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• 病例报告 •

桡骨干下 1/3 骨折并桡骨头脱位 1 例

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关键词 桡骨骨折; 脱位; 石膏, 外科

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Fracture of lower 1/3 radius complicated with dislocation of head of radius; a report of 1 case CHEN Xiao, PENG Li-ping. The Second Hospital of Traditional Chinese Medicine of Shenzhen, Shenzhen 518034, Guangdong, China

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患儿,男,7岁,玩耍时不慎摔倒,右手掌撑地后即右前臂疼痛、流血,活动受限,0.5 h 后来我院就诊。查体:右前臂下段肿胀,向掌侧成角畸形,右肘关节后外侧肿痛,前臂及肘关节功能受限。右前臂下段掌侧有 1 个 0.2 cm 裂口。右桡尺骨全长正侧位 X 线片示:右桡骨干下段横行骨折,远折端向背桡侧分离移位,桡骨头向后外脱位(图 1a)。在臂丛麻醉下行清创,手法复位术。先屈肘 90°,一手拇指用力向前向内按压桡骨头,使之复位;再对抗牵引,端挤提拉手法整复骨折。予石膏托固定右肘关节屈曲 90°,前臂旋后、右腕掌屈尺偏位。复查 X 线片:右侧桡骨头脱位已纠正,右桡骨骨折对线良好,对位 1/2 以上(图 1b)。

讨论

桡骨干下 1/3 骨折并桡骨头脱位在临床上罕见,经中国医院知识库检索(1979-2010 年)未见相关报道,维普资讯(1989-2010 年)仅见 2 例类似报道^[1-2]。在各种桡骨头骨折的分类中,也不包含此种类型骨折。本病的发生率低,需警惕误诊,应注意细致的临床检查,除明确桡骨骨折之外,及时检查肘部及前臂旋转情况,若怀疑桡骨头脱位应加摄肘关节正侧位 X 线片。治疗上宜逆损伤机制整复并固定在相反的旋转体位。该例患者手法复位效果欠佳,考虑因桡骨头脱位及关节囊的损伤,使得施加于桡骨两端的对抗牵引失效所致。若手法复位欠佳或功能对线不满意,需及时行桡骨远端骨折切开复位手术治疗。

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Xu ZS. Fracture of distal end of radius complicated with dislocation



图 1 患儿,男,7岁,桡骨下段骨折并桡骨头脱位 1a. 治疗前正侧位 X 线片 1b. 治疗后 1 周时正侧位 X 线片示骨折对线欠佳,成角畸形仍存在

Fig.1 Male, 7-year-old, distal fracture of radius with dislocation of radius head 1a. Preoperative AP and lateral X-rays 1b. Postoperative X-rays at 7 days showed the apposition and the bony alignment were worse than before, the abnormal angulation of radius still existed

of head of radius; a report of 1 case[J]. Zhong Yi Zheng Gu, 1995, 7 (1):46. Chinese.

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