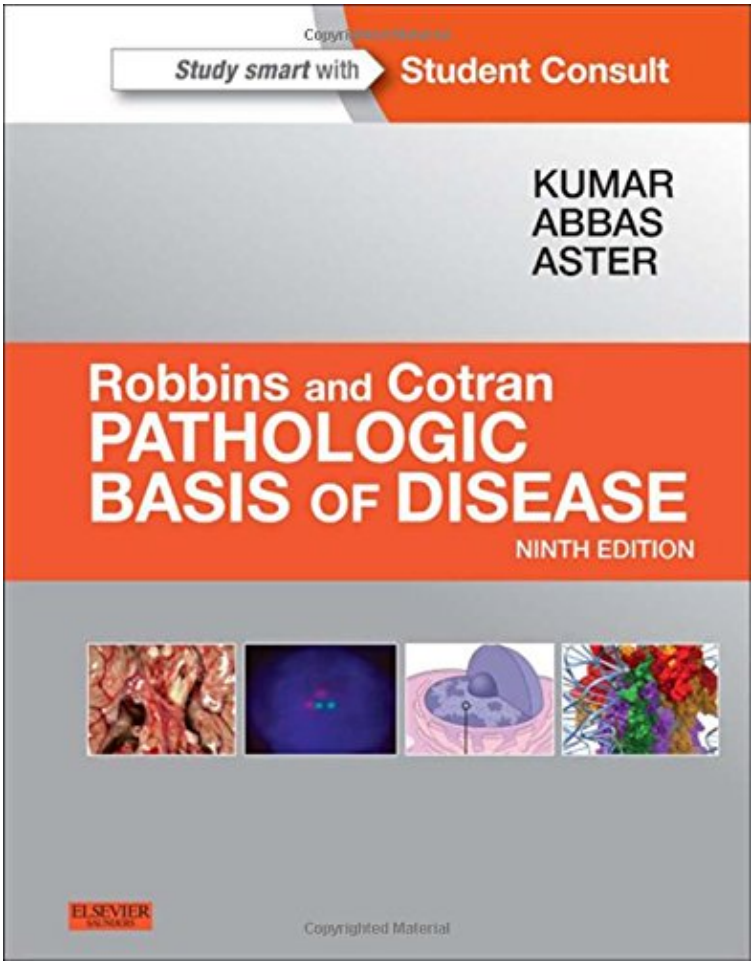
Robbins Cotran Pathologic Basis of Disease, 9e (Robbins Pathology)

Vinay Kumar MBBS MD FRCPath, Abul K. Abbas MBBS, Jon C. Aster MD PhD
**Download PDF | ePub | DOC | audiobook | ebooks*



#14219 in Books Ingramcontent 2014-07-28Original language:EnglishPDF # 1 11.00 x 8.75 x 2.00l, 6.70 #File Name: 14557261331408 pagesRobbins and Cotran Pathologic Basis of Disease with Access Code | File size: 46.Mb

Vinay Kumar MBBS MD FRCPath, Abul K. Abbas MBBS, Jon C. Aster MD PhD : Robbins Cotran Pathologic Basis of Disease, 9e (Robbins Pathology) before purchasing it in order to gage whether or not it would be worth my time, and all praised Robbins Cotran Pathologic Basis of Disease, 9e (Robbins Pathology):

128 of 130 people found the following review helpful. vs. 8th editionBy Dong-hwa, BaekErrata will be updated if I find errors more. (Last updated: 3/26/2015)A conclusionThe renowned bible of pathology is revised enough to be sold under the title of "new edition." Students may stick to the previous edition (not so many changes to influence studying for the USMLE review). The new edition is more recommended unless you have got one. Though this book becomes easier and more student-friendly as new editions come out, students (including me) may still find the big Robbins difficult without a strong background of basic sciences. For the purpose of USMLE review, the baby Robbins is more than enough. However, I believe all doctors(-to-be), regardless of their specialties, should read this big Robbins at

least once in their lifetime, not for the board review, but for a better understanding of medicine.Overall changes1. "Key Concepts" summary after each section, which may be useful to students.2. Some tables and figures are revised, most (but not all) of which are better than those from the previous edition.3. "References" "suggested readings." Updated, selected articles with useful comments (except in Ch26 28).4. A briefer, readable text with better editing. Many minor text revisions are geared toward pathogeneses and clinical features rather than morphologies. Frequent use of bullets and bold texts makes the contents clearer and easier to understand.Some of more impressive updatesCh1. A new chapter, parts of whose materials are assembled from several chapters of the previous edition. More coherent discussion of cell molecular biology.Ch2. New pathways of cell death, necroptosis and pyroptosis. Updated discussions regarding autophagy. Minor text revisions.Ch3. The inflammation chapter and tissue repair chapter are combined. A newly written paragraph on neutrophil extracellular traps (NETs). Some primary immunodeficiencies (e.g., leukocyte adhesion deficiency) are moved to the Ch6, and stem cells, extracellular matrix or other stuffs are moved to the Ch1.Ch4. The coagulation cascade in vivo vs. in vitro. Minor text revisions.Ch5. A brief discussion regarding fragile X tremor/ataxia is added to the Fragile X syndrome section. Extensive revisions on "molecular diagnosis." A newly written section on next-generation sequencing (NGS). Several minor major text revisions throughout the whole textbook accordingly.Ch6. Augmented discussion about innate immunity (e.g., TLRs, NOD-like receptors, inflammasome, etc.). New paragraphs concerning innate lymphoid cells (ILCs) and IgG4-related diseases. A new section on primary immunodeficiencies due to defects in innate immunity. A discussion of ataxia-telangiectasia in the context of immunodeficiency.Ch7. Extensive text revisions but following the similar outline as the 8th edition. Descriptions of several important topics (e.g., Hallmarks of cancer, Darwinian selection and progression of tumor cells, oncogene addition and its therapeutic implications, the Warburg effect, cancer stem cells, molecular profiling of tumors, to name a few) are enhanced, while too detailed ones (e.g., the pocket protein family, etc.) are reduced or omitted. Overall, more organized and easier to understand.Ch8. "General principles" part is