

急性外傷性脊髓損傷病人使用甲基去氫氧化可體松的併發  
症

**Adverse Effect of Treatment with  
Methylprednisolone in Acute Traumatic Spinal  
Cord Injury: A Pilot Study**

林樹基

**Carlos Lam;Wen-Ta Chiu;Ming-Fu Chiang;Cheng-Yao**

**Liu;Shin-Han Tsai;Mau-Roung Lin**

摘要

使用甲基去氫氧化可體松(methylprednisolone,MP)來治療急性外傷性脊髓損傷，是否會對病人產生不利影響，仍有相當多爭論。本研究針對急性外傷性脊髓損傷病人接受該藥物治療後的併發症加以探討。研究對象是選擇自 2000 年 6 月至 2001 年 5 月共 12 個月間，首次住院的新發生脊髓損傷的 110 名病品性。收集包括人口學、臨床數據、治療方法共 13 項自變項，比較使用甲基去氫氧化可體松後併發症的發生是否有所差異，同時對各類別的併發症加以分析。結果顯示接受甲基去氫氧化可體松治療的病人，在住院中有較多的感染併發症( $P=0.038$ )，其中尿路感染的接近明顯的趨勢，但死亡率及其他併發症等指標，則無統計學上明顯差異。在分析病人特性時，發現脊髓傷害重度和完全度對甲基去氫氧化可體松使用後感染症的發生有明顯的影響，但對於該藥物的使用是否適合不同脊髓傷害嚴重度或不同完全度的患者，仍需求進一步探討。

**Abstract**

**OBJECTIVES:** This study is intended to investigate the adverse effects with and without methylprednisolone treatment among 110 patients who had acute traumatic spinal cord injury and were treated in medical centers and regional hospitals during the period from June 1, 2000 to May 31, 2001. **METHOD:** The data of 110 patients aged 16 through 90 years were collected and evaluated for in-hospital mortality and complications. The patients with isolated nerve-root disorder or open neck wound were excluded from the study. The patients were divided into two groups: those treated with methylprednisolone and those treated without methylprednisolone after hospital admission. Comparisons of

these two groups included 13 demographic and clinical characteristics: age; cause of injury; the number of associated injuries; time between injury and admission; severity of the spinal cord injury; level of the spinal cord injury; completeness of the spinal cord injury; mean blood pressure on admission; Revised Trauma Score on admission; Glasgow Coma Scale; number and type of spinal surgery; rehabilitation after admission. RESULTS: Comparison between the group treated with methylprednisolone and the group treated without methylprednisolone shows the following results (methylprednisolone/without methylprednisolone): Frequency of in-hospital complications: 1.29/0.87 (P=0.099). Number of patients who died in-hospital: 2/1 (P=0.714). Number of complications: Upper gastrointestinal bleeding: 6/1 (P=0.418). Neurogenic bladder: 25/10 (P=0.303). Respiratory failure: 9/4 (P=0.483). Pressure ulcer: 9/3 (P=0.534). Sepsis: 2/0 (P=0.538). Pneumonia: 12/4 (P=0.344). Urinary tract infection: 20/5 (P=0.066). Infectious complication: 42/17 (P=0.038). CONCLUSIONS: The results of this study suggest that patients with spinal cord injury are more likely to have infectious complications if treated with methylprednisolone. However, there are no significant differences among mortality or other complications whether the patients receive or do not receive methylprednisolone treatment. This study also shows that the severity and completeness of spinal cord injury influence the development of infection significantly after use of methylprednisolone.