

胫腓骨下1/3陈旧性骨折骨板 滑移植骨治疗分析

杭州市红十字会医院 (310004) 毕大卫 李宝庆 戚元隼 王占升

摘要 采用改良式骨板滑移植骨术加复位固定器外固定治疗陈旧性胫腓骨下1/3骨折21例。治疗结果优良率占90.3%。较传统的植骨加长腿石膏固定疗法有明显的优越性。

关键词 胫腓骨骨折 植骨术 骨折固定术

我们对21例陈旧性胫腓骨骨折患者采用骨板滑移植骨术加外固定疗法,取得了满意的疗效,现报告如下。

临床资料

一般资料: 21例中,男17例,女4例;年龄最大45岁,最小16岁;致伤原因:挤压伤10例,坠落伤4例,车祸伤7例;横断型14例,粉碎型3例,斜型及螺旋型4例,14例为开放性骨折,7例为闭合骨折;形成畸形愈合者4例,延迟愈合、不愈合者17例。

治疗方法

局部感染甚至形成骨髓炎者入院后首先进行中西医结合抗感染、抗骨髓炎治疗,待病灶控制并且稳定后才考虑手术。如有松动的内固定,则根据情况,先去除内固定,再行第二次手术或在手术中一次性拆除。

手术方法: 连续硬膜外麻醉,平卧位,常规消毒铺巾后,在小腿前外侧做纵行直切口约长25cm,两端分别达踝上和胫骨结节下,切开筋膜分离软组织。在胫骨前内侧面将骨膜做“L”型切开,以骨膜剥离器剥开骨膜。切除骨折周围的纤维化疤痕组织,以咬骨钳咬除硬化的骨折端,钻通髓腔使两骨折端准确对合,以三爪持骨钳临时固定后,以平凿做滑移骨板印迹,沿着印迹依次钻孔,然后以骨刀沿这些骨孔凿取骨板。骨板上端达胫骨结节,取出近端骨板后,在胫骨结节腔内取适量松质骨,将近段长骨板旋转滑移到远段骨槽中去,短骨板

旋转放至近骨折段槽中,然后用4~6枚螺丝钉将骨板固定在主骨上,并将胫骨节腔内取出的松质骨填在骨折端和骨折周围,冲洗伤口,逐层缝合,术毕,即刻安置外固定架。分别在胫骨结节和外踝上3~4cm向胫骨钻入2mm克氏针各1枚,要求与膝踝关节面平行。然后,安置复位固定器外固定架,调整合适后拧紧各螺母,将2支撑杆螺母稍加压,以免克氏针左右滑动引起针眼感染。再酌情安置压板,注意压板下安置软垫,加压时要适中,以防皮肤褥疮。一般在手术后1周内即可扶拐下地行走,以后根据X片骨痂生长和患肢肌力,踏力,局部症状等情况,考虑扶单拐或去拐。

治疗结果

本组21例患者全部愈合,最短愈合时间为7周,最长愈合时间为19周,平均临床愈合10.5周,随访时间最短16个月,最长23个月,除1例患者愈合后不久出国,无法随访,其余20例均得到随访。无1例继发感染(包括伤口和针眼)和再骨折,膝关节功能仅1例受限,踝关节功能仅2例轻度受限,后遗患肢轻度局部疼痛者3例。根据1975年“全国中西医结合治疗骨折经验交流座谈会”疗效标准评定,优良率占90.3%;尚可占7.8%;差占1.9%。

讨论

1. 我们在控制感染,正确复位,去除异物和硬化骨折端的前提下,采用骨板滑移植骨术,就地取胫骨结节松质骨作骨折局部填塞以

加速连接,然后行小腿复位外固定器作支撑作用,明显提高了疗效,缩短了疗程,减轻了患者的痛苦。本组病例优良率达到90.3%,较传统的植骨加长腿石膏固定疗法有明显的优越性。

2.在骨板滑移植骨的同时,在滑移槽的胫骨结节内取松质骨条要比取髌骨松质骨条方便得多。避免增加手术切口,其治疗效果完全相同。而本组中无1例因胫骨结节取松质骨后而发生再骨折。传统观念认为,如是胫腓骨双骨折,往往胫骨发生不愈合,而腓骨骨折往往愈合快,对胫骨骨折愈合起了一个不利的支撑作

用,故主张胫骨滑移植骨前先切除1~2cm腓骨,但我们发现在腓骨完整的情况下胫骨干骨折的延迟愈合率并不增加,所以我们不主张切除腓骨。

3.北京孟和氏复位固定器以中西医结合为指导思想,它集中体现了动静结合、内外兼治、筋骨并重的治疗原则,有效地应用使克氏针的轴向牵引力和压缩力,弧形压板的局部压力等外固定力与肌肉舒缩的内在动力的有机结合,构成几何学稳定的力学系统。效果自然良好。

中西医结合治疗老年股骨粗隆间骨折

山东济南市历城区中医医院(250100) 姚学海 刘金玉* 指导 陈宏全

1984年10月~1991年10月,收治粗隆间骨折148例,其中60岁以上114例,采用中西医结合方法治疗,取得较好效果,报告如下。

一般资料

本组114例中男27例,女87例;年龄60~93岁,平均74.41岁;农民109例,干部和工人5例;受伤至就诊时间2~72小时113例,30天1例;合并伤计轻度脑外伤2例,克雷氏骨折3例,多发肋骨骨折1例,肱骨外科颈骨折和腰椎压缩骨折各2例;并存病计高血压23例,冠心病31例,肺心病8例,脑动脉硬化2例,偏瘫7例,坐骨神经痛6例,骨质疏松症2例,糖尿病4例;同患两种并存病者20例,同患3种并存病者12例,患并存病总例数71例,占62.28%。骨折类型:按Evans分类法,稳定型48例,非稳定型66例。

