Acute left heart failure secondary to anaphylactic shock induced by lidocaine for local oral anaesthesia

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ABSTRACT A 43-year-old woman received 2% lidocaine solution 3 ml for local oral anaesthesia. Two minutes later, she developed dizziness and nausea, and then progressed to unconsciousness, pale, sweating, short of breath, and cyanosis of the lips. Her heart rate was 145 beats/min, and her blood pressure was undetected. After treatment with epinephrine, dopamine, dexamethasone, and rapid fluid resuscitation, the patient’s consciousness recovered and her blood pressure and heart rate returned to normal limits. However, 2 hours later, the patient developed dyspnoea, orthopnea, coughing up pink frothy sputum. Her finger tip pulse oxygen saturation (SpO₂) decreased to 0.78 during inhalation of oxygen 5 L/min. Her blood pressure increased to 180/110 mmHg, and heart rate was 140 beats/min. Extensive rales and wheezes in the lungs were heard. After receiving nitroprusside sodium, lanatoside C, and furosemide therapy, the patient’s symptoms disappeared.

KEY WORDS lidocaine; allergic shock; acute left heart failure

讨论 利多卡因因为酰胺类麻醉药。常用于口腔浸润麻醉和门诊小手术局部麻醉。一般认为酰胺类麻醉药（如利多卡因）引起过敏反应远比酯类局麻药（如普鲁卡因）少见，一般不考虑皮试[1]。此例患者用利多卡因作口腔局部浸润麻醉后，突然出现意识障碍，血压测不到，考虑为利多卡因引发过敏性休克。因酯类局麻药及其代谢产物能与免疫球蛋白E结合形成半抗原，而酰胺类不能形成半抗原。但酰胺类注射液所含的防腐剂对羟基甲酸酯分子结构与普鲁卡因极为相似，可形成半抗原[2]，是产生过敏反应的一个潜在因素[3]。本病例在治疗过敏性休克过程中出现急性左心衰竭，分析原因可能有：(1)休克时心肌缺血缺氧造成心功能下降；(2)补液速度过快造成心脏负荷过重；(3)在治疗休克时应用大量糖皮质激素及升血压药物，未及时停药造成血压升高，可能也为急性左心衰竭的诱因。

因此，提示临床上用药前应详细询问病史，了解患者及其药物不良反应史，对有过敏体质的患者，可考虑在使用前
Trigeminal neuralgia-like pain due to intravenous infusion of norfloxacin

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ABSTRACT A 31-year-old man was treated with norfloxacin 0.4 g by intravenous infusion for acute gastroenteritis. After 40 minutes of infusion, he developed an insensible feeling on his left face, followed by paroxysmal electric shock-like megalalia lasting about 10 seconds every times and the pain attacks occurred every 5 minutes approximately. The infusion was stopped immediately and the patient was given symptomatic and supportive therapy. The next day, norfloxacin was replaced with amikacin. The frequency and severity of pain attacks were reduced. After 3 days of therapy, his trigeminal neuralgia-like pain disappeared completely.

KEY WORDS norfloxacin; trigeminal neuralgia-like pain

患者男, 31岁。因发热、腹痛、腹泻3 d, 于2006年12月7日入院。既往身体健康, 无药物过敏史, 无癫痫及三叉神经痛病史。检查: T 37.8℃, R 21次/min, BP 110/80 mmHg (1 mmHg = 0.133 kPa), P 76次/min。精神尚可, 心肺听诊无异常, 腹软, 无压痛及反跳痛, 腹部听诊肠鸣音亢进。实验室检查: WBC 11×10⁹/L, N 0.85; 大便常规: 水样便, WBC+++。

诊断为急性胃肠炎, 给予诺氟沙星葡萄糖注射液200 ml（含诺氟沙星0.4 g）静脉滴注, 1次/d 抗感染治疗。首次静脉滴注约40 min时, 患者左侧面部先有麻木感, 然后出现发作性触电样剧痛, 每次发作持续约10 s, 5 min左右发作1次。因患者无法忍受, 立即停用诺氟沙星葡萄糖注射液, 给予苯妥英钠0.1 g + 5%葡萄糖注射液20 ml 静脉推注, 1次/d。维生素C 2.0 g + 维生素B₁ 0.2 g + 10%氯化钾10 ml + 5%葡萄糖注射液500 ml 静脉滴注。第2天改用阿米卡星0.4 g + 5%葡萄糖200 ml 静脉滴注, 其余治疗同前。患者腹痛、腹泻减轻, 面部疼痛发作次数减少, 程度减轻。继续上述治疗方案3 d, 腹痛、腹泻消失, 面部疼痛和麻木消失。

讨论 诺氟沙星具有广谱抗菌作用, 其对革兰氏阴性杆菌的抗菌活性高。其常见不良反应是胃肠道反应及中枢神经系统反应, 如恶心、呕吐、头晕、头痛、嗜睡或失眠、面部潮红、胸闷等。本例患者使用诺氟沙星葡萄糖注射液约40 min后左侧面部出现麻木感, 逐渐变为发作性、短暂的触电样剧痛, 似三叉神经痛, 停药及对症治疗后缓解, 考虑疼痛由诺氟沙星葡萄糖注射液引起。该不良反应少见文献报道, 发生原因可能与本品易通过血-脑脊液屏障, 抑制脑内抑制性递质γ-氨基丁酸, 使中枢神经系统兴奋性增高所致。由于静脉途径给药不良反应的发生率相对较高, 因此前患者病情允许时, 应尽可能口服给药。