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手法介绍

闭合复位治疗肩关节前脱位合并肱骨颈骨折

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作者自 1979 年至今治疗 10 例肩关节前脱位合并肱骨颈骨折，8 例闭合复位获得成功。现报告如下。

临床资料

10 例中男 4 例，女 6 例；年龄 13～64 岁；喙突下脱位 3 例，盂下脱位 5 例，锁骨下脱位 2 例；1 例肱骨头粉碎性骨折伴有臂丛神经损伤，另 1 例在整复过程中出现腋部神经损伤，分别作切开复位，余 8 例均闭合复位成功，肩关节功能恢复满意。

复位方法

1. 右肩关节喙突下脱位合并肱骨颈骨折：臂丛阻滞麻醉下，平卧位，上臂外展 80°强力牵引，同时在腋下推压肱骨头不能复位，放松牵引，患臂平放体侧，不加牵引力，在腋下将肱骨头向外、上、后方推压，顺利复位。经 X 线片证实已复位，再调整骨折端位置，石膏托固定 3 周。

2. 左肩关节盂下脱位合并肱骨颈骨折：臂丛阻滞麻醉下，将肩关节放松，患肢平放体侧，不加牵引力，在腋下用拇指推压肱骨头，发生冠状面转动，不能复位。后用拇指、食指和中指的指腹扣住肱骨头，缓缓向外、上、后方加压，结果复位成功。夹板固定，三角巾悬吊 3 周。

3. 左肩关节盂下脱位合并肱骨颈骨折：臂丛阻滞麻醉下，患臂平放体侧，不加牵引力，用上法推压肱骨头无活动。改用足登法又不成功。后在 X 线下将患肢外展，术者双手握患肢上臂小心推碰，使骨折远端抵住脱位的肱骨头的骨折面，透视下证实两骨折面互相接触，活动上臂能带动肱骨头时，迅速内收上臂，同时用上法推压肱骨头，听到“咯”一声，复位成功，石膏托固定 4 周。

治疗结果

本组 10 例中 8 例行闭合复位成功，2 例失败后行切开复位内固定，随访时间 8 个月～6 年。随访结果：闭合复位成功 8 例中，肩部前屈 90° 5 例；70～85° 3 例；肩部外展 90° 2 例；80° 2 例 50～75° 4 例。闭合复位失败 2 例中，肩部前屈、外展分别均为 10°、30°。

讨 论

1. 受伤机制和创伤解剖特点：10 例均是肩处于外展位或同时后伸，肘部着地受伤。暴力向上传递，迫使肱骨头穿破关节囊的前下方，行经肱二头肌短头和喙肱肌的深面，形成肩关节前脱位。暴力继续作用，使肱骨颈受外翻成角应力，造成肱骨颈骨折。脱位的肱骨头往往外展外旋，骨折端锐利，朝向外上方的腋部血管神经束。

2. 闭合复位成功的要领及注意问题：肩关节前脱位合并肱骨颈骨折，由于失去了完整的可操纵肱骨头的杠杆，使闭合复位极为困难。Watson－Jone’s 认为外展牵引易造成腋部神经血管损伤，而主张用 Hippocrates 法整复[1]”；Dingley 和王怀基体会到闭合复位困难，曾主张牵引下用钢针插入挑拨肱骨头复位[2,3]；张文明报告用牵引法闭合复位治疗肩关节前脱位合并嵌插型肱骨颈骨折有成功的例子，但 5 例非嵌插型骨折 4 例告失败而作肱骨头置换术或切除术[4]。尽管他们的治疗方法不同，但均是在牵引力作用下进行操作。国内有学者曾提出，整复脱位时，不必象单纯肩脱位那样用力牵引。大力牵引上臂于整复无益[5]。本组除 2 例需切开复位外，余 8 例均是在无牵引力作用下闭合复位成功。作者认为，闭合复位成功与否，是与整复时机、肿胀程度因素有关，但重要的是使原来发生脱位时的“通道”（Original pathway）重新开放，以利脱位的肱骨头循此“通道”还纳。用力牵引上臂，关节囊的破裂口更加紧闭，肱二头肌短头和喙肱肌更加紧张，从而封闭了原脱位的“通道”。所以牵引只会增加闭合复位的困难。

肩关节前脱位合并肱骨颈骨折，肱骨头多呈外展外旋位，骨折面锐利，朝向腋部神经血管束，复位时不宜强力外展牵引；若有神经血管损伤表现者，不宜盲目闭合整复。否则会加重神经血管损伤，应引以为鉴。

参考文献

1. Wilson JN. Watson－Jones fractures and joint injuries 5 th ed，Vol II Edinburgh 1976；581

2. Dingley AF. Fracture－dislocatiou of the humeral head a method of reduction. J. Bone and foint surg (Am). 1973；55：1299

3. 王怀基．介绍一种肱骨外科颈骨折合并肩关节前脱位的复

位和固定方法，蚌埠医学院学报．1987；12（2）：136
4. 张文明．肩关节前脱位合并肱骨外科颈骨折的治疗．解放军医学杂志．1983；8（2）：127
5. 山东中医学院骨科教研组．临床正骨学．第1版．济南：山东科学技术出版社，1979：74

