世界全科医学工作瞭望

澳大利亚 John Murtagh 全科病案研究（二十八）
——痉挛、晕倒、奇怪的事，这里、那里、到处都是

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【关键词】晕倒，呼吸难，急性

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1 故事的开始

“这是机长向您广播，请问乘客中有没有医生？”这个广播是我在飞机上听到的，当时我正坐在澳大利亚航空公司的班机上，飞向另一个城市。听到这个广播之后，我已经注意到机舱的中部有些骚动。我很好奇到底发生了什么，不过我还在座位上，心想说不定坐在我前面的乘客也是医生呢。过了一会儿，机舱乘务员告诉大家，我们已经得到了控制，一位乘客是很有经验的男医生，他去检查了那位晕倒的年老女乘客。男医生说：“很显然，她只是晕倒发作。”

不过几分钟之后，那位女患者来到我的座位前，跟我说明那位乘客还是没有得到控制，变得更加焦躁不安。显然，乘务员已经从其他乘客中发现了一名乘客，必须和我一起走到那位乘客旁边，跟我说：“我想她可能是因为，你看她站不起来走，是不能站起来走，双手无力地垂着……”乘务员上去在“拯救”，抓手却无手扶，只言片语地内疚。

2 问题

（1）你的初步诊断是什么？
（2）你应该问患者什么问题？
（3）你应该采取哪些简单的应急措施？
（4）怎样从生理学上解释这种疾病？

3 答案

（1）这是低血糖症发作，是由于焦虑引发的抽搐过度而形成的低血糖所造成的。对于这位患者的焦虑症与她的飞行恐惧症有关。
（2）你可以问患者：①“你的胸部有压迫和手脚上有针扎的感觉？”②“你以前有没有出现过这种情况？”③“你有没有带医生或护士给你的病历资料？”④“你是否对坐飞机或其他事情感到焦虑？”

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Fits, Faints and Funny Turns; Here, There and Everywhere

John Murtagh

"This is the captain speaking. Is there a doctor on board the aircraft?". This is the not unfamiliar request that I heard when I was flying between two capital cities on a Qantas flight at about the time I had become aware of a commotion accompanied by a flurry of activity in the main cabin. Although one is curious to find out what it is all about I was apprehensive about coming forward and waited awhile in the hope that another doctor (if any) would volunteer. Then we were informed by the flight attendant that the situation was under control. An experienced male nurse was attending to an elderly female passenger who apparently was having a seizure – diagnosis by the nurse as some form of epilepsy.

However after 5 minutes or so the attendant, who must have identified me as a doctor, requested me to attend the woman who was not under control and was becoming more agitated. When I reached her side the passenger alongside her said "I think she has had a stroke because she went to walk but couldn’t and cannot use her hands". I could see that she was 'fitting', was conscious but very restless and anxious. Inspection of her shaking hands revealed flexion of the wrists, extended fingers (except at the metacarpophalangeal joints) which were joined together with strongly adducted thumbs.

Questions
(1) What is your provisional diagnosis? (2) What questions would you ask the person? (3) What simple first aid action would you undertake? (4) What is the physiological explanation of the condition?

Answers
(1) This is carpopedal spasm due to hypocalcaemia secondary to hyperventilation associated with anxiety. This anxiety is turn in this person is related to aviophobia (the fear of flying). (2) Do you have pins and needles in your hands and feet and around your mouth? Have you experienced anything like this before? Do you have with you a letter or information from a doctor or nurse about your medical history? Do you feel anxious about flying or about anything else? (3) Instruct the person to take slow deep breaths and or get her to do this into a paper bag or into her cupped hands. (4) The basic problem is respiratory alkalosis which disturbs the body’s acid–base balance. Carbon dioxide loss from hyperventila-

tion shifts the chemical equation to the left so that \( H^+ \) is depleted and replenished from plasma protein. Protein anions accumulate and take up calcium (a cation). Thus ionised calcium is depleted causing hypocalcaemic tetany. Replenishing carbon dioxide restores the acid–base equilibrium.

Further history
The spasm attack gradually abated with slowing of respirations and re-breathing her carbon dioxide. She acknowledged that she did have 'pins and needles' in her hands, feet and perioral area and that she had an anxiety with flying.

She was 80 years old and it was apparent that she had a personality disorder. She handed me a note from her general practitioner indicating that she had a psychiatric disorder and took tranquillisers on a regular basis. She admitted that she should not be flying but wanted to visit her sister who was in hospital.

In the meantime the Captain requested my presence in the cabin and asked if he should divert the plane to Sydney. I responded with an emphatic ‘no’ but then found myself speaking to a medical centre in Texas where the doctor on duty did not seem to have a clear understanding of carpopedal spasm syndrome. However we continued the flight and everyone seemed happy with the outcome.

Lessons to be learned
It is important to be mindful of this somewhat dramatic ‘emergency’ especially as it is so simply diagnosed and treated. I have been called 6 times to help with the situation of hyperventilation and carpopedal spasm during air travel. It is not unusual to find the flight attendants giving the sufferers oxygen by mask – a treatment which aggravates the problem leading to unconsciousness. I have also encountered it in all ages from children to the aged and in childbirth and other anxiety provoking circumstances. I recall one occasion in my rural practice where we received a call from a ski resort where a young woman was very sick with a so called neurological condition. It took 6 hours to transfer her from the mountain via a chair lift to our medical centre. She had carpopedal spasm brought on by an unwelcome sexual advance. There was great embarrassment when the attack was simply aborted by re-breathing her expired breath. Now I always ask for more information and symptoms since the condition can be diagnosed over the telephone. Only recently a distressed man rushed into our clinic with carpopedal spasm because he became 'spooked' by the heavy traffic on his way to work. Panic disorder and panic attacks are terrible afflictions.
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