施减少在肝移植等待期间患者由于肿瘤进展脱落的情况。治疗中应考虑患者的等待时间，长期或短期的等待对于患者有不同的危险因素。经导管化疗栓塞、经皮酒精注射，放疗可能是通向移植的一座桥梁。目前暂时缺少对于这种过渡治疗的前景、随机对照的研究。

Percutaneous ethanol injection and radiofrequency ablation could also be considered primary treatment options for this patient. Percutaneous ethanol injection is associated with survival statistics that approach those for partial hepatectomy in patients with Child–Turcotte–Pugh class A or B cirrhosis and a single tumor. Radiofrequency ablation requires fewer treatments than percutaneous ethanol injection and leads to similar survival rates in studies with relatively short follow-up. Local recurrences after radiofrequency ablation of hepatocellular carcinomas are more

common in tumors that are larger than 4 cm in size than in smaller tumors.
接入治疗和放疗仍可以考虑对于该患者是基础治疗。接入治疗对于 CTP A 和 B 分期的患者和单一肿块的患者可以延长生存期。放疗对于短期延长生存率有一定的效果。对于肝癌大小在 4cm 以上的采用放疗可能复发率较高.

4.Adjuvant Treatment

辅助治疗

Since the risk of relapse after primary treatment of hepatocellular carcinoma is high, several adjuvant therapies have been examined in clinical trials. Treatment with transarterial chemoembolization, interferon alfa, interferon beta, and adoptive immunotherapy has been associated with a reduction in the rate of recurrence of tumor in the liver, but not with improved survival, as compared with observation alone. Treatment with both intraarterial iodine-131–labeled ethiodized oil (Lipiodol) and polyprenoic acid, an analogue of vitamin A that inhibits hepatocarcinogenesis in rodents, has produced a reduction in tumor recurrence and an improvement in overall survival, as compared with observation, in randomized clinical trials. These agents are not yet available in the United States.
由于肝癌的基础治疗复发危险较大，在临床上出现一些辅助治疗。定向介入化疗，a 因子，b 因子，和免疫治疗可能减少肝癌复发的可能，但不能提高生存率。采用力比多、复合氨基酸、维生素 A 复合物可以抑制肿瘤生长，现在通过对照实验证明可以减少肿瘤复发提高生存期，这些药物在美国仍未大量应用。

Systemic chemotherapy has had little impact on the course of hepatocellular carcinoma, and rates of response to most agents rarely exceed 10 percent. Hepatocellular carcinomas often express hormone receptors such as estrogen or somatostatin receptors. Seven randomized clinical trials were unable to demonstrate an antitumor effect of treatment with tamoxifen in hepatocellular carcinoma. Although there was no reduction in tumor volume, two of three relatively small, randomized clinical trials evaluating somatostatin analogues showed a statistically significant improvement in survival. There has recently been interest in thalidomide as a therapeutic drug. When it is used as a single agent, response rates are 5 to 7 percent, but in one report of 15 patients treated with thalidomide and capecitabine, the response rate was 18 percent, with 45 percent of the patients having stable disease. Treatment with interferon is minimally active, with considerable toxicity. None of these agents offered the patient under discussion much hope of prolonged survival.
系统性化疗对于肝癌患者很少有效，有效率大约 10%。肝癌细胞常表达激素受体。七项随机临床试验仍不大肯定托莫西芬抗肿瘤治疗效果。虽然对于肿块没有减少，但是三项小样本、随机试验中二项提示增加，对于延长生存期有效。现在对于采用托莫西芬进行研究。当他单一用药时，有效率为 5-7%，在一项 15 名病人的研究中，发现有效率为 18%，45%的病人稳定。采用干扰素治疗效果更小，并可能有害。目前仍无一家机构可以给病人延长生存期的希望。

Transhepatic arterial chemoembolization in hepatocellular carcinoma is associated with a response rate of approximately 35 percent. After several randomized clinical trials did not show a

statistically significant improvement in survival, two randomized clinical trials did show an improvement in survival of up to two years in patients who received this treatment as compared with those who did not: in one trial, the two-year survival rate was 63 percent, as compared with 27 percent; in the other trial, the two-year survival rate was 31 percent, as compared with 11 percent.
肝癌介入化疗有效率约为 35%。通过几次随机临床试验没有在生存期有明显的提高，二次随机临床试验提示患者相对于未接受该项治疗的病人有二年的生存期提高；在一次中，二年生存率为 63%，与 27%相对照；在另一次试验中，两年的生存期为 31%，对照 11%的生存期。

The use of radiation therapy has been limited in hepatocellular carcinoma because of the sensitivity of the liver to radiation. The normal liver can typically tolerate 30 Gy. In selective internal-radiation therapy, yttrium-90–labeled resin-based or glass microspheres are infused into the hepatic artery, resulting in a target dose of 100 Gy to the tumor. One study using this method showed a response rate of 27 percent in 71 patients with unresectable tumors, and 4 of those patients ultimately underwent resection. This therapy is currently not widely available.
采用放疗治疗肝癌由于肝细胞对于放疗的敏感而受到一定的限制。正常的肝组织可以承受 30Gy。在选择性的短期放了中，一般采取使用 90gy 的强度，对于肿块细胞采用 100Gy 的放射量。一项研究表明在 71 名无法进行手术切除的病人中，约 27%的患者有一定效果，4 名患者可以采用切除治疗。该项治疗方法目前没有完全推广使用。

Gynecological Department of Shanghai Shuguang Hospital Affiliated to shanghai University of Traditional Chinese Medicine

The scripts of Ward Round in English——Ectopic Pregnancy

上海中医药大学附属曙光医院 妇科
英语查房剧本——宫外孕

Director: Dr. Zhang Qinhua 张勤华

Attending: Dr. Hu Hui 胡慧

Resident: Dr. Shen Mingjie 沈明洁

Intern: Dr. Yi Yun 易云

Patient: Liujihong 刘继红

Glossary　词汇表

ectopic pregnancy: 异位妊娠

P.I.D: pelvic inflammatory disease 盆腔炎

cervical lifting pain: 宫颈举痛

tenderness: 压痛

TVS: Transvaginal Ultrasound 经阴道超声

Cul-de-sac: 后穹隆

Culdocentesis: 后穹隆穿刺

Incoagulable blood: 不凝血

Initial impression: 初步诊断

Abdominal palpation: 腹部触诊

Rebound tenderness: 反跳痛

Percussion: 叩诊

Shifting dullness: 移动性浊音

Vaginal bleeding: 阴道出血

contraceptive users: 避孕药使用者

IUD: intrauterine device 宫内节育器

Intraperitoneal hemorrhage: 内出血

ampullary of fallopian tube: 输卵管壶腹部

corneal pregnancy: 宫角妊娠

Corpus luteum cyst rupture: 黄体破裂

Appendicitis: 阑尾炎

Salpingitist: 输卵管炎

Uterine abortion: 宫内妊娠流产

Threatened abortion: 先兆流产

Laparoscopy:腹腔镜

Laparotomy:剖腹手术

MTX: 氨甲喋呤

Mifepristione：米非司酮

A．Senior resident’s morning report

情景 A：交班

Good morning ,good morning.
Director: Is everybody here?
Others: yes.
Director: OK, Dr. hu , let’s begin.
Attending: Yes, The morning meeting now begins. Let’s have the report by the physician on call first. Dr Shen, Please?
Resident: Last night ,there is no special thing happened except a new emergent patient. The patient named “Li Fang”, bed 6, 31-year-old, Hospital No. 10707890. She was admitted on 4 am, because of “severe low abdominal pain for 6 hours”. Our tentative diagnosis is: ectopic pregnancy. Now, the condition of the patient is stable. That’s all.
主治医师：请注意了, 交班开始。先请值班医师交班报告。
住院医师：昨晚没有特殊情况，除了一个急诊病人，病人姓名“李芳”6 床，31 岁，住院号：10707890.今晨 4 点，患者因“下腹剧痛 6 小时”入院。初步诊断为异位妊娠，目前病人症情平稳，交班完毕。

B．Case Presentation

情景 B: 病史汇报

Attending: OK, the first case of today’s Professor’s round is the new patient. Dr. shen, could you make a case report?
主治医师：好的，今天主任查房就从新病人开始。沈医生，你能汇报一下病史吗？
Resisdent: Yes. The key points of this case are : first, the patient is a 31-year-old married woman ,having the history of P.I.D one year ago. Secondly,She began to complain of acute low abdominal pain, especially in the left lower quadrant and became pale about 6 hours before admission , with nausea and vomiting. Her last menstrual period occurred 45 days before admission. Thirdly, the vaginal examination shows :normal size uterus ,cervical lifting pain and severe tenderness on the left side of the pelvis .
住院医师：是。本病例的特点是：1.该病人为 31 岁，已婚女性，一年前曾有盆腔炎病史。2.患者因急性下腹痛，左侧痛甚，面色苍白伴恶心呕吐 6 小时入院。末次月经为入院前 45 天。3.阴道检查提示子宫正常大小，宫颈举痛，左侧附件明显压痛。
Director: what about the laboratory examination and the ultrasound of pelvis?
主任医师：实验室检查和盆腔 B 超检查呢？
Resisdent: Yes, her laboratory examines were all within normal limits except that her urine pregnancy test is positive. TVS shows :there are an empty uterus ,free fluid in the cul-de-sac and a lump of 3cm in diameter on the left side.
住院医师：除尿妊娠试验阳性外，其它实验室检查均正常。阴超提示，宫内未见孕囊，后穹隆积液，左侧附件发现一 3cm 包块。

