

名医经验

樊春洲闭合折骨法治疗骨折畸形愈合临床体会

黑龙江中医学院 (150040) 樊景博 张丽光

摘要: 本文介绍樊春洲教授运用闭合折骨方法治疗骨折畸形愈合的临床经验。文中总结资料完整者70例。治疗结果: 优: 31例, 占44%; 良: 29例, 占42%; 可: 7例, 占10%; 差: 3例, 占4%。

关键词 骨折 中医疗法 经验介绍

治疗骨折畸形愈合, 樊春洲具有丰富的经验。他认为骨折畸形愈合的治疗, 不单纯是为了解决肢体外观问题, 而主要是改善患肢功能。所以不能单纯凭借X片上的显示情况去判断骨折治疗结果。

在治疗方法上, 首先应该选择简单易行, 不易造成副损伤的手法闭合折骨。要细致分析畸形种类、时间及部位, 根据情况选用不同的折骨方法。折骨后再按新鲜骨折处理, 以达到治疗目的。现将1976年以来应用这些方法治疗资料完整的70例, 报告如下。

临床资料

本组70例中, 男51例, 女19例; 年龄5~58岁。
部位: 股骨31例, 胫腓骨21例, 肱骨9例, 尺桡骨9例; 骨干骨折59例, 干骺端11例; **时间:** 从骨折至折骨时间, 股骨干最短35天, 最长240天, 平均85天。胫腓骨干最短的55天, 最长的134天, 平均81天。肱骨髁上最短的29天, 最长的62天, 平均43天。肱骨干最短的43天, 最长的88天, 平均56天。尺桡骨双折最短的46天, 最长的79天, 平均65天。桡骨远端骨折平均26天。**畸形:** 成角畸形56例, 短缩畸形58例, 旋转畸形22例, 单纯侧方移位的16例。70例中开放性骨折6例, 内固定术后5例。

适应症的选择

畸形愈合时间: 骨干部位6个月以内, 干

骺端2个月以内, 横断与粉碎骨折有短缩畸形3个月以内, 长斜形与长螺旋骨折短缩畸形2个月以内, 成角畸形6个月以内。这只是一般规律, 具体情况还要具体分析。如横断骨折单纯成角畸形的, 6个月以上亦可取得满意效果。

畸形程度: 下肢, 短缩2cm以上, 成角畸形 15° 以上, 旋转畸形 15° 以上。上肢因代偿功能强, 可以适当放宽标准。主要治疗有明显功能障碍的畸形。

年龄: 60岁以上的老年人, 骨折愈合后虽遗留一定的畸形, 部分功能受到影响, 只要生活能自理, 可不必勉强矫正畸形, 儿童因处于生长发育阶段, 自身矫正能力很强, 不应以上面条件为标准, 可适当放宽。如儿童的伸直型肱骨髁上骨折, 前后移位畸形愈合。可造成一定程度的屈曲功能障碍。随着生长发育, 原畸形部位移于肘上, 此时屈肘功能可完全恢复。所以诸如此类的骨折可不必处理。

折骨方法

折骨方向及要求: 首先要注意避开重要的血管和神经。成角畸形骨折, 折骨时应向凸面的一侧用力, 也就是加大原来的角度。凸面一侧骨痂少、凹面的一侧骨痂多。如不伴短缩的单纯成角畸形愈合的骨折, 不要完全折断骨痂, 以免失去稳定性。如有短缩折骨时需加旋

转力。如原有开放创口虽已愈合但时间短的，折骨前应在原创口部位消毒，外盖无菌纱布，防止折骨时原创口重新撕裂而污染。

折骨步骤及方法：折骨前一定要给以充分的麻醉，如上肢可作臂丛麻醉，下肢作硬膜外或腰麻，不能配合的儿童给静脉复合麻醉等，否则治疗不易成功。

悬空推拉折骨法，由两助手分别握住骨折的远近端相对牵引，并将被折骨的肢体离开床面悬空起来。术者用双手握紧折骨部位。用力要稳。如为成角畸形，先向凸面用力推，听到有骨的折断声时，再向凹面拉，见畸形消失，术者和助手都放开手，在解除外力的情况下畸形不再出现即为折骨成功。如一次不行，可重复上述方法，直至成功。折骨时虽然可用突然暴力，但要控制骨折端移动的幅度，避免造成副损伤。

杠杆折骨法，操作前，将患肢的折骨处放在床头或桌边，用棉垫或毛巾垫好，受力的一侧在下。助手用双手握持骨折近端，但一定靠近骨折部位，这样可以避免在非骨折处折断。术者两手握持靠近骨折部位的远端，以双手的大鱼际肌部位用力下压，不要用突然暴力，应由轻到重直到折断。若有重叠畸形，骨痂折断后，将肢体远端做旋转。旋转幅度的大小根据部位，如股骨干可旋 90° 以上，这样才不至藕断丝连，把骨痂完全折断，给牵引治疗提供条件。

杠压折骨法，适用于畸形愈合很牢固骨干或关节附近的骨折，折骨前先准备两个高10cm的棉垫和1.5m长的木杠或铁杠一根，直径4~5cm，若铁杠可稍细些。杠的中央包上厚3~4cm的棉垫。折骨时患肢用棉垫架起，被折骨部位放在两垫中间。把包好棉垫的木杠横放折骨部位。一端由助手固定或固定床上，另端术者掌握。折骨方向按上述原则，但遇有胫骨向前成角，如遵照原则向前折骨，骨折端很容易冲破皮肤，所以只能向相反的方向也就是向凹面折才比较安全。

