

<<神经病学>>

图书基本信息

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作者：安奇 编

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内容概要

Each question in this book has a corresponding answer , a reference to a text that provides background for the answer , and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter. For multiple-choice questions , the one best response to each question should be selected. For matching sets , a group of questions will be preceded by a list of lettered options. For each question in the matching set , select one lettered option that is most closely associated with the question.

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作者简介

编者：(美国)安奇(David J.Anschel)

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章节摘录

插图：7. The answer is b. (Popper, pp 237-239.) Most rhythmic to-and-fro movements of the eyes are called nystagmus. Nystagmus has a fast component in one direction and a slow component in the opposite direction. Nystagmus with a fast component to the right is called right-beating nystagmus. Phenytoin (Dilantin) may evoke nystagmus at levels of 20 to 30 mg/dL. The eye movements typically appear as a laterally beating nystagmus on gaze to either side; this type of nystagmus is called gaze-evoked. If the patient has nystagmus on looking directly forward, he or she is said to have nystagmus in the position of primary gaze. Therapeutic levels for phenytoin are usually 10 to 20 mg/dL, and some patients develop asymptomatic nystagmus even within that range. Ataxia, dysarthria, impaired judgment, and lethargy may also occur at toxic levels of phenytoin. Many other drugs, such as alcohol, barbiturates, and other sedatives, also evoke nystagmus. Weakness of abduction of the left eye, or abducens palsy, is due either to injury to the sixth cranial nerve or to increased intracranial pressure. Impaired convergence can occur normally with age or may be a sign of injury to the midbrain. Papilledema is a sign of increased intracranial pressure. Impaired upward gaze may occur in many conditions, but would not be expected to occur due to a toxic phenytoin level.

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