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膝上外侧筋膜皮瓣修复结合退癍消肿汤治疗 膝关节周围皮肤软组织缺损

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【摘要】 目的:评价早期中西药配合抗炎,结合膝上外侧筋膜皮瓣治疗膝关节周围皮肤软组织缺损的疗效。方法:2004年6月至2008年9月采用早期中西药配合抗炎,结合膝上外侧筋膜皮瓣治疗膝关节周围皮肤软组织缺损8例。其中男5例,女3例;年龄32~56岁,平均35.2岁。缺损面积:7.6 cm×4.5 cm~15.2 cm×7.5 cm;病程3个月~3年。其中髌前3例,腘窝2例,膝关节外侧3例。早期均应用退癍消肿汤配合抗生素3~5 d。结果:术后皮瓣全部存活,膝关节功能恢复良好,膝关节外侧有1例皮瓣远端表皮坏死。结论:早期中西药配合抗炎,结合膝上外侧筋膜皮瓣治疗膝关节周围皮肤软组织缺损是一种操作简单、易于基层推广、不需特殊显微外科器械的行之有效的办法。

【关键词】 软组织损伤; 膝关节; 外科皮瓣; 中药疗法

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Lateral superior genicular flap combined with Tuihuang Xiaozhong decoction (退癍消肿汤) for the treatment of soft tissue defects around the knee joint WANG Jun-yi, LI Da-wei, JIN Tian-ming, LIU Zhong-wen. Department of Orthopaedics, the Health Center of Jiujia Town, Jianyang 641421, Sichuan, China

ABSTRACT Objective: To evaluate the early combination of Chinese and Western medicine for anti-inflammation and lateral superior genicular flap for the treatment of soft tissue defects around the knee joint. **Methods:** From June 2004 to September 2008, 8 patients with soft tissue defects around the knee joint were treated with lateral superior genicular flap. Among the patients, 5 patients were male and 3 patients were female, ranging in age from 32 to 56 years, with an average of 35.2 years. The defected area ranged from 7.6 cm×4.5 cm to 15.2 cm×7.5 cm. The disease course ranged from 3 months to 3 years. Three patients had the defects at the posterior of the knee, 2 patients had the defects at the popliteal fossa, and 3 patients had the defects at the lateral side of the knee. At the early stage, all the patients were treated with Tuihuang Xiaozhong decoction (退癍消肿汤) and antibiotics for 3 to 5 days. **Results:** All the flaps survived, and the knee function recovered. One patient had epidermis necrosis at the distal end of the flap of lateral side of the knee. **Conclusion:** The early combination of Chinese and Western medicine for anti-inflammation is a simple, easy to promote, and no special microsurgical instruments are needed.

Key words Soft tissue injuries; Knee joint; Surgical flaps; Drug therapy

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膝关节外伤后膝关节周围皮肤软组织缺损治疗方法有:带蒂筋膜瓣^[1],膝上内侧筋膜皮瓣,膝上外侧筋膜皮瓣。2004年6月至2008年9月应用退癍消肿汤配合西药抗生素抗感染及膝上外侧筋膜皮瓣^[2]修复膝关节周围皮肤软组织缺损取得满意疗效。

1 临床资料

本组8例,男5例,女3例;年龄32~56岁,平均35.2岁。其中髌前3例,腘窝2例,膝关节外侧3例。致伤原因:撕脱伤皮肤软组织坏死3例,抱膝圈固定髌骨至皮肤软组织坏死1例,摩托车烟囱烫伤皮肤

软组织坏死1例,开放骨折皮肤软组织坏死3例。缺损面积:7.6 cm×4.5 cm~15.2 cm×7.5 cm。病程3个月~3年。

2 方法

2.1 中药及抗生素治疗 退癍消肿汤:黄连6g,黄芩6g,黄柏6g,地骨皮15g,栀子6g,知母9g,车前子9g,泽泻9g,防风6g,生地15g,金银花9g,地鳖虫9g,茯苓9g,甘草3g,灯芯草9g,薄荷3g。以清热解毒、退癍消肿为原则,配合抗生素治疗3~5 d。

