

# 腰椎间盘突出症伴腰神经通道狭窄症临床研究

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**摘要** 通过78例腰椎间盘突出症伴腰神经通道狭窄症的临床分析认为:腰神经通道狭窄大多发生在侧隐窝处,其次为盘黄间隙,椎间孔处最少见;临床表现除有腰痛伴典型的坐骨神经痛外,常有根性神经损害的表现;治疗以手术治疗为主。

**关键词** 腰椎间盘突出症 神经根管狭窄 病例报告

我院自1988年7月~1992年7月,共收治腰椎间盘突出症伴腰神经通道狭窄症78例,占同期腰椎间盘突出症手术总数的53.8%,均经CT扫描与手术证实,术后疗效满意。

## 临床资料

1. 本组男性35例,女性43例;年龄最小22岁,最大62岁,平均48岁;工人26例,农民31例,干部4例,教师6例,其他11例;腰部外伤史69例;病程最短2个月,最长6年。本组与外伤关系密切。

2. 症状和体征:下腰痛75例;下肢放射痛73例;椎旁局限性压痛76例;直腿抬高试验阳性62例;膝反射改变5例;踝反射改变42例;小腿及足皮肤感觉减退63例;伸拇肌力减弱59例。

3. X线平片:腰椎生理曲度改变52例;脊柱侧突51例;椎间隙变窄68例;椎体后缘骨质增生47例;小关节内聚21例。

4. CT扫描:术前均进行了L<sub>4</sub>~S<sub>1</sub>椎管CT扫描。椎间盘侧方突出57例;黄韧带肥厚56例;小关节突增生43例;侧隐窝狭窄68例。

## 治疗方法及结果

1. 治疗方法:所有病人均采用持续硬膜外麻醉下手术。根据病人年龄、症状以及突出物的部位采用单侧椎板间开窗、半椎板切除、双侧半椎板切除以及全椎板切除。术中探查均系腰椎间盘突出合并不同程度的腰神经通道

狭窄。造成卡压的原因为突出的椎间盘组织,椎间小关节增生,关节突内聚以及神经根周围的粘连。受压神经根表现为水肿增粗,最粗者增至6mm,色泽苍白,严重者,除有明显压迹外,还可见神经质地变硬。所有病例均施行了突出椎间盘髓核摘除,并切除肥厚的黄韧带,凿除部分内聚的关节突,松解神经根,扩大侧隐窝,直至被卡压的神经根完全减压。术后置引流管,应用脱水剂5~7天,并服用活血祛瘀、利水渗湿的中药。术后第四天开始嘱患者主动抬腿,逐步的,顺序渐进。

## 2. 治疗结果

按陆氏的疗效评定标准<sup>[1]</sup>:本组优35例,良31例,可12例,优良率为84.5%。

## 讨 论

1. 腰神经通道狭窄大多发生在侧隐窝处,其次为盘黄间隙,椎间孔处最少见。因此,侧隐窝在整个腰神经通道中占有特殊地位,对其测量是有临床意义的。张氏<sup>[2]</sup>85年提出侧隐窝X线测量,即在X线侧位片上测量椎弓根上切迹宽度,经回归方程 $\hat{y} = 4.2 + 0.6871X$ 来推算侧矢径;在X线正位和斜位片上分别测量椎弓根内缘间距和耳尾切线距,来推算横径。腰椎管CT正常层面上 Kiraldy-Willis等认为侧隐窝矢径在5mm以上者为正常,4mm为临界状态,不足3mm就显狭窄<sup>[3]</sup>。当然这是一个相对数,其实还要根据其他因素决定。神经根的粗

细,是一个决定性因素。不同大小神经根在同一大小的侧隐窝处就有不同的表现,因此,狭窄是否出现临床症状和体征,主要取决于神经通道内占位物所形成的狭窄是否压迫神经根以及压迫的程度。

2. 腰椎间盘突出症伴腰神经通道狭窄症临床表现除有腰痛伴典型的坐骨神经痛外,常有根性神经损害的表现,如肌肉萎缩,麻木区广,症状重而顽固,与单纯腰椎间盘突出症和其他腰腿痛区别有一定困难。故我们在临证中,根据病史和临床症状的提示,参考X线平片,以CT扫描作为主要的诊断手段。因为CT具有较高的空间分辨能力,能清晰地显示腰椎各横断面的骨性及软组织结构,特别是对侧隐窝矢状径的测量,有较高的价值。本组手术,CT符合率较高。

3. 治疗:本组病例主要病理为椎间盘突出压迫硬膜囊或相应神经根,再加上腰神经通道的狭窄更加重了对神经根的卡压。因而,确诊后以手术治疗为主。手术重点是着重对椎间盘突出物的处理,并常规探查侧隐窝,看是否有其他原因继续卡压神经根,并根据所见作相应的处理。如切除肥厚的黄韧带,凿除部分内聚的关节突,对椎体后缘骨赘超过3mm的则应切除之,并松解粘连的神经根,使神经根游离1.5cm以求完全减压。但术中也需注意,保持脊柱的稳定性。Kirkaldy-Williso认为若关节突的切除不超过1/3时,不会导致脊柱不稳定<sup>〔4〕</sup>所以术中对内聚的关节突或增生的椎间小

