

## Pathophysiology Disease Introduction Clinical Medicine

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No attempt is made here to be comprehensive or complete; the pathophysiology section of each chapter discusses one to five relevant clinical entities, based either on their frequency (eg, coronary artery disease and hypertension) or on their importance to understanding how physiologic systems may become disordered (eg, fragile X mental retardation or pheochromocytoma).

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GI disease may be limited to the GI tract (eg, reflux esophagitis, peptic ulcer, diverticular disease), be a manifestation of a systemic disorder (eg, inflammatory bowel disease), or present as a systemic disease resulting from a primary GI pathologic process (eg, vitamin deficiencies resulting from malabsorption).

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INTRODUCTION Although many different pathogenic agents and processes can affect the liver (Table 14–1), they are generally manifested in individual patients in a limited number of ways that can be assessed by evaluating some key parameters. Liver disease can be acute or chronic, focal or diffuse, mild or severe, and reversible or irreversible.

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