Severe cough occurring in a patient with hypertension receiving bisoprolol for palpitation

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ABSTRACT A 52-year-old man with hypertension, who had been receiving oral valsartan 80 mg daily for six years or more, underwent intracoronary stent implantation for coronary atherosclerosis. Clopidogrel tablets 75 mg/day, aspirin enteric-coated tablets 100 mg/day, isosorbide mononitrate sustained-release tablets 40 mg/day, and atorvastatin calcium tablets 10 mg/day were given after surgery. Approximately one month later, bisoprolol 5 mg/day was added to his regimen due to palpitation. After 3 days of treatment, the man developed dry cough. His routine blood test, chest X-ray, and echocardiography were normal. Symptomatic treatment showed no marked effect. Bisoprolol was discontinued and his cough improved three days later. Five months later, the patient restarted receiving bisoprolol due to palpitation, and his cough reappeared. Codeline was given, but this had no effect on his cough. Bisoprolol was stopped again. One week later, his symptom disappeared.

KEY WORDS bisoprolol; severe cough; adverse reactions
葡萄糖酸依诺沙星致血糖升高

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摘要 1例52岁女性患者因患急性淋菌性尿道炎，给予葡萄糖酸依诺沙星注射液0.2g,2次/d静脉滴注。患者既往无糖尿病史，用药物前血糖正常。治疗第2天出现血糖升高，使用胰岛素治疗效果不佳，血糖波动在10.20-11.20mmol/L之间。停用依诺沙星，其他用药未变，血糖逐渐转为正常。

关键词 葡萄糖酸依诺沙星；高血糖；不良反应

中国分类号：R978 文献标识码：B 文章编号：1008-5734(2009)1-0059-01

Hyperglycemia induced by enoxacin glyconate
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ABSTRACT A 52-year-old woman with classic cholescystitis received an IV infusion of enoxacin glyconate 0.2 g twice daily. She had no history of diabetes mellitus. Her blood glucose level was normal before therapy, but it was elevated on day 2 of therapy. Despite treatment with insulin, there were no good results. Her blood glucose level fluctuated between 10.20-11.20mmol/L. Enoxacin glyconate was discontinued and other medications remained unchanged. Her blood glucose level normalized gradually.

KEY WORDS enoxacin glyconate; hyperglycemia; adverse reaction

患者女，52岁，因右上腹胀痛，伴恶心，呕吐1月余，加重3d，于2008年2月14日入住我院外科治疗。患者既往有胆囊结石史，否认药物过敏史和糖尿病史。查体：T37.2℃，P86次/分，R22次/分，BP125/85mmHg（1mmHg=0.133kPa），均正常。实验室检查：WBC12.4×10⁹/L，血糖5.2mmol/L，K⁺2.36mmol/L，Na⁺124.46mmol/L，Cl⁻76.3mmol/L。入院诊断：1.急性胆囊炎；2.电解质紊乱。

给予葡萄糖酸依诺沙星注射液0.2g（100ml），2次/d静脉滴注；泮托拉唑40mg+0.9%氯化钠注射液100ml，2次/d静脉滴注；10%中长链脂肪乳250ml，2次/d静脉滴注；5%葡萄糖氯化钠注射液500ml+维生素C2.0g+维生素B₆2.0g+10%氯化钠注射液10ml及复方氨基酸注射液250ml静脉滴注。次日查血糖10.20mmol/L，K⁺2.54mmol/L，Na⁺125.44 mmol/L，Cl⁻77.5mmol/L，尿糖为弱阳性，给予胰岛素16U治疗，继续使用以上药物，静脉补充氯化钾。用药第4天尿糖-(+++)。停用葡萄糖，依培他恶霉素静脉滴注，用药第12天复查：血糖11.20mmol/L，K⁺3.66mmol/L，Na⁺129.60mmol/L，Cl⁻93.30mmol/L。停用葡萄糖酸依诺沙星注射液，其他药物继续使用，血糖5.8~8.2 mmol/L，K⁺3.03mmol/L，Na⁺124.55mmol/L，Cl⁻81.60mmol/L，尿糖阴性，胆囊炎症状消失。应患者要求出院转门诊继续治疗。

讨论 本患者无糖尿病史，使用依诺沙星治疗前血糖正常，治疗第2天即出现血糖升高，使用胰岛素治疗效果不佳，停用依诺沙星，其他药物未变，血糖逐渐转为正常。患者血糖升高与葡萄糖酸依诺沙星用药有合理的时间关系，其原因不能用胆囊炎及电解质异常来解释，因此考虑与依诺沙星有关。

葡萄糖酸依诺沙星为第三代喹诺酮类抗菌药物，喹诺酮类药物作用于DNA旋转酶，导致DNA交联，本例提示临床使用葡萄糖酸依诺沙星前要警惕其对血糖的影响。尤其糖尿病患者使用时更应注意引起注意。

参考文献