

PET omaging for the detection of recurrent or metastatic gynecologic cancer[J]. Ann Nucl Med,2005,19(2):137-145.

[8] Dobert N, Hamscho N, Menzel C, et al. Limitations of dual time point FDG PET imaging in the evaluation of focal abdominal lesions[J]. Nuklearmedizin, 2004, 43(5):143-149.

(收稿日期:2009-06-01;修回日期:2009-06-17)

(本文编辑:黄攸生; 英文编辑:王建东)

· 个 案 ·

口服康忻致呼吸骤停 1 例

周兰兰  
(北京军区总医院干三科,北京 100700)

[关键词] 康忻;呼吸骤停;不良反应  
中图分类号: R994.11 文献标识码: B 文章编号: 1672-271X(2009)04-0332-01

1 病案摘要

患者为老年男性,72 岁,高血压病史 20 年,冠心病史 10 年,继往有帕金森病、尿失禁等病史。给予康忻 0.25 mg 口服约 10~15 分钟后,患者出现胸闷、气促、四肢冰凉,随即呼吸骤停,立即给予胸外心脏按压,吸氧,新三联静滴,并通知麻醉科气管插管,20~30 分钟后患者面色转红,心率 90 次/分,简易呼吸机辅助呼吸,48 小时后撤呼吸机,自主呼吸,症状好转。

2 讨 论

康忻主要成分为富马酸比索洛尔,比索洛尔是一种高选择性  $\beta_1$ -肾上腺受体拮抗剂,服用比索洛尔能降低心率和搏出量,从而降低心输出量和耗氧量。另外, $\beta$ -受体阻滞剂也可通过降低血浆肾素活性而降低血压<sup>[1]</sup>。适合高血压、冠心病的治疗,但对于年龄较高的患者用此类药就需格外慎重。因比洛索尔有以下一些禁忌证:急性心衰或处于心衰失代偿期需用静注正性肌力药物治疗的患者;心源性休克者;二度或三度房室传导阻滞者(无心脏起搏器);病窦综合征患者;窦房阻滞者;心动过缓者,治疗开始时心率少于 60 次/分钟;血压过低者(收缩压低于 100 mmHg)等等,老年人突发病症具有随机性,多样性,为此怎样安全用药更具艰难性和复杂性。

老年患者常伴有多种疾病,在同一人的身上常具有各种疾病并存、且同一器官也有不同病变存在。

同一种疾病其临床表现也各不同,老年人痛阈高,症状轻、表现轻,不易发现,如急性心肌梗死。老年人易发生意识障碍、易发生水、电解质紊乱,老年人多有慢性病,如高血压、冠心病、糖尿病等<sup>[2]</sup>。  
不同患者可因其病情不同,对药物作用的敏感性也不同,这就使情况更为复杂,因此用药方案要强调个体化。原则上应抱“可用可不用的药物尽量不用”的态度,争取能用最少的药物达到预期的目的。这里所说的“少用药”并非考虑节约或经济问题,是要尽量减少药物对机体功能的不必要的干预和影响,尽量减少药源性疾病的发生。

药源性疾病的病因是由药物诱发而出现的人体某个或几个组织器官功能性改变,或器质性损害,并且均有典型的临床症状,故亦称其为药物诱发性疾病,它的发生与发展与近几十年化学药物种类日益增多、用量不断扩大有着密切的关系<sup>[3]</sup>。

引发病源性疾病的原因很多,既有患者本身的特异体质、年龄、性别、饮食习惯,也有药物方面的质量问题,但从许多统计资料来看,主要原因还是不合理用药、滥用、错用药物或不按医嘱乱用药物都极易引起药源性疾病,目前全球各类药品已达数万多种,我国若把中西药品加在一起,包括原料、制剂及成药,亦也万种以上,此外,尚有含药饮料与食品、药酒与含药日用品,品种繁多,数量浩大,琳琅满目,如此众多药品流通于市场,供应于临床,必须做好正确选择与合理使用,否则,轻者徒增患者痛苦和经济负担,重者危害健康与生命。(下转第 339 页)

