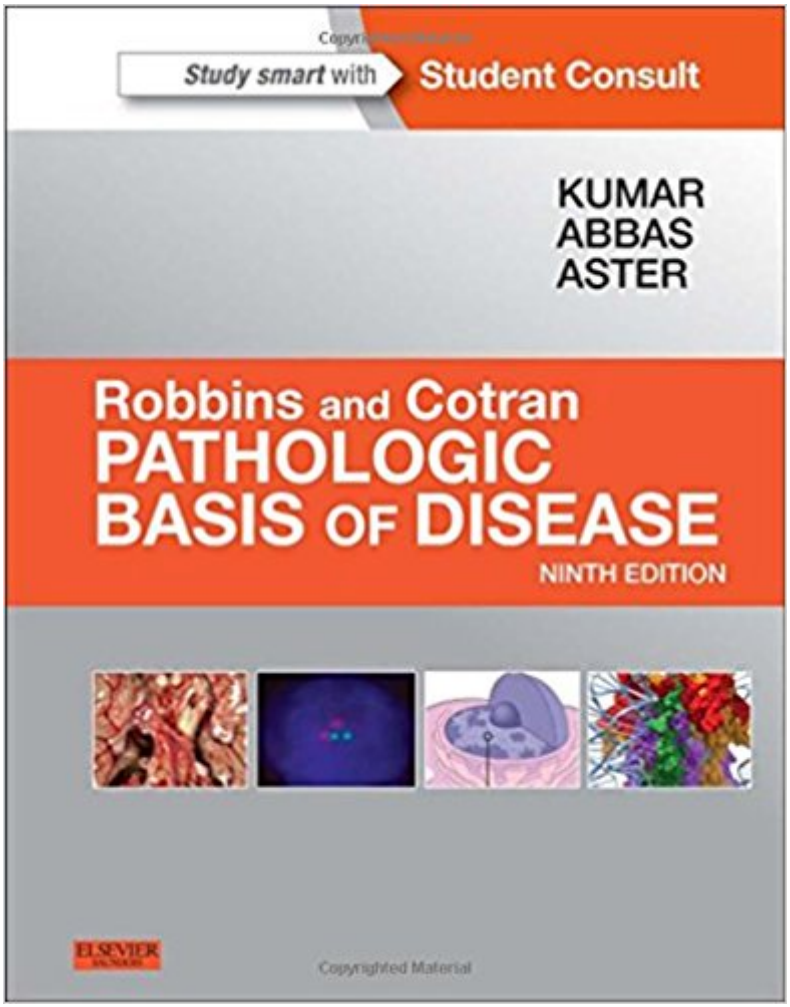
Robbins & Cotran Pathologic Basis Of Disease, 9e (Robbins Pathology)



Synopsis

Dependable, current, and complete, Robbins and Cotran Pathologic Basis of Disease, 9th Edition is the perennially best-selling text that youÃ¢â ¬â„¢ll 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.

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Features View larger View larger View larger High-quality Images High-quality photographs and full-color illustrations highlight new information in molecular biology, disease classifications, new drugs and drug therapies, and much more. Test Yourself Access to self-assessment questions with an automatic scoreboard to see your results. Videos Further your understanding with access to a wealth of interactive ancillaries including pathology case studies and videos.

2015 BMA Medical Book Awards: Highly Commended in Pathology "This book is even shorter than before. That isÃ Â really impressive. I cannot but admire this book, which I keep re-reading since I enteredÃ Â Pathology in 1966. Wow,Ã Â it shows that even a first classÃ Â book can be improved Ã¢â ¬â œ hard to believe but true.Ã Â 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 Ã¢â ¬â œ I doubt that I am theÃ Â only old timer eager toÃ Â re-read it." ~Ivan Damjanov, MD, PhD, author of Pathology Secrets and Pathophysiology They point out that for this edition, they have Ã¢â ¬Å“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 Ã¢â ¬â œ including its functions, and the changes to it at anytime Ã¢â ¬â œ 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 Khilnani

Vinay 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, IllinoisAbul K. Abbas, MBBS, Distinguished Professor and Chair, Department of Pathology, University of California San Francisco, San Francisco, CaliforniaJon C. Aster, MD, PhD, Professor of Pathology, Harvard Medical School; Brigham and Women's Hospital, Boston, Massachusetts

