氨氯地平及硝苯地平控释片引起老年患者严重水肿
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摘要 1例82岁男性患者，因患冠心病、高血压多年住院治疗。给予氨氯地平5 mg，1次/d口服。服药1周后出现下肢水肿，15 d后发展为全身水肿，检查可见胸腔、心包积液。怀疑患者心功能不全，氨氯地平加量至5 mg，2次/d口服，次日水肿急剧加重。停用氨氯地平，改用硝苯地平控释片30 mg，1次/d，呋塞米20 mg，2次/d口服，2 d后水肿逐渐减轻，1个月后水肿完全消退出院。5个月后因血压高(180～170/120～100 mmHg)再次入院。硝苯地平控释片剂量为30 mg，2次/d，20 d后见眼睑、下肢水肿，超声心动图（UCG）检查示心包少量积液，硝苯地平控释片减量为30 mg，1次/d，加用呋塞米20 mg，2次/口服，3 d后水肿逐渐消退，3周后痊愈出院。
关键词  氨氯地平；硝苯地平控释片；高血压；水肿
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Severe oedema caused by amlodipine and nifedipine controlled-release tablets in an elderly patient
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ABSTRACT  An 82-year-old man, suffering coronary heart disease and hypertension for many years, was hospitalized for treatment. He started receiving amlodipine 5 mg once daily. A week later, he developed lower limbs oedema. Fifteen days later, he developed anasarca further. Examination revealed him pleural and pericardial effusion. In consideration of cardia insufficiency, his amlodipine dosage was increased to 5 mg twice daily. The next day, his anasarca aggravated rapidly. Amlodipine was discontinued. Then he was administered nifedipine controlled-release tablets 30 mg once daily and frusemide 20 mg twice daily. Two days later, his oedema relieved gradually. After one month, the patient’s oedema resolved completely and he was discharged. Five months later, the patient was admitted again for hypertension (180～170/120～100 mmHg). The dose of nifedipine controlled-release tablets was increased to 30 mg twice daily. Twenty days later, he developed oedema of eyelid and lower limb again. An ultrasonic cardiology showed mild pericardial effusion. Nifedipine controlled-release tablets was decreased to 30 mg once daily, and frusemide 20 mg twice daily was added to his regimen. Three days later, the oedema resolved gradually. The patient recovered and was discharged after 3 weeks.

KEY WORDS  amlodipine; nifedipine controlled-release tablets; hypertension; oedema

患者男，82岁。因高血压38年，近日血压180～175/130～120 mmHg (1 mmHg=0.133 kPa)于2006年2月15日入院。患冠心病30年。1986年开始口服硝苯地平10～20 mg，3次/d，2002年2月起改用硝苯地平控释片130 mg，1次/d口服，血压一般控制在160～140/80～75 mmHg。于2006年10月入院后测血压176/120 mmHg。血常规：WBC 5.5×10^9/L，RBC 4.2×10^{12}/L，Hb 124 g/L，血小板计数(PLT) 243×10^9/L；生化检查：ALT 14.0 U/L，AST 18.0 U/L，Tbil 6.77 μmol/L，血清总蛋白(TP) 73.9 g/L，Glu 5.01 mmol/L，TC 3.37 mmol/L。尿常规：RBC 计数2.7/μl，WBC 计数1.4/μl，上皮细胞(EC)计数0.7/μl，细菌计数(BACT) 121.2/μl。2月20日给予氨氯地平5 mg，1次/d口服。服药约1周后出现渐进性下肢水肿，15 d后出现全身水肿，颜面、腹壁、会阴部均见中度水肿，患者自感心慌、气短。X线胸片见胸腔少量积液，超声心动图(UCG)示有心包积液，结合临床表现怀疑患者有轻度心功能不全。3月6日氨氯地平加量为5 mg，2次/d，次日，患者心慌、气短加重，水肿急剧加重，眼睑水肿发亮，阴囊、阴茎水肿明显。血压维持在160～150/80～70 mmHg。X线胸片见胸腔积液增多，UCG检查见心包积液增多，多次复查心电图(EEG)均正常，因此排除心功能不全，考虑水肿系氨氯地平引起。立即停用氨氯地平，改用硝苯地平控释片30 mg，1次/d口服，呋塞米20 mg，2次/d口服，同时维持水、电解质平衡。服利尿药后每日尿量3 000～4 500 ml，2 d后阴囊、阴茎、眼睑水肿明显消退，3 d后心慌、气短等症状明显好转，6 d后症状基本消失。停用呋塞米，改用口服氢氯噻嗪25 mg，1次/d，1月后水肿完全消退，胸腔、心包积液消失，停用利尿剂。查血常规：WBC 5.2×10^9/L，RBC 4.6×10^{12}/L，PLT 243×10^9/L；尿常规：RBC 计数3.4/μl，WBC 计数1.3/μl，EC 计数0.8/μl，BACT 1208.2/μl；生化检查：ALT 13.9 U/L，AST 17.3 U/L，Tbil 6.77 μmol/L，TP 76 g/L，Glu 6.00 mmol/L，TC 3.54 mmol/L。4月13日患者痊愈出院。
Hyperglycemia induced by asparaginase and dexamethasone: 2 case reports

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ABSTRACT A 33-year-old man and an 18-year-old man started receiving chemotherapy with VC/PL regimen (vincristine, daunomycin, cyclophosphamide, asparaginase, and dexamethasone) for acute lymphoblastic leukemia. On day 19 of chemotherapy, they continued receiving intravenously asparaginase 10,000 U and dexamethasone 10 mg once daily, and other drugs were discontinued. After 5 days of using the two drugs, they developed thirst, dry mouth, polydipsia, polyuria, and so on. Laboratory tests showed: fasting blood glucose >30 mmol/L and urine glucose (+++). After withdrawal of the two drugs and insulin therapy, their fasting blood glucose returned to normal.

KEY WORDS asparaginase; dexamethasone; hyperglycemia