Death from anaphylactic shock induced by Qingkailing injection
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ABSTRACT A 43-year-old man with hypertension, cerebral infarction, and pharyngitis was treated with 40 ml of Qingkailing injection mixed with 250 ml of glucose injection 10% by intravenous infusion at a rate of 45 drops/min. After 30 minutes of infusion, he developed nausea, vomiting, a high fever (T 40 °C), palpitation, chest distress, short breath, dysphoria, cyanosis of lips, and profuse sweating. His BP declined from 170/140 mmHg to 85/40 mmHg, and he had a respiratory rate of 32 breaths/min and a pulse rate of 110 beats/min. An ECG revealed myocardial ischemia. Qingkailing injection was stopped immediately. The patient was given treatment with anti-anaphylaxis, blood volume expansion, elevation of blood pressure, and cardiopulmonary resuscitation. Thirty-eight minutes later, the man died.

KEY WORDS Qingkailing injection; anaphylactic shock; death

患者，男，43 岁。主因“口服歪斜，双手脑麻木和咽部疼痛 1 d”，于 2007 年 6 月 7 日就诊于当地私人诊所。查体：T 37.2 °C，P 86 次/分，R 21 次/分，BP 170/140 mmHg（1 mmHg=0.133 kPa）。患者神志清醒，语言流利，回答切题。查体合作，全身皮肤、黏膜无黄染、出血及皮疹，全身浅表淋巴结未触及肿大，口角向左歪斜，舌体居中，咽部红肿，扁桃体无肿大，下牙龈粉色级。血常规：WBC 11.30×10⁹/L，中性粒细胞计数 3.80×10⁹/L，尿常规正常。患者曾于 2007 年 1 月 12 日在当地某医院行头颅 CT 检查时，右侧基底节区梗死，诊断为高血压（Ⅱ级，极高危）、脑梗死，脑炎。就诊前 2 个月无服药史，既往无药物及食物过敏史。治疗情况：给予清开灵注射液 40 ml +10% 葡萄糖注射液 250 ml 静脉滴注，滴速 45 滴/min。静滴 30 min 后患者出现恶心，呕吐，高热（T 40 °C）、心悸、胸闷、气短，呼吸困难，口唇发绀，大汗淋漓，急测 BP 85/40 mmHg，R 32 次／分，P 110 次／分，心电图显示心肌缺血。立即停用清开灵注射液，给予抗过敏、扩容、升压及心肺复苏等治疗，38 min 后患者死亡。
昆明山海堂联合依巴斯汀致过敏综合征

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摘要 1 例 15 岁男性患者，因湿疹口服昆明山海堂 1 片，3 次/d，20 日后加用依巴斯汀 10 mg，1 次/d 次。1 月后，患者出现发热，全身皮疹伴皮肤脱屑，巩膜黄染，肝肿大不痛。实验室检查示：ALT 440.5 U/L，AST 809.7 U/L，CRP 10.8 mg/L，IgG 10.9 g/L，IgA 1.8 g/L，IgM 1.7 g/L，C3 0.61 g/L，C4 0.069 g/L。患者有腹部不适症状和皮肤症状 2 周后，皮损好转，各项实验室指标均好转。

关键词 昆明山海堂片；依巴斯汀；过敏综合征

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Hypersensitivity syndrome resulting from Kunmingshanghaitang tablets in combination with ebastine

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ABSTRACT A 15-year-old boy with eczema was treated with Kunmingshanghaitang one tablet thrice daily. Twenty days later, his regimen was added to ebastine 10 mg once daily. One week later, he developed a fever of 39.8 °C, skin rash with desquamation, yellowing of sclera, and hepatomegaly with tenderness. Laboratory tests revealed the following values: ALT 440.5 U/L, AST 809.7 U/L, CRP 10.8 mg/L, IgG 10.9 g/L, IgA 1.8 g/L, IgM 1.7 g/L, C3 0.61 g/L, and C4 0.069 g/L. He was treated with methylprednisolone and symptomatic therapy. Two weeks later, his skin damage improved, and all values of laboratory tests returned to normal ranges.

KEY WORDS Kunmingshanghaitang tablets; ebastine; hypersensitivity syndrome