Errata 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" ÃƒÂ¢Ã â Ã â ™ "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 ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ 959p. 25 Right column, 3rd line: cycin CDK4 and cycline CDK6 ÃƒÂ¢Ã â Ã â ™ cyclin D-CDK4 and cyclin D-CDK6p. 49 Left column, 16th line: cross-lins ÃƒÂ¢Ã â Ã â ™ cross-linksp. 55 Left column, 9th line: proteins This ÃƒÂ¢Ã â Ã â ™ proteins. Thisp. 56 Left column, Figure 2-25 caption : FAAD ÃƒÂ¢Ã â Ã â ™ FADDp. 58 Left column, 3rd line: Table 2-4). ÃƒÂ¢Ã â Ã â ™ Table 2-4.p. 67 Left column, 4th line: a proteins ÃƒÂ¢Ã â Ã â ™ proteinsp. 76 Table 3-3: ÃƒÅ Ã Â 4ÃƒÅ Ã Â 7 (CD49DCD29) ÃƒÂ¢Ã â Ã â ™ ÃƒÅ Ã Â 4ÃƒÅ Ã Â 7 (CD49dCD29)p. 81 Right column, 4th line: meshwork of of ÃƒÂ¢Ã â Ã â ™ meshwork ofp. 118 Left column, 3rd line: he ÃƒÂ¢Ã â Ã â ™ thep. 118 Right column, 16th line: Glanzmann thrombasthenia). ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ Chapter 2p. 156 Left column, 13th line: Fig. 5-16 ÃƒÂ¢Ã â Ã â ™ Fig. 5-15p. 165 Left column, 19th line: genes All ÃƒÂ¢Ã â Ã â ™ genes. Allp. 168 Right column, 12th line: gene (2) ÃƒÂ¢Ã â Ã â ™ gene. (2)p. 171 Left column, 4th line: FRMP-mRNA ÃƒÂ¢Ã â Ã â ™ FMRP-mRNAp. 171 Left column, 10th line: FRMP ÃƒÂ¢Ã â Ã â ™ FMRPp. 190 Right column, Figure 6-5: ÃƒÅ Ã Â ÃƒÂ¢Ã â Ã â ™ ÃƒÅ Ã Â¶ (not 'xi' chain, but 'zeta' chain)p. 208 Left column, 19th line from the bottom: Figs. 6-31 and 6-32 ÃƒÂ¢Ã â Ã â ™ Fig. 6-32p. 224 Left column, 9th line: (IV-S) ÃƒÂ¢Ã â Ã â ™ (IV-S)p. 266 Right column, last line: capable of capable of ÃƒÂ¢Ã â Ã â ™ capable ofp. 277 Figure 7-21B. 72.3 ÃƒÂ¢Ã â Ã â ™ ÃƒÂ¢Ã â Ã Â¥ 72.3, 17.1 ÃƒÂ¢Ã â Ã â ™ ÃƒÂ¢Ã â Ã Â¤ 17.1p. 279 Left column, 19th line: genotoxic. as well as ÃƒÂ¢Ã â Ã â ™ genotoxic, as well asp. 329 Right column, 12th line: Rb and p53 ÃƒÂ¢Ã â Ã â ™ p53 and Rbp. 345 Right column, 4th line: Transmission and Dissemination of Microbes ÃƒÂ¢Ã â Ã â ™ How Microorganisms Cause Diseasep. 348 Left column, 15th line from the bottom: Burkholdaria ÃƒÂ¢Ã â Ã â ™ Burkholderiap. 350 Right column, 5th line from the bottom: How Microorganisms Cause Disease ÃƒÂ¢Ã â Ã â ™ Host Damagep. 353 Right column, 19th line: flow.. ÃƒÂ¢Ã â Ã â ™ flow.p. 368 Left column, 20th line from the bottom: die ÃƒÂ¢Ã â Ã â ™ die.p. 387 Left column, 10th line, inflammation cause ÃƒÂ¢Ã â Ã â ™ inflammation, causep. 397 Left column, 11th line, The ÃƒÂ¢Ã â Ã â ™ Pathogenesis. The (for editorial consistency)p. 398 Left column, Figure 8.54: Oblique ÃƒÂ¢Ã â Ã â ™ straight cutting line

