

## 论著

### 实体器官移植患者菌血症并发脓毒性休克的危险因素

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#### 摘要:

目的:探讨并发菌血症的实体器官移植患者中发生脓毒性休克的危险因素。方法:回顾性调查接受实体器官移植后并发菌血症的98名患者的临床资料。菌血症符合美国疾病控制中心(Centers of Disease Control, CDC)的标准,对发生脓毒性休克的6种可能危险因素进行单因素及logistic回归分析。结果:98名病人共发生133次菌血症,其中39人发生脓毒性休克(39/98)。在39名脓毒性休克的患者中,31例患者(79%)死亡,复数菌血症占43.5%,革兰阴性菌血症占38.5%,革兰阳性菌血症占15.4%以及真菌菌血症占2.6%。肺部为菌血症病原体最常见的来源(41.8%),其次是腹腔/胆道(24.5%)。单因素分析显示:脓毒性休克发生的危险因素有发生于术后第2周至第8周的菌血症( $P=0.014$ ),复数菌血症( $P=0.001$ ),腹腔/胆道部位来源( $P=0.011$ )和肝移植( $P=0.002$ )。多因素分析中,只有发生于术后第2周至第8周的菌血症和复数菌血症有统计学意义。结论:发生菌血症的实体器官移植患者中脓毒性休克发生的危险因素是早发型菌血症(术后第2周至第8周)和复数菌血症。

关键词: 实体器官移植 菌血症 脓毒性休克 危险因素

### Risk factors for septic shock in patients with solid organ transplantation and complication of bacteremias

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#### Abstract:

Objective: To explore the risk factors for septic shock in patients with solid organ transplantation and complication of bacteremias.

Methods: Clinical data of 98 solid organ transplant cases with complication of bacteremias were retrospectively studied. All episodes of bacteremias met the CDC criteria. Six possible risk factors contributing to septic shock were evaluated by univariate analysis and multivariate logistic regression analysis.

Results: Among the 98 patients, 133 times of bacteremias have been reported and 39 patients developed septic shock. Among the 39 patients with septic shock, 43.5%, 38.5%, 15.4% and 2.6% of bacteremias were induced by multiple bacteria, gram-negative bacteria, gram-positive bacteria and fungi, respectively. The lung was the main source of bacteremias (41.8%), followed by intraabdominal/biliary focus (24.5%). Risk factors for developing septic shock included the bacteremia happened in the 2nd to 8th week post transplant ( $P=0.014$ ), polymicrobial etiology ( $P=0.001$ ), intra-abdominal/ biliary focus ( $P=0.011$ ), and liver transplant ( $P=0.002$ ). Only bacteremia occurred in the 2nd to 8th week post transplant and polymicrobial etiology were significant risk factors by multivariate analysis.

Conclusion: Risk factors for developing septic shock in bacteremias after SOT are early-onset (the 2nd-8th week post transplant) and polymicrobial etiology.

Keywords: solid organ transplant bacteremia septic shock risk factors

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