Anaphylactic shock resulting from combined use of isoniazid and ethambutol

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ABSTRACT A 68-year-old woman received a diagnostic treatment with oral isoniazid 0.3 g, ethambutol 0.75 g, and rifampicin 0.45 g for exclusion of tuberculosis. Five minutes after administration, she suddenly developed dizziness. Her blood pressure was 80/57 mmHg and oxygen saturation was 0.90. After a ten-minute infusion of glucose and sodium chloride injection, her blood pressure returned to normal value and the symptom was relieved. The next day, rifampicin was discontinued and the other two drugs were continued. Ten minutes after administration, the patient developed dizziness, polyhydrosis, coldness of the extremities, and a BP of 64/42 mmHg. She was treated with fluid supplementation, oxygen, adrenaline, dopamine, and metaraminol. Two hours later, her BP increased to 102/60 mmHg. Afterwards, isoniazid and ethambutol were both discontinued and replaced with oral rifampicin and pyrazinamide. No sympotms mentioned above recurred.

KEY WORDS isoniazid; ethambutol; anaphylactic shock

患者女，68岁，因咳嗽、咳痰，8年，加重2周，于2007年8月8日入院。既往血高血压20年，肾结石11年，结节病8年。陈旧性肺结核。有苯巴比妥过敏史，青霉素皮试（+）。该患者1999年前有明显诱因出现咳嗽、咳痰、胸痛，双下肢及双小腿出现多个结节性红斑和皮下结节，但无发热，行相关检查及活检诊断为“结节病”，给予激素治疗后症状及体征明显改善。激素逐渐减量，2003年停药。2007年7月再发咳嗽，咳黄痰，结节病再发，并出现双小腿红斑及皮下结节。CT示“双肺结节样阴影”，诊断为“结节病”。使用激素、对症治疗效果不明显。为排除结节病，8月23日开始抗结核诊断性治疗。当日早晨口服异烟肼片0.3g、乙胺丁醇片0.75g，利福平胶囊0.45g，服药5min后，患者突然发抖、查意识清楚，BP 80/57 mmHg（1mmHg=0.133 kPa），HR 25次/min，Hb 77克/L，血尿酸和度（SO4）0.90。给予葡萄糖氯化钠注射液500ml静脉滴注。10min后血压恢复正常，症状逐渐缓解。停用利福平次日继续口服其他2种抗结核药物，服药10min后，患者出现头晕，大汗淋漓，四肢冰冷，BP 74/51mmHg，HR 59次/min，R 15次/min，SO2 89%，1min后BP 64/42mmHg。经加强补液，持续吸氧，多次使用肾上腺素、多巴胺及氨茶碱等药物后，2h后血压升至102/60mmHg。停止肾上腺素泵后，并逐渐减少多巴胺泵量。第3天停用异烟肼片及乙胺丁醇，出现上述症状，BP 120/80mmHg，HR 64次/min。观察3d无异常。8月28日开始口服利福平及吡嗪酰胺，未出现任何反应。
麦考酚吗乙酯致持续高热

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摘要 1名26岁女性，因患系统性红斑狼疮，伴狼疮性肾炎、股骨头坏死，长期服用泼尼松10 mg，1次/d治疗，入院后加服麦考酚吗乙酯0.75 g，2次/d。服用3d后，患者出现发热（T39.0℃），鼻塞、咽痛、双肺呼吸音粗，WBC12.8×10^9/L，N0.924。停用麦考酚吗乙酯，予安痛定肌内注射，第2天体温恢复正常。10d后当患者再次服用麦考酚吗乙酯后又出现持续高热（T39℃～39.4℃）及类似症状，经停药、对症治疗后热度逐渐减退。

关键词 麦考酚吗乙酯；持续高热

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Prolonged high fever following administration of mycophenolate mofetil

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ABSTRACT A 26-year-old woman with systemic lupus erythematosus accompanied by lupus nephritis and femoral head necrosis was treated with long-term use of prednisone 10 mg once daily. Mycophenolate mofetil 0.75 g twice daily was added to her regimen after hospitalization. Three days later, she developed a fever (T39.0℃), nasal obstruction, pharyngalgia, and rude respiration in the lungs. She had a WBC count of 12.8×10^9/L and a neutrophil rate of 0.924. Mycophenolate mofetil was withdrawn and antontinid was given by intramuscular injection. The next day, her body temperature returned to normal limits. Ten days later, the patient presented with prolonged high fever (T39℃～39.4℃) and the similar symptoms again following readministration of mycophenolate mofetil. After the cessation of the drug and symptomatic treatment, her fever gradually subsided.

KEY WORDS mycophenolate mofetil; prolonged high fever