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(收稿: 1993-03-10 修回: 1993-04-21)

肺炎支原体感染引起血小板减少紫癜一例报告

刘 斌

患者, 男性, 59岁。因呕血少量, 皮肤多处瘀点、瘀斑2天, 于1993年11月9日入院。患者入院6天前无诱因突然寒战、高热 39.5°C 3天、头疼、鼻塞, 初诊上感, 用青霉素治疗, 病情未见好转。病后第5日呕吐1次为胃内容物混有紫红色血液约5ml, 并见皮肤多处出现大小不等之出血点斑, 且逐渐融合成大片状。平素健康否认药敏史。查体: $T36.2^{\circ}\text{C}$, $P43$ 次/分, $R20$ 次/分, $BP22/16\text{kPa}$ ($165/120\text{mmHg}$), 巩膜皮肤无黄染, 皮肤多处瘀点及大片瘀斑, 尤以双上肢及臂部两侧为著。咽赤红, 眼结膜、下唇粘膜有数个出血点及 0.2×0.3 血泡1个, 表浅淋巴结无肿大。胸骨无压疼, 双肺散在干鸣, 右肺下野少许水泡音, 心音纯律整, 率43次/分。腹较饱满软, 肝大肋下2.5cm, 质软, 脾未触及, 神经系统检查正常。化验检查: $\text{Hb}70\text{g/L}$; $\text{WBC}8.6\times 10^9/\text{L}$, $\text{S}0.70$, $\text{L}0.30$; $\text{BPC}40\times 10^9/\text{L}$, $\text{BT}5$ 分, $\text{CT}6$ 分。骨髓有核细胞增生活跃, $\text{G/E}=2.5:1$, 粒红系各阶段细胞形态比值正常, 杆状核及分叶核有中毒颗粒。视片1张巨核

细胞95个, 颗粒巨细胞15个, 产板巨细胞32个, 裸核48个, 血小板易见。尿潜血(+), $\text{RBC}24\sim 3\text{Hp}$; 粪潜血(+); 黄疸指数、肝功CTPT正常, $\text{HBsAg}(-)$, $\text{HAV-IgM}(-)$ 、 $\text{HCV-IgG}(-)$, 纤维蛋白原3.45%, 凝血酶原时间12.1秒。B超: 肝大肋下2.5cm, 回声均匀。肺CT: 两肺下叶见散在点片状稍高密度灶, 以右肺下野为著。心电图为窦性心动过缓, 不完全右束枝阻滞, 心肌缺血。初诊: ①肺内感染; ②血小板减少紫癜原因待查。入院后给青霉素、皮质激素、止血敏治疗, 出血症状控制, 皮肤粘膜瘀点瘀斑渐消退, 血小板逐渐回升, 但患者肺部感染情况加重。检测肺炎支原体抗体(MP) $\text{IgM}1:4(+)$, $\text{IgG}1:16(+)$, 最后确诊肺炎支原体感染。给红霉素0.9g/日静滴, 次日病情即见明显好转, 后改红霉素1.5g/日分3次口服, 用药半月痊愈。

(收稿: 1994-03-02 修回: 1994-04-10)