Acute interstitial nephritis caused by amoxicillin/sublactam in 2 elderly patients

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ABSTRACT Two elderly women, aged 80 and 74 years, received an IV infusion of amoxicillin/sublactam 6.0 g in 0.9% sodium chloride 250 mL once daily for acute attack of chronic bronchitis and skin infection, respectively. Patient 1 experienced urinary frequency, urodia, dysuria, hematuria and 24-hour urine volume was about 400 mL the next day. Laboratory tests showed the following values: urine protein (+), occult blood (+ + +), BUN 8.48 mmol/L, SCR 380 μmol/L. Amoxicillin/sublactam was stopped and changed to lincomycin. Renal function protective, symptomatic, and supportive treatments were also given. Fifteen days later, her 24-hour urine volume 1 mL was 500 mL, her BUN level was 5.86 mmol/L, her SCR level was 116 μmol/L, and routine urine tests were normal. Patient 2 was presented with nausea, vomiting, lumbargia, hematuria, three + urine protein and two + occult blood after infusion completion. Amoxicillin/sublactam was withdrawn and switched to lineomycin. Her conditions did not resolve and 24-hour urine volume was less than 200 mL. Her BUN level was 11.45 mmol/L and SCR level was 467 μmol/L. Hemodialysis was performed, lineomycin was continued and symptomatic and supportive treatments were given. Ten days after treatments, her urine volume increased gradually. Twenty-two days later, the 24-hour urine volume was 1 mL. Meanwhile BUN level and SCR level were respectively 7.83 mmol/L and 141 μmol/L, routine urine tests was within normal range.

KEY WORDS amoxicillin/sublactam; adverse reactions; acute interstitial nephritis

例 1 女,80岁,因咳嗷,咯黄色黏液 3 d 于 2010 年 4 月 15 日急诊。既往反复咳嗷,咯黄色黏液 10 年,无胃病史,无药物过敏史。诊断为慢性支气管炎急性发作期。给予阿莫西林-舒巴坦 6.0 g 加入 0.9% 氯化钠注射液 250 mL 1 次/d 静脉滴注。给药前皮肤试验阴性。次日患者出现尿频、尿痛、尿潴留,肉眼血尿,尿量减少,24 h 尿量约 400 mL,并伴有双侧腰痛,下腹部胀,恶心,呕吐,呕吐物为胃内容物。尿常规检查:尿蛋白 (+),隐血 (+ + +)。肾功能检查: BUN 8.48 mmol/L, SCR 380 μmol/L。肾穿超声检查未见异常。诊断为急性间质性肾炎,遂停用阿莫西林-舒巴坦,改为林可霉素,并给予保护肾功能及对症支持治疗。7 d 后尿量逐渐增多,15 d 后尿量 1500 mL,复查肾功能,结果 BUN 5.86 mmol/L, SCR 116 μmol/L,尿常规正常。

例 2 女,74岁,因血尿 4 h 于 2010 年 8 月 18 日入院。4 h 前患者因左侧腰部皮肤破溃,脓性渗出,给予阿莫西林-舒巴坦 6.0 g 加入 0.9% 氯化钠注射液 250 mL 中,1 次/d 静脉滴注。输注完毕后出现恶心,呕吐,腹痛,血尿,尿量无明显减少。门诊尿常规检查示尿蛋白 (+ + +),隐血 (+ + +),遂入院。既往无胃病史,无药物过敏史。入院停用阿莫西林-舒巴坦,给林可霉素,并行补液等支持,对症治疗。次日尿量 200 mL,复查尿常规,结果示尿蛋白 (+ + +),红细胞 10 个/μL。实验室检查: WC 10.8 ×10^11/L, N 0.71, L 0.23; BUN 5.88 mmol/L, SCR 137.8 μmol/L。肾脏超声检查未见明显异常。患者症状无好转,恶心及呕吐加重,且出现尿量明显减少,24 h 尿量不足 200 mL。入院第 3 天肾功能检查: BUN 11.45 mmol/L, SCR 467 μmol/L。诊断为急性间质性肾炎(药物性),急性肾衰竭。行血液透析,林可霉素继续使用,并给予保护肾功能等支持及对症等治疗。治疗 10 d 后尿量逐渐增加,24 h 尿量达 500 ~ 800 mL。入院第 25 天,24 h 尿量 1200 mL,肾功能检查:BUN 7.83 mmol/L, SCR 141 μmol/L。尿常规恢复正常。
普通肝素致口腔溃疡

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摘要：1例80岁女性患者因尿毒症性血管透析，应用普通肝素，首剂量为24mg，维持量5.2mg/h，持续3.5～4h。15个月后患者出现口腔溃疡，症状逐渐加重，出现创面疼痛，吞咽困难。舌体右侧可见约5mm×8mm大小溃疡，右侧口腔黏膜可见约7mm×9mm大小溃疡。停用普通肝素，改为低分子肝素3000IU，症状改善。3d后再次透析时再次应用普通肝素，溃疡再次加重。此后，依次改用低分子肝素，溃疡明显好转，但未愈合。随后将封管抗凝药物由普通肝素改为尿激酶。患者口腔溃疡症状愈未复发。

关键词：普通肝素；不良反应；口腔溃疡

中图分类号：R973.2 文献标识码：B 文章编号：1008-5734(2010)6-0441-02

Oral ulcer induced by standard heparin

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ABSTRACT An 80-year-old woman with uremia underwent hemodialysis and received an initial dose of standard heparin 24 mg and then a maintenance dose of 5.2 mg/h lasting 3.5-4 h. Fifteen months later, the patient developed oral ulcer. The symptoms worsened gradually and then ulcer pain and dysphagia appeared. Meanwhile she presented with a 5 mm × 8 mm ulcer on the right side of her tongue and a 7 mm × 9 mm ulcer in her right oral cavity mucous membranes. Standard heparins was withdrawn and switched to low molecular weight heparin 3000 IU. Her symptoms relieved. Three days later, she undertook hemodialysis and received standard heparin again and her ulcer then aggravated. Subsequently, standard heparin was changed to low molecular weight heparin again and her ulcer markedly improved but did not heal. And the anticoagulant heparin used for sealing tube was replaced with urokinase. Her ulcer healed completely and did not recur.

KEY WORDS standard heparin；adverse reactions；oral ulcer