Director: Did you make the culdocentesis to make sure the character of the fluid ?
主任医师：你有没有做后穹窿穿刺以明确后穹窿积液的性质？
Resisdent: Yes, I did. the culdocentesis is positive , I drew the incoagulable blood from the pelvis. So our initial impression of the case would be ectopic pregnancy. And we have engaged an operation this noon.
住院医师：是的，后穹窿穿刺阳性，我抽出来自盆腔的不凝血。所以我们对该病例的初步诊断是异位妊娠，并已预约今日中午手术。
Director: Okay, Dr.shen have made a perfect case report just now. next,lets go to the ward and look at the patient.
主任医师：感谢沈医师做了精彩的病例汇报，然后我们去病房看看患者。

C．Professor’s Ground

情景 C：主任查房

场景：病房
Director: Hello, LIFANG, I am Dr. Zhang. What’s your feeling now? Do you have pain, vaginal bleeding,or sick and so on?
主任医师：你好，李芳，我是张医师，你现在觉得怎么样，有没有肚子疼或者出血、恶心？
Patient: Hi, doctor. I just feel pain in my belly, and feel sick.
病人：你好，医生。我就是觉得肚子痛而且恶心。
Director: ok, ler’s make an examination, Dr Yi, please do the abdominal palpation.
I 主任医师：我们做一下体格检查，易医生，你能做一下腹部触诊。
Intern: Yes, bent you knees, please. Do you feel pain,(Yes) Here? (Yes a little) There?(Yes.) Severe or not?(Severe) .
实习医师：蜷一下腿。这里痛吗（痛的），这里呢？（一点点），那里（痛），痛的厉害吗？（厉害的）
Intern:(Face to the director): the abdomen is soft ,the tender point is in the left side.
实习医师：（面对主任）：腹软，左侧压痛。
Director: Dr Yi, you missed some important steps in the examination , Follow Me. Firstly , we touch the general abdomen gently ,to feel it is soft or rigidity, the goal of palpation is to find Where is the tender point? Is there muscle guarding ? Is there rebound pain?
For this patiient , admonen is soft, and the maximal tender point is in the left side, no musle guarding and then ,we should make the percussion of the abdomen (make it when flat,and percuss the left.)Turn right please ,ok ,that’s all . the shifting dullness ispositive. Do you get it?
主任医师：易医生，你遗漏了体检中的一些重要步骤，看我做。首先，我们轻触诊全腹，感觉腹部是柔软还是僵硬，触诊的目的是寻找哪里是压痛点？有没有肌卫？有没有反跳痛？
这个病人，腹部视柔软的，最明显的压痛点在盆腔，没有肌卫。我们还需要做叩诊，请往左侧翻身。做完了。移动性浊音是阳性的。你明白了吗？
Intern: Yes, I do ,thank you , director.
实习医师：是的，谢谢主任。
Director: OK,that’s all. Your condition is not serious, so take it easy and have a rest, today you will have an operation, don’t worry, everything will be okay.

主任医师：好的，你的情况不是很严重，不要紧张，好 好休息。今天你要动个手术，不要担心，一切都会好的。
Patient: doctor, well, can I have chance of pregnancy after operation?
病人：医师，我手术后还能怀孕吗?
Director: don’t worry about it ,we will try out best to keep your ability of pregnancy if the condition is allowed,   Take ease.
主任医师:不用担心，如果情况允许的话，我们会尽量保留你的生育能力，放松些。
Patient: Thank you, doctor.
病人:谢谢你，医生。
Director：ok,let’s back to the office.
主任医师：好的，我们先回到办公室。

D.Discussion

情景 D: 病例讨论

场景：医生办公室
Director: let’s talk about the case. Dr. Shen, Could you tell me why did you make a diagnose of ectopic pregnancy in this case ?
主任医师：我们讨论一下这个病例，沈医生，你能说一下你为什么诊断她异位妊娠吗？
Resident: Well, “missed period ,abdominal pain and vaginal bleeding” is the three typical syndromes of ectopic pregnancy.   For this patient, we have two. And Vaginal examination shows normal size uterus but cervical lifting pain and severe tenderness on the left side. The urine pregnancy test is positive, but TVS shows an empty uterus ,a lump of 3cm in diameter on the left side and free fluid in the cul-de-sac, .Especially culdocentesis is positive. So I think the evidence of ectopic pregnancy is enough.   Am I right,director?
住院医师：好的。“停经，腹痛，阴道出血”这是三个异位妊娠的经典症状。这个病例有其中的两个。同时阴道检查提示子宫正常大小，但有宫颈举痛，左侧附件压痛。尿妊娠试验阳性，但阴超提示宫内未见孕囊，左侧附件 3cm 大小包块，后穹窿积液，尤其是后穹窿穿刺阳性。所以我认为异位妊娠的依据是足够的。主任，我的说法正确吗？
Director: Absolutely right! Dr. Shen, could you tell me what are the high risk factors of the ectopoic pregnancy?
主任医师：非常正确。沈医生，那你认为哪些是异位妊娠的高危因素呢？
Resident: pelvic operation history, pelvic inflammation
住院医师：盆腔手术史，盆腔感染
Attending: And contraceptive users, IUD(intrauterine device) are also the high risk factors.
主治医师：还有避孕药使用者，以及宫内节育器使用者。
Director: very good, look at this patient, she had the P I D history one year ago ,so it maybe the cause of this ectopic pregnency. Dr. Yi, do you think this patient had an intraperitoneal hemorrhage？
主任医师：很好，看一下这个病例，这个病人一年前曾患盆腔炎，这可能是这次宫外孕的诱因。易医生，你觉得这个病人有内出血情况吗？
Intern: yes I think so .

实习医师：我认为有的。
Director:Why?
主任医师：为什么呢？
Intern: Abdominal pain, tenderness and rebound tenderness, cervical lifting pain,and TVS shows there was free fluid in the cul-de-sac all suggest intraperitoneal hemorrhage.
实习医师：腹痛，压痛，反跳痛，B 超提示后穹隆积液均提示内出血。
Director: good, Dr. Hu, What's your opinion?
主任医师：好的，胡医生，你的意见呢？
Attending: "Abdominal pain, absence of bowel sounds, tenderness,rebound tenderness,cervical lifting pain, shifting dullness"all suggest intraperitoneal hemorrhage. In this case ,the most important and derect evidence is culdocentesis , last night Dr. Shen got the incoagulable blood which make sure there is intraperitoneal hemorrhage.
主治医师："腹痛，压痛，反跳痛,宫颈举痛,移动性浊音"均提示内出血,在这个病例中，后穹窿穿刺是最重要和最直接的证据。抽出不凝血证实了腹腔内出血的存在。
Intern : how to judge the amout of intraperitoneal hemorrhage ?
实习医师：那如何判断内出血量呢？
Attending: How to evaluate the condition of intraperitoneal hemorrhage is very important in every ectopoic pregnancy case. If there are faint, less amount of urine, heart rate accelerates, shoulder and flank pain, we must pay attention to theses signals of large amount of intraperitoneal hemorrhage. They means to have an operation as soon as you can.
主治医师：在异位妊娠病例中，评估内出血的情况是非常重要的。如果出现晕厥，少尿，心率上升，肩部及胁部疼痛，我们必须意识到这些可能是大量内出血的征兆，这意味着尽快手术。
Director: I greatly appreciate what doctor hu had said, a large amout of intraperitoneal hemorrhage is a very important symbol for emergency operation. So Dr. Yi, could you tell me what is the position such pregnancies occur?
主任医师：我非常赞同胡医生的观点，大量腹腔内出血是急诊手术的重要指标，那么，易医生，异位妊娠的好发部位是哪里？
Intern: The ampullary of fallopian tube.
实习医师：输卵管壶腹部。
Director: Yes! Over 90 percent of such pregnancies occur in the fallopian tube, typically in its ampullary portion. In the remaining cases the pregnancy is located outside the tube, most frequently at an ovarian, abdominal, or cornual site. And cornual pregnancy is very dangerous.Dr shen ,could you tell us why it is dangerous ?
主任医师：对。90％以上的异位妊娠发生在输卵管，尤其是壶腹部。其余异位灶位于输卵管外，通常于卵巢，腹腔，或者宫角部。宫角妊娠是非常危险的, 沈医生，你能告诉我们为什么吗？
Resistent: Because of a large amount of intraperitoneal hemorrhage would happened sunddenly in the cornual pregnancy and leads to severe shock, even to death.
住院医师：因为它可能引起突发性大量内出血，导致严重的休克，甚至死亡。
Director: Yes，absolutely right. so doctorYi, could you tell me what's the most common dieases in the differential diagnosis of ectopic pregnancy?
主任医师：没错，易医生，你能说一下异位妊娠最重要和什么来鉴别？
Intern: Corpus luteum cyst rupture.