2.2 手术方法 入院早期有感染者应用退癍消肿汤结合抗生素抗感染,待3~5 d体温、血象正常后行手术。臂丛或全身麻醉下仰卧位或侧卧位,在大腿外



图 1 男,42 岁,摩托车排气管烫伤腠窝 1a. 皮肤全层坏死,股二头肌腱外露 1b. 经过 4 d 中西医结合治疗,感染控制良好,肉芽红润 1c. 以大腿外侧中轴线的两侧设计皮瓣 1d. 术中股二头肌短头与股外侧肌之间,近蒂部 5 cm 髂胫束深面血管蒂进入皮瓣,切开蒂部皮肤旋转至腠窝 1e. 术毕置入橡皮条 1f. 术后 2 周拆线皮瓣远端表皮部分

坏死 1g. 术后 3 年完全愈合,功能恢复良好

Fig.1 Male,21-year-old,burn trauma by motorcycle exhaust pipe 1a. Full-thickness skin necrosis,tendon of biceps femoris exposed 1b. After 4 days treatment with combination of Chinese and Western medicine,infection was controlled,and the granulation was ruddy 1c. Lateral thigh flap axis design along the medial line at the lateral side of leg 1d. Blood vessels at the deep surface of Iliotibial tract go into the flap between the short head of the biceps femoris and the vastus lateralis 1e. Rubber drainage sheet was put into the wound after the operation finished 1f. Part of the distal skin flap necrosis when the stitches were taken out at 2 weeks after operation 1g. Wound healed completely and good recovery of joint function after 3 years

侧中轴线的两侧设计皮瓣,皮瓣切取面积长 5~23 cm,宽 5~10 cm。旋转轴点在膝关节上 5 cm,即股外侧肌、股二头肌与股骨外侧髁所组成的膝内侧三角凹陷内,皮瓣近端可达大腿中部。

3 结果

膝关节外侧 1 例皮瓣远端表皮坏死,其余全部成活。随访 6 个月~3 年,8 例均恢复满意。以腠窝部皮肤软组织缺损为例:患者为摩托车排气管烫伤腠窝(见图 1a),经过抗感染及清创后(见图 1b)行皮瓣设计。以大腿外侧近中部面积 12.0 cm×7.5 cm(见图 1c)先切开皮瓣近端,直达深筋膜层下,并将皮肤与深筋膜缝合数针,再切开皮瓣前后方,在其髂胫束表面由近及远逆向解剖。在邻近蒂部 5 cm 时,解剖平面位于髂胫束深面,分离股二头肌短头与股外侧肌之间,见到血管蒂进入皮瓣。然后切开蒂部皮肤形成岛状皮瓣,旋转至腠窝皮肤缺损区(见图 1d)缝合创面。术后皮瓣下均放置多根橡皮引流条引流(见图 1e)。供区直接拉拢缝合或取中厚皮片游离植皮。术后 14 d 拆线(见图 1f),术后 3 年功能良好(见图

1g)。

4 讨论

4.1 中医药治疗 皮肤软组织缺损早期气血瘀滞、邪毒入侵,用清热解毒、退瘀消肿中药,结合抗生素对早期有感染者疗效显著。

4.2 手术治疗 膝上外侧筋膜皮瓣由膝上外侧动脉的筋膜穿支供血,血供丰富,组织可取面积大,用于修复膝、腠窝及小腿上部创面。操作简单,易于基层推广,不需特殊显微外科器械。切取皮瓣时要皮肤、皮下脂肪、深筋膜为一层切取,分离股二头肌短头与股外侧肌之间,见到血管蒂保护好穿支血管,以保证皮瓣的血供。皮瓣切取后可以修复膝前、腠窝、小腿上部创面。

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