高浓度两性霉素 B 溶液膀胱冲洗致药物热

邓成斐 王丽萍 曹洪富 姚奇 王晓丹

南京医科大学附属无锡第二医院药剂科 214002
通信作者:王晓丹,Email:35788440@qq.com

【摘要】1 例 92 岁男性患者因热带念珠菌泌尿系感染予两性霉素 B 25 mg 入灭菌注射用水 250 ml 膀胱冲洗,1 次/日。用药第 3~5 天,患者每日 16 时左右发热,体温最高 38.0℃;第 5 天实验室检查示白细胞计数(WBC)7.2×10^9/L,中性粒细胞 0.67,嗜酸粒细胞 0.015,C 反应蛋白 0.18 mg/L。考虑可能是两性霉素 B 膀胱冲洗引起的药物热,停用该药。停药后 24 h,患者体温降至 37.6℃;48 h,患者体温恢复正常,实验室检查示 WBC 6.2×10^9/L,中性粒细胞 0.66,嗜酸粒细胞 0.034。

【关键词】两性霉素 B; 发热
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Drug fever due to bladder irrigation with high concentration of amphotericin B solution
Deng Yuefei, Wang Liping, Gao Hongfa, Zhao Yin, Wang Xiaodan
Department of Pharmacy, Wuxi Second Hospital, Affiliated to Nanjing Medical University, Jiangsu Province, Wuxi 214002, China
Corresponding author: Wang Xiaodan, Email: 357884400@qq.com

[Abstract] A 92-year-old male patient received bladder irrigation with amphotericin B 25 mg dissolved in sterilized water for injection 250 ml once daily for Candida tropicalis urinary system infection. On day 3 to 5 of the treatment, the patient had a fever around 16:00 every day and the temperature was up to 38.0 °C. On day 5, laboratory tests showed white blood cell (WBC) 7.2 × 10^9/L, neutrophil 0.67, eosinophils 0.015, and C-reactive protein 0.18 mg/L. Drug fever due to bladder irrigation with amphotericin B was considered. Amphotericin B was stopped. Twenty-four hours after the drug withdrawal, his body temperature decreased to 37.6 °C. Forty-eight hours after the drug withdrawal, his body temperature returned to normal. Laboratory tests showed WBC 6.2 × 10^9/L, neutrophil 0.66, and eosinophils 0.034.

[Key words] Administration, Intravesical; Amphotericin B; Fever; DOI: 10.3760/cma.j.issn.1008-5734.2019.06.013

患者男,92岁,因神志淡漠、嗜睡2 d,咳嗽1 d,于2016年8月22日入我科呼吸科。患者2 d前无明显诱因出现神志淡漠、嗜睡,呼之能应,无昏迷;1 d前睡觉时出现口吐白沫、阵发性干咳,予以可乐静、复方甘草合剂后病情好转。患者现咳嗽加重,急查血常规提示WBC 9.4 × 10^9/L,中性粒细胞 0.7,嗜酸粒细胞 0.051,CRP 1.6 mg/L,入院第2天行尿常规检查提示白细胞 (+++),但患者无尿急、尿频、尿痛等尿路刺激症状。考虑无症状性细菌尿可能,应用0.9%氯化钠注射液1000 ml膀胱冲洗,2次/d,余无特别治疗。入院第10天(8月31日)尿培养检出混合菌,菌落计数为1 × 10^4/个菌落形成单位(CFU/ml)。9月1日予注射用两性霉素B 25 mg溶于灭菌注射用水250 ml膀胱冲洗1次/d。膀胱冲洗第3~5天(9月2~5日),患者无诱因每日16时左右出现发热,体温最高38.0 °C,物理降温后可降至正常,治疗方案未调整。9月5日实验室检查提示WBC 7.2 × 10^9/L,中性粒细胞 0.67,嗜酸粒细胞 0.015,CRP 0.18 mg/L;尿常规检查白细胞 (+++),尿亚硝酸盐定性阳性,尿培养检出混合菌球菌,结合病史及临床表现,排除尿路感染。
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羟氯喹致房室传导阻滞

师春焕1 王维波2 李振卿3 王继红1 张永明3 张翠芬2
1 山东省东营市人民医院药物科 257091; 2 山东省东营市药品不良反应和医疗器械不良事件监测中心 257091
通信作者: 王维波, Email: quiet12345@163.com

【摘要】1例48岁男性患者因系统性红斑狼疮给予羟氯喹100 mg 口服, 3次/d 和白芍总苷60 mg 口服, 2次/d,甲泼尼龙40 mg 静脉滴注, 1次/d (10 d 后改为泼尼松45 mg 口服, 1次/d)。用药后患者未见心电图异常。用药第11天, 患者服用羟氯喹后约2 h 出现心慌, 心电图检查显示房室传导阻滞, 约2 h 后症状自行缓解, 予动态心电监测。用药第17天, 患者服用羟氯喹后约2 h 再诉心慌, 动态心电图显示房室传导阻滞, 房性期前收缩及偶发性室性期前收缩。考虑上述症状与羟氯喹有关, 予停用该药, 其他药物继续使用, 并给予美托洛尔缓释片23.75 mg 口服, 1次/d。停用羟氯喹第3天, 患者未再出现心慌及房室传导阻滞症状。

【关键词】 羟氯喹; 房室传导阻滞; 红斑狼疮, 系统性
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Atrialventricular block induced by hydroxychloroquine
Shi Chunhuan1, Wang Weibo1, Li Zhenqing1, Wang Jinhai1, Zhang Yonggang2, Zhang Cuifang1
1 Department of Pharmacy, Dongying People’s Hospital, Shandong Province, Dongying 257091, China;
2 Dongying Drug Adverse Reaction and Medical Device Adverse Event Monitoring Center, Shandong Province, Dongying 257091, China
Corresponding author: Wang Weibo, Email: quiet12345@163.com

【摘要】A 48-year-old male patient received oral hydroxychloroquine 100 mg thrice daily, oral total glucosides of white peony 60 mg twice daily, and intravenous infusion of methylprednisolone 40 mg once daily, which was replaced by oral prednisone 45 mg once daily 10 days later. The electrocardiogram of the patient was normal before the medication. On day 11 of medication, the patient developed palpitation about 2 hours after taking hydroxychloroquine. His electrocardiogram showed atrioventricular block, which returned to normal after about 2 hours later. Then the patient was monitored by dynamic electrocardiogram. On day 17, the patient developed palpitation again about 2 hours after taking hydroxychloroquine and the dynamic electrocardiogram showed atrioventricular block, atrial premature beat, and occasional premature ventricular beat. These symptoms were considered to be related to hydroxychloroquine. Then hydroxychloroquine was discontinued and other drugs were continued. Metoprolol sustained-release tablets 23.75 mg were