reorganized. Several minor text reinforcements that reflect recent advances regarding microbial pathogenic mechanisms. A new paragraph on Cryptococcus gattii is added.Ch9. Updated statistics and results from recent studies. A new paragraph on anticoagulants. Enhanced discussion of pathophysiology of obesity. Details regarding morphology of mechanical trauma are omitted.Ch10. No major changes here. Short additions about neuritogenesis and chromothripsis in neuroblastoma section. Minor text revisions.Ch11. Revised figure captions. Addition of brief paragraphs on various subjects (e.g., syphilitic aneurysm, aneurysm due to IgG4-related disease, Behcet Disease, myocardial vasospasm). Discussions on morphology of some vascular tumors are excluded.Ch12. A short passage about cardiac stem cells. A brief discussion of development of the interatrial septum. Several minor heart diseases are excluded (e.g., atrioventricular septal defect, persistent truncus arteriosus, total anomalous pulmonary venous connection, myocardial diseases associated with iron overload, hyper/hypothyroidism).Ch13. Paragraphs on hemophagocytic lymphohistiocytosis (HLH). A number of new molecular lesions in white cell neoplasms revealed by NGS and recent studies of epigenomics.Ch14. More detailed explanation of the survival benefit against malaria in patients with sickle cell traits. Revised explanation of coagulopathies that reflects coagulation cascade in vivo. A new section on complications of transfusion.Ch15. Paragraphs on pathogenesis of many respiratory disorders (e.g., acute lung injury, asthma, lung cancer, etc.) are rewritten or revised, many of whose details are dropped, but come to the point overall. Brief discussions of pulmonary Langerhans cell histiocytosis, lymphangioleiomyomatosis and surfactant dysfunction disorders are added. Other minor text revisions.Ch16. No major changes. Overall text length is cut down. A short paragraph on glossitis is deleted. Minor text revisions.Ch17. A short additional explanation on achalasia. Enhanced discussions of some topics (e.g., gastric injury protection, molecular pathogenesis of GI tumors, pathogenesis of irritable bowel syndrome, etc.). Minor entities (e.g., uncommon esophageal tumors, Cowden syndrome, Bannayan-Ruvalcava-Riley syndrome, Cronkhite-Canada syndrome, peritoneal cysts) are removed.Ch18. An extensively reorganized introductory section with many additions and revisions on hepatocyte injury and repair, liver failure, and morphologies. Many other minor updated or revised sections throughout the whole chapter. Some witty mnemonics in "Key Concepts" summaries. Minor disease entities (e.g., hepatitis G virus, progressive familial intrahepatic cholestasis, Alagille syndrome) are discarded.Ch19. Rearrangements on the pathogenesis of pancreatitis.Ch20. Recent concepts on the pathogenesis of glomerulonephritis due to circulating immune complexes. Several text updates reflecting current clinical viewpoints. A brief mention of Birt-Hogg-Dube syndrome and Xp11 translocation carcinoma. Overall text length is cut down by deleting redundant descriptions and minor entities.Ch21. Pathogenesis and clinical portion of prostate cancer are updated.Ch22. Some new figures. More abridged anatomy embryology. Enhanced coverage on the pathogenesis of endometriosis, uterine fibroids, and ovarian tumors. Recent WHO classification of endometrial hyperplasia (from previously 4-tiered to 2-tiered). Vulvar malignant melanoma is deleted. Many minor text revisions.Ch23. "Breast cancer" section is revised extensively (statistics, pathogenesis, and morphologies according to the new classification scheme).Ch24. Updated diabetes subsection (separation of acute chronic complications, an addition of "incretin effects," hexosamine pathways in the pathogenesis of chronic complications). Newly identified molecular lesion in pancreatic neuroendocrine tumors.Ch25. Text rearrangements to improve readability. Morphologic features of epithelial cysts are omitted.Ch26. Better summary paragraphs and tables.

