甲硫咪唑致肝损害及粒细胞减少

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摘要：1例36岁女性患者，因患甲减后抗甲减药物给予甲硫咪唑10 mg·3次/d，普萘洛尔10 mg·3次/d治疗。服药23 d后，患者出现乏力，食欲下降和恶心。实验室检查示：WBC 1.6×10^9/L，中性粒细胞绝对值0.8×10^9/L；ALT 125.0 U/L, AST 62.0 U/L。停用甲硫咪唑，给予还原型谷胱甘肽、左旋肉碱、氨氯地平及非格司亭治疗后好转。患者WBC为4.30×10^9/L，中性粒细胞绝对值为3.1×10^9/L，ALT和AST分别为27.0 U/L和17.0 U/L。

关键词：甲硫咪唑；不良反应；肝损害；粒细胞减少

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Hepatic damage and granulocytopenia due to thiamazole

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ABSTRACT A 36-year-old woman with hyperthyroidism was given thiamazole 10 mg thrice daily and propranolol 10 mg thrice daily. Twenty-three days later, the patient presented with skin rash, loss of appetite, and nausea. Laboratory test revealed the following levels: WBC count 1.6×10^9/L, absolute neutrophil count 0.8×10^9/L, ALT 125.0 U/L, and AST 62.0 U/L. Thiamazole was withdrawn. After treatment with reduced glutathione, silybinin, loratadine, and filgrastim, the patient improved. Her WBC count was 4.30×10^9/L, her absolute neutrophil count was 3.1×10^9/L, and her ALT and AST levels were 27.0 U/L and 17.0 U/L, respectively.

KEY WORDS thiamazole; adverse reactions; hepatic damage; granulocytopenia
帕珠沙星相关的白细胞减少

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摘要 | 病例 41 岁男性患者因消化性溃疡出血住院。入院后给予患者注射位拉唑 40 mg, 2 次/d 静脉滴注，帕珠沙星 0.3 g, 1 次/d 静脉滴注，并给予酚苯那片、甲溴安定及对症支持治疗。治疗第 3 天患者 WBC 降至 1.7 x 10^9/L。考虑白细胞减少可能和帕珠沙星有关，停用帕珠沙星，改为头孢他啶，并继续使用位拉唑。2 d 后 WBC 为 2.7 x 10^9/L, 1 周后 WBC 为 4.1 x 10^9/L。

关键词 | 帕珠沙星；不良反应；白细胞减少

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Leukopenia associated with pafuzofloxacin

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ABSTRACT  A 41-year-old male patient was hospitalized with peptic ulcer bleeding. After admission, the patient was treated with an IV infusion of pantoprazole 40 mg twice daily, an IV infusion of pafuzofloxacin 0.3 g once daily, etamsylate, aminophenomenico acid, and hydroxyethyl starch. On day 3 of therapy, his WBC count decreased from 11.8 x 10^9/L to 1.7 x 10^9/L. Leukopenia was considered to be possibly pafuzofloxacin-associated. Pafuzofloxacin was stopped and switched to cefetoxil, and pantoprazole was continued. His WBC count was 2.7 x 10^9/L two days later and 4.1 x 10^9/L one week later.

KEY WORDS pafuzofloxacin; adverse reactions; leukopenia