Clindamycin-induced abdominal pain, hematuria and acute renal failure

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ABSTRACT A 43-year-old woman with bronchiectasis complicated by infection received an IV infusion of ceftazidime sodium 2.0 g dissolved in 0.9% sodium chloride 250 ml, followed by an IV infusion of clindamycin 1.2 g dissolved in 10% glucose 500 ml 5 hours later. About 20 minutes after the infusion started, the patient experienced abdominal pain, repeated vomiting, and gross hematuria. Clindamycin was discontinued immediately and she was given IM diclofenac sodium 50 mg and IM cimetidine 200 mg. Later, her abdominal pain alleviated. She failed to urinate 3 hours after the administration of clindamycin until the next morning, and then generalized edema occurred. Renal function tests showed the following values: blood urea nitrogen 17.6 mmol/L, serum creatinine 544 μmol/L. She was diagnosed with clindamycin-induced acute renal failure. On days 3 and 6 after admission she received hemodialysis, and then her urine output gradually returned to normal range. Her blood urea nitrogen and serum creatinine levels were 4.3 mmol/L and 65 μmol/L, respectively. After administration of an infusion of ceftazidime sodium 2.0 g for treatment infusion, the patient’s symptom of cough was relieved and purulent sputum disappeared. On day 7, she was discharged.

KEY WORDS clindamycin; abdominal pain; renal failure

患者女，43岁，因反复咯痰咳4年，加重1周，于2009年7月13日9时入院。既往患者有其他疾病史，无药物过敏史。入院体格检查：血压、脉搏、呼吸正常，双下肺可闻及湿啰音和少许哮鸣音。胸部X线片及肺部CT示双下肺支气管扩张。诊断为支气管扩张合并感染。实验室检查：白细胞10.1×10^{9}/L，中性粒细胞0.84，淋巴细胞0.16，尿常规及肝、肾功能正常。11时给予头孢替唑钠2.0 g 加入0.9% 氯化钠注射液250 ml静脉滴注，维生素C2.0 g 加入10% 葡萄糖注射液500 ml静脉滴注，患者无不适。16时给予克林霉素 1.2 g 加入10% 葡萄糖注射液500 ml静脉滴注，输注约20 min（150 ml）时，患者突然出现全腹疼痛，腹痛呈阵发性，无反跳痛，腹部压痛为阵性，还出现尿急和 肉眼血尿。考虑为克林霉素引起，立即停用克林霉素，分别肌内注射双氯芬酸钠50 mg，西替利丁200 mg，止痛和预防过敏。20时患者腹痛症状缓解。次日晨，患者诉昨夜19时开始一直无尿。测呼吸、血压、心率等正常，考虑患者无反跳痛，机械水分丢失过多，遂给予补液并继续给予头孢替唑钠2.0 g。1次/d静脉滴注。下午患者仍未排尿并出现全身水肿，即查肾功能：尿素氮17.6 mmol/L，肌酐544 μmol/L，尿量200 ~ 300 ml/d。超声检查，双肾形态大小正常，实质回声均匀，肾盂未见明显分离，双侧输尿管不扩张，膀胱内未见异常回声，诊断为克林霉素引起的急性肾衰竭。

经利尿治疗无效，入院第3.6天行2次血液透析，患者尿量逐渐正常。肾功能检查示血尿素氮4.3 mmol/L，肌酐65 μmol/L。住院期间静脉滴注头孢替唑钠2.0 g/d抗感染，患者尿量减少，肾功能消失，第7天出院。