柳氯磺胺吡啶致急性胰腺炎

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摘要 28 岁男性患者，因再发溃疡性结肠炎，口服柳氯磺胺吡啶 1 g，4 次 /d，1 周后出现上腹部持续性疼痛，恶心、呕吐，血清淀粉酶 601 U/L，尿淀粉酶 1703 U/L，诊断为急性胰腺炎入院。立即停用柳氯磺胺吡啶，经对症保守治疗后痊愈出院。随访 2 年 7 个月未再复发。

关键词 柳氯磺胺吡啶；急性胰腺炎

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Acute pancreatitis caused by sulfasalazine
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ABSTRACT A 28-year-old man with recurrent ulcerative colitis received sulfasalazine 1g four times daily. One week later, he developed continual epigastric torments with nausea and vomiting. His serum amylase level was 601 U/L, and urinary amylase level was 1703 U/L. He was hospitalized with acute pancreatitis. After the discontinuation of sulfasalazine and receiving symptomatic therapy, the patient recovered and was eventually discharged. At follow-up, 2 years and 7 months later, there was no recurrence of the acute pancreatitis.

KEY WORDS sulfasalazine; acute pancreatitis

患者男，28 岁。于 2000 年 10 月 25 日无明显诱因发生腹痛、腹泻伴下腹胀痛不适，黄色糊状便，3~6 次 /d，偶有少许黏液便，予地衣芽孢杆菌肠易激综合症治疗，症状时好时坏，未能完全缓解。2001 年 1 月 25 日出现腹痛、腹泻并血便，经电子结肠镜和内镜病理检查诊断为溃疡性结肠炎。口服柳氯磺胺吡啶 (SASP) 1g /4 次 /d，病情缓解后改为 1~2 g/d，维持 6 个月后停药。于 2003 年 8 月 21 日患者再发腹痛、腹泻并血便，8 月 23 日又服用 SASP (1g /4 次 /d)，9 月 1 日突然出现上腹部持续性绞痛，继而恶心、呕吐，血清淀粉酶 601 U/L，尿淀粉酶 1703 U/L，B 超示腹腔积液 (少量)，胰腺显示不清，肝、胆、脾、双肾未见异常，以 “急性胰腺炎” 收住院，既往患者无胆、胰腺疾患及十二指肠溃疡病史，无尿毒症、高血压病及高钙血症，亦无饮酒嗜好。入院查体：T 37.6 °C，P 96 次/
Acarbose-induced hypoglycemic coma

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ABSTRACT An 82-year-old man with type II diabetes mellitus was treated with glipizide 5 mg thrice daily for 1-2 years. Later, glipizide was stopped and his regimen was changed to acarbose 50 mg thrice daily and then increased to 100 mg thrice daily for 3 months. He presented with hypoglycemic coma. Blood glucose was 1.13 mmol/L, ALT 62 U/L, AST 55 U/L. He was treated with intravenous dextrose solution. After 3 months, he showed full recovery. His plasma glucose level was 4.37 mmol/L, ALT 30 U/L, AST 26 U/L. He was discharged with the previous regimen without any further treatment.

Key words Acarbose; hypoglycemic coma