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(**收稿**:2011-07-14;**修回**:2011-09-13)
(编辑 王 红)

个案与短篇

文章编号:1000-5404(2011)21-2222-01

类风湿关节炎患者输注英夫利西单抗致过敏性休克1例的急救与护理体会

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[**关键词**] 英夫利西单抗;过敏性休克;护理
[**中图法分类号**] R364.14 [**文献标志码**] B

注射用英夫利西单抗(infliximab)是一种特异性阻断肿瘤坏死因子α(tumor necrosis factor α,TNFα)的人鼠嵌合型单克隆抗体,它可以抑制体内TNF-a的产生,减轻关节肿胀、疼痛,延缓关节结构的破坏[1],是治疗类风湿关节炎、强直性脊柱炎、银屑病关节炎等自身免疫性疾病的一种新型生物制剂。初次接受英夫利西单抗治疗的患者发生过过敏性休克[2]。但我科最近收治1例患者在第7次输注英夫利西的过程中出现了过敏性休克,经过积极抢救,患者转危为安。现将该患者的抢救及护理情况报告如下。

1 临床资料

患者,女性,45岁,因"反复多关节肿痛12年"于2006年2月首次在我科住院治疗,主要表现为双肘、双腕、双手各掌指关节、各近端指间关节、双膝等关节肿胀疼痛,伴有双手晨僵半天。查血沉82 mm/h,类风湿因子144 IU/ml,诊断为类风湿关节炎,经抗炎抗风湿治疗后好转出院。之后关节肿痛反复发作,再次服用正清风痛宁缓释片、来氟米特后出现哮喘等过敏反应,遂停用,以泼尼松(10 mg/d)、甲氨蝶呤、白芍总苷维持治疗,2007年曾入组"英夫利西上市前期临床疗效及安全性观察"试验,按推荐疗程输注5次英夫利西单抗注射液(第0、2、6、14、22周输注,每次输注200 mg),初次输注后疗效明显,随后4次输注后病情控制不理想,双腕关节肿痛反复发作,之后仍使用泼尼松(10 mg/d)、甲氨蝶呤、白芍总苷维持治疗。患者2011年3月再次至我科住院治疗,双腕关节肿痛明显,活动受限,右手第5掌指关节压痛,双手晨僵不明显,拟采用英夫利西改良方案(每次输注100 mg,每月输注1次)进行治疗,第1次患者输注后未出现不适反应,且治疗效果良好,双腕肿痛明显减轻,4月13日再次入组我科,拟输注第2次英夫利昔单抗,但在4月14日的输注过程中出现了过敏性休克症状。根据英夫利昔说明书及使用前的专业培训知识严格控制输液速度[3](既往6次均如此):调节滴速至250 ml/h持续输入3 min后患者出现全身红斑、风团样皮疹伴瘙痒,立即停止用药,更换输液管道,盐酸异丙嗪注射液25 mg肌肉注射,氢化可的松琥珀酸钠200 mg加入0.9%生理盐水250 ml静脉滴注。0.5 h后患者出现头昏、呼吸困难,查体神志清楚,对答切题,四肢发冷,测血压60/30 mmHg,心率110次/min,血氧饱和度97%,考虑过敏性休克,立即予持续心电监护,氧气吸入6 L/min,肾上腺素1 mg、地塞米松5 mg静脉推注,继以多巴胺注射液40 mg,加入0.9%生理盐水100 ml以600 μg/min的速度维持血压在100/50 mmHg、并以右旋糖酐40注射液(低分子右旋糖酐)500 ml、羟乙基淀粉氯化钠注射液(万汶)500 ml静脉滴注,0.5 h后血压逐渐上升,维持在100~110/60~69 mmHg之间,头昏、呼吸困难症状缓解,4 h后全身红斑、风团逐渐消失,无瘙痒感。次日患者未出现特殊不适,双腕关节轻度肿痛。

2 护理体会

患者发生病情变化,应立即报告医师,停止该药物的输入,更换输液管道,帮助患者取休克卧位,下肢抬高20°,增加回心血量,减轻呼吸负担,各医护人员应密切配合,积极抗过敏抗休克治疗。护理人员要密切观察患者的病情变化,每5分钟测量1次血压、脉搏、呼吸和氧饱和度,同时的观察患者尿量、意识与皮肤温度及色泽的改变并记录,以判断患者病情及指导治疗。

通过该病例作者总结出应加强英夫利西单抗的输注管理。首先严格控制输液速度,调节输液滴速至80 ml/h后持续输入,不再加快输注速度,开始输入后应观察5 min后再离开。其次应设置专门病房,室内配置氧气,各类抢救器材及药品。再次,进行输注前,进行室内空气消毒,并监测。最后,患者应常规心

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(**收稿**:2011-07-07;**修回**:2011-09-13)
(编辑 王 红)

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电持续监护,时刻监测患者生命体征的变化。

英夫利西单抗作为针对 TNFα 靶向治疗的生物制剂,临床治疗效果显著,但由于是人鼠嵌合型的单克隆抗体,出现过敏反应是该产品最大的风险,据文献报道,初次使用该药出现皮肤瘙痒、局部红斑等荨麻疹的表现居多,但过敏性休克的出现却罕见。同时,有报道称给药3次后继续维持治疗的患者,约有10%产生了本品的抗体[4],所以,在长期使用该药后仍可能出现过敏反应。该患者2007年曾入组临床试验,输注5次英夫利西,未出现不良反应,因疗效欠佳停用,本次患者调整剂量后再次输注,临床效果显著,但出现了过敏性休克,原因可能有多方面,首先,可能与不同药物的批次有关,其次,有文献报道,在停药期大于16周后使用本品的患者本品抗体的产生率增高,而抗抗体的产生增加了输液反应的风险,再次,该患者为过敏体质,对多种药物过敏,曾服用正清风痛宁缓释片、来氟米特等药后出现咳嗽、气喘等不适,最后,输液速度也可能与该药发生过敏反应有一定的关系,患者在输注速度达到250 ml/h时出现过敏反应,不排除是输液速度过快引起的输液反应。本例患者在治疗过程中严格按照英夫利西的使用说明书,根据推荐使用的输液护理方法严格执行,定时调整输液速度[3],以致出现过敏反应时发现及时,救治迅速,恢复较快,未产生不良后果,所以在临床实践中,需特别谨慎,也需细心护理,尽量减少患者的痛楚。

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(**收稿**:2011-06-20;**修回**:2011-07-31)
(编辑 张 维)