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• 病例报告 •

骶管注射致全身肌挛缩一例

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患者女性, 52 岁。因腰骶部及左下肢疼痛半年, 经 CT 检查示 L₅S₁ 椎间盘突出收住院后在牵引治疗的同时, 用 2% 利多卡因 20ml+ 维生素 B₁100mg+ 维生素 B₁₂500ug+ 醋酸强的松龙 125mg+ 地塞米松 10mg+ ATP40mg+ CoA100 单位组成的混合液计 42ml 行骶管注射, 当混合液推注射 8ml 左右时, 病人突然出现意识丧失, 全身肌肉挛缩, 且伴有惊

厥。立即拔针行肌注异丙嗪 25mg、安定 10mg, 静推 20% 甘露醇 250ml, 吸 O₂ 等抢救处理。约 5 分钟后, 肌挛缩缓解, 15 分钟后, 意识恢复, 可下床自主行走。双下肢肌力、感觉无异常。

讨论

目前关于骶管注射治疗腰腿痛的报告不少。但混合液配方较乱。笔者平素

用 2% 利多卡因 10ml 组成的复合液行骶管注射 100 余例, 均较安全。本次加大了利多卡因的量, 虽未超过极量, 但出现了上述意外。分析仍为局麻药中毒引起。因骶管内静脉丛丰富, 短时间内局部麻药浓度过高而致。教训在行骶管注射时, 一定要注意局麻药的剂量和推注的速度。

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