病例报告

卡马西平过量致偏瘫和偏身感觉障碍

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【摘要】1例51岁女性三叉神经痛患者口服卡马西平0.2 g,3次/日）治疗约1年，因疼痛加重1 d内累积服卡马西平2 g,第2天在口服卡马西平0.4 g之后出现头晕,视物模糊和右侧肢体力麻无力，遂入院。入院后体检：右侧中枢性面肌瘫痪，舌反射消失，右侧肢体力为IV级，右侧面颊及口角痛觉减退，头部颈椎椎体和多趾性感觉减退，不正常，停用卡马西平，同时给予改善循环药物治疗。4 d后患者完全恢复正常。

【关键词】卡马西平  偏瘫  偏身感觉障碍

Hemiplegia and hemisynesthesia induced by excessive dosage of carbamazepine  CHEN Wen-jing,  
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【Abstract】A 51-year-old female patient with trigeminal neuralgia received carbamazepine 0.2 g thrice daily by mouth for about one year. She took carbamazepine at a cumulative dose of 2 g within one day for aggravated pain. On the second day, the patient developed dizziness, blurred vision, numbness and weakness in her right extremities after taking carbamazepine 0.4 g, and then she was admitted into hospital. Physical examination showed the following results: right central facial and tongue nerve paralysis, absence of pharyngeal reflex, muscle strength of grade 4 in her right limb, hypesthesia in her right side of face and limbs. Examination of cranial magnetic resonance imaging and diffusion-weighted magnetic resonance imaging showed no abnormal changes. Carbazepine was stopped and drug for improvement of circulation was given. Four days later, the patient recovered completely.

【Key words】Carbamazepine  Hemiplegia  Hemisynesthesia

患者女，51岁，因头晕，右侧肢体无力，麻木伴语言不清6 h，于2012年6月13日入院。患者1年前在当地医院诊断为“三叉神经痛”，给予卡马西平0.2 g,3次/日。入院前1 d因三叉神经痛加剧，1 d内累积服卡马西平2 g，第2天口服卡马西平0.4 g，之后出现头晕，视物模糊，恶心和右侧肢体麻木。活动不灵，右上肢出现乏力，右下肢行走困难，右侧木披，出现语言不清。否认高血压病，糖尿病，心脏病病史；否认吸烟饮酒史；否认药物接触史。

入院体检：体温36.5 °C, 脉搏88次/min，呼吸16次/min，血压160/90 mmHg（1 mmHg = 0.133 kPa）。意识清楚，语言欠清，双眼向右侧注视时可见水平眼震，右侧中枢性面部瘫痪，右眼展神经不完全性麻痹，右侧肢体力为Ⅳ级，右侧面颊及口角痛觉减退。双侧颈肩反射对称存在，双侧指鼻试验，跟膝胫试验均正常，Romberg征不能合作，病理反射未引出。头部CT（发病2 h）：颈椎椎体正常（MRI），弥散加权磁共振成像（DWI）和超声检查未见异常。凝血常规检查结果：凝血酶原时间9 s，凝血酶原国际标准化比值0.75，凝血酶原活动度181%，纤

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【摘要】1例62岁男性患者因大疱性类天疱疮入院，给予泼尼松（15 mg，3次/d）、雷公藤多苷（10 mg，1次/d）、头孢拉定（0.5 g，3次/d）口服及对症支持治疗。3 d后患者偶有情绪不稳，且未予治疗。7 d后因未发现未控制，将泼尼松改为60 mg/d，8 d后患者出现焦虑不安、烦躁、易怒、被害妄想、言行失常、记忆力减退等，遂将泼尼松减量至45 mg/d，停用雷公藤多苷，改为赛庚啶2 mg，3次/d口服，余治疗同前。1周后患者精神症状逐渐缓解出院。此后泼尼松逐步减量至出院45 d后停用。随访3个月，无类似精神症状复发。

【关键词】糖皮质激素；精神障碍

Psychiatric disorders related to prednisone  FENG Zuo-ming, TANG Min, HUANG Mao-tao. Department of Gastroenterology & Endocrinology, The 452nd Hospital of Chinese PLA, Chengdu 610061, China

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【Abstract】A 62-year-old male patient was hospitalized with bullous pemphigoid. He received prednisone 15 mg thrice daily, loratadine 10 mg once daily, and ceftazidime 0.5 g thrice daily by mouth as well as symptomatic and supportive therapy. Three days later, occasional agitation appeared in the patient. However, he did not receive any treatment. Seven days later, the dose of prednisone was increased to 60 mg/d for poor control of rash. Eight days later, he experienced anxiety, dysphoria, agitation, persecutory delusion, abnormal behavior, memory loss, and occasional failure to recognize location. The dose of prednisone was then decreased to 45 mg/d. Loratadine was discontinued. He was switched to oral ciprofloxacin 2 mg thrice daily, and other therapy was the same as before. One week later, the patient’s psychiatric symptoms gradually relieved and he was discharged. The dose of prednisone was gradually reduced and then stopped 45 days after discharge. The patient had no recurrence of similar psychiatric symptoms at a 3-month follow-up.

【Key words】Glucocorticoid; psychiatric disorders

患者男，62岁，因皮疹20 d，行走不稳1周，于2012年3月15日入院。入院前20 d患者无明显诱因出现全身皮肤瘙痒、四肢起疱，逐渐延至躯干，出现大片红色丘疹、疱疹、融合成片、破溃、结痂及色素沉着，自服氯雷他定后无明显好转。入院前1周患者出现行走不稳。24年前患“过敏性紫癜”，治疗后好转，无药物维持治疗，此后长期素食，限食，喜独居；否认药物及食物过敏史，无精神病病史或家族史。入院体检检查：生命体征平稳，神志淡漠，消瘦，下颌及四肢皮肤见新旧交替之大片红斑、丘疹、疱疹。实验室检查：血常规白细胞30.5 × 10^9/L，直接胆红素21.9 mmol/L，游离胆红素2.9 mmol/L，钠110 mmol/L，氯76 mmol/L，钙1.84 mmol/L，尿酸84 mmol/L，血、尿常规正常；风湿自身抗体谱阴性；人类免疫缺陷病毒