between A & Bp. 425 Left column, 18th line: a subsequent a post-use ÃƒÂ¢Ã â Ã â ™ a subsequent, post-usep. 491 Left column, 3rd line: disorder , ÃƒÂ¢Ã â Ã â ™ disorder,p. 499 Left column, 5th line: matrice ÃƒÂ¢Ã â Ã â ™ matrix (or matrices)p. 500 Right column, 14th line: inflammatiion ÃƒÂ¢Ã â Ã â ™ inflammationp. 514 Right column, 8th line from the bottom: Trousseau sign ÃƒÂ¢Ã â Ã â ™ Trousseau syndrome (which I think is better because Trousseau sign can also be used in hypocalcemia)p. 524 Right column, 26th line: [MMPs], ÃƒÂ¢Ã â Ã â ™ [MMPs]),p. 550 Right column, 4th line from the bottom: (see later) ÃƒÂ¢Ã â Ã â ™ (see later).p. 575 Right column, 14th line: Myxomas ÃƒÂ¢Ã â Ã â ™ Myxoma. Myxomas (for editorial consistency)p. 584 Left column, 10th line: organs,- the ÃƒÂ¢Ã â Ã â ™ organs, the (duplicated punctuation)p. 584 Left column, 11th line: T cells-, lymphocytes ÃƒÂ¢Ã â Ã â ™ T cells, lymphocytes (duplicated punctuation)p. 586 Left column, 11th line: NK to ÃƒÂ¢Ã â Ã â ™ NK cells top. 586 Right column, 23rd line from the bottom: so that is some ÃƒÂ¢Ã â Ã â ™ so that in somep. 607 Right column, 25th line: M-CSF) chemokines ÃƒÂ¢Ã â Ã â ™ M-CSF), chemokinesp. 609 Table 13-8, 6th row, 2nd column: C30-; EB- ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ Purpura (TTP) andp. 630 Right column, 1st line: when sufficiently ÃƒÂ¢Ã â Ã â ™ sufficientlyp. 635 Right column, 7th line: O2 ÃƒÂ¢Ã â Ã â ™ OÃƒÂ¢Ã â Ã â (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 ÃƒÂ¢Ã â Ã â ™ is an autosomal recessive disorder caused by (not concordant with 'also' in the next paragraph)p. 669 Right column, 6th line: The mainstem bronchus ÃƒÂ¢Ã â Ã â ™ The right mainstem bronchusp. 675 Right column, 5th line from the bottom: Chapter 17 ÃƒÂ¢Ã â Ã â ™ Chapter 18p. 678 Left column, 4th line: change ÃƒÂ¢Ã â Ã â ™ change.p. 679 Right column, 20th line from the bottom: most notable ÃƒÂ¢Ã â Ã â ™ most notablyp. 683 Left column, 1st line: IL13 ÃƒÂ¢Ã â Ã â ™ IL-13p. 683 Left column, 2nd line: IL17 and IL9 ÃƒÂ¢Ã â Ã â ™ IL-17 and IL-9p. 718 Left column, 4th line: Chapter 11 ÃƒÂ¢Ã â Ã â ™ 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) ÃƒÂ¢Ã â Ã â ™ (Fig. 17-1B)p. 794 Left column, 15th line from the bottom: Necator duodenale ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ Oxyuriasis vermicularis or Enterobius vermicularis(case sensitive, italic)p. 816 Right column, 5th line from the bottom: outflow ÃƒÂ¢Ã â Ã â ™ outflow.p. 824 Figure 18-4C. PE with veno-portal approximation ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ (resultingp. 829 Right column, 4th line, 8th line, 15th line: absent bullets (ÃƒÂ¢Ã â ”Ã Â•)p. 839 Right column, 30th line: diseases , ÃƒÂ¢Ã â Ã â ™ diseases,p. 848 Right column, 17th line from the bottom: severity) ÃƒÂ¢Ã â Ã â ™ severity):p. 854 Right column, 3rd line from the bottom: mechanisms ÃƒÂ¢Ã â Ã â ™ mechanisms:p. 863 Left column, 1st line: may be may ÃƒÂ¢Ã â Ã â ™ may bep. 870 Left column, 5th line: Familial ÃƒÂ¢Ã â Ã â ™ familialp. 875 Left column, 19th line: delta-gamma T cell ÃƒÂ¢Ã â Ã â ™ gamma-delta T cellp. 876 Right column, 17th line: gallstones ÃƒÂ¢Ã â Ã â ™ gallstones:p. 892 Figure 19-12 caption, 3rd line: p16 sta occurs ÃƒÂ¢Ã â Ã â ™ p16 occursp. 894 Right column, 3rd line from the bottom: Trousseau sign, ÃƒÂ¢Ã â Ã â ™ Trousseau syndrome, (the same reason as mentioned above)p. 903 Left column, 18th line: composted of ÃƒÂ¢Ã â Ã â ™ composed ofp. 915 Left column, 12th line: (NSAIDs). ÃƒÂ¢Ã â Ã â ™ [NSAIDs]).p. 915 Right column, 23rd line from the bottom: dense also deposits ÃƒÂ¢Ã â Ã â ™ dense depositsp. 934 Right column, 12th line: Fig. 20-33B ÃƒÂ¢Ã â Ã â ™ Fig. 20-32Bp. 943 Left column, 10th line from the bottom: aberration ÃƒÂ¢Ã â Ã â ™ aberrantp. 946 Left column, 2nd, 5th, 26th line from the bottom: Ca2+ ÃƒÂ¢Ã â Ã â ™ CaÃƒâ Ã Â ÃƒÂ¢Ã Â•Ã Âº (superscript)p. 946 Right column, 12th, 15th, 17th, 21st line: Ca2+ ÃƒÂ¢Ã â Ã â ™ CaÃƒâ Ã Â ÃƒÂ¢Ã Â•Ã Âº (superscript)p. 961 Right column, 24th line from the bottom: bladde ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ 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 ÃƒÂ¢Ã â Ã â ™ Benign Prostatic Hyperplasia (BPH) (BPH is defined nowhere within the chapter 21.)p. 985 Left column, 3rd line: (RB, CDKN2A, ÃƒÂ¢Ã â Ã â ™ (RB, CDKN2A),p. 996 Right column, 2nd line from the bottom: Chapter 21 ÃƒÂ¢Ã â Ã â ™ Chapter 8p. 997 Right column, 11th line: (VIN) ÃƒÂ¢Ã â Ã â ™ (classic VIN) (as a counterpart of the differentiated VIN in the next paragraph)p. 1021 Left column, 14th line from the bottom: de novo ÃƒÂ¢Ã â Ã â ™ de novo.p. 1031 Left column, 11th line from the bottom: thought that to be ÃƒÂ¢Ã â Ã â ™ thought to bep. 1035 Left column, 6th line: there little ÃƒÂ¢Ã â Ã â ™