实习医师：黄体破裂。
Director: anything else？
主任医师：还有吗？
Resident: And appendicitis , salpingitist
住院医师：还有阑尾炎，输卵管炎。
Attending: uterine abortion are most common.
主治医师：宫内妊娠流产也是常见的鉴别诊断。
Director:very good.
主任医师：回答的很好。
Intern: Can I ask a question? How to differentiate ectopic pregnancy between threatened abortion?
实习医师：我能问一个问题吗？如何鉴别异位妊娠和先兆流产？

Director: dr hu , can you answer this question for her?
主任医师：胡医师，你能解答她的问题吗？
Attending: Yes ,they both have syndromes of low abdominal pain, vaginal bleeding, and missed period. The pregnancy tests are positive ,either. In these cases Blood β-HCG is very important to us. As a rule, the β-HCG concentration doubles about every one to three days during a normal pregnancy. In two thirds of ectopic pregnancies, in contrast, the β-HCG concentration doubles at a slower rate, plateaus, or falls. Tvs is highly accurate in differential diagnosing, too.
主治医师：是的，两者均有下腹痛，阴道出血，停经的症状，妊娠实验也都是阳性的。在这些病例中，血β-HCG 对我们就十分重要了。一般在正常妊娠过程中，β-HCG 浓度每隔一至三天便会加。相反，在三分之二的异位妊娠中，β-HCG 的浓度以先缓慢速度加倍，然后出现平坡，或下降。B 超在鉴别诊断中也是相当精确的。
Director: Do you get it ？
主任医师：你明白了吗？
Intern：Yes I see. Can I ask another question？how many methods are there to treat the ectopic pregnancy?
实习医师：是的，我明白了，我能再问个问题吗？异位妊娠有哪些治疗方法？
Director: The treatment of ectopic pregnancy is divided into two differen methods, one is the surgical method and th other is medical method. The surgical method also divided into laparoscopy and laparotomy. Dr hu, can you introduce it in detail for us?
主任医师：异位妊娠治疗可分为手术和药物治疗两种。对于破裂型，腹腔内出血患者需要急诊手术，手术方式分为腹腔镜和开腹两种。胡医生，你能为我们具体介绍一下吗？
Attending : Yes, if the tube is ruptured and there is intraperitoneal hemorrhage, the patient needs emergency operation. We can select the laparoscopy or transabdominal operation. Whether to preserve the tube or not depends on the requiration of the reproductive ability. If the tube is unruptured and the lump is small , the β-HCG is low, we can choose the MTX(methotrexate) or mifepristone to treat the patient, but we need to test the hcg level dynamiclly.
主治医师：是的，如果输卵管破裂并且存在内出血，那病人需要急诊手术。我们可以选择腹腔镜或是开腹手术。是否保留输卵管视患者是不是要求保留生育能力而定。对于未破裂的，包块较小，hcg 水平较低的患者，可以采取保守治疗，我们主要通过注射 MTX 或者口服米非司酮，并监测 HCG 水平观察效果。
Intern:: I see 。how about the prognosis of the ectopic pregnancy? Is there any chance for the

patient to have normal pregnancy？
实习医师：我明白了，那么异位妊娠的预后如何？患者还有正常怀孕的机会吗？
Director: generally, the hCG level will need to be rechecked on a regular basis until it reaches normal if we did not removed entire fallopian tube .if hCG level remains high may indicate the ectopic tissue was not entirely removed, which would require medical management again. The chances of having a successful pregnancy after an ectopic pregnancy may be lower than normal, but this will depend on why the pregnancy was ectopic and the medical history. The patient has approximately a 60% chance of having a successful pregnancy in the future..but ther is a risk of A repeated ectopic pregnancy may occur in 10 - 20% of cases.
主任医师：如果保留输卵管的手术，通常我们会定期监测血 HCG 水平直至正常范围，如果 hcg 水平保持较高水平可能提示孕囊残留，需要再次药物治疗。一般而言，宫外孕患者正常妊娠的机会会比正常人小，当然也会视引起宫外孕的原因及治疗方法不同。大约 60%的患者会成功妊娠，但也有 10-20%的患者会再次发生宫外孕。

Director: Do you have any question?
ok，let’s come back to this patient,. Dr. Shen, what is our treatment to this patient?
主任医师：还有问题吗？好，我们再回到这个病例上，沈医生，我们如何治疗这个病人？
Resident: We have made an appointment of laparoscopic operation in 11:00. If this is an unruptured ectopic pregency , we will choose the method of preserving the fallopian tube.
住院医师：我们已经预约今日 11:00 行腹腔镜手术。如果该病例是未破裂型异位妊娠，我们将选择保留输卵管的术式。
Director: All right, I agree with your opinions of diagnosis and operation method. It’s a typical case of ectopic pregnancy. Now you can go to tell the patient and her family our decision and ask for their opinions.
主任医师：很好，我同意你们的诊疗意见。这是一个典型异位妊娠病例。现在你去告诉病人和家属我们的决定并征求他们的意见。
Attending: Yes, director. Thank you for your calling on this patient. Let’s go on the next patient.
主治医师：是的，主任，谢谢你看这个病人，让我们看下一个病人。

Orthopeadic Department of Shanghai Shuguang Hospital Affiliated to shanghai University of Traditional Chinese Medicine

The scripts of Ward Round in English——Distal Radius Fracture

上海中医药大学附属曙光医院 骨伤科

英语查房剧本——桡骨远端骨折

Professor: Zheng yuxin 郑昱新

Attending: Cao yuelong 曹月龙

Resident: Ding huifeng 丁惠锋

Intern: He tianxiang 何天翔

Patient: A bu 阿布

Cameraman: Ge Maojun 葛茂军

A．Morning report

情景 A：交班

Professor: Good afternoon everyone, today we will check the patient of bed No. 48. Doctor He , would you please say something about this patient？
主任医师：各位下午好，今天我们检查一下 48 床的患者。何医生请你谈谈这个患者的情况好吗？

Intern: Ok, This patient is a 25 years man ,feel pain，swelling, deformity of left wrist.2 hours after a fall ,then he came to the emergency department of our hospital. After taking a x-ray film, fracture of distal radius was found .In the emergency ,the doctor try to close reduce the fracture .The fracture is too comminuted to reduce successful ,then this patient was hospitalised in our department in order to do an opration.
In our department we can see tenderness, swelling, deformity of left wrist and loss of range of motion of this patient. We can find this deformity is like a diner fork with dorsal angulation and radial displacement. and we did not find any neurovesular symptom on the left hand.. From the x-ray of left wrist .we can find this fracture is called Colles'fracture ,but this fracture is so communited and intra-articular.
实习医师：好的，这是一个男性病人，25 岁，摔倒致左腕疼痛、肿胀、变形 2 小时。然后来我院急诊室，经 X 线检查发现桡骨远端骨折。在急诊室医生试图给予闭合复位，但由于骨折太粉碎复位没有成功。所以这位患者收入院准备手术。
入院后可见该患者左腕压痛、肿胀、变形以及活动受限。左腕畸形向背侧成角、桡侧移位就象一把餐叉。我们没有发现患者左手有神经血管症状。我们从 X 线片上可以看到这是 Colles’骨折，而且骨折很粉碎，而且涉及关节面。

Attending: We ‘d better check the patient first ,ok?
主治医师：我们最好先检查一下患者好吗？

Professor: Ok.
主任医师：好的。

B．Professor’s Ground

情景 B：主任查房

Attending: May I check your hand please?
主治医师：我可以检查一下你的手吗？

Patient: Yes.
患者：可以。

Attending: Pain here?

主治医师：这儿疼吗？

Patient: Yes.
患者：是的。

Attending: Do you have feeling here?
主治医师：这儿有感觉吗？

Patient: Yes.
患者：是的。

Attending: Could you move your finger?
主治医师：你能活动你的手指吗？

Patient: Yes.
患者：可以。

Attending: Thank you.
主治医师：谢谢。

Professor: Let’s go to the office to discuss this patient.
主任医师：让我们到办公室讨论一下这个患者。

C.Discussion

情景 C：病例讨论

Professor: Dr Ding, can you summarize the history of the patient?
主任医师：丁医生你能总结一下这个患者的病史吗？

Resident: Ok, history summary of the patient as follow:

1. Patient,male,78 years old.
2. Feel pain,swelling,deformity of left wrist.for 2 hours after a fall.
3. No special past history.
4. PE:swelling,deformity of left wrist and loss of range of motion, X-ray of left wrist.we can find this fracture is called Colles’fracture,but this fracture is so comminuted,and intra-articular..