Parts of some arthropathies are curtailed. A small new section on undifferentiated pleomorphic sarcoma (UPS). Several entities (chondroblastoma and chondromyxoid fibroma, myositis ossificans, etc.) are out.Ch27. The anatomically rearranged chapter with many text revisions accordingly. A simplified approach to inheried peripheral neuropathies with detailed discussions being dropped. Several miscellaneous topics are added (e.g., Lyme disease, HIV/AIDS neuropathy, congenital myasthenic syndromes, rare musculodystrophies, etc.). Peripheral nerve sheath tumors are moved from Ch28.Ch28. Frontotemporal dementia frontotemporal lobar degeneration (FTLD). TDP-43 and C9orf72 in the pathogenesis of FTLD and amyotrophic lateral sclerosis (ALS). The enhanced paragraph on spinal muscular atrophy (SMA), which is mentioned independently of the SMA in Ch27. Updates on the pathogenesis of brain tumors and paraneoplastic syndromes. Some minor entities (e.g., Pelizaeus-Merzbacher disease, Alexander disease, vanishing white matter leukoencephalopathy, Kearn-Sayre syndrome, Alpers disease) are excluded.Ch29. The molecular pathogenesis of uveal melanoma.Errata (not meant to be complete; mostly editorial errors) (last updated: 3/26/2015)p. xvi Contents, Chapter 21: Incorrect page number. 859 959p. 25 Right column, 3rd line: cycin CDK4 and cycline CDK6 cyclin D-CDK4 and cyclin D-CDK6p. 49 Left column, 16th line: cross-lins cross-linksp. 55 Left column, 9th line: proteins This proteins. Thisp. 56 Left column, Figure 2-25 caption : FAAD FADDp. 58 Left column, 3rd line: Table 2-4). Table 2-4.p. 67 Left column, 4th line: a proteins proteinsp. 76 Table 3-3: 47 (CD49DCD29) 47 (CD49dCD29)p. 81 Right column, 4th line: meshwork of of meshwork ofp. 118 Left column, 3rd line: he thep. 118 Right column, 16th line: Glanzmann thrombasthenia). Glanzmann thrombasthenia.p. 150 Right column, Figure 5-10: Wrong location of the "primary storage" box in the center of the figurep. 152 Left column, 14th line: Chapter 1 Chapter 2p. 156 Left column, 13th line: Fig. 5-16 Fig. 5-15p. 165 Left column, 19th line: genes All genes. Allp. 168 Right column, 12th line: gene (2) gene. (2)p. 171 Left column, 4th line: FRMP-mRNA FMRP-mRNAp. 171 Left column, 10th line: FRMP FMRPp. 190 Right column, Figure 6-5: (not 'xi' chain, but 'zeta' chain)p. 208 Left column, 19th line from the bottom: Figs. 6-31 and 6-32 Fig. 6-32p. 224 Left column, 9th line: (IV-S) (IV-S)p. 266 Right column, last line: capable of capable of capable ofp. 277 Figure 7-21B. 72.3 72.3, 17.1 17.1p. 279 Left column, 19th line: genotoxic. as well as genotoxic, as well asp. 329 Right column, 12th line: Rb and p53 p53 and Rbp. 345 Right column, 4th line: Transmission and Dissemination of Microbes How Microorganisms Cause Diseasep. 348 Left column, 15th line from the bottom: Burkholdaria Burkholderiap. 350 Right column, 5th line from the bottom: How Microorganisms Cause Disease Host Damagep. 353 Right column, 19th line: flow.. flow.p. 368 Left column, 20th line from the bottom: die die.p. 387 Left column, 10th line, inflammation cause inflammation, causep. 397 Left column, 11th line, The Pathogenesis. The (for editorial consistency)p. 398 Left column, Figure 8.54: Oblique straight cutting line between A Bp. 425 Left column, 18th line: a subsequent a post-use a subsequent, post-usep. 491 Left column, 3rd line: disorder , disorder,p. 499 Left column, 5th line: matrice matrix (or matrices)p. 500 Right column, 14th line: inflammatiion inflammationp. 514 Right column, 8th line from the bottom: Trousseau sign Trousseau syndrome (which I think is better because Trousseau sign can also be used in hypocalcemia)p. 524 Right column, 26th line: [MMPs], [MMPs]),p. 550 Right column, 4th line from the bottom: (see later) (see later).p. 575 Right column, 14th line: Myxomas Myxoma. Myxomas (for editorial consistency)p. 584 Left column, 10th line: organs,- the organs, the (duplicated punctuation)p. 584 Left column, 11th line: T cells-, lymphocytes T cells, lymphocytes (duplicated punctuation)p. 586 Left column, 11th line: NK to NK cells top. 586 Right column, 23rd line from the bottom: so that is some so that in somep. 