Reappearance of anaphylactic reaction after reexposure to filgrastim in a patient with a history of filgrastim-induced anaphylaxis

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ABSTRACT A 46-year-old woman with nasopharyngeal carcinoma had received radiotherapy and chemotherapy for four years and more. After hospitalization, she received chemotherapy with paclitaxel and oxaliplatin. On day 2 after chemotherapy completion, SC filgrastim 200 μg was given for preventing chemotherapy-induced neutropenia. About 20 minutes after administration, the patient suddenly experienced dizziness, dyspnea, palpation, chest distress, nausea, vomiting, and shiver. Physical examination revealed the following: pulse rate 87 beats/min, respiratory rate 28 breaths/min, BP 80/53 mm Hg, and SPO₂ 94. Oxygen inhalation therapy, IM diphenhydramine, and IV push of dexamethasone, IM metoclopamid, an IV infusion of dopamine were given immediately. After 20 minutes, a repeated examination revealed the following: pulse rate 73 beats/min, respiratory rate 23 breaths/min, BP 101/64 mm Hg, and SPO₂ 99. One hour later, her symptoms relieved. A review of her medical history showed that she had developed anaphylactic shock after subcutaneous injection of filgrastim four years earlier.

KEY WORDS filgrastim; anaphylactic reaction; adverse reactions
万古霉素静脉滴注致中性粒细胞减少

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摘要　1例68岁男性糖尿病、肾病患者，因腹腔使用万古霉素0.5 g溶于0.9%氯化钠注射液250 ml中静脉滴注，1次/d，3 d后，患者的WBC和N分别由14.3×10\(^9\)L和0.90下降至1.1×10\(^9\)L和0.45。停用万古霉素，皮下注射非格司亭150 μg，第2天患者血压下降休克死亡。

关键词　万古霉素；中性粒细胞减少症；不良反应

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Neutropenia following an intravenous infusion of vancomycin

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ABSTRACT A 68-year-old man with diabetes mellitus and renal disease received an IV infusion of vancomycin 0.5 g diluted in 0.9% sodium chloride 250 ml once daily. Three days later, his WBC and neutrophil decreased from 14.3×10\(^9\)L and 0.90 to 1.1×10\(^9\)L and 0.45, respectively. Vancomycin was discontinued and SC filgrastim 150 μg was given. The following day, he died from hypotensive shock.

KEY WORDS vancomycin；neutropenia；adverse reactions

患者男，68岁。因纳差，乏力伴恶心呕吐1 周，于2004年3月10日入住我院肾内科。既往有脑梗死病史。诊断：糖尿病肾病，尿毒症。入院后给予维持性血液透析治疗。患者于入院第15天出现腹痛、腹泻，给予左氧氟沙星0.2 g，1次/d静脉滴注（静滴）治疗3 d无效，行粪便菌群分析和培养。粪便菌群分析结果提示革兰阳性细菌占80%。菌群鉴定：屎肠球菌对万古霉素敏感。给予万古霉素0.5 g加入0.9%氯化钠注射液250 ml，1次/d静脉滴注。治疗前BP 130/90 mm Hg(1 mm Hg = 0.133 kPa)；血常规：WBC 14.3×10\(^9\)L，N 0.90，中性粒细胞计数0.45×10\(^9\)L。用药后3 d后患者T 38℃，腹痛、腹泻无明显好转，复查血常规：WBC 1.1×10\(^9\)L，N 0.45；血生化、肝功能检测与用药前无明显变化。考虑严重粒细胞减少症。立即停用万古霉素，给予非格司亭（特尔津）150 μg，1次/d皮下注射。停用万古霉素第2天，患者出现低血压（BP 70/40 mm Hg）休克症状，抢救无效死亡。

讨论　本例患者因肠道尿路球菌感染，使用万古霉素治疗，在用药前一天检测血 WBC 14.3×10\(^9\)L，N 0.90，均显著增高。使用万古霉素第3天出现外周血液中性粒细胞严重减少，与原发疾病糖尿病肾病无关性，在使用该药物期间进行过一次常规血液透析，未并用其他药物，因此考虑与万古霉素相关。

万古霉素的主要不良反应：听力损害、胃毒性、血管刺激

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