足踏折骨法，主要用于畸形愈合的桡骨远端伸直型骨折。患肢旋后位置于凳上，术者双手握患侧手，弯腰足踏骨折近端，足下应当垫以软垫保护皮肤。准备好后用力牵拉患手，可闻折骨声，此时畸形消失折骨成功。

折骨后处理：对于骨干骨折、骨痂折断后骨折端原有重叠畸形的不能一次完全复位，需作持续骨牵引。骨折端可允许留有1cm内的重叠，但禁止过牵，形成折端分离。如伴有侧方移位可用夹板加垫固定。对原有成角的骨折，成角侧加垫一定不要过厚、过小和过硬，以免造成皮肤损伤。

治疗结果

临床愈合时间：最短的21天，最长的78天，平均48.6天。

疗效评定：优31例，占总数44%；良29例，占总数42%；可7例，占总数10%；差3例，占总数4%。

评定标准：优，对位90%以上，成角和旋转畸形在 10° 以内，功能正常；良，骨折短缩1.0cm以内，成角、旋转 15° 以内，关节功能受限于 15° 以内。肱骨髁上骨折，对位3/4以上，有轻度尺或桡偏或肱骨下端前倾角变小，肘关节功能受限于 10° 以内。可，骨干骨折重叠在2cm内，有 20° 以内成角或旋转，关节功能受限于 $15^\circ\sim 30^\circ$ ，对生活和工作无明显影响。差，畸形纠正不多，功能仍有障碍。

讨 论

樊春洲治疗骨折畸形愈合的折骨方法具有简单易行，软组织损伤小，骨膜破坏少，骨折愈合快，成功率高，病人痛苦小等优点。

严格选择适应症是治疗成败的关键。几种折骨方法，需根据骨折畸形种类，骨折部位和类型加以选择，灵活应用。折骨时一定要避免出现副损伤，如重要神经、血管、皮肤的损伤及造成别处的骨折等。只有这样才能获得满意的治疗效果。

Abstracts of Original Articles

Experimental study of ox skin powder on anti-inflammatory action

Wang Shu-yun(王淑云), Li Xiu-lan (李秀兰), Yang Bao-shu(杨宝树) Li Chang-xin (李长信)

Institute of Orthopaedics of Tianjin Hospital (300211)

In this paper, via animal experiments, mouse abdominal macrophages were served as an objective parameter and found that ox skin powder could alleviate mouse earlobe inflammation induced by xylol on foreign body macrophagic and digestive function and rats through embedding cotton ball induced hyperplasia of granulosia as a chronic inflammatory action. It was found that anti-inflammatory action of ox skin powder had no significant difference with that of the elephant skin powder.

Key words Sheng Ji Xiang Pi Paste, elephant skin, ox skin, antiinflammatory action, experimental study

(Original article on page 5)

Observation on the influence of fibroblasts in the experimental fracture treated by two therapeutic principles

Chen Jun (陈俊), ShiQi (施杞) et al

Affiliated Longhua Hospital of Shanghai Traditional Chinese Medicinal College (200032)

In this article, it is introduced that application of supplement the vital energy eliminating stasis and supplement the vital energy eliminating stasis and invigorating the Kidney two therapeutic principles were treated on SD rats fracture models, and via observation of the fibroblasts on the fractured ends with electron-microscope. The results indicated that the former bears enhancing immunomacrophagic action of the organism and improving micro-circulation as well as improving the nutritional state of the cells, and the later the action was more facilitate in fracture repairing with the fibroblastic changes. So, clinically, in TCM, treatment of fracture of different stages was based on determination of treatment based in the differentiation of symptoms and signs.

Key words Traditional Chinese medicinal therapy, fracture, experimental study
(Original article on page 7)

Clinical experience in treating mal-healing with closed osteoclasia by prof. Fan Chun-zhou

Fan Jing-bo (樊景博), Zhang Li-guang (张丽光)

Traditional Chinese Medical College of Helongjiang (150040)

In this article, clinical experience of Prof. Fan Chun-zhou in treating mal-

healing with closed osteoclasia is introduced. Seventy cases with complete data were concluded. The therapeutic results were excellent in 31 cases (44%); good, 29(42%); fair, 7 (10%); ineffective, 3 (4%)

Key words Fracture, traditional Chinese medicinal therapy, experimental introduction

(Original article on page 9)

Development and application of enhanced external fixator in treating intra-articular fracture

Xie Da-zhi (谢大志) et al.

First Affiliated Hospital of Institution of Medical Science of Hunan (413000)

Thirty-three cases of intraarticular fracture were treated with self-developed enhanced external fixator of intraarticular fracture via a follow-up of 5-9 months, the rate of excellent and good was 94%. It was realized that the instrument had the advantage of new style, broadening in usage, easy to be operated, faster in fracture healing and better restoration of functions.

Key words External fixator of fracture, intraarticular fracture, exertion of pressure on cortex

(Original article on page 21)

Observation on the therapeutic effects of Cervical Huo Xue Tablet in the treatment of cervical spondylosis

Ding E (丁愕)

Affiliated Hospital of Traditional Chinese Medical College of Anhui(230031)

Cervical Huo Xue Tablet has been used in treating various types of cervical spondylosis of more than 10 years. 313 cases had long-term follow-up. Among them, 130 cases(41.5%) were markedly effective; 162 (51.8%), effective; 21(6.7%), ineffective. The rate of markedly effective and effective was 292 cases(93.3%). The results indicated that there were definite therapeutic effectiveness in radicular vertebral, sympathetic and mixed types. The mode of action was mainly alleviation and improvement of the clinical symptoms of cervical spondylosis. There was no prominent improvement of degenerative changes of cervical spine in X-ray films.

Key words Cervical spondylosis, traditional Chinese medicinal therapy, Cervical Huo Xue Tablet

(Original article on page 28)