病例报告

替加环素致血清尿素和淀粉酶增高

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【摘要】1例73岁女性患者因慢性支气管炎、肺间质纤维化，支气管扩张合并感染给予左氧氟沙星0.4 g,1次/d静脉滴注。治疗1周，效果不佳。根据痰培养和药物敏感试验结果，加用替加环素50 mg,2次/d静脉滴注。9 d后，患者出现恶心、呕吐。实验室检查示血清尿素36.5 mmol/L,淀粉酶1166 U/L。停用替加环素，改用亚胺培南西司他丁钠1.0 g,3次/d静脉滴注，左氧氟沙星继续应用，给予易副酸克林霉素、泮托拉唑钠，并予禁食、补液。1周后，患者恶心、呕吐消失，血清尿素8.1 mmol/L,淀粉酶42 U/L。

【关键词】替加环素；尿素；淀粉酶

Elevated serum urea and amylase following tigecycline

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【Abstract】A 73-year-old woman with chronic bronchitis, pulmonary interstitial fibrosis, bronchietasis concurrent infection received an IV infusion of levofloxacin 0.4 g once daily. One week later, her symptoms were not improved. An IV infusion of tigecycline 50 mg twice daily was added to her regimen according to spatum culture results and drug sensitivity test. Nine days later, the patient developed nausea and vomiting. Laboratory tests showed serum urea level of 36.5 mmol/L and amylase 1166 U/L. Tigecycline was replaced by IV infusion of imipenem and cilastatin sodium 1.0 g thrice daily, and levofloxacin continued. Octreotide acetate and pantoprazole sodium were given. Fasting and fluid supplement were applied. One week later, the nausea and vomiting disappeared. Her serum urea and amylase were 8.1 mmol/L and 42 U/L, respectively.

【Key words】Tigecycline; Urea; Amylases

患者女，73岁，因慢性支气管炎、肺间质纤维化、支气管扩张合并感染，于2013年12月5日入院。患者否认高血压病、冠心病、糖尿病病史，否认慢性肝病史和肾脏病史，否认青霉素、头孢菌素类过敏史。

入院体检：体温37.8℃，脉搏86次/min，呼吸25次/min，血压110/70 mmHg（1 mmHg=0.133 kPa）。轻度消瘦，双肺呼吸音粗，可闻及干湿啰音。实验室检查：白细胞计数12.7×10^9/L，中性粒细胞0.9，C反应蛋白45.1 mg/L，钠143 mmol/L，钾3.6 mmol/L，氯101 mmol/L，肌酐64 μmol/L，尿素9.3 mmol/L（参考值1.7~8.3 mmol/L），总胆红素19.8 μmol/L，直接胆红素2.2 μmol/L，间接胆红素7.6 μmol/L，丙氨酸转氨酶11 U/L，天冬氨酸转氨酶18 U/L，淀粉酶36 U/L（参考值25~100 U/L）。胸部CT检查：双肺纹理增多、紊乱，可见弥漫性分布的斑点状，斑片状密度增高影，局部呈蜂窝状影，左肺上叶段见条状片状密度增高影，其内可见支气管柱状，纵隔内见多发低密度肺大泡征。诊断：慢性支气管炎、肺间质纤维化，支气管扩张合并感染。给予左氧氟沙星0.4 g,1次/d静脉滴注。12月11日，患者咳

DOI: 10.3760/cmrj. j. issn. 1008-5734. 2015. 04. 021
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西妥昔单抗致低镁血症

房文通 罗瑾

【摘要】1例62岁男性直肠癌术后吻合口复发伴肝转移患者自2012年7月19日起接受西妥昔单抗(第1周期176 mg,第2周447.5 mg)单药治疗。2013年3月28日为接受该药第35次治疗入院。实验室检查示血镁水平明显降低(0.35 mmol/L),其他电解质水平、血生化指标、糖、脂肪、甲胎蛋白和血生化指标未见异常。复查患者病历资料,显示应用西妥昔单抗后其血镁水平逐渐降低。2013年1月31日降至0.51 mmol/L。考虑系西妥昔单抗致低镁血症,给予硫酸镁10 ml+0.9%氯化钠注射液500 ml静脉滴注,1次/d。应用硫酸镁第3天患者血镁升至0.54 mmol/L,当日给予西妥昔单抗447.5 mg,患者出院。继续在门诊接受补镁治疗,8 d后复查,血镁0.82 mmol/L。

【关键词】 西妥昔单抗; 低镁血症

Hypomagnesemia induced by cetuximab  Fang Wentong, Luo Can. Department of Pharmacy, Jiangsu Province Hospital, Nanjing 210029, China

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【Abstract】 A 62-year-old male patient received an IV infusion of cetuximab (cycle 1: 716 mg, cycle 2-34: 447.5 mg) once weekly since July 19th, 2012 for postoperative anastomotic recurrence of rectal cancer and liver metastasis. Blood magnesium was 0.35 mmol/L and other electrolyte levels, biochemical indexes, aldosterone level, thyroid function tests, blood routine, urine routine and stool routine tests were normal when he was admitted to hospital on March 28, 2013. Review patients’ medical records, blood magnesium level was gradually reduced and accompanied with the application of cetuximab, blood magnesium was 0.51 mmol/L on January 31, 2013. It was considered that the cetuximab induced hypomagnesemia. An intravenous infusion of magnesium sulfate 10 ml plus 0.9% sodium chloride 500 ml once daily was given. On day 3, the blood magnesium was 0.54 mmol/L, and cetuximab 447.5 mg was given, he was discharged. Magnesium sulfate was given in outpatient clinic. Eight days later, his blood magnesium was 0.82 mmol/L.

【Key words】 Cetuximab; Hypomagnesemia