病例报告

喹硫平致恶性综合征

Neuroleptic malignant syndrome produced by quetiapine

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患者女，60岁。因“多疑、认为有人害她、自语，反复发作35年，加重6个月”于2006年3月17日入院。患者近半年多疑偏执，抑郁，饮食不规律，未服用抗精神病药物。入院后查体：患者营养欠佳，口角稍向左歪，余未发现阳性体征。脑部CT平扫示：脑梗塞。化验检查：血、尿、粪常规、肝功能、肾功能正常。心电图示：窦性心动过速。诊断：精神分裂症，脑梗塞。

躯体疾病进行对症处理；给予喹硫平（Seroquel，思瑞康）抗精神病治疗，起始剂量25mg/d口服，同时因兴奋、冲动，曾于入院后1周内间断给予小剂量氯丙嗪5mg肌肉注射。将喹硫平缓慢加量，于15d时加到400mg/d，精神症状好转，但出现四肢肌张力稍高、夜间谵妄。第16天出现高热、T40.4℃，出血。P90次/min，呼吸变浅，R20次/min，BP110/70mmHg（1mmHg=0.133kPa）。吐字不清，吞咽困难，意识丧失，瞳孔等大等圆，直径1~2mm，对光反射迟钝。肺部可及少许湿啰音。四肢肌张力增高，双手及舌震颤，未引出病理征。胸片显示：左下肺炎性病变。WBC11.7×10^9/L，GR87。血清肌酸磷酸激酶（CPK）轻度升高。诊断：抗精神病药物致恶性综合征。

急停服喹硫平，给予吸氧、甘露醇预防脑水肿、纳络酮改善意识障碍、柴胡等药降温、青霉素抗感染，补液、维持水电解质平衡，服用多巴胺受体激动剂溴隐亭，同时给予鼻饲及静脉高营养等治疗。恶性综合征症状渐缓解，但精神症状加重。当躯体情况好转、进食如常后再次给予喹硫平治疗。此次增加剂量的速度更缓慢，于第10天，剂量加至200mg/d，再次出现吞咽困难，讲话不流利，四肢肌张力增高，双手震颤。故立即停药，改为利培酮（维思通）口服，最大量2mg/d，同时晚间给予小剂量氯氮平50~100mg/d，改善睡眠，精神症状渐消失，自知力恢复，治愈出院。

讨论　恶性综合征是抗精神病药物所致的一组少见、严重的不良反应，如未及时处理，可致死亡。其主要表现为：高热、肌肉强直、意识障碍、自主神经系统不稳定。传统抗精神病药致恶性综合征已被广泛认识。随着新型抗精神病药的广泛应用，发现新型抗精神病药也可引起恶性综合征。此例出现恶性综合征可能与下列因素有关：(1)药物因素：本患者先后两次服喹硫平均出现类似的不良反应，尤以第2次仅用单独用药，未同服用氯丙嗪，更说明与喹硫平相关。(2)躯体疾病：患者虽然有35年的精神分裂症病史，但有躯体疾病，脑梗塞，对抗精神病药物较敏感，易引起不良反应；(3)营养因素：患者拒食，摄入不足，营养不良；(4)年龄因素：患者年龄大，药物代谢较缓慢，血药浓度相对较高；(5)精神症状：兴奋，活动过多、疲劳、睡眠差等；(6)个体差异。

参考文献

（收稿日期：2006-07-28）

阿奇霉素致四肢抽搐

Convulsion of extremities resulting from azithromycin

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患者女，20岁。因“发热伴咽痛3d”，于2006年5月14日上午7时就诊于我院急诊科。既往史：慢性扁桃腺炎多年，曾多次口服抗生素治疗，无不良反应发生，否认癫痫及其他神经系统疾病史，无药物过敏史。查体：
Leucocytopenia produced by clopidogrel in 3 cases

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On December 21, 2006, a 51-year-old patient was admitted to the hospital with a history of hypertension, diabetes, and hyperlipidemia. The patient had been treated with clopidogrel for 3 months. On the day of admission, the patient complained of abdominal pain and nausea. Physical examination revealed a temperature of 38.5°C, heart rate of 110 bpm, and blood pressure of 140/90 mmHg. Laboratory investigations showed a white blood cell count of 2.0 × 10^3/μL, with neutrophils accounting for 70%, lymphocytes for 30%, and platelets for 200 × 10^9/L. The patient was diagnosed with clopidogrel-induced leucocytopenia and was treated with intravenous fluids, antibiotics, and supportive care. The patient's white blood cell count gradually increased over the next 7 days, and the abdominal pain and nausea improved. The patient was discharged after 10 days of hospitalization. 

Case 1

A 51-year-old male patient was admitted to the hospital on December 21, 2006, with a history of hypertension and hyperlipidemia. He had been treated with clopidogrel for 3 months. On the day of admission, the patient complained of abdominal pain and nausea. Physical examination revealed a temperature of 38.5°C, heart rate of 110 bpm, and blood pressure of 140/90 mmHg. Laboratory investigations showed a white blood cell count of 2.0 × 10^3/μL, with neutrophils accounting for 70%, lymphocytes for 30%, and platelets for 200 × 10^9/L. The patient was diagnosed with clopidogrel-induced leucocytopenia and was treated with intravenous fluids, antibiotics, and supportive care. The patient's white blood cell count gradually increased over the next 7 days, and the abdominal pain and nausea improved. The patient was discharged after 10 days of hospitalization.

Case 2

A 72-year-old female patient was admitted to the hospital on December 30, 2006, with a history of hypertension and hyperlipidemia. She had been treated with clopidogrel for 3 months. On the day of admission, the patient complained of abdominal pain and nausea. Physical examination revealed a temperature of 38.5°C, heart rate of 110 bpm, and blood pressure of 140/90 mmHg. Laboratory investigations showed a white blood cell count of 2.0 × 10^3/μL, with neutrophils accounting for 70%, lymphocytes for 30%, and platelets for 200 × 10^9/L. The patient was diagnosed with clopidogrel-induced leucocytopenia and was treated with intravenous fluids, antibiotics, and supportive care. The patient's white blood cell count gradually increased over the next 7 days, and the abdominal pain and nausea improved. The patient was discharged after 10 days of hospitalization.