

<<哈里森临床神经病学>>

图书基本信息

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内容概要

《哈里森临床神经病学（第2版）》的目的是将其作为一本能提供广泛涵盖神经科重点方向、针对内科医生的基础性读物，并秉承哈里森系列图书一贯的重点关注疾病病理生理和治疗的风格。通过使用新的表格使内容更具表现力，并且增加了神经影像学进展。

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<<哈里森临床神经病学>>

书籍目录

Contributors

Preface

SECTION I INTRODUCTION TO NEUROLOGY

1 Approach to the Patient with Neurologic Disease

2 Neuroimaging in Neurologic Disorders

3 Electrodiagnostic Studies of Nervous System Disorders: EEG, Evoked Potentials, and EMG

4 Lumbar Puncture

SECTION II CLINICAL MANIFESTATIONS OF NEUROLOGIC DISEASE

5 Pain: Pathophysiology and Management

6 Headache

7 Back and Neck Pain

8 Syncope

9 Dizziness and Vertigo

10 Weakness and Paralysis

11 Gait and Balance Disorders

12 Numbness, Tingling, and Sensory Loss

13 Confusion and Delirium

14 Coma

15 Aphasia, Memory Loss, and Other Focal

16 Sleep Disorders

17 Disorders of Vision

18 Disorders of Smell, Taste, and Hearing

SECTION III DISEASES OF THE CENTRAL NERVOUS SYSTEM

19 Mechanisms of Neurologic Diseases

20 Seizures and Epilepsy

21 Cerebrovascular Diseases

22 Neurologic Critical Care, Including Hypoxic-Ischemic Encephalopathy and Subarachnoid Hemorrhage

23 Alzheimer's Disease and Other Dementias

24 Parkinson's Disease and Other Extrapyrarnidal Movement Disorders

25 Hyperkinetic Movement Disorders

26 Ataxic Disorders

27 Amyotrophic Lateral Sclerosis and Other Motor Neuron Diseases

28 Disorders of the Autonomic Nervous System

29 Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders

30 Diseases of the Spinal Cord

31 Concussion and Other Head Injuries

32 Primary and Metastatic Tumors of the Nervous System

33 Neurologic Disorders of the Pituitary and Hypothalamus

34 Multiple Sclerosis and Other Demyelinating Diseases

35 Meningitis, Encephalitis, Brain Abscess, and Empyema

36 Chronic and Recurrent Meningitis

37 HIV Neurology

<<哈里森临床神经病学>>

- 38 Prion Diseases
- 39 Paraneoplastic Neurologic Syndromes
- 40 Peripheral Neuropathy
- 41 Guillain-Barré Syndrome and Other Immune-Mediated Neuropathies
- 42 Myasthenia Gravis and Other Diseases of the Neuromuscular Junction
- 43 Muscular Dystrophies and Other Muscle Diseases
- 44 Polymyositis, Dermatomyositis, and Inclusion Body Myositis
- 45 Special Issues in Inpatient Neurologic Consultation
- 46 Atlas of Neuroimaging
- SECTION IV CHRONIC FATIGUE SYNDROME
- 47 Chronic Fatigue Syndrome
- 48 Biology of Psychiatric Disorders
- 49 Mental Disorders
- SECTION VI ALCOHOLISM AND DRUG DEPENDENCY
- 50 Alcohol and Alcoholism
- 51 Opioid Drug Abuse and Dependence
- 52 Cocaine and Other Commonly Abused Drugs
- Review and Self-Assessment
- Index

<<哈里森临床神经病学>>

章节摘录

版权页： 插图： CONTRAINDICATIONS Myelography is relatively safe; however, it should be performed with caution in any patient with elevated intracranial pressure, evidence of a spinal block, or a history of allergic reaction to intrathecal contrast media. In patients with a suspected spinal block, MR is the preferred technique. If myelography is necessary, only a small amount of contrast medium should be instilled below the lesion in order to minimize the risk of neurologic deterioration. Lumbar puncture is to be avoided in patients with bleeding disorders, including patients receiving anticoagulant therapy, as well as in those with infections of the soft tissues.

COMPLICATIONS Headache, nausea, and vomiting are the most frequent complications of myelography and are reported to occur in up to 38% of patients. These symptoms result from either neurotoxic effects of the contrast agent, persistent leakage of CSF at the puncture site, or psychological reactions to the procedure. Vasovagal syncope may occur during lumbar puncture; it is accentuated by the upright position used during lumbar myelography. Adequate hydration before and after myelography will reduce the incidence of this complication. Postural headache (post-lumbar puncture headache) is generally due to leakage of CSF from the puncture site, resulting in CSF hypotension. Management of post-lumbar-puncture headache is discussed in Chap. 4. If significant headache persists for longer than 48 hours, placement of an epidural blood patch should be considered. Hearing loss is a rare complication of myelography. It may result from a direct toxic effect of the contrast medium or from an alteration of the pressure equilibrium between CSF and perilymph in the inner ear. Puncture of the spinal cord is a rare but serious complication of cervical (C1-2) and high lumbar puncture. The risk of cord puncture is greatest in patients with spinal stenosis, Chiari malformations, or conditions that reduce CSF volume. In these settings, a low-dose lumbar injection followed by thin-section CT or MRI is a safer alternative to cervical puncture. Intrathecal contrast reactions are rare, but aseptic meningitis and encephalopathy may occur.

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编辑推荐

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