607 Right column, 25th line: M-CSF) chemokines M-CSF), chemokinesp. 609 Table 13-8, 6th row, 2nd column: C30-; EB- CD30-; EBV-p. 609 Right column, Figure 13-26: Incorrect figure; figure 13-26 13-27 are switched.p. 610 Left column, Figure 13-27: Incorrect figure; figure 13-26 13-27 are switched.p. 629 Chapter Contents, 3rd column, 2nd line: Purpura and Purpura (TTP) andp. 630 Right column, 1st line: when sufficiently sufficientlyp. 635 Right column, 7th line: O2 O(subscript)p. 649 Right column, Table 14-6: incorrect spacing in the 3rd 4th rowp. 660 Right column, 15th line from the bottom: is caused by is an autosomal recessive disorder caused by (not concordant with 'also' in the next paragraph)p. 669 Right column, 6th line: The mainstem bronchus The right mainstem bronchusp. 675 Right column, 5th line from the bottom: Chapter 17 Chapter 18p. 678 Left column, 4th line: change change.p. 679 Right column, 20th line from the bottom: most notable most notablyp. 683 Left column, 1st line: IL13 IL-13p. 683 Left column, 2nd line: IL17 and IL9 IL-17 and IL-9p. 718 Left column, 4th line: Chapter 11 Chapter 12p. 749 Chapter Contents, 1st column, 5th line from the bottom: a missing line "Complications of Chronic Gastritis 766" (refer to the page 766)p. 749 Chapter Contents, 3rd column, 11th line: a missing line "Other Causes of Chronic Colitis 802" (refer to the page 802)p. 750 Left column, 4th line from the bottom: (17-1B) (Fig. 17-1B)p. 794 Left column, 15th line from the bottom: Necator duodenale Necator americanusp. 794-795 Paragraph titles: Italicize species names in paragraph titles. (e.g., Ascaris lumbricoides)p. 794-795 Paragraph titles: De-italicize paragraph titles without species names. (e.g., Schistosomiasis)p. 816 Left column, 19th line: oxyuriasis vermicularis Oxyuriasis vermicularis or Enterobius vermicularis(case sensitive, italic)p. 816 Right column, 5th line from the bottom: outflow outflow.p. 824 Figure 18-4C. PE with veno-portal approximation Parenchymal extinction with veno-portal approximation (PE is indicated nowhere, which resulted from the original source.)p. 828 Left column, 14th line from the bottom: (resulting (resultingp. 829 Right column, 4th line, 8th line, 15th line: absent bullets ()p. 839 Right column, 30th line: diseases , diseases,p. 848 Right column, 17th line from the bottom: severity) severity):p. 854 Right

column, 3rd line from the bottom: mechanisms mechanisms:p. 863 Left column, 1st line: may be may may bep. 870 Left column, 5th line: Familial familialp. 875 Left column, 19th line: delta-gamma T cell gamma-delta T cellp. 876 Right column, 17th line: gallstones gallstones:p. 892 Figure 19-12 caption, 3rd line: p16 sta occurs p16 occursp. 894 Right column, 3rd line from the bottom: Trousseau sign, Trousseau syndrome, (the same reason as mentioned above)p. 903 Left column, 18th line: composted of composed ofp. 915 Left column, 12th line: (NSAIDs). [NSAIDs]).p. 915 Right column, 23rd line from the bottom: dense also deposits dense depositsp. 934 Right column, 12th line: Fig. 20-33B Fig. 20-32Bp. 943 Left column, 10th line from the bottom: aberration aberrantp. 946 Left column, 2nd, 5th, 26th line from the bottom: Ca2+ Ca (superscript)p. 946 Right column, 12th, 15th, 17th, 21st line: Ca2+ Ca (superscript)p. 961 Right column, 24th line from the bottom: bladde bladderp. 964 Right column, Table 21-2: absent indentation in the 2nd-6th row (from exophytic papilloma to carcinoma in situ)p. 969 Right column, 7th line from the bottom: adeno carcinomas adenocarcinomasp. 975 Right column, Table 21-5, 3rd row from the bottom: Insert "Sex Cord-Stromal Tumors" in a separate row, as they are not parts of germ cell tumors, but an independent entity.p. 982 Right column, 11th line from the bottom: Benign Prostatic Hyperplasia Benign Prostatic Hyperplasia (BPH) (BPH is defined nowhere within the chapter 21.)p. 985 Left column, 3rd line: (RB, CDKN2A, (RB, CDKN2A),p. 996 Right column, 2nd line from the bottom: Chapter 21 Chapter 8p. 997 Right column, 11th line: (VIN) (classic VIN) (as a counterpart of the differentiated VIN in the next paragraph)p. 1021 Left column, 14th line from the bottom: de novo de novo.p. 1031 Left column, 11th line from the bottom: thought that to be thought to bep. 1035 Left column, 6th line: there little there is littlep. 