病例报告

厄贝沙坦氢氯噻嗪致大疱性表皮松解症

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【摘要】1例61岁男性患者因高血压服用苯磺酸左旋氨氯地平(2.5 mg/d)和厄贝沙坦(150 mg/d),因疗效不佳将厄贝沙坦改为厄贝沙坦氢氯噻嗪1片(含厄贝沙坦150 mg,氢氯噻嗪12.5 mg),1次/d,苯磺酸左旋氨氯地平剂量继续服用。首次服用厄贝沙坦氢氯噻嗪后约8 h,患者左上肢皮肤出现红斑,局部水疱伴皮肤厚度升高,疼痛。次日患者周身皮肤充血,水肿,可见弥漫性红色充血性斑丘疹及水疱疹,颜面、躯干、手足可见大疱,前胸及双上肢皮损严重,颜面、眼睑肿胀明显,诊断为大疱性表皮松解症。停用厄贝沙坦氢氯噻嗪,给予地塞米松5 mg静脉注射,1次/d。第6天,患者皮肤充血减轻,皮疹变暗,水疱疹减少。停用地塞米松,给予洛塞利定10 mg口服,1次/d。第8天,患者躯干、上肢及眼睑处皮肤红斑消退,皮损正常,部分结痂。11 d后随访,皮损全部消退。

【关键词】 厄贝沙坦; 氢氯噻嗪; 大疱性表皮松解; 药疹

Epidermolysis bullosa induced by irbesartan and hydrochlorothiazide Deng Ying, Ge Ping
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【Abstract】A 61-year-old male with hypertension received oral irbesartan 150 mg/d and levamlodipine besylate 2.5 mg/d. The therapy was replaced with one tablet of irbesartan and hydrochlorothiazide (containing irbesartan 150 mg and hydrochlorothiazide 12.5 mg) once daily and levamlodipine besylate 2.5 mg/d due to poor efficacy. Eight hours after taking the first irbesartan and hydrochlorothiazide, the patient developed erythema in the left upper extremity and blister appeared in the local area accompanied by an increase of skin temperature and pain. There were hyperemia, edema, diffusing red congestive maculopapule and vesicular rash all over the whole patient's body skin the second day. Bulla was visible in the torso, hands and feet. Skin lesions were severe in the chest and upper limbs. He had facial edema and eyelid swelling and was diagnosed as epidermolysis bullosa. Irbesartan and hydrochlorothiazide was stopped and the patient received an IV injection of dexmethasone 5 mg once daily. On day 6, the skin hyperemia alleviated, the color of skin rashes became dark, and vesicular rash decreased. Dexamethasone was stopped and he was given oral loratadine 10 mg once daily. On day 8, the erythema gradually subsided in the torso, upper extremity and eyelid, skin temperature was normal and a part of skin was scabbed. Eleven days later on follow-up, the skin lesion all disappeared.

【Key words】Irbesartan; Hydrochlorothiazide; Epidermolysis bullosa; Drug eruptions

患者男,61岁,因头晕3 d,于2014年11月27日就诊。患者8年前本院诊断为原发性高血压3级,极高危。长期规律口服苯磺酸左旋氨氯地平和氯沙坦钾。1年前因本院诊断为2型糖尿病,给予阿卡波糖50 mg,3次/d口服。半年前患者出现头晕,血压波动于160-170/70~85 mmHg (1 mmHg = 0.133 kPa),就诊本院,肾功能检查示Scr 98 μmol/L,尿素9.9 mmol/L,尿酸593 μmol/L。降压方案调整为口服苯磺酸左旋氨氯地平2.5 mg/d和厄贝沙坦150 mg/d。3 d前,患者再发头晕,间断性,以清晨和晚饭前线明显,血压波动于150-160/70~80 mmHg。既往有磺胺药物过敏史;否认肝炎、结核等传染史。

体格检查:体温36.5 ℃,心率78次/min,呼吸20次/min,血压130/70 mmHg,心律不齐,双肺未闻及病理性杂音。余未见异常。诊断:高血压病3级,极高危;2型糖尿病。调整降压方案:停用厄贝沙坦,改为厄贝沙坦氢氯噻嗪1片(含厄贝沙坦150 mg,氢氯噻嗪12.5 mg),1次/d;苯磺酸左旋氨氯地平剂量继续服用。11月27日,患者首次服用厄贝沙坦氢氯噻嗪后约8 h,左上肢皮肤出现红斑,局部水肿,伴有局部皮肤厚度升高,触之疼痛,患者家属自行对水疱抽出后覆盖纱布。当日皮肤逐渐蔓延至躯干及双上肢、颜面部,并出现大疱,双上肢明显,伴疼痛。次日晨,患者再次就诊于我科。体格检查:周身皮肤充血,水肿,可见弥漫性红色,大小不等,多形性,充血性斑丘疹及水疱疹,部分融合成片,鼻周及双上肢皮损严重,颜面、躯干、手足均可见大疱,最大面积18 cm×8 cm,皮损易破裂,疱液稀薄,有漂浮,颜面水肿明显,左眼结膜下可见水疱形成。双上肢
注射用头孢西丁钠致迟发性静脉炎 2 例

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【摘要】2 例女性患者（年龄分别为 41 和 28 岁）因胆囊结石伴胆囊炎给予注射用头孢西丁钠静脉滴注，分别于用药 21 和 7 d 后腋下淋巴结肿痛，分别在用药后 3 2 d 出现双下肢静脉疼痛，下肢肿胀，皮肤温度升高，局部皮肤红肿，触痛明显，血常规检查白细胞计数升高，影像学检查显示局部淋巴结肿大。

【关键词】头孢西丁；静脉炎

Delayed phlebitis induced by intravenous cefoxitin Xing YuZhi
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【Abstract】Two female patients (41 and 28 years old, respectively) received an intravenous infusion of cefoxitin sodium for gallstones and cholecystitis. Abdominal pain was relieved after 21 and 7 days of treatments, then the drug was stopped. Two or 3 days after drug withdrawal, pain and swelling appeared in her both forearms, the point of puncture turned red, and streak-like lesions occurred along the direction of the vessels. Treatments such as raising the wounded limb, immobilization, local spray liquid dressing, and