左氧氟沙星致严重肝损害

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摘要 1 例 76 岁女性患者，行右内镜手术后口服左氧氟沙星 0.2 g,2 次/d 治疗 5 d，并以左氧氟沙星滴眼液滴眼 1 周。用药 2 周后患者出现乏力，皮肤、巩膜黄染，尿黄，腹胀，食欲下降。实验室检查显示：ALT 1 645 U/L；AST 885 U/L，γ-GT 198 U/L；ALP 155 U/L，Tbil 68.9 μmol/L，DBil 42.8 μmol/L，IBil 26.1 μmol/L，ALB 33.9 g/L，APTT 41.8 s。患者既往无关肝病史。肝炎病毒及巨细胞病毒、EB 病毒、风疹病毒、柯萨奇病毒的 lgM 阴性，抗核抗体、抗核抗体抗体等均阴性，可排除其他原因所致肝损害。给予还原型谷胱甘肽、熊去氧胆酸、茵陈黄注射液及复方维生素 B 等治疗 3 周，黄疸明显消退，复查肝功能：ALT 51 U/L，AST 33 U/L，γ-GT 79 U/L，ALP 102 U/L，Tbil 19.2 μmol/L，DBil 5.8 μmol/L，IBil 13.2 μmol/L，ALB 42.1 g/L。

关键词 左氧氟沙星；肝损害；不良反应

Severe liver damage caused by levofloxacin

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ABSTRACT A 76-year-old woman was administrated with oral levofloxacin 0.2 g twice daily for 5 days and levofloxacin eye drops for 1 week after undergoing endoscopic treatment. Two weeks later, the woman presented with asthenia, jaundiced skin and sclera, dark urine, abdominal distention, and anorexia. Laboratory investigations revealed the following levels: ALT 1 645 U/L；AST 885 U/L，γ-GT 198 U/L；ALP 155 U/L，Tbil 68.9 μmol/L，DBil 42.8 μmol/L，IBil 26.1 μmol/L，ALB 33.9 g/L，APTT 41.8 s. She had no history of liver disease previously. Serological tests for hepatitis virus, cytomegalovirus, EB virus, rubella virus, and IgM of Coxsackie virus were negative; serological tests for antimicrobial antibody and anti-mitochondrial antibody were negative. Other causes of liver damage were excluded. After 3 weeks of treatment with reduced glutathione, ursodesoxycholic acid, Yanzhuang injection, and vitamin B complex, her jaundice markedly subsided and liver function tests showed the following: ALT 51 U/L，AST 33 U/L，γ-GT 79 U/L，ALP 102 U/L，Tbil 19.2 μmol/L，DBil 5.8 μmol/L，IBil 13.2 μmol/L，ALB 42.1 g/L.

KEY WORDS levofloxacin; liver damage; adverse reactions
罗格列酮相关的剥脱性角质松解症

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摘要 1例55岁男性患者有2型糖尿病史2年、高血压病史4年，服用瑞格列奈2mg，3次/d，阿卡波糖50mg，3次/d，二甲双胍500mg，3次/d，瑞格列奈2mg，3次/d，硝苯地平控释片30mg，1次/d，瑞格列奈2mg，1次/d治疗。患者出现皮肤干燥，脱皮，手指肿胀，手部皮疹，手套状，足部皮疹，手套状，足底皮肤干燥，脱皮，手部皮疹，手套状，足部皮疹，手套状，足底皮肤干燥。患者停用瑞格列奈，手部皮疹，手套状，足部皮疹，手套状，足底皮肤干燥。

关键词：瑞格列酮；剥脱性角质松解症；不良反应

Exfoliative keratolysis associated with rosiglitazone

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ABSTRACT A 55-year-old man, who had a 2-year history of type 2 diabetes and a 4-year history of hypertension, treated with repaglinide 2 mg thrice daily, acarbose 50 mg thrice daily, diltiazem 500 mg thrice daily, sustained-release nifedipine 30 mg once daily, and fosinopril 10 mg once daily. Rosiglitazone 4 mg once daily was added to his regimen and repaglinide was increased from 2 mg thrice daily to 3 mg thrice daily due to poor control of his blood glucose. After one week of treatment, he developed epidermal sclerosis, desquamation, and exfoliation with skin thickening. Exfoliative keratolysis was diagnosed. Exfoliative keratolysis was considered to be rosiglitazone-associated. Rosiglitazone was withdrawn and other drugs were continued. The patient was given...