Death from multiple organ failure and acute aplastic crisis induced by phenylbutazone and prednisone

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ABSTRACT A 21-year-old female with lumbar pain took phenylbutazone 0.2 g thrice daily and prednisone 10 mg thrice daily. About 26 days later, she developed a fever, dark urine, edema, skin rash. Three days later, the drugs were stopped, but her symptoms continued aggravating. Nine days later, she was admitted. Her body temperature was 38.7°C and pulse was 112 beats/min. She presented with severe yellowing of skin and sclera. Laboratory tests revealed the following values: Tbil 190.9 μmol/L, Dbi 132.2 μmol/L, Alb 29 g/L, Glob 31 g/L, ALT 251 U/L, AST 64 U/L, ALP 233 U/L, γ-GT 251 U/L, LDH 594 U/L, WBC 13.5×10⁹/L. A lumbar MRI showed the 3rd and 4th lumbar vertebral body tuberculosis. The patient was given the anti-infective therapy, supportive therapy, methylprednisolone pulse therapy, and plasmapheresis. But her jaundice was aggravated gradually, and she developed abdominal distention, oliguria, deep red-cloured tabular ecchymosis on trunk and limbs. Her levels of BUN and Cr were 15.5 mmol/L and 189 μmol/L, respectively. A B-scan ultrasound displayed a great quantity of seroperitoneum. A blood routine test revealed the values as follows: WBC 1.7×10⁹/L, RBC 2.04×10¹²/L, Hb 58 g/L, PLT 19×10⁹/L. A bone marrow examination showed acute aplastic crisis. The patient died on day 9 after admission.

KEY WORDS phenylbutazone; prednisone; multiple organ failure; acute aplastic crisis
讨论 泼尼松具有抑制免疫作用。本例患者原发疾病是腰椎结核，在未予抗结核治疗的基础上使用泼尼松，随后出现发热、呼吸急促、肝功能损害，疑为激素导致结核全身播散。但是临床表现及各项检查（X线胸片、B超、血沉、腹水化验）结果及转归均不支持结核全身播散，考虑为保泰松、泼尼松引起多脏器功能损害及急性出血停滞。急性出血停滞是由于多种原因（自身免疫、药物、感染）引起骨髓造血功能障碍，外周血象表现为红细胞、白细胞、血小板三系细胞减少，幼稚细胞出现；骨髓振生活跃，早幼红细胞增生旺盛，中、晚幼红细胞数量明显减少。本例患者有明确的服药史，有典型的骨髓改变，可诊断为急性造血功能停滞。保泰松长期应用可能会出现肝肾功能损害，过敏、水钠潴留、骨髓抑制，有报道儿童大量误食可出现多脏器功能损害。

本例患者因长期服用保泰松、泼尼松引起多脏器功能衰竭，进而出现急性出血停滞，引起血小板急剧下降，皮肤、黏膜出血，有可能因并发脑出血而死亡。提示临床医生，在诊断不明、不适应证的情况下不要滥用保泰松、泼尼松等药物。

参考文献

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