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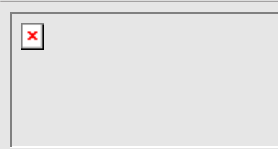
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## 老年药物性肝损伤139例临床分析

### Drug-induced liver injury: clinical analysis of 139 elderly cases

**DOI:**

中文关键词: 老年人; 药物性肝损伤; 肝衰竭; 临床研究

英文关键词: aged; drug-induced liver injury; liver failure; clinical study

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**中文摘要:**

目的 回顾性分析解放军302医院2003年~2010年间老年药物性肝损伤的临床特点。方法 将患者分为老年组(139例)和中青年组(105例), 比较二者之间的临床特征和生化学指标。结果 导致药物性肝损伤的药物有14种, 老年组药物性肝损伤前5位的药物分别是中药(31.7%)、抗生素(13.7%)、解热镇痛药(12.2%)、心血管药(11.5%)和抗结核药(6.5%); 而中青年组则是中药(43.8%)、解热镇痛药(18.1%)、抗生素(13.3%)、抗结核药(6.7%)和治疗甲状腺功能亢进药(4.8%), 两组之间存在统计学差异。老年组V-谷氨酰基转氨酶及治愈患者平均住院时间均较中青年组为高。老年组黄疸发生率为77.1%, 肝衰竭发生率为2.9%; 中青年组黄疸发生率为82.0%, 肝衰竭发生率为4.8%, 二者之间无统计学差异。老年组肝损伤类型分别为胆汁淤积型(45.9%)、肝细胞型(28.6%)和混合型(25.5%), 中青年组上述3种损伤类型分别为39.3%、34.8%和25.8%, 两组间无统计学差异。结论 导致药物性肝损伤的药物以中药占首位, 老年与中青年患者药物性肝损伤均以胆汁淤积型为主, 有少数患者可发展为肝衰竭, 老年患者临床治愈时间长; 建议对中药、抗生素、解热镇痛药等易导致肝损伤的药物慎重选用; 预防措施之一是用药后要定期检测肝功能的变化。

**英文摘要:**

Objective To retrospectively investigate the clinical characteristics of drug-induced liver injury(DILI) in the elderly patients admitted to Chinese PLA 302nd hospital during 2003-2010. Methods DILI patients were divided into aged group (age > 60 years, n=139) and non-aged group (age < 60 years, n=105). Clinical features and biochemical indexes were compared between the two groups. Results Among 14 species causative agents which can induce DILI, the frequency ranging top five in aged group were Chinese herbal drugs(31.7%), antibiotics(13.7%), analgesics/antipyretics(12.2%), cardiovascular drugs(11.5%) and antitubercular drugs(6.5%), which were significantly different from non-aged group (Chinese herbal drugs: 43.8%, analgesics/antipyretics: 18.1%, antibiotics: 13.3%, antitubercular drugs: 6.7%, hyperthyroidism drugs: 4.8%). There were no statistical differences in incidence of jaundice and liver failure between aged and non-aged groups(77.1% vs 82.0% and 2.9% vs 4.8%). However, the level of glutamyl transpeptidase and hospitalization time were higher and longer in aged group than in non-aged group. Liver injury types in aged group were cholestatic(45.9%), hepatocellular(28.6%) and mixed (25.5%) DILD. In non-aged group, the percentage of above types was 39.3%, 34.8% and 25.8% respectively, with no significant difference with aged group. Conclusion Due to highly cholestatic icteric occurrence and sporadic liver failure of DILI in the elderly, it is necessary to prevent drug hepatotoxicity. We recommend to increase vigilance during pre-clinical drug option, especially for Chinese herbs, antibiotics and analgesics/antipyretics. Regular monitoring liver functions during administration is one of the effective preventive measures.

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