1074 Right column, 13th line: in males in males.p. 1080 Right column, 16th line: and infertility and infertility.p. 1115 Left column, 10th line: hyperosmolar hyperosmotic syndrome hyperosmolar hyperglycemic syndrome (or state)p. 1115 Left column, 24th line from the bottom: diabetic macrovascular diabetic microvascularp. 1163 Right column, 6th line: common lymphocyte antigen cutaneous lymphocyte antigenp. 1164 Left column, 8th line: (hyperkeratotic and acanthotic). hyperkeratotic and acanthotic.p. 1171 Left column, 19th line: Fig. 25-34C Fig. 25-34Ap. 1171 Left column, 21st line: Fig. 25-34A Fig. 25-34Cp. 1177 Right column, 6th line from the bottom: (or primary infection of the nails) (or primary infection of) the nailsp. 1179 Chapter Contents, 2nd column, 14th line: 2 missing lines "Chondroma 1201" and "Chondrosarcoma 1202"p. 1182 Left column, 6th line from the bottom: RANK ligand, (RANKL) RANK ligand (RANKL),p. 1189 Left column, 12th line from the bottom: and, when multiple, and when multiple,p. 1207 Right column, 19th line from the bottom: during development during development.p. 1218 Figure 26-49A: the absent arrowp. 1222 Right column, 1st line: arcomas sarcomasp. 1222 Right column, 6th line: or(1;13) or (1;13)p. 1242 Left column, 2nd line from the bottom: infancy.While infancy. Whilep. 1249 Left column, 23rd line: skeletal defects pigmented skeletal defects, pigmentedp. 1294 Left column, 25th line from the bottom: FTLD-TPD FTLD-TDPp. 1300 Right column, 22nd line: innervat ed innervatedp. 1304 Left column, 10th line: other that other thanp. 1312 Right column, 23rd line from the bottom: Chapter 10), (Chapter 10),p. 1327 Left column, 10th line: keratoepithelin.Some keratoepithelin. Somep. 1330 Left column, 14th line: open-angle glaucoma open-angle glaucoma.p. 1336 Left column, 22nd line from the bottom: "designated by the nebulous term neovascularization elsewhere" designated by the nebulous term "neovascularization elsewhere"p. 1337 Left column, 4th line from the bottom: detachment.. detachment.ps. I'm not a pathologist nor a well-trained editor, but a general practitioner who loves to read Robbins. If you have any different opinions as to my errata, please comment below. Your cooperation will be very much appreciated.0 of 0 people found the following review helpful. Should have bought this for second year of medical schoolBy frozenfrogThe book arrived in perfect condition. I purchased this book purely for my library after already completing the first two years of medical school. In retrospect, I sincerely wish I would have read this during MS2, as this would have made learning pathophysiology much easier. The book has very nice, straightforward explanations of common disease processes, and appropriate high-quality pictures. However, looking forward to residency and beyond, I can't say this book will be that useful. The explanations are fairly superficial and not deep or current enough to inform my decision making as a clinician.0 of 0 people found the following review helpful. A must have book for any level of training and practiceBy RyanThis is the definitive pathology textbook for medical students, but is also an excellent resource for residents and faculty in pathology. It incorporates basic knowledge and patterns of cellular and tissue response to injury, inflammation, the basis of neoplasia, and organ specific pathology. It also incorporates new molecular mechanisms as we continue to learn more about the underlying basis of disease. It is not enough to just learn this book for a career in pathology, but all other pathology texts build off of the foundation of this one. It is also useful for those in the basic sciences who wish to get some clinical insight to whole body or cellular pathophysiology.