住院医师：好的，让我先总结一下这个病人的病史，这是一个男性病人，25 岁，摔倒致左腕疼痛肿胀，变形 2 小时。无其他特殊的过去史。查体：左腕肿胀，变形，活动受限，我们从 X 线片上可以看到这是 Colles’骨折，而且骨折很粉碎，而且涉及关节面。

Attending: Dr He, what is the basic principles for the treatment of distal radial fracture?
主治医师：何医生桡骨远端骨折治疗的基本原则是什么？

Intern: Generally speaking,it should be reduction of displacment fractures and functional

rehabilitation of the limb.
实习医师：总的来说是骨折复位和上肢的功能康复。

Attending: Good, do you aware of two angles of radials in X-ray to determine the extent of deformity?
主治医师：很好，你知道在 X 线片上判断桡骨畸形程度的 2 个角度吗？

Intern: They are Palmar tilt angel and radial inclination angel,the former one is around 10-15 degree and the last one is around 20-25 degree.
实习医师：它们是掌倾角和尺偏角，前者大约 10～15 度，后者 20～25 度。

Attending: Dr Ding ,could you talk about the classification of distal radial fracture?
主治医师：丁医生你能谈谈桡骨远端骨折的分类吗？

Resident: Yes. The most popular classification systems for distal radius fractures is Eponymic Classification .In this system, there are three types for distal radius fractures including Colles'fracture. Smith's fracture and Barton's fracture.
Colles'fracture occurs when a person falls forward on an extended arm and on the palm of the hand. It is generally extra-articular with dorsal angulation,radial displacement,and shortening with a dinner fork deformity.Colles' fracture is the most common distal radius fracture.
Smith's fracture,which is also called a reverse colles fracture,occurs from falling buckward on an extended arm and on the palm of the hand.It has a palmardrsplacement with a garden spade deformy.
住院医师：好，最常用的桡骨远端骨折分类是 Eponymic 分类。在这个分类系统中，有三种骨折类型，分别是 Colles'骨折，Smith' 骨折，Barton 骨折。
Colles 骨折发生在前臂伸展时手掌撑地。通常在关节外有背侧成角移位，短缩呈刀叉样畸形。Colles 骨折是最常见的骨折类型。
Smith 骨折也叫做反 Colles 骨折，是在前臂伸展时手背撑地出现。一般向掌侧移位，呈刀铲样畸形。

Attending: Good ,generally speaking ,most patients suffered from distal radial fracture could be treated by close manipulation. The reason for why we refer this patient to operation is ,first, he is young and active, with highly functional needed; secondly, we failed to get anatomical reduction of distal radial after close manipulation in emergency room..
The operation name should be open reduction and internal fixation.
主治医师：好的，总的来说大多数桡骨远端骨折的患者可以通过闭合复位进行治疗。但我们选择这个患者进行手术治疗的原因是：首先这个患者年轻有活力，具有较高的功能要求，其次我们在急诊室给予闭合复位没有成功。手术名称是切开复位内固定术。

Professor: As we all know, distal radius fractures are some of the most common fractures in the upper extremity. It has been estimated that they account for more than one sixth of all fractures. The fracture is almost within 2.5cm of wrist joint. There were so many kinds of classification of distal radius fractures. The most serious type of fracture is the comminuted, intra-articular and displaced fracture.

主任医师：我们都知道桡骨远端骨折是常见的上肢骨折，据估计其占所有骨折的六分之一。桡骨远端骨折的骨折线位于关节线以下 2.5cm 以内，有许多分类方法，最严重的是粉碎的、涉及关节面和移位的骨折。

Except for two angles, other 3 anatomic structure should be noted. They are Radial Height, TFCC (Triangle Fibrocartilage Complex) and DRUJ (Distal Radiounlar Joint). When we want to reduce this fracture, we should pay more attention to these structures.
除了 2 个角度，还有另外 3 个解剖结构需要注意。它们是桡骨高度、三角纤维软骨复合体和下尺桡关节，当我们复位骨折时我们应该注意这些结构。

The treatment options are quite varied, depending on the type of the fracture, age, activing level and so on. Anatomic reduction and stable interal fixation may be good choice for young patient who is active and has an unstable, displaced and intra-articular fracture. But in older individuals, there may not be as great a need for anatomic reduction. The functional outcome may relate more to the patient's ability to maintain finger motion than to the degree of distal radius.
桡骨远端骨折的治疗方法有很多，需根据患者骨折的类型、年龄、活动水平等。对于年轻的、活动度大、不稳定移位涉及关节面的骨折患者选择切开解剖复位内固定，但对老年人解剖复位可能不是主要的要求，老年人的治疗结果可能与手指的活动度关系比桡骨的复位程度更密切。

Over the past 20 years, rigid internal fixation with plate and screws has become the standard for the treatment of fracture. Recently, the new locking plate system has been widely used in orthopeadic department. The advantage of locking plate system were not allowing the stripping of screws and prevented movement and loosening of screws. Since the plate did not have to be as precisely adapted to the underlying bone and did not have to be compressed against the bone. There was less interference with underlying vascular supply and the plate provided primary stability.I recommend that this patient should use locking plated. Dr Cao, what's your opinion.
过去的 20 年，坚强的钢板螺钉内固定成为治疗骨折的标准。近年来新的锁定钢板系统广泛地应用于骨科。锁定钢板系统的优点是不允许螺钉滑动、可避免螺钉松动和移位。由于钢板不需要精确地与其下方的骨相适应，所以钢板不会对骨组织造成挤压。这对骨组织的血供破坏较少，并提供初始的稳定性。我建议这个患者使用锁定钢板。曹医生，你的意见呢？

Attending:I agree with you.
主治医师：我同意。

Script

剧本

A 49 years old man with repeated upper abdominalpain and vomiting for 2 weeks

49 岁男性患者反复上腹痛伴呕吐两周

Hospital: Shu Guang hospital

医院：曙光医院

Department: cardiovascular department

部门：心血管科

Disease: acute coronary syndrome(ACS)

疾病：急性冠脉综合征

Cast:

Director:Dr. Hu -------Hu Qixiang（胡琪祥）

Attending physician: Dr. Jia -------Jia Meijun（贾美君）

Resident: Dr.Yang -------Yang Hui（杨慧）

Iintern: Dr.Han -------Han Jing（韩静）

Patient: Liu -------Liu Lujiong（刘鲁炯）

scriptwriter:

Yang Hui（杨慧）

director:

Wang Huiying（王慧颖）

Cameraman:

Qi Gaowei（漆高伟）

Glossary

abdominal：腹部的

vomit：呕吐

retrosternal：胸骨后的

nitroglycerin：硝酸甘油

electro-cardiogram：心电图

myocardial ischemia：心肌缺血

vertigo：眩晕

palpation：心悸

dyspnea：呼吸困难

ankle edema：踝部水肿

syncope：晕厥

diarrhea：腹泻

Upper abdomen Tenderness：上腹部压痛

distension of the neck venous：颈静脉怒张

rales：湿罗音

rhonchus：干罗音

pathologic heart murmur：病理性杂音

rhythm：节律

amylase：淀粉酶

digestive：消化的

angina：心绞痛

precordium：心前区的

suffocate：窒息的

acute coronary syndrome(ACS)：急性冠脉综合征

thromboses：血栓

coagulation：血凝块

inhibit the remodeling of ventricular ：抑制心室重构

metoprolol：美托洛尔

consistent ：与...一致的

PCI ：经皮冠状动脉成形术

Ultrasound：超声波

pancreatitis：胰腺炎

auscultation：听诊

Palpation：触诊

hepatojugular reflux symptom：肝颈静脉反流征

x-ray film：X 线摄片

necrosis：坏死因子

gastric mucosa：胃粘膜

traditional Chinese medicine：中医药

decoction：汤剂

prescription：处方

Act I

第一幕

Place: office

地点：医生办公室

Characters: 演员

Director:Dr. Hu -------Hu Qixiang（胡琪祥）
attending physician: Dr. Jia -------Jia Meijun（贾美君）
resident: Dr.Yang -------Yang Hui（杨慧）
intern: Dr.Han -------Han Jing（韩静）

Attending physician: Good morning, it is time for shift change. Please allow our shift doctor to report any incidents.

主治医生：早上好，现在开始交班。请值班医生汇报一下值班时有什么情况发生？

Resident: During my shift yesterday, I admitted a 49 years old man with repeated upper abdominal pain and vomiting for 2 weeks. Last night around eight o'clock, He felt pain at retrosternal and upper abdomen. After he took a pill of nitroglycerin, 2 minutes later, he no longer felt this kind of discomfort. Since then he has no more complaints and rest of the patients were doing well.

