病例报告

垂体后叶素致腹泻及电解质紊乱

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【摘要】1 例 60 岁男性患者因鱼刺卡喉致间断咯血 4 d,在当地医院接受垂体后叶素静脉

用药(泵速 1.92 U/h)治疗 5 d,咯血量未有减少,治疗过程中排水样便 2 次。咯血第 11 天,患者因病

情加重转入江苏省人民医院。入院当夜至次日清晨仍反复咯血,次日上午静脉泵入垂体后叶素

(24 U/d,泵速 1.92 U/h)。约 8 h 后患者出现腹泻,并在 4 h 内排水样便 5 次。实验室检查排除肠道

感染因素,考虑腹泻可能为垂体后叶素所致,将该药泵速降至 1.73 U/h,并加用酚妥拉明持续静脉

泵入(泵速 2 mg/h),患者未再发生腹泻。入院第 6 天,患者出现意识模糊,对答不切题,定位障碍,烦躁

等精神症状,头颅 CT 检查排除颅内出血及脑梗死,电解质检查示血钠 111 mmol/L,血钾 2.9 mmol/L,

考虑为垂体后叶素引起电解质紊乱继发精神症状,将该药泵速调整为 0.77 U/h 并补充电解质。2 d

后,患者精神症状消失。

【关键词】垂体后叶素,后叶; 腹泻; 水电解质失调

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【Abstract】A 60-year-old male patient received continuously intravenous pump of pituitrin at a speed of 1.92 U/h for 5 days in a local hospital for intermittent hemoptysis 4 days due to fish bone stuck in throat. The amount of hemoptysis was slightly reduced, accompanied by watery stools twice during the treatment. On day 11 after hemoptysis occurrence, the patient was admitted to the Jiangsu Province Hospital due to aggravation of the disease. Repeated hemoptysis continued from the night of admission to the next morning. Then intravenous pump of pituitary at a speed of 1.92 U/h (24 U/d) was given. About 8 hours later, the patient developed abdominal pain and watery stools 5 times within 4 hours. Diarrhea caused by pituitrin was considered, excluding intestinal infection by laboratory tests. Then the pump speed was reduced to 1.73 U/h and continuously intravenous pump of phenolamine was added at a speed of 2 mg/h. Diarrhea did not recur. On day 6 of admission, the patient developed mental confusion, irrelevant answers to questions, localization disorder, dysphoria, and so on. Intracranial hemorrhage and cerebral infarction was ruled out by cranial CT examination. Electrolytes test showed blood sodium 111 mmol/L and blood potassium 2.9 mmol/L. Psychiatric symptoms secondary to electrolyte disturbances caused by pituitrin were considered. The pump speed of pituitrin was adjusted to 0.77 U/h and electrolytes supplements were given. Two days later, the patient’s mental symptoms disappeared.

【Key words】Pituitrin hormones, posterior; Diarrhea; Water-electrolyte imbalance

患者男,60 岁,因咯血 11 d,于 2017 年 4 月 4 日收入江苏省人民医院呼吸与危重症医学科。11 d 前(3 月 25 H)患者在鱼刺卡住喉咙后咳出少许血痰,当夜间间咯血加重,共咯血约 20 ml,自行服用云南白药。头孢克洛分散片(剂量不详)无缓解。3 月 28 日入院当地医院,纤维支气管镜检查示左上肺尖段气管出血,予垂体后叶素每 24 U 人 0.9% 氯化钠

注射液 250 ml 静脉持续泵入,泵速 20 ml/h(1.92 U/h),连续用药 5 d,咯血量稍有减少,治疗第 5 天排水样便 2 次,予口服蒙脱石散 3 g,2 次/d,患者腹泻停止,但咯血未见好转,遂于 4 月 4 日转入住江苏省人民医院。患者既往身体健康,无咯血病史,无肺结核病史,否认高血压、糖尿病、冠心病病史。否认家族遗传性疾病史。对头孢菌素过敏。

入院体检:体温 36.2 ℃, 呼吸 16 次/min, 心率 82 次/min, 血压 120/80 mmHg(1 mmHg = 0.133 kPa)。全身检查未见异常。鼻镜检查: 咽喉腔内可见新鲜血迹, 气管内见血迹, 右

侧肺中叶下方可见黏膜少许增粗。胸部 CT 检查:左肺结节影, 考虑良性。左上肺肺大泡, 右侧胸膜增厚, 双肺少许陈

阳性灶(非结核性)。实验室检查: WBC 10.5 × 10^9/L, 中性粒
讨论 本例患者因咯血在当地医院使用垂体后叶素持续泵入(3泵速1.92 U/h)治疗5天，治疗期间出现腹痛2次。因患者入院后血压、脉泵等均未见明显变化，考虑腹痛与药物相关性不大。此后患者腹痛加重，考虑腹痛可能与药物相关。综上所述，考虑药物相关性胃痛，给予药物调整后，患者腹痛症状缓解。后续治疗中，患者腹痛症状持续，考虑腹痛可能与其它因素相关。