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·病例报告·

烧伤合并伤寒一例

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患者男,30 岁,因浓硫酸烧伤全身多处,伤后 30 min 入院。诊断:特重度烧伤总面积 85%,其中浅Ⅱ度 72%、深Ⅱ度 9%、Ⅲ度 4% TBSA。入院后给予补液抗休克,青霉素、替硝唑抗感染等治疗。监测患者生命体征、尿量,维持电解质及酸碱平衡。伤后 11~28 d 患者体温 36.7~41.0 ℃,脉搏 90~110 次/min。血 WBC(3.88~7.16)×10^9/L,中性、淋巴、单核及嗜酸性粒细胞均正常。伤后 13 d,在患者体温 40.0 ℃时,2 次抽血作培养,3 d 后其结果为有伤寒沙门菌生长,血清肥达反应阳性。患者体温呈弛张热,未诉腹痛、腹胀,腹部无阳性体征,大便正常,全身皮肤未见皮疹,依药物敏感试验结果,选择哌拉西林/舒巴坦和左氧氟沙星联合抗感染。伤后 22 d 患者体温正常,血培养示无菌生长。

讨论 烧伤合并伤寒较少见,2001 年国内曾有 1 例报道[1]。烧伤后早期,肠源性感染是全身感染的重要来源,细菌通过水肿、出血糜烂的肠黏膜进入肠系膜淋巴结、门静脉及脏器,最终发生血行播散致全身感染。伤寒的发病主要取决于伤寒杆菌的感染量、毒力和患者的免疫力,确诊依据血培养结果,在病程第 1~2 周阳性率较高,约 80%~90%[1]。本例患者经过烧伤休克打击后机体免疫功能受损,潜伏的伤寒杆菌经淋巴管进入肠道淋巴组织及肠系膜淋巴结繁殖后引起菌血症,释放内毒素引起临床症状。本例患者无明显的消化道症状,无玫瑰疹,相对缓脉不典型,但外周血象不高,通过伤后第 13 天高热时血培养结果确诊。因此提示医师,当烧伤患者出现高热时,应及时做血培养,以有效避免伤寒的漏诊与误诊。

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