他汀类药物诱导的中毒性横纹肌溶解症伴肝细胞性黄疸

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【摘　要】: (ADR) ADR

75 40mg

ADR

【关键词】:

Statin- Induced Toxic Rhabdomyolysis with Hepatocellular Jaundice in the Elderly

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Abstract: Adverse drug reactions (ADRs) are a common cause of hospitalization, increased morbidity and mortality in the elderly. ADRs are difficult to diagnose in the elderly as they often present with nonspecific symptoms such as fatigue, falls, cognitive decline, and constipation. Statins are generally well-tolerated drugs used in the secondary prevention of coronary artery disease. We report a 75-year-old lady who developed jaundice and became bedbound due to statin-induced hepatitis and acute rhabdomyolysis causing proximal myopathy following initiation of atorvastatin 40 mg for the management of coronary artery disease. She had rapid clinical improvement with discontinuation of statin therapy and supportive management. ADR must be considered a part of differential diagnosis in elderly patients during the evaluation of illnesses. In the elderly initiated on statins, it is essential to differentiate benign muscle pain from severe muscle injury with biochemical abnormalities. Prompt discontinuation of statins will lead to rapid improvement and prevent further worsening.

Keywords: Hepatitis; Rhabdomyolysis; Statin

引言

3 3 A

(HMGCR) [1]

案例报告

75

(ADR)

β -

40mg

(CPK) 10 1

1/1000 1/10000/

(SR) SR

(SRM) [2] 120/60mm hg 92/min 14/min

SRM 80

1/5 3/5

SLCO1B1 [3] 1/5 2/5 2/5

SR

(1) (LFT)——
8.6mg/dL 584 U/L 156 U/L
775(1)

CPK 14689 U/L

(2)

(Rosenson) 8
CPK LFT
(1) 1

讨论

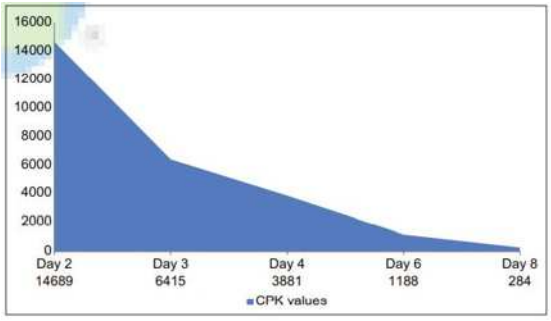
SRM
SR (3) SRM
1 2 2
1
SR SRM
SRM (
3)

2 3 SRM
CPK CPK CPK
10-50 SR HMGCR
SR
(SIM) SR
SIM
[4]

SR
2/8618
SR 550/7198 [5]

[6]

SR
10 CPK
2 SRM
(SIH) [7]



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Variables	At admission	Day 2	Day 3	Day 4	Day 6	Day 8
Hemoglobin (g/dl)	12					
CPK (U/L)		14,689	6415	3881	1188	284
Total bilirubin (mg/dl)	8.68					
Direct bilirubin (mg/dl)	8.68					
AST (U/L)	584			577		
ALT (U/L)	156			165		
ALP (U/L)	775					
Creatinine (mg%)	0.76		0.71		0.45	

CPK: Creatine phosphokinase, AST: Aspartate transaminase, ALT: Alanine transaminase, ALP: Alkaline phosphatase

他汀类药物引起的肝毒性

2009 40
[8]

SIH 68%
SIH 34 10

[9]

SIH

LFT [10]
2

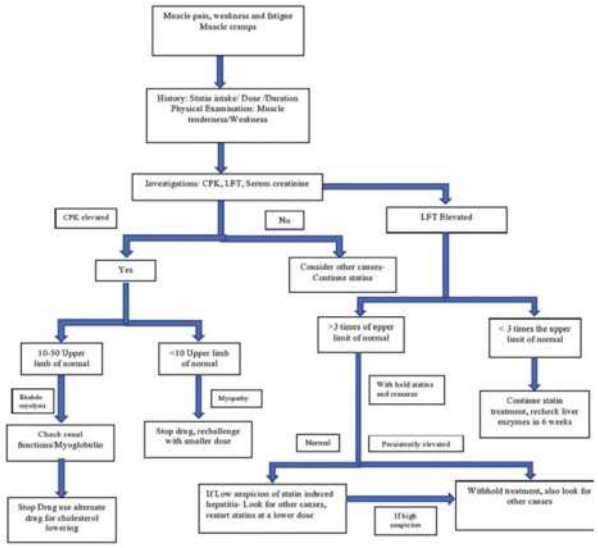
Investigation	Lab values
TSH (0.3-4.5) μIU/ml	2.8
T4 (4.5-10.9) μg/dl	9.5
FTC (0.89-1.76) ng/dl	1.13
8 am cortisol (5.27-22.45) μg/dl	11.6
CRP (<6) mg/L	28.8
Myositis profile	Negative
Vitamin D (20-32) ng/ml	30

FTC: Follicular thyroid carcinoma, CRP: C-reactive protein, T4: Thyroxine, TSH: Thyroid-stimulating hormone

结论和关键学习点

SR

2



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Grade	Muscle symptoms	CPK	Incidence
0	Asymptomatic	4 × ULN	1.5%-26%
1 and 2	Myalgia	4 × ULN	5%
3	Myopathy	4-10 × times ULN	5/100,000 patient years
4	Severe myopathy	10-50 × times ULN	0.11%
5	Rhabdomyolysis	10-50 × ULN + renal dysfunction	0.1-8.4/100,000 patient years
6	Inflammatory myopathy	Anti HMGCR antibodies	

Allirevic, A. *et al*. Phenotype standardization for statin-induced myotoxicity. ULN: Upper limit of normal, CPK: Creatine phosphokinase, HMGCR: 3-hydroxy-3-methylglutaryl-CoA reductase

SRM SIH

财政支持和赞助：零。

利益冲突：没有利益冲突。

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