Choice of insulin preparation based on skin testing: a case report
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ABSTRACT A 56-year-old woman with diabetes mellitus received human regular insulin about 3 years before hospitalization, and 15 minutes after injection, the patient developed subcutaneous nodules at injection site with pruritus, which subsided spontaneously in 1-4 days, and paroxysmal nocturnal dry cough. Six months before hospitalization, the regimen was instead of human isophane insulin and subcutaneous nodules remained, but dry cough at night disappeared. After admission, laboratory tests revealed eosinophils count of 0.62 × 10^9/L and the rate of eosinophils was 0.69. A Lge level was 96.60 U/mL and IAA examination was positive. On admission, she presented with asthma and the symptoms improved after treatments. The skin testing was performed in order to select an appropriate insulin preparation. Human isophane insulin 10 U once was selected based on the skin testing and acarus, nematodes, and mite IgE were given. The patient had a well control of blood glucose and developed intermitting small solemna which was subsided spontaneously, occasional pruritus, and dry cough and asthma did not recur.

KEY WORDS skin test; adverse reactions; insulin allergy
去甲万古霉素致粒细胞缺乏症及红人综合征

张艳 张运周

摘要 1例49岁男性患者，因呼吸机相关性肺炎给予去甲万古霉素，急症转入治疗。3天后症状改善，去甲万古霉素400mg每日0.9%氯化钠注射液500ml静脉滴注，1次/12h。期间出现皮疹，呼吸困难，胸闷，心慌等症状，立即停用去甲万古霉素。实验室检查：WBC 1.39×10^9/L，N 0.06×10^9/L。肺炎支原体检测：阴性。去甲万古霉素导致粒细胞缺乏症，应立即停药。