there is littlep. 1074 Right column, 13th line: in males ÃƒÂ¢Ã â Ã â ™ in males.p. 1080 Right column, 16th line: and infertility ÃƒÂ¢Ã â Ã â ™ and infertility.p. 1115 Left column, 10th line: hyperosmolar hyperosmotic syndrome ÃƒÂ¢Ã â Ã â ™ hyperosmolar hyperglycemic syndrome (or state)p. 1115 Left column, 24th line from the bottom: diabetic macrovascular ÃƒÂ¢Ã â Ã â ™ diabetic microvascularp. 1163 Right column, 6th line: common lymphocyte antigen ÃƒÂ¢Ã â Ã â ™ cutaneous lymphocyte antigenp. 1164 Left column, 8th line: (hyperkeratotic and acanthotic). ÃƒÂ¢Ã â Ã â ™ hyperkeratotic and acanthotic.p. 1171 Left column, 19th line: Fig. 25-34C ÃƒÂ¢Ã â Ã â ™ Fig. 25-34Ap. 1171 Left column, 21st line: Fig. 25-34A ÃƒÂ¢Ã â Ã â ™ Fig. 25-34Cp. 1177 Right column, 6th line from the bottom: (or primary infection of the nails) ÃƒÂ¢Ã â Ã â ™ (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) ÃƒÂ¢Ã â Ã â ™ RANK ligand (RANKL),p. 1189 Left column, 12th line from the bottom: and, when multiple, ÃƒÂ¢Ã â Ã â ™ and when multiple,p. 1207 Right column, 19th line from the bottom: during development ÃƒÂ¢Ã â Ã â ™ during development.p. 1218 Figure 26-49A: the absent arrowp. 1222 Right column, 1st line: arcomas ÃƒÂ¢Ã â Ã â ™ sarcomasp. 1222 Right column, 6th line: or(1;13) ÃƒÂ¢Ã â Ã â ™ or (1;13)p. 1242 Left column, 2nd line from the bottom: infancy.While ÃƒÂ¢Ã â Ã â ™ infancy. Whilep. 1249 Left column, 23rd line: skeletal defects pigmented ÃƒÂ¢Ã â Ã â ™ skeletal defects, pigmentedp. 1294 Left column, 25th line from the bottom: FTLD-TPD ÃƒÂ¢Ã â Ã â ™ FTLD-TDPp. 1300 Right column, 22nd line: innervat ed ÃƒÂ¢Ã â Ã â ™ innervatedp. 1304 Left column, 10th line: other that ÃƒÂ¢Ã â Ã â ™ other thanp. 1312 Right column, 23rd line from the bottom: Chapter 10), ÃƒÂ¢Ã â Ã â ™ (Chapter 10),p. 1327 Left column, 10th line: keratoepithelin.Some ÃƒÂ¢Ã â Ã â ™ keratoepithelin. Somep. 1330 Left column, 14th line: open-angle glaucoma ÃƒÂ¢Ã â Ã â ™ open-angle glaucoma.p. 1336 Left column, 22nd line from the bottom: "designated by the nebulous term neovascularization elsewhere" ÃƒÂ¢Ã â Ã â ™ designated by the nebulous term "neovascularization elsewhere"p. 1337 Left column, 4th line from the bottom: detachment.. ÃƒÂ¢Ã â Ã â ™ 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.