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推拿并中药外敷治疗小儿肌性斜颈52例

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1988年5月～1995年12月，笔者运用手法及中药外敷治疗小儿肌性斜颈52例，效果满意，报告如下。

一般资料

52例中男30例，女22例；年龄最大者8岁，最小46天，其中1岁以内28例，2岁以内12例，4岁以内7例，5岁以上5例；第一胎51例，第二胎1例；早产12例，难产23例，胎位不正19例；患侧为右29例，患侧为左23例。

临床诊断

头向一侧歪斜，下颌歪向健侧，一侧胸锁乳突肌处有条索状改变，或触及肿块，面颊部两侧不对称。

治疗方法

1. 手法：患儿双腿分开，面向家长坐在家长腿上。医者用拇指和食、中两指捏住患侧胸锁乳突肌，从患儿乳突部向下拿、推、反复操作5分钟。注意胸锁乳突肌止点为锁骨和胸骨两处，在起点乳突处要反复弹拨。捏拿项背部肌肉，双拇指按压风池穴，再使患儿头部转动，使下颌转向患侧，并略停一刻。按压双手合谷、列缺穴。

再让患儿取仰卧位，拿捻患侧胸锁乳突肌，患侧硬块置于医者拇指与食、中二指之间，三指作对抗性按揉旋转5分钟。轻牵引患儿头部，再使下颌转向患侧。治疗结束。

2. 中药湿热敷：配方：当归、赤芍、红花、泽兰、威灵仙、艾叶各12克，透骨草、伸筋草、五茄皮各15克。用纱布拈水煎药液，外敷患侧胸领乳突肌，保持药液温热，每日2次，每次20分钟。

疗效标准与效果

1. 疗效标准：治愈：颈部肿块消失，胸锁乳突肌变软，头面部畸形得到纠正，颈部转动自如；好转：颈部肿块缩小，质较软，颈部转动改善；无效：肿块坚硬程度不变，头部及面部畸形无明显改善。

2. 治疗结果：本组52例中，痊愈31例，好转18例，无效3例。总有效率：94%。一疗程为30次，平均治疗1～2个疗程。

2年随访32例，疗效稳定。

典型病例

王×，男，3个月20天，足月顺产，发现头偏向一侧2周。检查：一般情况良好，下颌指向左侧，右侧胸锁乳突肌下部近锁骨端有2×3cm肿块，质坚韧，推之能动。印象：先天性肌性斜颈。用上述方法治疗20次后，肿块变软，变小，头部转动自如，歪脖基本好转。

讨 论

1. 小儿肌性斜颈发病原因尚未明确，比较公认的意见是：脊柱畸形如颈部半椎体畸形引起骨性斜颈；视力障碍所致的代偿姿势性斜颈；颈部肌麻痹导致的神经性斜颈等等。患儿绝大部分为一侧（偶有双侧）胸锁乳突肌发生挛缩，初可，见纤维细胞增生和肌纤维变性，最终全部为结缔组织所代替。推拿治疗本病在于通过手法作用于挛缩的胸锁乳突肌上，促进病变部位的血液循环，改善挛缩程度，加速病变部位的吸收，使挛缩的胸锁乳突肌恢复正常。同时，通过外敷具有活血化瘀的中药，对促进挛缩肌肉的消除起到了辅助作用，取得了良好的疗效。

2. 本组52例中，1岁以下的患儿为28例，占53%，均经上法治愈。说明1岁以内的患儿治疗效果最佳。提示对本病的治疗时机应予掌握，治疗越早效果越好。

3. 由于患儿皮肤细嫩，因此手法要轻柔，要求深透有力，同时注意不要擦伤皮肤，可配用按摩介质滑石粉。待挛缩的肌肉肿块变软时，手法要逐步减轻。为巩固疗效，建议家长给予适当配合，即嘱家长在喂乳时使患儿头向健侧歪斜，平时要多引导患儿向健侧方向转头，视物，并可适当的以和缓手法捏拿患侧胸锁乳突肌等，均可促进患儿早日康复。

（收稿：1996－02－06）

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English Abstract

Clinical study of non—operative treatment of lumbar disc herniation **Jin Liaosha et al** *Second Clinical Medical Collge, Xi'an Medical University* (710004)

In this article, the method of treating the lumbar disc herniation by manipulation under general anesthesia in 469 cases were introduced. The result of CT scanning, SEP and vessel B ultrasound before and after treatment in 59 cases were observed and compared. Through the study, a new point of viev was suggested in the mechanism of manipulation. The manipulation did not reduce or rupture the prolapsed disc. But it can gain an active treatment by affecting the deep tissue, changing the blood circulation around the protruded mass, lossening the adhesion between the compressed nerve root and surrounding tissue.

