[12] Schnuch A, Geier J, Uter W, et al. Patch testing with preservatives, antimicrobials and industrial biocides. Results from a multicentre study [J]. Br J Dermatol, 1998, 138 (3): 467-476.
[13] Nielsen NH, Menne T. Allergic contact sensitization in an unselected Danish population-the Glostrup allergy study, Denmark [J]. Acta Derm Venereol (Stockh), 1992, 72: 456-460.
[14] Anton C, De Groot, Cornelis JW, et al. Methyldibromoglutaronitrile (Euxyl K400): An important "new" allergen in cosmetics [J]. J Am Acad Dermatol, 1996, 35: 743-747.
[15] Van Ginkel CJW, Runder Voort GJ. Increasing incidence of contact allergy to the new preservative 1, 2, -dibromo-2, 4-dicyanobutane (methyldibromoglutaronitrile) [J]. Br J Dermatol, 1995, 132: 918-920.
[16] Hausen BM. The sensitizing potency of Euxyl K 400 and its components 1, 2-dibromo-2, 4 -dicyanobutane and 2-phenoxyethanol [J]. Contact Dermatitis, 1993, 28: 149-153.
[17] Janet Ross. Essential allergents-Part Ⅲ [A]. In: International Contact Dermatitis Course [C]. Bangkok: 1999. 38-40.
[18] David K, Charles T, See-Ket N, et al. Screening for *p*-phenylenediamine (PPD) in hair-care products by thin-layer chromatography (TLC) [J]. Contact Dermatitis, 2000, 43 (3): 182-183.
[19] 赵辨. 临床皮肤病学 [M]. 第 3 版. 南京: 江苏科技出版社, 2001. 599.
[20] 李林峰. 接触性皮炎与皮肤变态反应 [M]. 第 2 版. 北京: 北京大学医学出版社, 2003. 260-265.
[21] Menne T, Dooms-Goossens A, Wahlberg JE, et al. How large a proportion of contact sensitivities are diagnosed with the European standard series? [J]. Contact Dermatitis, 1992, 26: 201-202.
[22] Menne T. Revised European standard series [J]. Contact Dermatitis, 1988, 19: 391.
[23] 李林峰. 接触性皮炎与皮肤变态反应 [M]. 第 2 版. 北京: 北京大学医学出版社, 2003. 320-359.
[24] De Groot AC, Van der Kley AMJ, Bruynzeel DP. Frequency of false-negative reactions to the fragrance mix [J]. Contact Dermatitis, 1993, 28: 139-140.
[25] Larsen W, Nakayama H, Fischer T, et al. A study of new fragrance mixtures [J]. Am J Contact Dermat, 1998, 9 (4): 202-206.
[26] Frosch PJ, Johansen JD, Menne T, et al. Lyral® is an important sensitizer in patients sensitive to fragrances [J]. Br J Dermatol, 1999, 141 (6): 1076-1083.
[27] Li LF and Wang J. Patch testing and aeroallergen intradermal testing in facial dermatitis [J]. Contact Dermatitis, 2000, 43 (2): 90-94.
[28] Paulsen E, Andersen KE, Brandao FM, et al. Routine patch testing with the sesquiterpene lactone mix in Europe: a 2-year experience: A multicentre study of the EECDRG [J]. Contact Dermatitis, 1999, 40 (2): 72-76.
[29] Wahlberg JE. Patch testing [A]. In: Rycroft RJG, et al (eds). Textbook of Contact Dermatitis [C]. Berlin: Springer-Verlag, 1992. 241-265.
[30] Malmö. Patch Test Products-catalogue. Chemotechnique Diagnostics AB [M]. Sweden. 2002: 20-21.
[31] Held E, Johansen JD, Agner T, et al. Contact allergy to cosmetics: testing with patients' own products [J]. Contact Dermatitis, 1999, 40 (6): 310-315.
[32] Engasser PG. Cosmetics and contact dermatitis [J]. Dermatol Clin, 1991, 9: 69.
[33] De Groot AC. Contact allergy to cosmetics: causative ingredients [J]. Contact Dermatitis, 1987, 17 (1): 26-34.
[34] Adams RM, Maibach H, Francisco S. A five-year study of cosmetic reactions [J]. J Am Acad Dermatol, 1985, 13: 1062-1069.
[35] Liden, Carola. Legislative and preventive measures related to contact dermatitis [J]. Contact Dermatitis, 2001, 44 (2): 65-69.

四季豆集体中毒 78 例临床分析

闫新社, 许国智, 乔纪春, 王胜财

(青海油田职工总医院, 甘肃 敦煌 736202)

我院于 2003 年 8 月收治因集体进食未煮熟的四季豆致食物中毒 78 例, 现报告如下。

1 临床资料

78 例中男 75 例, 女 3 例, 年龄 18～47 岁, 平均 29 岁。均于食后 3 h 左右发病陆续到我院就诊, 其中 1 h 内发病者 16 例, 2 h 内发病者 51 例, 3 h 内发病者 11 例。78 例均出现恶心、呕吐 52 例 (66.7%), 腹痛 48 例 (61.5%), 腹泻 43 例 (55.1%), 头晕 21 例 (26.9%), 乏力 28 例 (35.9%), 心悸 13 例 (16.7%), 精神萎靡 11 例 (14.1%), 1 例 (1.3%) 出现上消化道出血。患者入院后均做血、便常规和血生化检查, 其中血 WBC> 10×10^9/L 28 例, 便常规多数为黄色稀便, 潜血 8 例, 血电解质紊乱 12 例。

症状较轻者予 VitC、$VitB_6$、能量合剂静脉滴注, 保护胃黏膜, 维持水电解质平衡。重者用生理盐水物理催吐、洗胃、导泻, 清除尚未吸收的毒物, 注意补充血容量, 血象高者选用抗生素治疗。对合并上消化道出血者予以止血、对症治疗。67 例在 24 h 内治愈, 11 例较重者经积极救治 3 d 痊愈出院。

2 讨论

四季豆属矮生菜豆, 又名云豆、扁豆, 是人们常食用的蔬菜。临床经常可见家庭食用四季豆中毒现象。四季豆中毒, 与未煮熟的四季豆内含有皂甙和血球凝集素有关, 中毒潜伏期 10 min 至 20 h[1]。皂甙含皂素物质, 对消化道黏膜有强烈的刺激性, 引起局部充血、肿胀, 甚至出血性炎症, 出现恶心、呕吐、腹痛、腹泻等消化道症状。治疗主要是催吐、导泻、输液以促进毒物排泄, 减少机体对毒物的吸收, 对呕吐、腹泻明显者应注意电解质的补充。发生四季豆中毒直接原因是四季豆煮沸时间短, 豆内的血球凝集素未被破坏, 尤其是集体食堂用量大, 更不易煮透。防治中毒最有效的方法是广泛宣传四季豆的毒性及正确食用方法, 应将四季豆在沸水中充分煮透, 使豆的鲜绿色变成墨绿色, 方可进行各种烹调方法的食用。

参考文献:

[1] 董世份. 中华医药全典 [M]. 重庆: 重庆大学出版社, 2000. 126.

收稿日期: 2005-12-09