·病例报告·

奥卡西平诱发低钠血症一例

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【关键词】 癫痫； 卡马西平； 低钠血症； 病例报告
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Oxcarbazepine-induced hyponatremia: one case report

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患者 男性，56岁。因发作性肢体抽搐2次，于2013年5月15日入院。患者10 d前癫痫发作时出现四肢抽搐伴意识不清，共发作2次，每次持续约2 min后自行缓解。既往高血压病史5年，2年前（2011年3月）因脑出血行左侧额颞顶叶去骨瓣减压术，术后1个月出现癫痫发作，服用奥卡西平150 mg（2次/d）至今，发作控制良好。近两年来服用利尿剂吲达帕胺2.50 mg（1次/d）控制血压。入院后体格检查：血压120/80 mm Hg（1 mm Hg = 0.133 kPa）。嗜睡、精神萎靡，呈完全性失语；四肢肌张力增高，以右肢显著；双侧Babinski征可疑阳性。头部CT显示，左侧额颞顶叶部分颅骨缺损，左侧额颞顶叶、半卵圆中心软化灶形成，脑萎缩。清醒状态下脑电图明显异常，左侧导联持续出现高波幅复形慢波，以左侧额颞区显著，未见明显痫样放电。实验室检查：血清钠119.90 mmol/L（135～145 mmol/L），肝肾功能试验正常。考虑奥卡西平诱发低钠血症，严重低钠血症性癫痫发作。入院后停用奥卡西平，改为拉莫三嗪25 mg（2次/d）控制发作，停用吲达帕胺，改为氨氯地平5 mg（1次/d）控制血压，同时以生理盐水7.50 g/d静脉滴注支持治疗。经上述治疗后未再发作，入院2 d后嗜睡症状消失、精神状态明显改善，入院后6 d血清钠升至135.70 mmol/L。共住院15 d病情好转出院。

讨 论

奥卡西平是最易诱发低钠血症的抗癫痫药物，服用奥卡西平的癫痫患者出现低钠血症的发生率为22.20%～50%，但症状性低钠血症仅见于5.89%的癫痫患者[1]。奥卡西平治疗癫痫，在治疗初始阶段和维持治疗中均可诱发低钠血症，若不及时调整治疗方案，其所诱发的低钠血症可持续存在。发生机制可能与奥卡西平通过诱导神经垂体释放抗利尿激素或提高肾脏对抗利尿激素的敏感性有关。其诱发低钠血症的危险因素包括：（1）剂量相关性低钠血症。Lin等[2]观察73例服用奥卡西平的癫痫患者，发现奥卡西平剂量每增加1 mg，发生低钠血症的风险即增加0.20%。（2）高龄。Ortenzi等[3]对414例单纯应用或联合应用奥卡西平的癫痫患者进行观察显示，发生低钠血症患者的年龄显著高于未发生低钠血症者。（3）联合应用利尿剂、选择性5-羟色胺再摄取抑制剂（SSRI）或5-羟色胺和去甲肾上腺素再摄取抑制剂（SNRI）等可能诱发低钠血症的药物。上述药物联合应用可显著增加低钠血症的风险[4]，服用奥卡西平的老年癫痫患者，若与利尿剂联合应用发生低钠血症的风险显著增加。奥卡西平致低钠血症患者多无临床症状，出现症状时常表现为嗜睡、头痛、头晕、认知功能减退、淡漠、全身乏力、共济失调、步态障碍，严重者可致昏迷[5]、癫痫发作频率增加[1]或癫痫持续状态[6]。治疗原则一般为：无症状患者无需治疗；症状性低钠血症患者，奥卡西平减量或停用、改用其他抗癫痫药物、减少液

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体摄入量、补钠以迅速纠正低钠血症[5-6]。该例患者的诊断与治疗经验提示：癫痫患者服用奥卡西平时，即使小剂量也有可能诱发低钠血症，尤其与利尿剂联合应用，需定期检查血钠水平。当服用奥卡西平的癫痫患者出现癫痫发作时，须高度警惕奥卡西平相关性严重低钠血症所致，需注意与奥卡西平剂量不足相鉴别；换用其他抗癫痫药物和补充钠盐可迅速纠正低钠血症，改善症状。因此临床上应尽量避免奥卡西平与利尿剂联合应用。

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【点评】 奥卡西平是临床常用治疗原发性全面性强直-阵挛发作及部分性发作伴或不伴继发性全面性发作的新型抗癫痫药物。在临床应用过程中，往往只关注奥卡西平的主要不良反应，如头晕、头痛、嗜睡、乏力、眼震、共济失调、皮疹和消化道症状等。症状性低钠血症发生率较低，故不易引起临床重视。虽然该例仅为个案报道，但临床医师确实应重视预防奥卡西平诱发的低钠血症。正如该文作者所建议的，对于单纯或联合应用奥卡西平的老年肾功能障碍及应用利尿剂的患者，尤其当癫痫发作频繁加重时，应及时监测血钠变化，早期发现、早期纠正是十分必要的。

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On behalf of the European Stroke Conference (ESC) Programme Committee it is my pleasure to invite you all to the XXIV ESC in Vienna, Austria, where the Conference first met at the turn of the century in 2000. We invite all of you to contribute to our annual meeting and acknowledge your support through submission of proposals for teaching courses, mini and educational symposia, lectures as well as new topics.

We also invite you to submit abstracts for oral and poster sessions on our homepage www.eurostroke.eu starting on October 1 2014. We will continue to organize e-poster sessions using terminals with a huge screen, which allow all the participants of the ESC to interact with the contributor´s poster, watch videos and search for items listed in our network.

Applications to support the scientific committee individually are also welcome: please let us know your ideas, special expertise and expectations. Aspects of translational research with corresponding experimental and clinical studies are of great interest and will gain more importance in the future along with many other issues. In particular, we encourage members from all specialties related to stroke worldwide to join the ESC in Vienna 2015.

The new European Stroke Research Foundation will support the ESC and facilitate the scientific exchange of current knowledge in stroke research, practical management as well as prevention of this devasting disease. Original work submitted and presented will be considered for the prestigeous Stroke Investigator Awards and authors be invited to early publication in the international leading stroke journal *Cerebrovasc Dis*.