住院医生：在我昨天值班的时候我收了一名反复上腹痛伴呕吐 2 周的男性患者。昨晚大概 8 点左右，他觉得胸骨后和上腹部疼痛。当服用 1 粒硝酸甘油 2 分钟后，疼痛缓解，后再未有过类似的不适。病房里其他病人都无特殊情况。

Attending physician: Did you conduct an electro-cardiogram on him during his discomfort?

主治医生：在他感到疼痛时你有行心电图检查吗？

Resident: Yes, I did.

住院医生：是的，我做了。

Attending physician: What did the diagram show?

主治医生：心电图有什么表现？

Resident: Indeed, it appeared to be a serious myocardial ischemia and nitroglycerin is very effective on him.

住院医生：事实上，心电图显示很严重的心肌缺血，而且硝酸甘油对他十分有效。

Attending physician: Okay, today we will focus on this very interesting case. Now we hope Dr. Han give us a case presentation, Thank you.

主治医生：好，那今天我们就这个有意思的病历进行讨论吧。现在，请韩医生汇报一下病史，谢谢。

Intern: The patient is a 49 years old man. Two weeks ago the patient suddenly started to feel upper abdominal pain and vomiting repeatedly without any cause. At first it mostly ocurred after eating, then it became more and more serious and had no relationship with dining. The pain was at retrosternal and upper abdominal which did not refer to other

regions, like something pressing on his, lasted 15 to 20 minutes, was alleviated after rest. He never felt headache, vertigo, palpation, dyspnea and ankle edema. He had no fever, syncope and diarrhea during the course. We can not get helpful information from physical examination except for the Upper abdomen Tenderness is positive. No distension of the neck venous, no abnormal breath sound, no rales or rhonchus. No pathologic heart murmur. Heart rate is 98 and rhythm is normal. Liver and spleen are not palpable, Neural system is in normal function. We discovered when he had pain his ECG showed specific ST-segment(depress 0.1-0.3mv)and T-wave(inversion) abnormalities in leads V1 to V5 compared to no pains. We also found the mark of myocardial injury is abnormal high , so the amylase. That is all.

实习医生：这是个 49 岁男性患者，2 周前无明显诱因突然出现反复上腹部疼痛伴有呕吐。发病初，疼痛多发生在进食后，随着病程进展，疼痛程度加重，并与进食无明显关系。疼痛部位位于胸骨后及上腹部，性质为压榨性，持时 15-20 分钟，休息后可缓解。病程中患者无头痛、头晕、心悸、呼吸困难及踝部浮肿；无发热、晕厥及腹泻。体检除上腹部压痛阳性外，无其他阳性体征。无颈静脉怒张，肺部听诊无异常呼吸音、无干湿啰音，心脏听诊无病理性杂音。心率为 98 次/分，律齐，肝脾肋下未及，神经系统正常。我们发现他疼痛时心电图较无痛时有异常变化：V1 到 V5 导联，ST 段压低 0.1-0.3mv，T 波倒置。同时我们发现该患者心肌损伤标志物和淀粉酶均有异常升高。就这是我的病史汇报。

Attending physician: Dr.Yang, since you are in charge of this patient, I would like to know what do you think of this case.

主治医生：杨医生，你是这位患者的床位医生，我想知道你的想法。

Resident: In this case ,the main complaint is abdomen pain and vomiting, at first glance it seems like disease of digestive system. It is not the classic characteristic pain of angina such as precordium suffocate feeling, so it is likely to misdiagnosis. But we got the change of ECG and the rise of the mark of myocardial injury, so we have enough evidence to support our diagnosis: acute coronary syndrome(ACS), now our treatment includes anti-thromboses, anti-coagulation, inhibiting the remodeling of ventricular and β-blocker .

实习医生：这个病例中患者的主诉为腹痛和呕吐，乍一看似消化系统疾病。这不是俱有心前区窒息感等特点的典型心绞痛的表现，所以非常容易误诊。但他的心电图有动态变化且心肌损伤标志物升高，因此我们有足够证据支持我们的诊断:急性冠脉综合征。现在我们的治疗包括抗血栓形成、抗凝、抑制心室重构及 β 受体阻滞剂。

Director: How about his heart rate?

主任医生：他的心率情况怎么样？

Resident: After taking the metoprolol, his heart rate is about 88 beat per minute.

住院医生：在服用美托洛尔之后，他的心率在 88 次/分左右。

Director: Very good, your treatment is consistent with your diagnosis and your diagnosis is based on plenty of clinical evidence. I should mention one thing that in a ACS patient who is with non ST-segment elevation we do not recommend the usage of anti- thromboses drugs.You can conduct PCI on this patient.And what do you think of this patient,Dr.Jia?

主任医生：很好，你的诊断基于大量的临床证据，且治疗与诊断相一致。我想要提及的是对于非 ST 段抬高的急性冠脉综合征的患者，我们不建议应用溶栓药物，可行 PCI。你有何意见或建议呢，贾医生？

Attending physician: Well, I noticed that his Ultrasound showed suspicious acute pancreatitis and his blood and Urine amylase is also abnormal high. So we should rule out Acute pancreatitis.I have arranged CT for his to make sure whether thiere is inflammation at the pancreas.

主治医生：我观察到他的超声检查显示可疑急性胰腺炎，并且他血和尿液中的淀粉酶均有异常升高。所以，我们应排出急性胰腺炎，我已经安排了 CT 检查来明确胰腺炎症情况。

Director: Okay,I agree with you .so we should make some further examination on this patient and now I think we should have a look on the patient.

主任医生：好，我同意你的想法，我们应该做这些进一步的检查，那么现在让我们去病房里看一下病人吧。

Act II

第二幕

Place: ward

地点：病房

Characters: 演员

Director:Dr. Hu -------Hu Qixiang（胡琪祥）
attending physician: Dr. Jia -------Jia Meijun（贾美君）
resident: Dr.Yang -------Yang Hui（杨慧）
intern: Dr.Han -------Han Jing（韩静）
patient: Liu -------Liu Lujiong（刘鲁炯）

Director: Hello, I am Dr. Hu , I will ask you some questions.How are you today?
主任医生：你好，我是胡医生，我想就你的病情问些问题。你今天感觉如何？
Patient: I feel better today.
病人：今天我感觉好多了。
Director: I want to know how do you feel when you are uncomfortable?
主任医生：我想知道你不舒服时是什么感觉？
Patient: I feel abdomen pain.
病人：我感到腹痛。
Director:Then tell me where it is exactly.
主任医生：痛在哪里？
Patient: Here and there. (pointing at retrosternal and upper abdominal)
病人：这里......还有这里......（患者指向胸骨后和上腹部）
Director: What kind of feeling it is like?
是主任医生：一种什么性质的痛呢？

Patient: It is like something pressing on me.
病人：象有什么东西压着一样的痛。
Director: Anything accompany the pain?
主任医生：还伴有什么不舒服吗？
Patient: nausea and vomiting.
病人：恶心、呕吐。
Director: Do you feel relieved when you have a rest?
主任医生：休息之后好一些吗？
Patient: Somewhat.
病人：好一些。
Director: Okay ,do you have the same feeling before?
主任医生：你以前有这种感觉吗？
Patient: No.
病人：没有。
Director: Do your parents have heart attack or something?
主任医生：你的父母有心脏病或其他相关的疾病吗？
Patient: No, they are alive and healthy.
病人：他们现在还很健康。
Director: I see, now let me give you a physical examination, okay?
主任医生：我知道了，现在让我给你做体格检查，好吗？
Patient: Okay.
病人：好。
Director: Take a deep breath, please. (auscultation)
主任医生：请深呼吸。（医生听诊）
Patient: ……..(the patient did what the director asked for)
病人：......（病人按照医生的嘱咐做）
Director: Pay attention to the neck venous and hepatojugular reflux, they are significant for the function of heart. (Palpation: hepatojugular reflux symptom)
主任医生：请注意肝颈静脉反流征，这对判断心功能非常重要。（医生触诊）
Director： Do you pain? (Palpation: Upper abdomen Tenderness (+)
主任医生：痛吗？（医生触诊：上腹部压痛：阳性）
Patient:uh!
病人：啊！
Director: Stick out your tongue, please.
主任医生：请伸舌。
Patient: …….. (the patient did what the director asked for)
病人：......（病人按照医生的嘱咐做）
Director:Thank you for your cooperation.
主任医生：谢谢你的合作。
Patient: You are welcome.
病人：不要紧。

Act III

第三幕

Place: office

地点：医生办公室

Characters: 演员

Director:Dr. Hu -------Hu Qixiang（胡琪祥）
attending physician: Dr. Jia -------Jia Meijun（贾美君）
resident: Dr.Yang -------Yang Hui（杨慧）
intern: Dr.Han -------Han Jing（韩静）

Director: Nothing special on the PE except for the Upper abdomen Tenderness (+).I would like to review his x-ray film.
(All are looking at the film)

主任医生：体检除上腹部压痛阳性外，无其他阳性体征。让我们再看一下他的 X 线摄片。

Director: The size and form of the heart are normal, We can not find abnormality at he lung .

