头孢甲肟致新生儿心跳呼吸骤停

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摘要 1例28 d男性新生儿患感染性腹泻给予头孢甲肟0.1 g溶于0.9%氯化钠注射液20 ml静脉滴注治疗。治疗开始后约2.5 min，患儿突然出现紫绀，意识丧失，HR 80 次/min，股动脉搏动消失。立即停药，给予吸氧，胸外心脏按压，静脉推注0.1%肾上腺素0.3 ml和地塞米松3 mg。约20 s后，患儿呼吸心跳停止，立即给予气管插管，心肺复苏及输液扩容。抢救约4 min后，患儿呼吸、心跳恢复。

关键词 头孢甲肟；新生儿；心跳呼吸骤停；不良反应

Cardiopulmonary arrest due to cefmenoxime in a neonate
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ABSTRACT A 28-day-old male neonate was treated with an IV infusion of cefmenoxime 0.1 g dissolved in 20 ml of sodium chloride 0.9% for infectious diarrhea. About 2 to 3 minutes after the start of the infusion, the neonate abruptly developed cyanosis, unconsciousness, and a heart rate of 80 beats/min; his femoral artery pulsation was absent. The infusion was stopped immediately. Oxygen inhalation therapy, closed-chest cardiac massage, an IV push of 0.1% adrenaline 0.3 ml and dexamethasone 3 mg were given. About 20 seconds later, he experienced cardiopulmonary arrest. The patient was treated with endotracheal intubation, cardiopulmonary resuscitation and IV fluid supplement immediately. About 4 minutes after resuscitation, his respiration and heart beat were restored.

KEY WORDS cefmenoxime; neonate; cardiopulmonary arrest; adverse reactions

患儿男，出生28 d。因腹泻3 d于2008年9月23日入院。入院前3 d腹泻，粪便为黄绿色稀水便，含有黏液，无脓血，7~8次/d，5~10 ml/次，无呕吐及发热。粪常规：白细胞10~15 个/HP，拟诊为新生儿感染性腹泻而收入院。患儿起病以来，睡眠正常，小便正常。出生后未用过任何药物。家族史：父母均体健，否认药物过敏史。查体：T 36.6℃，P 130次/min，R 42次/min，体重4 700 g，发育正常，营养中等，神志清，精神佳，全身皮肤弹性好，无脱水貌，颈无抵抗，心肺无异常，腹膨软，未扪及包块，肠鸣音活跃，四肢肌张力正常，手足温暖。经头孢甲肟皮试阴性后给予头孢甲肟0.1 g+0.9%氯化钠注射液20 ml静脉滴注（滴速20 ml/h），未用其他药物。输液约2~3 min患儿突然全身发绀，意识丧失，HR 80次/min，股动脉搏动消失。考虑过敏性休克，立即停药，清理呼吸道，吸氧，呼吸囊正压通气，胸外心脏按压，静脉推注...
达沙替尼致全身肌肉骨骼关节疼痛

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摘要 1例17岁男性慢性粒细胞白血病患者服用伊马替尼400 mg，2次/d，治疗约4个月无效，后改用达沙替尼70 mg，2次/d。约1个半月后，患者出现发热(39.2℃)，之后出现全身肌肉、骨骼和关节疼痛。给予吲哚美辛栓50 mg，3次/d塞肛和地塞米松2.5 mg静脉滴注，患者疼痛减轻。因病情需要，患者继续服用达沙替尼，再次出现疼痛，给予吲哚美辛栓塞肛治疗。

关键词 达沙替尼；肌痛；骨痛；关节痛；不良反应

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Generalized myalgia, ostalgia and arthralgia attributed to dasatinib
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ABSTRACT A 17-year-old boy with chronic granulocytic leukemia was treated with imatinib 400 mg twice daily for about 4 months, but this had no effect. Later, imatinib was changed to dasatinib 70 mg twice daily. About one month and a half later, the patient initially presented with body temperature of 39.2℃, followed by generalized myalgia, ostalgia, and arthralgia. After treatment with 1 retical indomethacin 50 mg suppository thrice daily and an IV infusion of dexamethasone 2.5 mg, his pains lessened. Dasatinib was continued for the clinical needs of the patient. His pains reappeared, and the indometacin suppositories were given.

KEY WORDS dasatinib; myalgia; ostalgia; arthralgia; adverse reactions