"...perfect not only for thoroughly understanding the basis of pathology, but also for looking up specific conditions." (Medical Student Review) Dependable, current, and complete, Robbins and Cotran Pathologic Basis of Disease, 9th Edition is the perennially best-selling text that youll use long after your medical student days are behind you. A world-class author team headed by Drs. Vinay Kumar, Abul Abbas, and Jon Aster, delivers the latest, most essential pathology knowledge in a readable, interesting manner, ensuring optimal understanding of the latest basic science and clinical content. High-quality photographs and full-color illustrations highlight new information in molecular biology,

disease classifications, new drugs and drug therapies, and much more. Rely on uniquely authoritative and readable coverage, ideal for USMLE or specialty board preparation, as well as for course work.Simplify your study with an outstanding full-color, highly user-friendly design. Stay up to date with the latest information in molecular and genetic testing and mechanisms of disease.Consult new Targeted Therapy boxes online that discuss drug therapy for specific diseases.Gain a new perspective in key areas thanks to contributions from new authors at the top of their fields.Student Consult eBook version included with purchase. Further your understanding with access to a wealth of interactive ancillaries on the Student Consult site, including pathology case studies and videos and self-assessment questions.

2015 BMA Medical Book Awards: Highly Commended in Pathology "This book is even shorter than before. That isreally impressive. I cannot but admire this book, which I keep re-reading since I enteredPathology in 1966. Wow,it shows that even a first classbook can be improved hard to believe but true.It is very readable and even funny in some places. The text is nicely laid out and the book looks less bulky than the previous edition. The illustrations are excellent. Even though the book is definitely for the new generations, I am sure that it will be welcomed by senior pathologists trying to keep up with the times I doubt that I am theonly old timer eager tore-read it." ~Ivan Damjanov, MD, PhD, author of Pathology Secrets and Pathophysiology They point out that for this edition, they have gone one step further. They have added a chapter entitled The Cell as a Unit of Health and Disease at the very beginning of the book. The study of the cell including its functions, and the changes to it at anytime is critical to understanding any particular disease in a patient. All diseases originate in the cell. The materials presented in each chapter are superbly organized. Each chapter begins by presenting, at the top just below its title, the main topics and subtopics covered in it. Discussions of the topics and subtopics follow, with numerous full-color illustrations and detailed captions. At the end of each chapter, more information is available to you in the Suggested Readings section. This is one of the most comprehensive textbooks on one of the most basic and core disciplines in medicine: pathology. With nine editions so far, this book provides a lot of current pathologic developments. It also presents updated information in molecular biology, disease classifications, new drugs and drug therapies, just to name a few important areas for physicians. This book is also a bestseller among medical and allied professionals, as evidenced from its very high rank on . I would say that every physician should have this book in his or her medical library, particularly because of the online resources available to purchasers of this book. ~Nano KhilnaniAbout the AuthorVinay Kumar, MBBS, MD, FRCPath, Alice Hogge and Arthur A. Baer Distinguished Service Professor of Pathology, Biological Sciences Division and The Pritzker Medical School, University of Chicago, Chicago, Illinois