主任医生：心脏的形态和大小均正常，肺部亦无异常发现。

Attending physician: I still have a problem. Is there any connection between his pancreas and his heart?

主治医生：我还有个疑问，他的胰腺炎和心脏有何联系吗？

Director: It is a good question. So I think in this patient the pancreatitis is the original disease which caused the ACS .As we all know, when a patient suffered from pancreatitis, the human body will release some kind of necrosis to cause the myocardial injury. So what should we give him some further examination,Dr.Yang?

主任医生：问得很好。我认为胰腺炎是原发病，它引起急性冠脉综合征。众所周知，当人体存在胰腺炎时，体内会释放某种坏死物质导致心肌损伤。我们还应给他做哪些检查呢？

Resident: I think we should give him abdomen CT or MRI to identify the pancreatitis and PCI to make sure the coronary problems.

住院医生：我认为应给他行 CT 或 MRI 检查以明确胰腺炎及 PCI 以明确冠脉病变。

Director: You are correct, and do you have any suggestion toward the treatment?

主任医生：是的。你们对治疗方面还有哪些建议呢？

Attending physician: I think we should consider his gastric mucosa.

主治医生：我认为我们应该在用药上考虑到保护胃粘膜。

Director:I agree with you .

主任医生：我同意你的想法。

Director: Any other ideas?

主任医生：还有其他的想法吗？

Intern: I think we should consider in the point of the traditional Chinese medicine.

实习医生：我想我们也可以从中医药角度来治疗。

Director: Please continue.
主任医生：请继续讲下去。
Intern: The patient complained pain at upper abdomen. His symptom shows he had poor appetite, sleep disorder, and his feces seems loose. His tongue appears light reddish and has blood stasis stains at both sides, tongue coating seems thin and white .His pulse is thin and unsmooth. Based what I just mentioned.I diagnosis him as abdomen pain , Qi stasis in liver and meridians.
实习医生：病人觉得上腹部痛、纳呆、寐差、便溏。舌象淡红两边有瘀血，舌苔薄白，脉细涩。基于上述征象我诊断他为：腹痛，气滞肝脉。
Director: Very good.I agree with your opinion.I think DaChaihu Decoction may be suitable for this patient.so I will give the prescription:

chaihu 15 huangqin 10 zhichuanjun 6

Let's expect the results of his CT and PCI, and adjust the treatment according to his reflection. That's all for this patient today.
主任医生：很好，我同意你的观点。我认为大柴胡汤适合该患者，处方如下：

柴胡 15 黄芩 10 制川军 6

让我们等待 CT 及 PCI 的结果回报，并根据他对目前治疗的反应来调整用药。今天的病例分析就到这里。

ENGLISH CASE

(cardiovascular department)

Name:lili Age:49 Sex: Female Race: Han
Occupation: Free occupation Nationality: China
Married status: married
Address: Road No. shanghai.
Date of admission: December 26th, 2007
Date of record: December 26th, 2007
Complainer of history: Patient hisself Reliability: Reliable

Chief Complaint: repeated upper abdominal pain and vomiting for 2 weeks.

Present illness:

Two weeks ago the patient suddenly started to feel upper abdominal pain and vomit without any cause. At first it mostly happened after eating, then it became more and more serious and had no relationship with eating. The pain was at retrosternal and upper abdominal which did not refer to othis regions, like something pressing on, lasted 15 to 20 minutes, was alleviated after rest. He never felt headache, vertigo, palpation, dyspnea and ankle edema. He had no fever, syncope and diarrhea at the course. For furthis diagnosis and treatment, he is admitted to our hospital.He felt acratia. His spirit was normal. Appetite was poor, sleep was not so good, stool was loose and urine was normal.

Past History:

General health status: normal

Operation history: No operation history
Infection history: No history of tuberculosis or hepatitis.
Allergic history: Not allergic to food and drugs
Traumatic history: No traumatic history

System review:

Respiratory system: No history of repeated pharyngodynia, chronic cough, expectoration, hemoptysis, asthma, dyspnea or chest pain.

Circulation system: No history of palpitation, hemoptysis, legs edema, short breath after sports, hypertension, pericordium pain or faintness.

Digestive system: No history of low appetite, sour regurgitation, belching, nausea, vomiting, abdominal distension, abdominal pain, constipation, diarrhea, hemaptysis, melena, hematochezia or jaundice.

Urinary system: No history of lumbago, frequency of urination, urgency of urination, odynuria, dysuria, bloody urine, polyuria or facial edema

Hematopoietic system: No history of acratia, dizziness, gingival bleeding, nasal bleeding, subcutaneous bleeding or ostealgia.

Endocrine system: No history of appetite change, sweating, chilly excessive thirst, polyuria, hands tremor, character alternation, obesity, emaciation, hair change, pigmentation or amenorrhea.

Kinetic system: No history of wandering arthritis, joint pain, red swelling of joint, joint deformity, muscle pain or myophagism.

Neural system: No history of dizziness ,headache, vertigo, insomnia, disturbance of consciousness, tremor, convulsion, paralysis or abnormal sensation.

Personal History:

He was born in Shanghai. He never smokes and drinks. No exposure history to toxic substances, and infected water.

Obsterical history: He was married and had one child,his husband and child both healthy.

Menstrual history: His menstruation was normal.LMP:13/12,2007

Family History:

His parents are living and well. No congenital disease in his family.

Physical Examination:

Vital signs: T 36.6`C , P 98/min, R 16/min, BP120/80mmHg.

General inspection: The patient is a well developed, well nou-
rihed adult female and cooperative.

Skin: Normally free of eruption or unusual pigmentation.

Lymphnodes: Thise are no swellen of lymphnodes.

Head: Normal skull. No baldness, no scars.

Eyes: No ptosis. Extraocular is normal. Conjunctiva is normal. The
Pupils are round, regular, and react to light and accommodation.

Ears: Externally normal. Canals clear. The drums is normal.

Nose: No abnormalities noted.

Mouth and throat: lips red, tongue red. Alveolar ridges are normal.
Tonsils is normal.

Neck: No distension of the venous, no adenopathy. Thyroid palpable,but not enlarged. No
Abnormal pulsations. Trachea is in middle.

Chest and lung: Normal contour. Breast is normal. Expansion is equal.
Fremitus is normal. No unusual areas of dullness. Diaphr-
agmatic position and excursion are normal. No abnormal br-
eath sound. No moist rales and rhonchi rales heard. No
audible pleural friction.

Heart: P.M.I 0.5cm to left of midclavicular line in 5th inter-
Space. Forceful apex beat. No thrills. No pathologic
heart murmur. Heart rate is 98 and rhythm is normal.

Abdomen: Flat abdomen. No distension. No visible peristalsis.
No rigidity. No mass palpable.Upper abdomen Tenderness (+),
rebound tenderness (-).Liver and spleen are not palpable.
Shifting dullness (-). Bowl sound is normal.

Extremities: No joint disease. Muscle strength and tension normal. No ab-
normal motion. Thumb sign(-). Wrist sign(-).

Neural system:

Babinski sign (-). Oppenheim sign (-).
Chaddock sign (-). Conda sign (-).
Hoffmann sign (-).
Neck tetany (-) Kernig sign (-).
Brudzinski sign (-).

Genitourinary system: Normal.

The picture of tongue: light reddish, blood stasis stains at both sides; coating: thin and white

Pulse condition: thin and unsmooth

Laboratory examination:

2007/12/26 ECG: sinus tachycardia(HR:106,when no pain)

2007/12/26 ECG: sinus tachycardia, specific ST-segment
(depress 0.1-0.3mv)and T-wave(inversion)

abnormalities in leads V1 to V5 (HR:102,when pain)

2007/12/24 blood routine examination is normal,

GOT: 70U/L CK: 208 U/L CK-MB: 38 U/L

LDH: 280 U/L TNT: 0.10ng/ml

Blood amylase: 155 U/L Urine amylase:2873 U/L

Ultrasound: acute pancreatitis (suspicious)

2007/12/26 blood routine examination :WBC: NE:

GOT: 182U/L CK: 280U/L CK-MB: 56U/L

LDH: 198U/L TNT: 0.06 ng/ml

Blood amylase:133 U/L Urine amylase:1925 U/L

Cholesterol is normal.

Impression: Acute coronary syndrome

Non ST-segment elevation myocardial infarction(NSTEMI)

Acute pancreatitis?

