去甲万古霉素致白血病患者急性肾损害

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摘要 1例75岁男性患者，因乏力、乏力、发热、咳嗽入院。诊断为急性粒-单核细胞白血病，给予氟西汀和维A酸治疗。住院15d后，患者病情逐渐减轻，给予美洛西林、头孢拉定和维A酸治疗，第6天症状缓解。又经16 d后，实验室检查：WBC 4.38 x 10^9/L，N 0.71，SCr 7.8 μmol/L。患者体温为38.5℃。给予去甲万古霉素800 mg静脉滴注，每12 h 1次，共治疗7 d。第5天尿量明显增多，为600 ml/d。第7天尿量减少至300 ml/d，SCr 362 μmol/L。尿常规：蛋白(+)，红细胞(+)。停用去甲万古霉素，给予利尿剂。2 d后患者肾功能恢复正常，SCr 120 μmol/L。

关键词 去甲万古霉素；急性肾功能损害；不良反应

Acute renal injury caused by norvancomycin in a patient with leukemia

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ABSTRACT A 75-year-old man was hospitalized with dizziness, asthena, fever, and cough. Acute myelomonocytic leukemia was diagnosed. Filgrastim and tretonin were given. Fifteen days after hospitalization, his chronic pulmonary obstruction was exacerbated. He was treated with mezlocillin, cefazolin sodium pentahydrate, and cefoperazone-sulbactam, and subsequently his symptoms relieved. After a further 16 days, laboratory testing revealed the following: WBC 4.38 x 10^9/L, N 0.71, and SCr 7.8 μmol/L. He had a body temperature of 38.5°C. The patient received an IV infusion of norvancomycin 800 mg every 12 hours for 7 days. On day 5 of therapy, he presented with a marked reduction of urine volume which was 600 ml/day. On day 7, his urine volume decreased to 300 ml/day. His SCr was 362 μmol/L. Urinalysis revealed protein (+) and erythrocytes (+). Norvancomycin was stopped and diuretics were given. Two days later, his renal function normalized and his SCr was 120 μmol/L.

KEY WORDS norvancomycin; acute renal injury; adverse reactions

患者男，75岁。因面色苍白，头晕，乏力2年半，发热，咳嗽3d，于2008年6月15日入院。既往无肾病史，入院后临床诊断为急性粒单核细胞白血病。给予氟西汀和维A酸治疗，血常规：N 0.71，SCr 7.8 μmol/L。第5天检测肾功能，第7天监测肾功能，SCr 362 μmol/L。尿常规：蛋白(+)，红细胞(+)。停用去甲万古霉素后加用利尿剂治疗，肾功能恢复正常。因此确定SCr升高与去甲万古霉素有关。

去甲万古霉素为糖肽类抗生素，临床主要用于对甲氧西林耐药金黄色葡萄球菌感染的治疗。其静脉滴注后应以原形经肾小球滤过，经近小管重吸收和分泌而排泄，因此其主要的不良反应为肾功能损害，其他尚有肝功能损害和过敏反应。停用不良反应为急性肾功能损害。患者男，60岁，既往有慢性病，肾功能虽然在治疗前正常，但去甲万古霉素在≥60岁老年人群中不良反应，尤其是肾功能损害的发生率明显高于0～59岁组[1]。因此，建议老年患者在使用去甲万古霉素时，不论其肾功能是否正常，均应密切监测尿常规及尿量、监测肾功能变化，有条件者进行血药浓度监测，调整给药剂量或给药时间，使给药方案达到个体化。

参考文献