Anaphylactic shock induced by polygeline misdiagnosed as pulmonary embolism  He Li'en, Bai Wanjun, Dong Zhanjun
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【Abstract】 A 51-year-old female patient underwent resection of lymphatic cyst because of the infection of her pelvic lymphatic cyst after the cervical cancer operation. After the operation, the patient was given sequentially IV infusions of haemocogalasse agistodon for injection 2 units (dissolved in 0.9% sodium chloride injection), 10% potassium chloride injection 15 ml (added to 10% glucose injection 500 ml), and polygeline injection 500 ml. When about 100 ml of polygeline injection was infused, the patient suddenly lost consciousness, and her blood pressure was 10 times/min, heart rate was 120 beats/min, blood pressure was 70/50 mmHg, and oxygen saturation was 0.70. Pulmonary embolism was considered and respiratory stimulants, hypertensors, and heparin were given, but the patient’s symptoms continued to worsen and her blood pressure dropped to 0. After 28 minutes of the rescue, allergic shock caused by polygeline peptide injection was considered because of the flushing of the patient’s skin. The polygeline injection was stopped immediately, and then antianaphylaxis and antishock treatments were given. The patient’s blood pressure began to recover but remained unstable. Echocardiography showed more pericardial effusion than before the operation. Pericardiocentesis was urgently implemented, draining about 80 ml of effusion, and the drainage tube was inserted. Antianaphylaxis and antishock treatments were continued. About 50 minutes later, the patient regained consciousness. And about 11 hours later, her blood pressure was 135/85 mmHg, heart rate was 18/min, heart rate was 100 beats/min, and oxygen saturation was 1.0.

【Key words】 Polygeline; Anaphylaxis; Shock
重，并出现双下肢水肿，以左侧为重。12 月 5 日，患者出现发热，体温最高 40℃，WB C 16.5 × 10^9/L，中性粒细胞 0.91。考虑存在感染，先后给予头孢曲松、美罗培南、左氧氟沙星等抗感染治疗，患者病情不见好转。12 月 18 日，患者至当地医院就诊，发现左下肢可触及一约 7 cm × 5 cm 大小肿块，考虑盆腔脓肿并发感染可能性大，建议继续抗感染治疗，效果不佳，转外科手术探查。12 月 20 日，患者转运至本院，考虑感染范围大，左心房室间隔缺损并动、静脓肿形成，决定行手术治疗。手术探查发现盆腔脓肿形成，考虑感染病变广泛，决定行脓肿切除术。

**讨论**

1. 本例患者因盆腔脓肿并发感染性发热，考虑慢性盆腔炎，予抗生素治疗后症状无明显改善，转外科手术探查。
2. 患者背痛症状不明显，提示可能为前列腺炎，予抗生素治疗后症状无明显改善，转外科手术探查。
3. 患者背痛症状不明显，提示可能为前列腺炎，予抗生素治疗后症状无明显改善，转外科手术探查。

**参考文献**