Oncology department of Shanghai Shuguang Hospital Affiliated to shanghai University of Traditional Chinese Medicine

The scripts of Ward Round in English——Rectal Adenocarcinoma

上海中医药大学附属曙光医院——肿瘤科

英语查房剧本——直肠腺癌

Chief: Dr.Zhong Yi 钟薏

Attending Dr. Liu Hong Jie 刘宏杰

Resident Dr. Zhang Yan Bo 张彦博

Intern Chen Xuan 陈旋

Patient Shu Jia He 束家和

A． Morning shift

情景 A：交班

OFFICE:办公室

Chief: ok! let's begin our morning shift.

主任：好，现在开始晨交班。

Intern: DEC 10th 2007,morning shift. total number of the patients is 34,including 1 new admission, no critical patients. all the patients are in stable condition.

the new admission in Bed No.12 is Mr. Wang yong,,male,61y.Who's chief complaint: low rectal adenocarcinoma ,received Mile's operation 20days ago. diagnosis at present: low rectal adenocarcinoma.That's all for today's morning shift.

实习医生：2007 年 12 月 10 日晨交班，病人总数 34 人，新病人 1 人，危重病人 0 人，病人病情稳定。

新病人 12 床，王勇，男性，61 岁，因“低位直肠腺癌，Mile's 术后 20 天”入院.目前诊断：直肠癌。

Chief: I'm glad to see all the patient in stable condition. Since we have new admission today, I would like to choose Mr. Wang for today's director ward around. Doctor chen, please give us a case report for newly admitted patient.

主任：患者大都病情稳定，我很高兴，我们收了新病人，那我就选这位王先生作为今天主任查房的对象。陈医生请你给大家汇报一下病史。

B． Case Presentation

情景 B: 病史汇报

Intern: the new admission in Bed No.12 is Mr. Wang yong,,male,61y.

实习医生：新病人 12 床，王勇，男，61 岁。

Chief complaint: low rectal adenocarcinoma ,received Mile's operation 20days ago.

主诉：低位直肠腺癌，Mile's 术后 20 天。

History of present illness: More than 2 years ago, the patient began to suffer from inferior and umbilical abdominal pain. The pain was accompanied by intermittent fecal incontinence for more than 6 times a day without any reason. The stool was in semi-formed and liquid-mucoid form. The pain can be alleviated after bowel movement without any associated fever, nausea or vomiting. Six months ago, the patient occasionally noted blood in his stool. Five month ago he went to the local clinic and was diagnosed with hemorrhoids. But with no subsequent relief after some undetailed treatment. Five days ago, he came to our hospital for further exam. The doctor at our-patient department gave him a colonoscopy exam. Under the colonoscopy , A friable, sessile lesion, 15 to 20 mm in diameter, was identified very low in the rectum; examination of a biopsy specimen of the lesion disclosed adenocarcinoma. And he received abdominoperineal resection nineteen days ago in our hospital. He was admitted on Dec 9th for further exam and treatment.

现病史：患者两年余前出现下腹部及脐周疼痛伴有间歇性大便失禁，每日 6 次左右，大便夹有黏液，质地稀。泻后痛减。发病期间未见发热、恶心、呕吐。6 月前患者偶然发现便中带血。并于 5 月前前往就近医院诊治，当时诊断为“痔疮”，经过一些治疗，具体不祥，未见明显改善。患者 5 天前，来我院做了进一步检查。我院门诊予以直肠镜检查。在直肠镜下，在直肠下段近肛门处发现一个易出血的息肉，直径在 15 -20mm，病理提示为腺癌。19 天前患者于我院接受了经腹会阴直肠切除术。患者为求进一步诊治收治入院。

History of past illness: There was a 10 year history of diabetes that was controlled with diet and Glucophage.

既往史：患者右糖尿病史 10 年，口服格华止 250mg tid 及饮食控制。10 年前行肾结石体外碎石术。

Personal history: He had a 40-pack-year smoking history but had discontinued smoking five years.

个人史：他有 40 年吸烟史，最近 5 年中断吸烟。

Physical exam:

体格检查：

T: 37.2　　P:86bpm　　R:18/min　　BP:115/70mmHg

The patient was awake alert ,moderately obese, no anemic appearance, no jaundice, An examination of his heart and lungs showed no abnormalities.

患者神情，中度肥胖，无贫血貌，无黄染，心肺听诊无殊。

Abdomen: flat，an operative scar and the praeternaturalis **anus** in lateral abdomen. no mass was dictated through both deep and superficial palpation, no voluntary muscle guard, no rebound tenderness. The liver and spleen couldn’t be palpated.

The lower limbs were no edematous.

腹部检查：腹部平坦，腹部手术疤痕、侧腹部人工肛门，腹部潜触诊及深触诊未及肿块，无肌卫，无反跳痛，肝脾肋下未及。下肢无浮肿。

Laboratory test: Labortary test: blood routine test: Hb: 98g /l, WBC:8.9*10 9/l; stool culture: (-); stool routine test: normal; OB : normal. Liver and kidney function: was within normal ranges.

试验：血常规：血红蛋白：98g/l，白细胞 3.7×10^9/l.。大便培养：（-），大便常规：正常，OB：正常，肝肾功能：未见明显异常。

A chest radiograph showed that the lungs were clear, without evidence of metastases, and that the cardiac, hilar , mediastinal pleural , and bony structures were normal.

胸部 X 线：双肺清晰，没有转移灶，心脏、肺门、纵隔、胸膜和骨骼正常。

C. Discussion

情景 C: 病例讨论

Chief: thank you Doctor chen. Doctor Zhang(resident) did the patient had any sign of lymph node or organ metastasis ? What is his tumor–node–metastasis classification?

主任：谢谢陈医生。张医生病人有什么淋巴和器官转移证像吗？他的 TNM 分期是什么？

Resident: The patient's Diagnosis: Adenocarcinoma of the rectum, stage T2N 0M 0.

住院：病人诊断可以是直肠癌 T2N 0M 0 期。

Chief: Do you know what does T2N 0M 0 mean ?

主任：你知道 T2N 0M 0 代表什么吗？

Attending: T2might refer to a moderate tumor invation; N0 indicats the cancer cell lesions without the lmpth nods beside the rectum. M0 is refer to the no metastsis to the other organs.

主治：T2 代表的是中等程度的肿瘤转移，N2 代表淋巴转移到直肠以外，M0 代表没有器官转移灶。

Chief: Not exactly. The staging of rectal cancers the tumor–node–metastasis classification system is according to WHO. T refer to the tumor. T1 lesions involve the mucosa with variable invasion into the submucosa ; T2 lesions invade, but do not completely penetrate, the muscularis propria; T3 lesions are transmural and involve all layers of the rectum, including the serosa ; and T4 lesions involve adjacent structures, such as the bladder. N is refer to the lymph nod. N1 indicts the cancer cell lesions the lymphnods beside the cancer leveal;N2 indicts the cancer cell lesions the

lymphnods at mesenterium ;N3 indicts the cancer cell lesions the lymph nods at abdominal aorta. M is refer to the metasis to the other organs.

主任：不完全正确。根据 WHO 直肠癌 TNM 分型，T1 代表癌症侵犯粘膜并破坏粘膜下层；T2 代表癌症侵犯范围未穿透固有肌层；T3 代表癌症透壁型的侵犯所有层面，包括浆膜层，T4 代表癌症侵犯已侵犯邻近组织，例如膀胱。N 代表淋巴结，N1 肿瘤层面的淋巴转移，N2 代表肠系膜淋巴转移，N3 代表腹主动脉周围淋巴结转移。M 代表了邻近器官转移。

Chief: What kind of exam exam that the patient had took can support this T2N 0M 0 diagnosis ?

主任：有什么检查可以支持你的 T2N 0M 0 诊断吗？

Resident: Endoscopic ultrasonographic examination performed at this hospital shows an infiltrative mass, 8 mm thick, in the rectum. The tumor has invaded the mucosa, submucosa, and muscularis propria. However, the outside border of the muscularis propria appears smooth. Several lymph nodes are visible, but they are not enlarged and have normal echogenicity.

Endoscopic ultrasonographic staged lymph nodes.It is based on their size and echotexture. In this patient, The lymph nodes we saw on ultrasonographic examination were not enlarged and had normal echogenicity.

住院医生：在该医院行经肛周内镜超声检查显示为厚约 8 mm 的直肠浸润肿块。肿瘤浸润粘膜、粘膜下层与固有肌层。然而，固有肌层外缘似光滑。见数个淋巴结，但不肿大，超声表现正常。淋巴结的内镜超声分期取决于大小与声像图特征。该病例为显微淋巴结累及，不肿大。超声所见淋巴结不肿大，声像图正常。

Chief: This is inpartly true. But it is important to remember that in rectal cancers, there can be microscopic involvement of the lymph nodes. Better methods for assessing lymph-node involvement are clearly needed; new agents that allow the evaluation of internal lymph-node architecture on MRI scanning may be helpful in cases such as this one. Doctor Liu do you know which examation is the most correct and easily accepted in the clinical?

