肝硬化失代偿期合并艰难梭菌脾脓肿患者的药学监护及文献分析Δ

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摘 要 目的 为肝硬化失代偿期合并艰难梭菌脾脓肿患者的药学监护提供参考。**方法** 临床药师参与1例上述复杂病症患者的药学监护过程；检索中国知网、万方数据、维普网、PubMed、Embase、Web of Science，收集艰难梭菌脾脓肿的相关文献并进行分析。**结果** 临床药师根据宏基因组二代测序结果、影像学特征，结合药物组织穿透性，建议将头孢曲松联合甲硝唑调整为静脉万古霉素联合甲硝唑；针对出现的低钾血症，建议停用呋塞米片并加用枸橼酸钾颗粒；针对患者要求出院，临床药师为患者制定了出院后的用药教育方案。医生采纳了临床药师的建议；患者经治疗后好转，未出现肾损伤。文献分析结果显示，共纳入11例患者，其中男性9例，女性2例，年龄为32～90岁；8例患者有艰难梭菌感染史；抗感染方案以万古霉素和甲硝唑为主，经治疗后3例患者死亡。**结论** 临床药师通过明确病原学、优化抗感染给药方案、监测药物不良反应、制定出院用药教育方案等药学服务手段，保障患者用药安全。

关键词 脾脓肿；肝硬化；失代偿期；艰难梭菌；宏基因组二代测序；药学监护

Pharmaceutical care and literature analysis of patients with decompensated cirrhosis complicated with *Clostridioides difficile* splenic abscess

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ABSTRACT OBJECTIVE To provide a reference for pharmaceutical care in patients with decompensated cirrhosis complicated with *Clostridioides difficile* splenic abscess. **METHODS** Clinical pharmacists participated in the whole-process pharmaceutical care of one patient with the above complex conditions. Retrieved from CNKI, Wanfang Data, VIP, PubMed, Embase and Web of Science databases, relevant literature about *C. difficile* splenic abscess was collected and analyzed. **RESULTS** Based on the results of metagenomic next-generation sequencing, imaging characteristics, and tissue penetration of antimicrobial agents, the clinical pharmacist suggested switching from ceftriaxone combined with metronidazole to intravenous vancomycin combined with metronidazole. For the hypokalemia that developed in the patient, the clinical pharmacist suggested discontinuing Furosemide tablets and adding Potassium citrate granules. When the patient requested hospital discharge, the clinical pharmacist developed a post-discharge medication education plan. The physician adopted the clinical pharmacist's recommendations. The patient improved after treatment without renal injury. Results of the literature analysis showed that among 11 involved patients, there were 9 males and 2 females, aged 32 to 90 years old, 8 patients had a history of *C. difficile* infection. Vancomycin and metronidazole constituted the primary anti-infective regimens, and 3 patients died after treatment. **CONCLUSIONS** The clinical pharmacists ensured patients' medication safety through pharmaceutical interventions including identifying the pathogen, optimizing anti-infective regimens, monitoring adverse drug reactions, and formulating a discharge medication education plan.

KEYWORDS splenic abscess; liver cirrhosis; decompensation; *Clostridioides difficile*; mNGS; pharmaceutical care

肝硬化失代偿期患者因免疫功能受损、肠道菌群失调及肠道屏障功能障碍，感染风险较普通人群显著升高；一旦发生感染，短期死亡率显著增加[1]。这类患者的感染可累及多个器官，其中腹腔脏器感染尤为值得关注。

脾脓肿是一种罕见且死亡率极高的疾病，近年来随着计算机断层扫描术（computer tomography，CT）、磁共振成像（magnetic resonance imaging，MRI）等诊断技术的进步，以及使用免疫抑制、患糖尿病、患恶性肿瘤等高危人群的增加，使得脾脓肿的报告病例数呈明显上升趋势[2-3]。从病原学角度看，转移性感染是脾脓肿最主要的感染途径[4-5]。然而，脾脓肿病原学复杂，传统病原学检测方法（如微生物培养）在其诊断中面临标本量不足、厌氧菌培养条件苛刻、经验性使用抗生素导致假阴性等

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