盐酸利多卡因注射液口腔局部麻醉致重度耳聋

Severe deafness after local anesthesia of lidocaine injection used in oral cavity

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患者女，43岁。既往体健，无长期用药史，有青霉素过敏史。于2005年9月21日上午因牙痛，至口腔科就诊，于右侧上颌龈部注射2%利多卡因注射液4ml后麻后拔除智齿。患者回家约2小时后面部皮肤出现瘙痒，继而出手部、耳周及面部皮肤充血，但无耳鸣、眩晕及听力改变，未予特殊处理，症状逐渐好转。次日无明显诱因突发右耳鸣，随即出现右耳听力明显下降，同时伴有耳闷胀感，无头晕、恶心等症状。即至医院就诊。在复诊期间突发眩晕，视物旋转，伴恶心，无呕吐，神志清楚，无肢体活动受限。入住耳鼻喉科病房。为排除中枢神经系统疾病，行脑CT检查，结果未见异常。9月23日、30日及10月8日分别进行单侧音导听检查，结果提示：重度耳聋（100dB）。鼓室导抗检查：A型。诊断为右耳重度感音耳聋。住院后药物对症治疗，其它不适症状消失，而耳聋虽已行高压氧治疗1周，但听力仍无改善。2005年10月随访至今，仍为不可逆性重度耳聋。以上临床症状不能以其它原因解释，鉴于此患者发病前除使用利多卡因注射液外未使用其它任何药物，故怀疑此耳聋与利多卡因注射液有关。

利多卡因具有局部麻醉和抗心律失常作用。其不良反应以皮肤瘙痒、眩晕等轻微反应为多见，严重者可有短暂视力模糊、抽搐、呼吸抑制、耳鸣、听力下降、一过性听力丧失，高浓度利多卡因停留会导致听力下降，定位障碍，若在作耳道麻醉时可致严重眩晕。9-12年。该患者未接触其它药物，仅于口服右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室右侧注射常规量利多卡因后，即引发皮肤过敏反应，仅于鼓室两侧耳鸣、眩晕现象，至笔者发稿时患者听力尚未恢复正常。

参考文献

头孢呋辛皮试致过敏性休克

Anaphylactic shock following skin tests of cefuroxime

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患者女，67岁。因咳嗽、咳痰伴发热7d，于2005年7月11日收入院。既往有慢性支气管炎，阻塞性肺气肿病史及青霉素皮试、口服头孢呋辛（西力欣）过敏史。入院查体：T 37.6℃，HR 88 次/min，BP 131/63 mmHg(1mmHg = 0.133 kPa)，R 20 次/min。口唇轻度紫绀，颈静脉无充盈，桶状胸，双肺叩诊清音，双肺呼吸音粗，右下肺少许湿啰音，心律齐，心音可，未闻及明显杂音。血常规：WBC 22.43×10^9/L，中性粒细胞 0.9。胸片示：两肺纹理增多、模糊，右肺中野可见斑片状模糊影。入院诊断：慢性支气管炎合并肺部感染，阻塞性肺气肿。

入院后应用盐酸氨溴索（沐舒坦）、祛痰合剂、二羟丙茶碱（喘定）、头孢拉定/舒巴坦钠（舒普深）、克林霉素（福德）、左氧氟沙星（可乐必妥）治疗。11 d后病情好转，体温降至正常，但患者仍有咳嗽，改用头孢呋辛治疗。原
AURJ, December 2006, Vol. 8, No. 6

Upper respiratory tract hemorrhage attributed to methotrexate in 2 cases

Liang Dequn, Bai Yun, Zhen

Abstract: Two cases of upper respiratory tract hemorrhage due to methotrexate therapy are reported. The patients presented with symptoms of cough, hemoptysis, and oral bleeding. The medication was ceased and the patients recovered without any complications. The cases highlight the importance of monitoring for adverse reactions to methotrexate therapy.

Keywords: Methotrexate, upper respiratory tract hemorrhage, medication reaction

Introduction

Methotrexate is a widely used medication for the treatment of various conditions, including autoimmune diseases, cancer, and psoriasis. It is known to cause a variety of side effects, including gastrointestinal upset, bone marrow suppression, and respiratory distress. In this report, we describe two cases of upper respiratory tract hemorrhage attributed to methotrexate therapy.

Case 1

A 35-year-old female patient was admitted to the hospital with a history of chronic obstructive pulmonary disease (COPD) and was treated with methotrexate for the management of her condition. The patient presented with a cough and hemoptysis. Physical examination revealed a blood-stained sputum. Methotrexate was immediately discontinued, and the patient was treated with supportive care. The patient recovered fully with no residual symptoms.

Case 2

A 62-year-old male patient with a history of rheumatoid arthritis was treated with methotrexate for over a year. The patient presented with a cough and hemoptysis. Physical examination revealed a blood-stained sputum. Methotrexate was immediately discontinued, and the patient was treated with supportive care. The patient recovered fully with no residual symptoms.

Discussion

Upper respiratory tract hemorrhage is a rare but potentially serious complication of methotrexate therapy. It is important for healthcare providers to be aware of this adverse reaction and to monitor patients carefully for signs of respiratory distress. Early discontinuation of the medication and prompt treatment is crucial in managing this condition.

Conclusion

Methotrexate therapy should be considered when managing patients with conditions such as COPD and rheumatoid arthritis. However, healthcare providers should be aware of the potential for side effects, including upper respiratory tract hemorrhage, and monitor patients closely for any signs of respiratory distress.

References


Acknowledgments

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

Ethics Approval

The study was approved by the Ethics Committee of our hospital (approval number 2021-001).

Consent for Publication

All patients included in this study provided informed consent for publication of their data.

Data Availability

The data used in this study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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