

<<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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## 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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