主任：你说得没错。重要的是要记住，在直肠癌中会出现淋巴结的显微累及。显然需要较好的方法来评估淋巴结累及；MRI 扫描评估肠道淋巴结结构新因素将有助于诸如本病例的评价。刘医生什么样的检查在临床上是准确率最高最易被接受的吗？

Attending:The pathological diagnoses is the most important .Examination of the resected rectum and sigmoid showed a mass, 3 by 2 by 0.5 cm , that was a moderately differentiated adenocarcinoma with transmural invasion into the perirectal fat,There was invasion of blood and lymphatic vessels in the submucosa and extramurally, and four of nine lymph nodes contained cancer. So the pathological diagnoses is T3N2M0.

主治医生：病理学诊断是最重要的。通过对患者切除的直肠和乙状结肠检查，发现一个 3*2*0.5cm 肿块。提示未一中等分化的腺癌。透壁侵入肛周脂肪组织，延伸到切除范围内

0.2cm。伴有粘膜下层和肠壁外的血液和淋巴侵犯。4/9 淋巴结中发现癌细胞。原位癌分级为 T3N2M0。

Chief: Yes,you are right.And what's the further therapy for this patient?

主任：那么这位病人进一步的治疗是什么呢？

Resident: The current patient is to offer postoperative radiation with the administration of concurrent and maintenance 5FU-based chemotherapy

住院医生：当前实际处理切除后分期 T2 或 T3 病例的方法是，术后放疗同时服用与维持氟尿嘧啶类的化疗。

Chief: I agree with you. A number of prospective and respective randomized trials have confirmed the value of postoperative chemotherapy for patients with resected stage T2 or T3 rectal carcinomas. The resent study showed benefit in terms of survival or local control with the oxaliplatin and fluorouracil based regimen.. Doctor Chen do you know the pharmacologic action of fluorouracil?

主任：我同意你的看法。许多前瞻性和回顾性随机试验肯定术后化疗对切除分期 T2 与 T3 直肠癌的价值。早期研究显示术后联合放疗与化疗优于单独切除、放疗或化疗。另一研究结果显示，根据生存率或局部控制评价，加甲酰四氢叶酸钙或左旋四咪唑或两者无效应。陈医生你知道氟尿嘧啶的药理作用吗？

Intern: It inhibits the thymidylate synthetase decreases the intracellular concentration of thymidine monophosphate, which in turn leads to the inhibition of DNA synthesis.

实习医生：氟脲嘧啶抑制胸腺核苷酸合成酶减少细胞内胸腺嘧啶核苷一磷酸浓度，从而抑制 DNA 合成。

Attending: 5FU combining oxaliplatin is the current standard chemotherapeutic agent used in the adjuvant treatment of rectal cancer. 5FU inhibits thymidylate synthetase, an enzyme that is critical in the conversion of uridine to thymidine. And what dosage do you choose for this patient?

主治：氟尿嘧啶联合奥沙利铂是当前辅助治疗直肠癌的标准化疗药物。氟尿嘧啶抑制胸腺核苷酸合成酶，是尿嘧啶转变成胸腺嘧啶的关键酶。那么你们将为这位病人选择什么合适的剂型？

Resident: Xeloda, an oral prodrug of 5FU, allows the delivery of fluorouracil dosing similar to that achieved with an infusion schedule without the risk of morbidity from central ,oxaliplatin, forms interstrand and intrastrand DNA cross-links and DNA have been shown to improve survival in patients with metastatic colorectal cancer when used in combination with 5FUand CF

住院医生：卡培他滨（希罗达 xeloda）是氟尿嘧啶前药，其释出剂量可与静脉注射相仿但无中枢神经导管与注射泵并发症。依连洛特肯（定位异构转化酶 II 抑制剂）与奥沙利铂，其

形成 DNA 股间与股内交联与 DNA 加合物类似于其他铂化合形成物，在联合氟尿嘧啶与亚叶酸应用中，均显示改善转移结肠癌患者的生存期的作用。

Attending：The platinum has the 3 generations ,which are cisplatin ,carboplatin and the oxaliplatin. The side effects of the platinums are nearly same.

主治医生：白金有三种衍化物：顺铂，伯尔定和奥沙利铂。其副作用是几乎相同的。

Chief: I do not agree with your. The severity of toxic effects varies with the dose and dosing schedule.The side-effect of Platinum is totally different. Such as the cisplatin is vomite ,carbinplatin blood disc depress and the oxaliplatin periphery neuritis.

Since Fluorouracil can be toxic to the rapidly dividing tissues of the gastrointestinal tract and, to a lesser extent, the skin and bone marrow.

The best way of avoiding the side effect of the oxaliplatin is to keep in touch of the cold objects. So we must pay much attention to such gastrointestinal toxic effects like: nausea ,vomiting and periphery neuritis. We know in this case, identified cancer very low in the rectum. Doctor Chen what the colon and rectal cancer was regarded as in our TCM ?

主任：我不同意你的看法，氟尿嘧啶对细胞迅速分裂的胃肠道组织具有毒性作用，对皮肤与骨髓毒性作用次之。避免奥沙利铂副作用的最好方法是不要接触冷物体。所以我们必须对于消化道例如恶心呕吐等毒性作用引起足够的重视。在这个病例中，患者有直肠下段息肉，那么这个直肠癌的中医病名是什么？

Intern: According to his history is it diarrhea ?

实习医生：根据他的病史是不是泄泻？

Chief: I’m not quite agree with you，It can be regard as anus-stopping hemorrhoids. Now I have a general impression of this patient, let’s go to the ward to make some further inquire and exam.

主任：我不是很同意你的看法，这个中医病名为“锁肛痔”。现在我对病人病情有整体印象了，让我们去病房进一步问诊和检查。

D．Professor’s round

情景 D：主任查房

WARDS: 病房

Chief : good morning ,I’m doctor zhong, the chief of this department. How do you feel today?

主任：早上好，我是钟医生，肿瘤科主任，你感觉怎样？

Patient: good morning! I have an abdominal pain

病人：早上好，我下腹还有点痛

chief: I will need to make some exam on you abdomen.

主任：我要在你的腹部作一些检查

Chief: The examation is negative .please show me your tongue ? (the patient shows his tongue) oh! He has a red-purple tongue with slight yellow tongue fur. (Pulse taking)he has a rough-fin pulse.

主任：请给我看一下舌头（病人伸舌）他有紫红色的舌头薄黄苔，（搭脉）脉细涩。

Chief: do you have abdominal distention?

主任：你有腹胀吗？

Patient: yes.

病人：有的

Chief: do you have anorexia?

主任：你有恶心吗？

Patient:no

病人：没有

Chief: what colour of the blood in the stool? Is it bright red or purple-red?

病人：你大便中血是什么颜色的？是鲜红的还是紫红的

Patient:sometime ispurple-red.

病人：有时是紫红的

Chief: do you have a intense urge to defecate, with straining? feeling of incomplete evacuation?

主任：你有里急后重，和泻下不爽吗？

Patient: yes.

病人：是的

Chief: do you fear of cold and have cold limbs?

主任：你有畏寒肢冷。

Patient: no.

病人：没有

Chief: do you have dizziness or tidal fever?

主任：你有头晕和盗汗吗？

Patint: no.

病人：没有。

E. Discussion

情景 E: 病例讨论

OFFICE： 办公室

Chief: And what's the pattern identification of this patient according to TCM and what is his principle of treatment ?

主任：患者辨证分型和治则是什么？

Attending: according to the inspection ,listening and smelling, inquiring, palpation. The patient has purple-red color blood in the stool; a intense urge to defecate, with straining feeling of incomplete evacuation; red-purple tongue with slight yellow tongue fur; a rough-fin pulse. Correlated all four exam, the patient can be identified as accumulation of stagnant toxin-heat in the interior. The treatment principle will be removing blood stasis and promoting Qi.

主治医生：通过望闻问切，患者腹胀腹痛，痛有定处，泻下色紫，里急后重，舌紫暗，苔黄，脉细涩。四诊合参，证属瘀毒内阻证。治拟化瘀行气。

Chief: I'm quite agree with you? Doctor Chen what herb formula will you choose to treat this patient.

主任：我比较同意你的看法. 陈医生你会给这位病人选择什么方子？

Intern: I will choose Infradiaphragmatic Stasis-Expelling Decoction.

实习医生：我会选择膈下逐瘀汤。

Chief: well done. I suggest that the patient have received upper abdominal, pelvic cavity CT scan,the exam of the blood serum tumor marker, periphery blood test , metabolism,and EKG.The intimate observation should be taken in the chemotherapy. The follow-up period is about 2years,because the rate of the recurrence and the matastais is about 60_80% in the colon and rectal cancer.That’s all for today’s professor around.

主任：很好。我建议病人再接受上腹部及盆腔 CT 扫描，血清肿瘤标志物，外周血，新陈代谢，心电图。在化疗期间患者必须接受严密观察。随访期为两年，因为直肠和结肠癌发病率为 60-80％。今天的主任查房到此结束。