重组人白介素-2 相关的心房纤颤

崔宝珠（中日友好医院干部医疗科，北京 100029）

摘要  1 岁 87 岁男性患者因胃癌转移合并肺部感染入院治疗。入院后患者心电图示房性期收缩导致心室期收缩，予以抗病毒和左氧氟沙星治疗。住院第 5 天给予重组人白介素-2 2 万 U + 0.9% 氯化钠注射液 100 ml 静脉滴注。次日，患者出现阵发性心房纤颤，2～3 次/d，持续 1～2 分钟，4 次/d 后心房纤颤频繁发作，发作时间有时 10 分钟。给予普罗帕酮 100 mg，3 次/d 口服，效果不佳。考虑可能和重组人白介素-2 有关，即刻停药。之后，患者心电图未再出现心房纤颤。

关键词  重组人白介素-2；不良反应；心房纤颤

Atrial fibrillation associated with recombinant human interleukin-2

Cui Baoshu (China-Japan Friendship Hospital, Beijing 100029, China)

ABSTRACT  An 87-year-old man was hospitalized with lung metastasis of renal cancer complicated by lung infection. After admission, his ECG showed atrial premature beats with occasional ventricular premature beats. The patient was treated with ceftizoxime and levofloxacin. On day 5 of hospitalization, he received an IV infusion of recombinant human interleukin-2 21 million units in 0.9% sodium chloride 100 ml. The next day, the patient developed paroxysmal atrial fibrillation. Initially, 2-3 episodes occurred every day and each episode lasted for 1-2 minutes. Four days later, multiple episodes occurred and each episode sometimes lasted for 10 minutes and more. Propafenone 100 mg thrice daily was given by mouth, but this had no obvious effect. Atrial fibrillation was considered to be possibly related to recombinant human interleukin-2-associated. Recombinant human interleukin-2 was stopped immediately. Subsequently, his ECG did not reveal any atrial fibrillation.

KEY WORDS  recombinant human interleukin-2; adverse reactions; atrial fibrillation
肠溶阿司匹林和肝素联合抗凝治疗中出现腹膜后血肿

王艳辉（秦皇岛市中医院心血管科，河北 秦皇岛 066000）

摘要 1 例 69 岁冠心病、高血压患者服用阿托伐他汀、阿替洛尔、硝酸异山梨酯及硝苯地平治疗 2 年余。入院后，患者因不稳定心绞痛加服肠溶阿司匹林 1.0 g/d、低分子肝素钙 5000 U，1 次/12 h 皮下注射。第 2 天，肠溶阿司匹林增加至 0.3 g，1 次/12 h，低分子肝素钙改为肝素钠 800~1500 U/h，静脉泵入。48 h 后再次改为低分子肝素钙 6000 U，1 次/12 h 皮下注射。第 5 天，患者出现腹膜后血肿，出血量约 1000~1200 ml。停用肠溶阿司匹林和低分子肝素钙，给予活络苏红细胞、巴曲酶及扩容治疗。入院第 28 天，CT 检查示患者血肿有所吸收，2 d 后出院。出院 2 个月 CT 复查示出血肿大部分吸收。

关键词 抗凝治疗；肠溶阿司匹林；低分子肝素钙；肝素钠；不良反应；腹膜后血肿

中图分类号：R 971.1 文献标识码：B 文章编号：1008-5734（2009）3-0215-03

Retroperitoneal hematoma occurring during anticoagulant therapy with enteric-coated aspirin plus heparin

Wang Yanhui (Department of Cardiology, Qinhuaungdao Traditional Chinese Medical Hospital, Qinhuaungdao 066000, Hebei Province, China)

ABSTRACT A 69-year-old woman with coronary heart disease and hypertension received atorvastatin, atenolol, isosorbide dinitrate, and nifedipine for two years and more. After admission, enteric-coated aspirin 0.1 g once daily and SC low molecular weight heparin calcium 5 000 U once 12 hours were added to her regimen due to unstable angina. The next day, her enteric-coated aspirin dosage was increased to 0.3 g once daily, and low molecular weight heparin calcium was changed to heparin sodium 800~1 500 U/h, which was administered via an intravenous infusion pump. Forty-eight hours later, heparin sodium was switched to SC low molecular weight heparin calcium 6 000 U once 12 hours again. On day 5, the patient developed retroperitoneal hematoma, and the amount of bleeding was 1 000~1 200 ml. Enteric-coated aspirin and low molecular weight heparin calcium were withdrawn. RBC suspension, bactrocinin, and fluid expansion were given. On day 28 after hospitalization, a CT scan revealed that his hematoma was absorbed in some degree and she was discharged two days later. Two months after discharge, repeated CT scan showed that a greater part of hematoma was absorbed.

KEY WORDS anticoagulant treatment; enteric-coated aspirin; low molecular weight heparin calcium; heparin sodium; adverse reactions; retroperitoneal hematoma