关节内侧部分切除,以不超过1/3为宜。

关于手术入路,本组病例以单侧椎板间开窗、半侧椎板切除或双侧半椎板切除。但对四十岁以上患者,椎间盘系中央突出,且骨性压迫广泛。神经根受压严重或双侧小关节突内聚的,采用全椎板切除术。这种病变部位显露充分,操作方便,可减少对硬膜的过度牵引,避免使损伤加重,也便于对神经根的完全减压,有利于提高疗效。

以往一些患者术后疗效欠佳或恢复工作后再度复发,忽视术后治疗为其失败原因之一。本组病例十分注重术后治疗。全部病例在手术后当日开始应用脱水剂、中药,并于第四日开始直腿抬高活动,以便早日吸收瘀血、水肿,避免神经根通道因新的创伤,重新形成疤痕粘连而导致再次狭窄。

另一方面,髓核摘除后椎间隙需经历一个愈合过程,所以一段时间内仍需限制腰部活动,避免重劳动及剧烈活动。

### 参 考 文 献

1. 陆欲朴,等. 腰椎间盘突出症再次手术治疗. 中华骨科杂志 1991; (2):81.
2. 张格. 腰椎骨标本椎管横断面研究及腰椎椎管的X线测量. 中华骨科杂志 1985; (1):9.
3. 李子荣. 腰椎管侧隐窝狭窄症. 国外医学·外科分册 1985; (3):131.
4. 叶启杉. 脊柱外科新手术. 北京协和医院出版, 1991.

### 书 讯

由李宜谋、沈志祥担任主编,经中国中医药出版社出版的《中医推拿治疗软组织损伤学》(中英文对照)一书,预计1993年印刷发行,全书约30万字,图文并茂。主要内容是运用中医推拿的独特手法治疗常见和多发的软组织损伤疾病,如颈肩腰腿疼痛。该书对从事骨伤科工作者是很好的学习参考书,对初学中医推拿者是一本很适用的教科书,供国内外爱好中医骨伤科学者学习。本书为16开本,现估价每册18元(含邮费)。预订者请邮汇款到:100015 北京针灸骨伤学院 骨伤系 张文同志收。

## Abstracts of Original Articles

### Anti-inflammatory action of Gu Yan Ling

Yuan Qing-lu (袁青禄) et al

*Luoyang Senior Medical School, Henan Province (471003)*

Gu Yan Ling is a compound preparation composed of *Rhizoma Coptidis* et al Chinese herbs. Experiments indicated that Gu Yan Ling had evident inhibiting actions on mice agar-induced swelling of the tarso-metatarsal region, rat formalin-induced ankle joint swelon and proliferation of cotton granulosis as well as increasing of vascular permeability of the rat skin induced by histamine.

**Key Words** Gu Yan Ling, inflammation, pathology

(Original article on page 5 )

### Pathological changes of rat tendon and muscle in experimental Bi-syndrome

Lu Ai-ping (吕爱平) et al

*Institute of Basic Medical Science, China Academy of Traditional Chinese Medicine (100700)*

The pathological changes of rat tendon and muscle in experimental Bi-syndrome indicated that there were invading of fat tissue and micro-vessels at the junction of the tendon and muscle, complete rupture of tendon and muscle fibres, derangement of the tendon fibres at the juncture of tendon and bone.

**Key Words** Musculo-skeletal system, Bi-syndrome, animal experimental pathology

(Original article on page 7 )

### Clinical study on lumbar intervertebral disc protrusion complicated with lumbar nerve passage stenosis

Cai Yong-nian (蔡永年) et al

*Zhejiang Traditional Chinese Medicinal College (310000)*

Clinical analysis on 78 cases of lumbar intervertebral disc protrusion complicated with lumbar nerve passage stenosis was made and it was found that lumbar nerve passage stenosis mostly appeared at the lateral recess region and less on the space between disc and ligamentum and least in the intervertebral foramina. clinically apart from typical sciatica, there were symptoms and signs of nerve root damage. The therapeutic measure was mainly based on operation.

**Key Words** Lumbar intervertebral disc protrusion, stenosis of the nerve root canal, case report

(Original article on page 15 )

**Preparation, management and follow-up observation on chemonucleolysis**

Zhang Xiao-yang (张晓阳) et al

Shanghai Xu Hui Distract Central Hospital (200032)

More than one thousand and three hundred cases of lumbar intervertebral disc protrusion were treated with chemonucleolysis and a rate of excellency and fairness of 81.9% was obtained. The indications of chemonucleolysis, the point of injection by help of imaging examination, application of adjuvant drug pre-treatment and follow-up observations and management after chemonucleolysis etc. were introduced.

**Key Words** Chemonucleolysis, radiodiagnosis, preoperative medication

(Original article on page 13 )

**Assessment of patellar fracture treated with the patellar holder**

Jin Hong-bin (金鸿宾) et al

Tianjin Hospital (300211)

Five hundred and twenty-eight cases of various types of patellar fracture were treated with patellar holder and with a rate of excellency and fairness being 97%. The apparatus bears the advantages of no incision on the skin and joint capsule, without any more damage on the soft tissues, facility for fracture-healing, reduction and fixation. Biomechanical measurement proved that it could maintain an enhanced fixation.

**Key Words** Patellar holder, external fixation, integration of traditional Chinese and western therapeutic methods

(Original article on page 22 )

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**启 事**

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