

一位慢性腎臟病患因毛地黃中毒導致腦病變

## **Digoxin intoxication-induced encephalopathy in a patient with chronic kidney disease**

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### **Case Report:**

Digoxin is a drug with a narrow therapeutic range. We present an 88-year-old woman with stage 5 chronic kidney disease who was suspected of having digoxin intoxication when she developed nausea, vomiting, loss of appetite, lethargy, and unconsciousness after taking digoxin 0.25 mg daily for one week. A blood test revealed a high digoxin concentration of 5.42 ng/mL. The patient experienced bradycardia, hypotension, acute renal failure, and hyperkalemia. Electroencephalography revealed global brain dysfunction. She was given a temporary pacemaker and several rounds of dialysis. The digoxin concentration in the patient's blood was monitored every two days, and she gradually regained consciousness as the level of digoxin decreased to the normal range within two weeks. Patients with chronic kidney disease should be monitored and tested prior to administration of digoxin to titrate the dose. The drug plasma concentration should be carefully monitored for 5-7 days after drug administration. Patients' renal function, associated electrolyte concentrations, and drug levels should be tested regularly to ensure drug safety.