Key words Lumbar disc herniation Tuina

(Original article page 3)

Study on 3—D movement of whole lumbar spine in rotatory chiropractic

Hou xiao — kui et al *Ninth People's Hospital, Shanghai Second Medical University* (200011)

For the purpose of observing 3—D movement of the whole lumbar spine in rotatory chiropractic, the experimental specimen from segmental lumbar movement was changed to L1—L5 whole lumbar spine, thereby a parallel spinal 3—D movement measurement system was designed by the authors. The loading method was reormed so as to improve imifation of the chorpractic mameiuer of the spine. Seven definite lumbar spinal points were set and the image developments so observed over these points were inputted into the computer system. Calculation of the quantitative 3—D movement in imitation chiropractic loading of the lumbar spine and it's posterior elements was made by rigidity transform mathematic theory of the mechanics of engineering system. According to the result of 3—D movement of whole lumbar spine in right rotation, we found the rotatory chiropractic applied on left lying position. the right facet joint process that contituted the inner wall of nerve root canal developed directional displacement. Although it may be different in separate individual segment, the displacement in the main movement axis could directly enlarge the nerve root canal, or drawing and tightening the capsule ligament of facet joint and ligament flavium in order to enlarge the nerve root canal.

Key words Lumbar spine 3—D movement Manipulation

(Original article page 5)

Effect of Bushen Jiangu Tang on oxygen free radiCAl metabolism of patients with osteoarthritis of knee joint

Shen Lin et al *Xiehe Hospital, Tongji Medical University, Wuhan* (430022)

Fifty eight cases of osteoarthritis (OA) of knee joint were treated by oral taken Bushen Jiangu Tang (BSJGT). Before and after treatment the observation of oxygen free radical metabolism have been taken through the activity of superoxide dismutase (SOD) of RBC and the content of lipid peroxide (LPO) of serum. The results showed that before treatment SOD activity decreased significantly and LPO content increased markedly in patients with OA than tha in controls ($P<0.01$). After treatment with BSJGT by oral administration parameter of SOD and LPO had been shown relevent improvement in the remission patients and that in the obvious effective cases returned to normal ($P>0.05$) and that in ineffective cases remained abnormal ($P<0.01$). This preiminary study suggested that

oxygen free radical might take part in the pathological process of OA and one of therapeutic mechanism of BSJGT is probably due to improving metabolic disorder of the oxygen free radical in patients with OA of knee joint.

Key words Bushen Jiangu Tang Osteoarthritis Superoxide dismutase Lipid peroxide Oxygen free radical

(Original article page8)

Reconstructed model and biochemical indices of periarthritis humeroscapularis of rabbits

Xiong Chang—yuan et al *Hubei College of TCM*(430061)

In this study, a model of periarthritis humeroscapularis in rabbits was established by constant mechanical strain and appliation of ice bag, and biochemical indices related to the model was measured. It shows that the level of hyperoxyproline, DNA and protein to the perimental tendon is higher than that of the normal, and all have apparent difference. It indicates that the model is similar to human periarthritis humeroscapularis. The authors think that the method is approximate to the cause of human periarthritis humeroscapularis.

Key words Animal experiment Rabbit Periarthritis humeroscapularis

(original articla Page 10)

Therapeutic effect of manipulation in the treatment of cervical arrhythmia

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Arrhythmia is a common syndrome, some patients can't turn to normal after taking various drugs. We used manoreduction of revolving cervical vertebrae and knee pressing thoracic vertebrae in accompany with hands pressing shoulder to correct anatomic displacment of cervical and thoracic vertebrae, which removed stimulation to cervical and thoracic sympathetic ganglia, restored the function of vegetative ner ous system, recovered arrhythmia and brought satisfactory reslt, therefore we called this kind of arrhythmia as cervical arrhythmia. From January 1984 to December 1993, 89 cases were observed, with 22 cases recovered; 47 marked improved, 17 improved, and 3 ineffective. The total effective rate was 96. 6%. The results remained now—a—days, esspecially the recovery cases. The resons for it are reposition of anatomic displacement, persistent cervical exercise by the patients themselves and alteration of their improper living habits (such as using high pillow and swinging head inadvertently).

Key words Manipulation Arrhythmia Deviation of spinous process

(Original article page 14)

Anterior dislocation of shoulder with fracture of humeral neck treated by close reduction

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Anterior dislocaton of shoulder with fracture of humeral neck is rare and severe injury. The cases in which treated successfully by close reduction were minor in the literature. In this paper 10 cases are reported. Among them, 8 cases are treated successfully by close reduction and the results are satisfaction. Based on the analysis of the mechanism, traumatic anatomy and in the operative findings, the author realzes that the key to successful close reduction is to reopen the original pathway of dislocation, thus humeral head is reduced easily from the pathway. Traction, if opplied, would certainly shut up the pathway and rander reduction more difficulty. Contrary to general opinion, successful close reduction can be accomplished without the use of any traction. The functional recovery of all cases in which dislocation had been reduced by close reduction were good and excellent.

Key words Anterior dislocation of shoulder Fracture of humeral neck Close reduction

(Oirginal article page 39)