



· 研究原著 ·

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肾移植术后重症肺炎的诊治经验

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Experience in diagnosis and treatment of severe pneumonitis following renal transplantation

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[Abstract] AIM: To explore the diagnosis and treatment of severe pneumonitis following renal transplantation. **METHODS:** A retrospective analysis was made on the clinical data of 52 renal transplant recipients with severe pneumonitis, which were diagnosed by the clinical symptoms, chest X-ray and CT. The treatments included withdrawal of immunosuppressive agents, administration of empirical anti-infective drugs and methylprednisolone, prevention and treatment of secondary infection, reinforcement of nutritional support and use of respirator if necessary. Simultaneously responsible pathogen was detected by analyses of BAL (broncho-alveolar lavage), sputum and blood specimen, with regard to cell differential count, cytopathologic examination and cultures for bacteria, fungi and viruses. **RESULTS:** Seventy-six cases (8.7%) of pneumonia were found in the 877 renal transplant recipients, which included 52 (68%) patients with severe pneumonia. Fever and chest distress were the most common initial symptoms of severe pneumonia (100%). However, obvious cough and expectoration were observed only in 10 patients (19%). Positive rate of BAL alone and of blood culture combined with pharynx swab and sputum were 69% (31/45) and 38% (20/52), respectively. The treatments were effective in 39 with 34 being cured and 5 being improved; 13 of 52 finally died. The effective rate was 75%. **CONCLUSION:** Severe pneumonitis is a most common life-threatening complication in renal transplant recipient, which mostly occurs during 6 months after renal transplantation. BAL should be performed early for detection of responsible pathogen. The key points of successful treatment in-

volve withdrawal of immunosuppressive agents, administration of empirical anti-infective drugs and methylprednisolone.

[Keywords] kidney transplantation; pneumonia; Bronchoalveolar lavage fluid

【摘 要】目的: 探讨肾移植术后重症肺炎的诊断和治疗。方法: 对 52 例肾移植术后并发重症肺炎患者的临床资料进行回顾性分析。结合临床症状、胸片及胸部 CT 确诊后, 给予撤除免疫抑制剂、经验性抗感染药物、甲基强的松龙等治疗, 同时防治继发感染, 加强营养支持, 必要时配合使用呼吸机。并通过支气管肺泡灌洗液(BAL)、痰、咽拭子及血标本的检查进行病原学诊断, 包括细胞分类、病理学检查及细菌、真菌和病毒的培养等。结果: 877 例肾移植患者中有 76 例患者出现肺炎, 发生率为 8.7%, 其中重症肺炎 52 例, 占 68%。发热和胸闷是最常见初发症状(100%), 但仅有 19% 的患者(10/52)具有明显的咳嗽、咳痰症状。BAL 的病原体检出率为 69% (31/45), 血培养结合痰、咽拭子培养病原体检出率为 38% (20/52)。经过治疗, 39 例治疗有效, 其中治愈 34 例, 好转 5 例, 死亡 13 例, 有效率 75%。结论: 重症肺炎多发于肾移植术后 6 月以内, 是危及肾移植受者生命的严重并发症, 应早期应用 BAL 检查进行病原学诊断, 及时撤除免疫抑制剂、经验性抗感染药物和小剂量甲基强的松龙的应用是救治成功的关键。

【关键词】肾移植; 肺炎; 支气管肺泡灌洗液

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0 引言

肾移植患者在术后 1 a 内免疫力明显低于正常人, 因此感染性疾病在肾移植术后 1 a 内死亡原因中高居首位。其中以肺部感染最为常见, 亦最为严重, 成为肾移植术后患者死亡的最主要原因^[1-2]。另外, 由于长期应用抗排斥药物对免疫系统的影响、非常见病原体、临床和影像学表现非特异性以及痰培养结果不可靠等因素加重了其诊断和治疗的难度。本研究对重症肺炎的临床资料进行回顾性分析和总结, 探讨重症肺炎的发病特点及诊治方法。

1 对象和方法

1.1 对象 2000-01/2004-12 在我院接受同种异体尸体肾移植术的患者共 877 例, 术后因肺部感染住院治疗患者 76 例, 其中重症肺炎 52 例。重症肺炎定义

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