I should have bought this book sooner for my pathology class in med-school. Makes things much more clear when the instructor does a poor job of explaining things. The book is easy to follow, explains things clearly, has great pictures, and gives a summary/breakdown of key disease

pathology with emphasis on Dx. All in all it works well and I can see myself using it for years to come.

If you're taking the pathology course at a medical school, I'd highly recommend this book. The diagrams and the way the information/content is organized is very logical and easy to follow. The wording of the sections are easy to read - not too much unnecessary jargon or complicated sentence structures.

Great for a reference but at the end of the day if your a med student just use Pathoma and you should be fine. Only use this if you have a solid understanding of path and really want to understand it/have a desire for a path residency

This is THE pathologists handbook, and the go-to source for any points of confusion in your Med or Dental classes.

I bought this when I started graduate school in biomedical engineering. This is a fantastic foundational reference for anyone studying medicine. It doesn't go in depth on any particular disease, but it provides an excellent overview for a large range of diseases. It serves as a good starting point before going to literature to learn more about a given disease, and provides up-to-date literature reviews as sources.

Heavy duty book! It's perfect for reference book not as a main book for class.

Excellent resource. This was helpful at explaining concepts for my Pathophysiology classes during PA school.

CONSULT Online Access, 9e (Robbins Pathology) Robbins Basic Pathology Updated Edition: With STUDENT CONSULT Online Access, 7e (Robbins Pathology) Robbins Basic Pathology: With VETERINARY CONSULT Access, 8e (Robbins Pathology) Robbins Basic Pathology, 10e (Robbins Pathology) Robbins and Cotran Review of Pathology, 3rd Edition Pathologic Basis of Veterinary Disease Expert Consult, 6e Pathologic Basis of Veterinary Disease, 5e Pathologic Basis of Veterinary Disease Expert Consult - E-BOOK Pathologic Basis of Veterinary Disease - E-Book Pathophysiology - E-Book: The Biologic Basis for Disease in Adults and Children (Pathophysiology the Biologic Basis) Ultrastructural Pathology: The Comparative Cellular Basis of Disease Tony Robbins: Top 60 Life and Business Lessons from Tony Robbins