- dotracheal tube position by ultrasound image[J]. Crit Care Med, 2004, 32(Suppl):374-377.
- [8] Chun R, Kirkpatrick AW, Sirois M, et al. Where's the tube? Evaluation of hand-held ultrasound in confirming endotracheal tube placement[J]. Prehospital Disaster Med, 2004, 19(5):366-369.
- [9] Sustic A. Ultrasound-guided percutaneous dilatational tracheostomy[J]. Anesthesiologie Intensivbehandlung, 2006, 13(Suppl):32-44.
- [10] Lichtenstein D, Lascols N, Prin S, et al. The lung pulse: An early ultrasound sign of complete atelectasis[J]. Intensive Care Med, 2003, 29(10):2187-2192.
- [11] Brodsky JB, Lemmens HJM. Left doublelumen tubes: Clinical experience with 1170 patients[J]. Cardiothorac Vasc Anesth, 2003, 17(6):289-298.
- [12] Weiskopf RB, Campos JH. Current techniques for perioperative lung isolation in adults[J]. Anesthesiology, 2002, 97(2):1295-1301.
- [13] Brodsky JB. Fiberoptic bronchoscopy need not be a routine part of double-lumen tube placement[J]. Curr Opin Anaesth, 2004, 17(1):7-11.
- [14] Cohen E. Methods of lung separation[J]. Curr Opin Anaesth, 2002, 15(2):69-78.
- [15] Brodsky JB, Malott K, Angst M, et al. The relationship between tracheal width and leftbronchial width: Implication for left-sided double-lumen tube selection[J]. Cardiothorac Vasc Anesth 2001, 15(4):216-217.
- [16] Jung-Rern J, Tzu-Hsiu T, Jih-Shuin J, et al. Ultrasonographic evaluation of liver/spleen movements and extubation outcome[J]. Chest, 2004, 126(3):179-185.
- [17] Freeman BD, Isabella K, Cobb JP, et al. A prospective, randomized study comparing percutaneous with surgical tracheostomy in critically ill patients[J]. Crit Care Med, 2001, 29(12):926-930.
- [18] Bardell T, Drower JW. Recent developments in percutaneous tracheostomy: Improving techniques and expanding roles[J]. Curr Opin Crit Care, 2005, 11(6):326-332.
- [19] Kerwin AJ, Croce MA, Timmons SD, et al. Effects of fiberoptic bronchoscopy on intracranial pressure in patients with brain injury: A prospective clinical study[J]. J Trauma 2000, 48(12):878-882.
- [20] Sustic A, Kova D, Zgaljardic Z, et al. Ultrasound-guided percutaneous dilatational tracheostomy: A safe method to avoid cranial misplacement of the tracheostomy tube[J]. Intensive Care Med, 2000, 26(3):1379-1381.
- [21] Sustic A, Krstulovic B, Kinja N, et al. Percutaneous dilatational tracheostomy vs. surgical tracheostomy in patients with anterior cervical spine fixation: Preliminary report[J]. Spine, 2002, 27(6):1942-1945.
- [22] Sustic A, Zupan Z, Antonic I. Ultrasoundguided percutaneous dilatational tracheostomy with laryngeal mask airway control in a morbidly obese patient[J]. J Clin Anesth 2004, 16(2):121-123.
- [23] Muhammad JK, Major E, Patton DW. Evaluating the neck for percutaneous dilatational tracheostomy[J]. Craniomaxillofac Surg, 2000, 28(14):336-342.
- [24] Sustic A, Kova D, Krstulovic B. Ultrasoundguided puncture of trachea with "stopper": A new supporting device for percutaneous tracheostomy[J]. Eur J Anaesthesiol, 2004, 21(Suppl 32):177-178.
- [25] Takeyama K, Kobayashi H, Suzuki T. Optimal puncture site of the right internal jugular vein after laryngeal mask airway placement[J]. Anesthesiology, 2005, 103(6):1136-1141.
- [26] Mayse M. Real-time ultrasonography: Should this be available to every critical care physician[J]. Crit Care Med, 2005, 33(2):1425-1426.

(收稿日期:2009-01-26;修回日期:2009-03-16)

(本文编辑:黄攸生)

(上接第332页)

## 参考文献

- [1] 赵玉娟,蔡伟,李伟英.比索洛尔治疗原发性高血压患者的疗效观察[J].天津医药,2006,34(4):247-249.
- [2] 马春玉.老年人用药浅谈[J].现代医药卫生,2008,24(22):

3463.

- [3] 王佳域,杨丽,孙骏.818份严重药品不良事件报告分析[J].东南国防医药,2008,10(6):433-434.

(收稿日期:2009-05-18)

(本文编辑:潘雪飞)