经呼吸机支持 1 周后顺利脱机,其余患者仅有胸骨移动,并未严重影响呼吸。因此,笔者认为早期拔除钢丝对本病的治疗整体上是利大于弊。对于后期行清创患者,为确保手术成功,常需切除较多胸骨及周围部分组织,理论上破坏了胸廓的稳定性,但通常患者术后并无反常呼吸等并发症发生,可能的原因是纵隔固定后局部形成的纤维板增加了胸廓稳定性。

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· 个 案 ·

清开灵注射液致过敏性休克 1 例

罗新辉

[关键词] 清开灵注射液;过敏性休克;静脉输液

[中图分类号] R541.64 [文献标志码] B

[文章编号] 1672-271X(2012)06-0506-02

1 病例报告

患者男,19 岁。因咳嗽多痰、发热 2 d,于 2012 年 3 月 13 日就诊。体格检查:体温 38.9℃,脉搏 88 次/min,呼吸 18 次/min,血压 128/80 mmHg,鼻咽部充血,双侧腭扁桃体Ⅰ度肿大,心肺听诊正常,腹软正常。血常规检查白细胞数 8.5 $\times 10^9$/L,淋巴细胞 0.57,诊断为上呼吸道感染。既往健康,否认药物过敏史。清开灵注射液经皮试阴性后,给予清开灵注射液 40 ml 溶于 10% 葡萄糖 250 ml 中静脉滴注,60 滴/min。用药 10 min 时,患者输液部位出现红色皮疹及局部疼痛,约 5 min 后出现头晕、恶心、胸闷、呼吸困难及喉头发紧,继而面色苍白,四肢湿冷。立即停止滴注清开灵注射液,测血压 56/35 mmHg,脉搏细弱,心率 128 次/min,呼吸 26 次/min。立即给予吸氧、肾上腺素 1 mg 肌内注射,异丙嗪 25 mg 皮下注射,地塞米松 10 mg、维生素 C 3.0 g、维生素 B6 0.1 g 加入 5% 葡萄糖 500 ml 中静脉滴注。25 min 后,上述症状缓解,患者面色渐红润,四肢转暖;5 min 后测血压为 98/62 mmHg,心率 103 次/min、呼吸 19 次/min,生命体征基本平稳,不适感消失。

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大样本的随机对照研究,证实高危ICH/IVH患者用普通肝素或低分子肝素预防VTE的有效性和安全性。本研究补充了目前有限的资料,支持了脑出血急性期使用低分子肝素抗栓的安全性。

然而,由于研究的回顾性、样本小以及CT上计算脑出血量的不精确性,本研究还是具有一定的局限性。小样本使得我们无法评估皮下注射低分子肝素预防DVT或PE的有效性。观察到的血肿的缩小有可能很大部分归因于脑室外引流和(或)血肿自然的消退。另外一个可能的混杂因素就是血压的控制,有研究提示,脑出血患者血肿的扩大与血压控制的程度相关[13]。

综上所述,本研究表明,对ICH和(或)IVH患者在急性期皮下注射低分子肝素预防DVT不增加颅内血肿体积,该治疗方法是安全的。但由于本研究为回顾性小样本分析,脑出血患者皮下注射低分子肝素的安全性及有效性还需要前瞻性大规模随机对照试验来进一步证实。

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2 讨 论

清开灵疗效确切,使用方便,在临床应用较广泛。特别适合咳嗽多痰,温邪入里所致的高热症候者。该药不良反应少见,偶见出现注射部位皮疹及疼痛等,多数反应较轻,无需处理。本例患者用药10 min后出现过敏性休克较为少见,可能与速发型过敏反应有关[1]。通过本病例,笔者体会到临床医师特别是基层的医务人员应注意:一是使用该药前要详细询问过敏史;二是清开灵静脉输液时,滴速宜慢不宜快,建议滴速<40滴/min,药物浓度不能太高,清开灵注射液的最佳稀释浓度应在1~10倍上,且应现配现用,切忌大剂量给药;三是皮试为阴性时也不可大意,用药期间应加强巡视及密切观察;四是做好抢救准备,一旦发生严重不良反应,立即停药,并采取救治措施[2]。

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