澳大利亚 John Murtagh 全科病案研究（四十七）
——一位62岁男病人酒后头部损伤

John Murtagh

【关键词】 损伤；占位性病变；意识；格拉斯哥昏迷量表

【中图分类号】R 49.7 【文献标识码】B doi: 10.3969/j.issn.1007-9572.2013.06.003


1. 病史

张某是一位62岁的男性病人，他的几个朋友把他送到急诊室。他喝得烂醉，可能是醉倒在人行道上受伤了。在他摔倒受伤前，他和别人吵架，跟着两个年轻人打起来了。他的朋友跟你说，张某以前是一个和蔼可亲的聪明的公务员，不过他很喜欢聚会，特别是喝酒和聊天。朋友现在最担心的是，他如果反复检查，意识混乱，而且不能正常地走路。在醉倒前大约1个小时，张某还在朋友交谈，开始的时候说得还算正常，可是他逐渐地变得越来越烦躁，容易生气，语气无礼，让人无所适从。

2. 体检

张某看上去病得不轻。主要是面部的瘀伤，不过他浑身散发出浓郁的酒味。他说话语无伦次，含糊不清，杂乱无章。他

作者单位: 3168 澳大利亚维多利亚州，澳大利亚 Monash 大学
注: 文后附英文摘要原文

的头痛有一处瘀青，左侧面部、颈部和双臂有挫伤。

他的生命体征：脉搏 64 次/分，血压 140/90 mm Hg (1 mm Hg = 0.133 kPa)，呼吸 14 次/分。他的神态无法进行心理状态测验。他对皮带不做出反应，比如让他睁开双眼。在你耳边大声问话，他嘴里喃喃吞咽的不知道在说什么。不过他对疼痛刺激（在眉弓上用电刺激）有反应，他会睁开双眼，躲开刺激。

3. 提问

3.1 你怀疑这个病人有哪几个问题？

3.2 根据他对意识状态的客观评价（a. 根据 5 个意识程度的分类，b. 根据格拉斯哥昏迷量表（Glasgow coma scale）），你的初步结论是什么？

3.3 你考虑要做哪些辅助检查？

4. 解答

4.1 你应该考虑这个病人有颅内占位性病变，特别是硬膜外血肿或硬膜下血肿。

4.2 a：简化的意识程度分类包括 5 个等级。（1）意识清醒：病人保持清醒的意识；（2）意识模糊：病人的思维混乱；（3）神志不清：病人对外界刺激无反应；（4）轻度昏迷：病人对刺激有反应；（5）重度昏迷：病人对任何刺激无反应。张某属于第 4 级，即轻度昏迷。b：格拉斯哥昏迷量表有三个标准，最低评分 3 分，最高评分 15 分。张某得分为 8 分，显示应该做脑部扫描对他进行严密监测（注：也可以采用其他的方法来估计张某的昏迷程度）。

注: 文后附英文摘要原文
World General Practice/Family Medicine

Case Studies of John Murtagh (47)

Head Injuries in a 62 Year Old Man Affected by Alcohol

John Murtagh

[Key words] Injuries; Space occupying lesion; Consciousness; Glasgow coma scale

1 History
ZX, a 62 year old man, was brought into the emergency room by his friends because he was intoxicated from alcohol and had sustained injuries from a fall onto the footpath. Prior to this he had been argumentative and had a fight with two younger men. According to his friends he was a very pleasant and clever public servant but had a history of binge drinking of beer and spirits. Now they were most concerned about him since he had become uncharacteristically confused and unable to walk normally. About an hour previously and soon after his fall he had been conversing with them and seemed well orientated but gradually became irritable, confused and disoriented.

2 Examination
On examination he looked unwell, had superficial injuries and smell of alcohol. His speech was incoherent as it was slurred and garbled. He had lacerations to the scalp, a bruise of the left side of the head, neck and both arms.

His vital signs were pulse 64/min regular, BP 140/90 mm Hg. Respiration 14/min. It was not possible to perform a mental state examination. He would not respond to verbal commands on request including opening his eyes. He would mumble inappropriate words in response to shouting in his ear. However in response to painful stimuli (digital pressure over the supraorbital ridge) he would open his eyes and withdraw from the pain.

3 Questions
3.1 What particular conditions in this man would you be concerned about?
3.2 In an objective assessment of his conscious state what would be your description of a, the classification according to the 5 conscious levels; b, the Glasgow coma scale (if applicable).
3.3 What investigations would you consider?
4 Answers
4.1 You should be concerned about an intracranial space occupying lesion such as an extradural haematoma (in particular) or a subdural haematoma.
4.2 a. The simplified classification of conscious levels is consciousness (awake), clouded consciousness (confused), stupor (responds to shake and shout), semi-comatose (responds to pain) and coma (unresponsive). ZX is level 4 – semi-comatose. b. The Glasgow coma scale (15 to 3) has three criteria. (1) Eye opening (4 to 1) ZX scores 2 (eyes open to pain). (2) Verbal response (5 to 1) ZX scores 3 (inappropriate words). (3) Motor response (6 to 1) ZX scores 3 (withdraws from painful stimuli). The total Glasgow coma score for ZX is 8/15 which equates to taking care and monitoring closely with a head injury chart.

Note: Readers may use another and perhaps better coma assessment scale.
4.3 Investigations to consider include: (1) imaging – CT or MRI scan (plain X ray if these unavailable). (2) blood sugar and alcohol. (3) pulse oximetry. (4) urine drug screen.
5 Further clinical details
ZX was placed under careful observation. Within 30 minutes the observing nurse reported that he was now making incomprehensible sounds and there was minimal response to painful stimuli. Examination of the eyes revealed a constricted pupil on the left side. His vital signs were pulse 55/min, BP 160/100 mm Hg. Respiration 9/min.
6 Further question
What would be the most appropriate course of action?
7 Answer of further question
ZX obviously has a space occupying mass in his skull, probably an acute extradural haematoma. It demands decompression with surgical drainage as a life saving procedure. This is achieved via a burr hole at the location of the antrum. Immediate referral to an emergency surgical centre is mandatory assuming that you do not have the necessary skills and equipment to perform this procedure.