Asthma induced by intravenous infusion of regular insulin and potassium chloride

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ABSTRACT A 62-year-old man with type 2 diabetes mellitus was administered an IV infusion of regular insulin 10 U and 15% potassium chloride 5 ml dissolved in glucose saline 500 ml to control blood glucose. After 20 minutes of infusion, the patient developed chest distress, short breath, polyuria, and diffuse wheezes in bilateral lungs. The infusion was discontinued immediately and he received oxygen inhalation and aerosol inhalation of salbutamol sulfate. Blood gas analysis revealed a PO2 level of 73 mm Hg and a PCO2 level of 41 mm Hg. About 80 minutes after infusion completion, his asthmatic symptoms improved markedly and he could sleep in the supine position. The next morning, his asthmatic symptoms subsided. His treatment was switched to subcutaneous administration of recombinant human regular insulin and protamine zinc recombinant human insulin to control blood glucose. Subsequently, the abovementioned symptoms did not recur.

KEY WORDS regular insulin; potassium chloride; asthma

患者男，62岁，因2型糖尿病7年，血糖控制不良1个月，于2008年12月3日入院。7年前患者被诊断为2型糖尿病，先后服用阿卡波糖、盐酸二甲双胍等，血糖控制良好。1个月前患者检查显示血糖升高。既往史：患者曾于30年前患急性支气管哮喘，多于秋冬季发作，后行抗敏治疗，近10年未再发作。体格检查：体温36.2℃，脉搏88次/分，呼吸20次/分，血压120/90 mm Hg（1 mm Hg = 0.133 kPa）。入院前刻血糖14.4 mmol/L。尿常规检查：酮体（+），尿糖（+ + + +）。3 h后再次入实验室检查：酮体（+），尿糖（+ + + + +）；血糖12.3 mmol/L。给予15%氯化钾5 ml plus regular insulin 10 U溶于500 ml葡萄糖氯化钠注射液静脉滴注。输注20 min后患者诉胸闷、气短，伴大汗；血压150/90 mm Hg，双肺呼吸音粗，两肺可闻及散在哮鸣音，心率90次/分，心电图示窦性心动过速未见异常。立即停止静脉输液，给予2 L/min吸氧治疗及硫酸沙丁胺醇吸入。急行血气分析检查，结果显示pH 7.45，氯化钾37 mmol/L，二氧化碳分压41 mm Hg。呼吸科会诊结果为哮喘发作，同意以上治疗。停止输液后约80 min，患者喘憋症状明显好转，可平卧入睡。血压130/90 mm Hg，双肺呼吸音粗，未闻及啰音，心率86次/分，齐，心尖部及胸骨听诊区未闻及杂音，嘱患者继续吸氧。停止输液后约100 min，尿常规检查：酮体（+），尿糖（+ + + +）。次日晨患者喘憋症状消失。继续静脉输注硫酸二甲双胍0.5 g，2次/d口服；阿卡波糖50 mg，3次/d口服。但其血糖控制不佳，空腹血糖7.3 ~ 9.2 mmol/L，口服
Yellow vision produced by intravenous infusion of voriconazole

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Abstract A 77-year-old male patient received an IV infusion of imipenem/cilastatin sodium 0.5 g in 0.9% sodium chloride 100 ml thrice daily, followed by an IV infusion of linezolid 0.6 g twice daily, then an IV infusion of ambrisentan 0.045 g in 0.9% sodium chloride 50 ml twice daily for chronic obstructive pulmonary diseases accompanied by pulmonary infections. An IV infusion of voriconazole 0.2 g twice daily was added to his regimen due to Aspergillus infection. After the third intravenous administration of voriconazole, the patient developed yellow vision. Subsequently, his treatment was switched to oral administration of voriconazole 0.2 g twice daily and other drugs were continued. On day 2 of oral administration, his yellow vision was significantly relieved and on day 6, his symptoms subsided completely. His yellow vision did not recur after further 9 days of oral voriconazole therapy.

Key Words voriconazole; yellow vision