治疗方法

1.闭合整复:对无明显移位者,不必整复,只待牵引;对有移位和髓内翻者行闭合手法整复,争取一次成功。整复方法:患者仰卧局麻或给镇静剂,一助手把住腋窝,另一助手握住踝部对抗牵引,边牵引边调整力线,纠

正外旋畸形;术者立于病人患侧,一手抓住绕过大腿上端的布带向外上牵拉,待外旋畸形纠正后,用另一手向内下方推按大粗隆上端,测量双侧髌前上棘至内踝尖等长,即复位。

2.牵引:双下肢均外展30°,足端床腿垫高25cm;稳定型及高龄体弱患者用皮肤平行牵引(对胶布过敏者改用塑料泡沫牵引器具);非稳定型患者将患肢置布朗氏架上行胫骨结节骨牵引。健侧足端床头置一木制足蹬架供患者自行调整牵引位置。

重量和时间:皮肤牵引开始2周取1/10体重,第3周减至2~4kg维持;骨牵引开始2周取1/8~1/7体重,第3周减至1/10体重,第5周改皮肤牵引2~4kg维持;第7、8周分别除去牵引,于外展中立位床上功能锻炼;一周后在超膝外展板保护下负重。

3.药物治疗:均按中医骨折分期结合并存病及全身情况辨证内服中药。

(1)早期:伤后2周内,以活血祛瘀、消肿止痛为主,用复元活血汤加减。

* 山东济南市历城区人民医院董家分院

Abstract of Original Articles

Experimental study and Clinical observation on the mechanism of steroid induced ischemic necrosis of the femoral head

Wang Kun-zheng (王坤正) et al

Second Affiliated Hospital of Xien University of Medical Science (710004)

Sixty-four Japanese White rabbits were randomly divided into two groups: Hydrocortisone acetate of 8mg/kg were injected

Hypodermically to the experimental group and normal saline 0.32mg/kg to the control group in the same way every week. The results showed that application of the steroid drug could produce fat degeneration and necrosis of osteocytes and fat embolism in the small blood vessels of the femoral head. The abnormal hypertrophied fat cells in the bone marrow compressed small veins in the femoral head to cause blood stasis of the capillaries. The growth and regeneration of the capillary were inhibited.

Clinically, 109 cases of steroid induced ischemic necrosis of femoral head were treated with repair of deformed head, filling cancellous bone into the necrotic area and grafting fibula with anastomosis of blood vessels. Followed up studies from 1-10 years postoperatively showed that the excellent and good rate was 86.6%.

key words Femoral head necrosis, hydrocortisone acetate, pathology

(Original article on page 5)

Influence of plasma B-endorphin, cAMP, cGMP and PGE2 contents during finger pressure manipulation in treating waist-leg pain

Jiang Hong (姜宏) et al

Suzhou Hospital of traditional Chinese medicine, Jiangsu Province (215003)

RIA method was applied to determine the amount of plasma P-endorphin, cAMP, cGMP and PGE2 pre- and posttreatment in 64 cases waist-leg pain patients treated with finger pressure manipulation on acupoints. The results showed that during the instant of releasing of waist pain there was evident of raising of plasma P-endorphin ($p < 0.05$) in the markedly effective group, but there was no definite change ($p < 0.05$) of cAMP, cGMP and PGE2 contents. It is considered that the analgesic effect of manipulation is probably due to selective activity of endo-analgesic system of the organism in promoting increasing of P-endorphin.

Key words Finger pressure manipulation radioimmunoassay (RIA), waist-leg pain

(Original article on page 8)

Vertebral type of cervical spondylosis treated with traditional Chinese medicine

Wang Hui (王惠) et al

Institute of Orthopaedics & Traumatology, Hubei Academy of Traditional Chinese Medicine(430074)

One hundred and seventy-five cases of vertebral type of cervical spondylosis were treated by comprehensive therapy of Chinese herbs, Zhi xuan Tang and manipulation with satisfactory results. The total effective rate was 99.4%. The Chinese herbs were modified by Bu Yang Huan Wu Tang and Dao Tan Tang. It bears the action of invigorating Qi and activating blood circulation, eliminating of phlegm and removing stasis, relieving muscular spasm and tranquilizing the mind. Manipulation of lifting, shifting and rotating shaking Yao methods on the neck were applied.

Key words Vertebral type of cervical spondylosis, traditional Chinese medicinal therapeutic method

(Original article on page 10)

Analysis of chronic lower third tibia-fibula fracture treated with sliding bone-plate transplantation method

Bi Da-wei (毕大卫) et al

The Red Cross Hospital, Hangzhou(310004)

Twenty-one cases of chronic lower third tibia-fibula fracture were treated with modified boneplate sliding transplantation method and external fixator. The results showed that an excellent and good rate was 90.3%. It is superior than traditional transplantation plus long leg plaster of paris fixation.

Key words Fracture of tibia and fibula, bone transplantation, fracture fixator

(Original article on page 12)

Adjustable balancing traction fixator in treating unstable fracture of the tibia and fibula

Jiang Ming-xuan (姜明轩) et al

Tianjin Hospital (300211)

Sixty five cases of unstable fracture of the tibia and fibula were treated with adjustable balancing traction fixator. The results showed that all were healed, average clinical healing time being 8.4 weeks. The recovery of the function of knee and ankle joints within three months was around 98%. The rate of excellent and good was 92.3%.

Key words Adjustable balancing traction fixator. fracture of the tibia and fibula

(Original article on page 19)