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个案与短篇

哌拉西林钠/舒巴坦钠治疗下呼吸道感染87例临床分析

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[**关键词**] 哌拉西林/舒巴坦;下呼吸道感染;不良反应
[**中图法分类号**] R563.05 [**文献标志码**] B

哌拉西林钠/舒巴坦钠是一种由哌拉西林和β-内酰胺酶抑制剂舒巴坦组成的复方制剂。哌拉西林属青霉素类广谱抗生素,要通过干扰细菌细胞壁的合成而起杀菌作用,主要用于铜绿假单胞菌和各种革兰阴性杆菌所致的感染,但易被细菌产生的β-内酰胺酶水解而产生耐药性。舒巴坦为不可逆竞争型β-内酰胺酶抑制剂,可抑制β-内酰胺酶Ⅱ、Ⅲ、Ⅳ、Ⅴ等型酶(对Ⅰ型酶无效)对青霉素、头孢菌素类的破坏[1],两药联合配比后起到协同抗菌作用。本研究拟对哌拉西林钠/舒巴坦钠治疗下呼吸道感染患者的疗效及安全性进行观察评价。

1 资料与方法

1.1 病例选择

选择本院2011年4月至2014年2月收治的下呼吸道感染以静滴哌拉西林钠/舒巴坦钠进行抗菌治疗的患者87例。患者临床症状、体征、影像学及实验室检查均符合下呼吸道感染。其中,男性57例,女性30例,年龄(74.32±13.91)岁;慢性阻塞性肺疾病急性加重49例,肺炎29例,支气管哮喘急性发作期合并肺部感染3例,支气管扩张并感染2例,右肺癌合并肺部感染2例,肺炎合并急性胆囊炎1例,喘息性支气管炎1例。

1.2 治疗及观察方法

静滴哌拉西林钠/舒巴坦钠(苏州二叶制药有限公司生产,规格每支为1.5 g,其中哌拉西林1 g,舒巴坦0.5 g)1.5~3.0 g,2次/d;疗程均为7~14 d。治疗无效者,改用其他抗菌药物继续治疗。治疗前后和治疗中进行痰细菌培养、X线胸片、尿常规、血常规及肝、肾功能等检查。

1.3 疗效标准

将患者的临床治疗效果分为痊愈、有效、无效3个等级。根据《抗菌药物临床研究指导原则》[2]制定标准:症状、体征、实验室检查和病原学检查恢复正常为痊愈;病情好转,但有一项没完全恢复的为有效;治疗72 h之后病情未缓解甚至加重的为无效。总有效率=(痊愈+有效)例数/总例数×100%。

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2 结果

2.1 临床疗效分析

治疗后总有效率为78.16%(68/87),其中痊愈18.39%(16/87),有效59.77%(52/87),无效21.84%(19/87)。

2.2 细菌学疗效评价

治疗前痰细菌培养阳性4例,其中铜绿假单胞菌1例,肺炎克雷杆菌亚种1例,金黄色葡萄球菌1例,克氏柠檬酸杆菌1例。87例患者中致病菌的阳性率4.6%。治疗后3例清除,细菌清除率为75%(3/4)。

2.3 不良反应

无1例发生药物不良反应。

3 讨论

下呼吸道感染是医院收治的感染性疾病中最常见的疾病。近年来,由于社会人口的老龄化、免疫损害宿主增加、病原体变迁和抗生素耐药率上升等原因,下呼吸道感染的抗菌治疗面临很大挑战,药物选择合理与否至关重要。对于初始治疗无效的下呼吸道感染,抗菌药物的选择更是临床医师面临的难题。对于初始治疗无效或疗效差的下呼吸道感染,既有可能是病原体未被覆盖,也可能为耐药菌感染。引起下呼吸道感染的病原菌中,革兰阴性杆菌不断增加[3],尤其在院内感染者中,铜绿假单胞菌、肺炎克雷伯菌和大肠埃希菌对常用的喹诺酮类、头孢菌素类、氨基糖苷类等均表现出较高的耐药性,呈多药耐药特点[4]。我院属于三甲医院,收治的患者入院前大多已在基层医院使用过抗菌药物,耐药菌感染几率较高,因此,哌拉西林钠/舒巴坦钠是我院治疗下呼吸道感染常用抗菌药物之一。虽然舒巴坦对β-内酰胺酶的抑制不如他唑巴坦,但对于泛耐药鲍曼不动杆菌,舒巴坦则更有优势,除能抑制β-内酰胺酶活性外,其本身也具有抑制鲍曼不动杆菌生长繁殖的作用。本组下呼吸道感染患者哌拉西林钠/舒巴坦钠注射液治疗有效率为78.16%,细菌清除率为75%,未见明显不良反应,提示一般抗菌药物初始治疗效果不佳或考虑耐药菌引起的下呼吸道感染时,哌拉西林钠/舒巴坦钠可作为选择之一。

综上所述,使用哌拉西林钠/舒巴坦钠注射液治疗下呼吸道感染的临床疗效显著,且不良反应小,安全可靠,值得临床推广使用。

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