

杀鼠药中毒所致凝血功能障碍 20 例临床分析

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摘要:目的 总结杀鼠药中毒导致的凝血功能障碍的临床诊断及治疗。方法 对 20 例抗凝血杀鼠药中毒致凝血功能障碍患者予以维生素 K₁ 治疗, 比较患者治疗前后的凝血功能改变: 凝血酶原时间(PT)、国际正常化比率(INR)、活化部分凝血活酶时间(APTT)、凝血因子 II、VII、IX、X 活性。结果 20 例患者全部治愈, 治疗前后凝血功能明显改变, PT 治疗前后分别为: (103.2 ± 20.3) s, (12.0 ± 0.5) s。INR 治疗前后分别为: 4.2 ± 2.4, 1.4 ± 0.2。APTT 治疗前后分别为: (93.2 ± 25.4) s, (30.2 ± 3.4) s。凝血因子 II: 活性成分治疗前后分别为: (6.2 ± 2.5)%, (92.3 ± 4.5)%。凝血因子 VII: 活性成分治疗前后分别为: (10.8 ± 4.9)%, (86.2 ± 3.4)%。凝血因子 IX: 活性成分治疗前后分别为: (22.5 ± 6.8)%, (96.4 ± 7.8)%。凝血因子 X: 活性成分治疗前后分别为: (14.2 ± 3.2)%, (83.2 ± 3.4)%, 差异有统计学意义($P < 0.001$)。结论 杀鼠药中毒致凝血功能障碍, 容易误诊, 维生素 K₁ 是特效解毒药。

关键词: 中毒; 香豆素类; 苯茚二酮; 血液凝固因子; 维生素 K₁

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Clinical analysis of 20 patients with coagulation disorder induced by rodenticide poisoning

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Abstract: Objective To summarize the clinical diagnosis and therapeutic methods about disturbance of blood coagulation induced by rodenticide poisoning. **Methods** Twenty patients were treated with vitamin K₁, the changes of coagulation function before and after treatment including prothrombin time (PT), international normalization ratio (INR), activated partial thromboplastin time (APTT), and coagulation factor II, VII, IX, X activity were compared. **Results** All the patients were cured. There was obvious difference between before and after treatment in the blood clotting index ($P < 0.001$). Before and after treatment, PT was (103.2 ± 20.3) s, (12 ± 0.5) s respectively; INR was (4.2 ± 2.4), (1.4 ± 0.2), respectively; APTT was (93.2 ± 25.4) s, (30.2 ± 3.4) s, respectively; II:C was (6.2 ± 2.5)%, (92.3 ± 4.5)%, respectively; VII:C was (10.8 ± 4.9)%, (86.2 ± 3.4)%, respectively; IX:C was (22.5 ± 6.8)%, (96.4 ± 7.8)%, respectively; X:C was (14.2 ± 3.2)%, (83.2 ± 3.4)%, respectively, and the differences were statistically significant ($P < 0.001$). **Conclusions** Coagulation disorder induced by rodenticide poisoning is easy to misdiagnose, the therapy with vitamin K₁ is a specific antidote.

Key words: Poisoning; Coumarins; Phenindione; Blood coagulation factors; Vitamin K₁

由于急性杀鼠药毒性强, 国家已经命令禁止使用, 取而代之的是慢性抗凝血杀鼠药, 该类鼠药中毒后表现为全身多处出血, 由于潜伏期长, 临床表现不典型, 接触史不明确, 因而容易漏诊、误诊。为更好地指导临床诊断及治疗, 笔者对深圳市第三人民医院诊治的 20 例抗凝血杀鼠药中毒致凝血功能障碍临床资料进行了分析, 报告如下。

1 资料与方法

1.1 一般资料 2011 年 1 月至 2015 年 12 月, 深圳市第三人民医院血液科共收治了 20 例抗凝血杀鼠药中毒致凝血功能障碍患者。其中服毒自杀 7

例, 接触或误服 13 例。既往均无皮肤粘膜出血病史, 无肝炎病史, 无长期服药史, 其中男性 8 例, 女性 12 例, 年龄范围 14 ~ 56 岁。本研究获得深圳市第三人民医院医学伦理委员会批准, 患者均填写书面知情同意书。

1.2 临床表现 以多部位出血为主要表现, 常见出血部位依次为皮肤淤斑(100%), 鼻出血(95%), 牙龈出血(90%)、肉眼血尿(70%)、肌肉软组织血肿(50%)、阴道出血(8%)。

1.3 实验室检查 入院后完善血常规, 凝血功能, 凝血因子 II、VII、IX、X 活性。治疗 1 周后复查上述指标。

