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普乐林致一过性血红蛋白尿一例

常景梅

患者, 男性, 75岁, 离休干部, 因反复发作性心悸、胸闷7年, 头昏一月余, 于1996年7月8日入院。住院诊断: ①冠心病, 阵发性心房纤颤; ②高血压病; ③颈椎病。患者于1997年3月24日因胸闷、心绞痛, 给予5%G·S 250ml+普乐林 200mg 静脉滴注, 每日一次, 同时口服地奥心血康, 心律平, 西比灵, 鲁南安康和舒脑宁。4月4日上午10时许在输普乐林过程中, 患者自觉头昏, 腰部明显胀痛, 伴全身乏力, 小便呈淡酱油色, 无尿频、尿急和尿痛现象, 亦无畏寒、发热。体检: T 36.4℃, P 76次/分, BP 140/90mmHg, 精神欠佳, 神清, 皮肤、巩膜未见黄染。心、肺、腹部均(-)。腰肌压痛(-), 双肾区叩击痛(-)。化验检查: 尿10项结果: 潜血++, 尿糖+, 红

血球(-), 白血球0~1, 尿胆红素+, 尿胆元±。尿三杯试验结果: 第一杯白血球1~2, 第二杯白血球2~4, 第三杯白血球0~1, 即刻停用普乐林, 其他治疗不变, 未作特殊处理。患者否认用过诸如奎宁、磺胺类、呋喃妥因及各种解热镇痛药。亦未进食蚕豆。以往无类似情况发生, 停用普乐林后经观察32小时, 患者自觉症状消失, 尿10项化验结果阴性。

讨论: 普乐林(批号970317)具有血管扩张作用, 由于对冠状动脉的扩张作用, 而使心肌耗氧量降低, 并具有活血化瘀作用, 改善循环, 因副作用少而广泛用于心、脑血管疾病。该患者在应用普乐林过程中出现一过性血红蛋白尿而停药后自觉症状逐渐消失, 尿化验检查正常, 故考虑患者发生一过性血红蛋白尿与普乐林有关。其机理尚不清楚, 有待进一步研究。

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