经验交流

中西医结合及髓内固定治疗股骨干骨折

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摘 要 通过中西医结合及髓内固定治疗 365 例股骨干骨折,并对两种疗法进行了对比分析和探讨,以便能更好地掌握这两种方法对股骨干骨折的治疗。

关键词 股骨干骨折 中医药疗法 骨折固定术,髓内

自 1979~1992 年,我院收住股骨干骨折 患者中,以中西医结合方法治疗 197 例,应用 體内针固定治疗 168 例,现将两种治疗方法比 较分析,报告如下。

临床资料

在 365 例中,男 228 例,女 77 例,年龄 3~15 岁 114 例,16~74 岁 251 例。

骨折类型及治疗方法:

骨折部位、类型	部		位		类	型	
治疗方法	上	中	下	横	斜	螺	粉
牵引 197	57	48	92	62	54	38	43
髓 内固定 168	51	86	31	73	41	33	21

治疗方法

- 1. 牵引、复位、小夹板外固定治疗:皮牵引治疗 42 例,包括陈旧性骨折 16 例(6 岁以下占 36 例)。骨牵引治疗 155 例。两者采用麻醉下手法复位、小夹板外固定后置托马氏架或布朗氏架,按骨折部位所需摆好体位。采用滑动式牵引,经常调整力线。
- 2. 髓内固定治疗:V型针治疗42例,梅花针内固定104例,Ender氏针治疗22例。前两者采用大腿外侧切口入路,后者在透视下穿针16例,采用骨折端外侧小切口髁部进针6例。陈旧性骨折26例均采用梅花针治疗。三种骨折疗法在大斜型或螺旋型骨折中,都辅加钢丝或螺丝钉固定,轻、中粉碎型者也辅加以上固定。术后患肢置放垫枕或支架两周,并锻炼膝关节及肌肉等。手术时间在3~10天,平均6.5

天。

治疗结果

1. 临床愈合及住院时间:牵引组:新鲜骨折 181 例,平均临床愈合时间 51 天,住院时间 平均 46 天,陈旧性骨折愈合时间为 70 天。髓内固定组:新鲜骨折 142 例,平均临床愈合时间为 53 天,住院时间为 26 天。陈旧性骨折 26 例,平均愈合时间为 67 天。

2. 并发症:

- (1)中西医结合治疗组:骨筋膜室综合症 2 例(截肢 1 例),静脉炎 4 例(静脉栓塞截肢 1 例),脂肪栓塞 4 例(死亡 1 例),畸形愈合 5 例。大多数病人在出院时患肢膝关节功能屈相 差 40~50°。
- (2)髓内固定组:V型针弯畸形愈合 3 例, 浅表感染 1 例,梅花针浅表感染 1 例。术后旋 转畸形 2 例(下 1/3 骨折)。无骨不连及延迟愈 合。脂肪栓塞术后发生 1 例。Ender 氏钉术后 膝外翻 1 例。90%病人在出院时,患肢膝关节 屈伸功能接近正常。

3. 开放骨折:

髓内固定治疗 8 例,牵引治疗 23 例,无一例并发深部感染,均达到骨性愈合。平均临床愈合时间为 60 天。

讨 论

中西医结合治疗组适应于严重粉碎性骨折,多段粉碎骨折,开放性骨折,婴幼儿、儿童、青少年骨折,严重复合伤的暂时制动或固定,严重内脏疾病及老弱病残不能耐受手术者。但有时畸形愈合,膝关节功能障碍是其缺点。髓

内固定组对 15 岁以上者均适应,缺点是有时 肢体短缩,旋转畸形。V 型针抗弯力差易卡壳, 偶有针弯畸形。

按中西医结合治疗时,麻醉后在透视下闭合复位,小夹板固定;置放于牵引架后,使中上 1/3 外展、中下 1/3 中立并屈曲位;选股骨髁上或胫骨结节牵引;利用牵引弓或克氏针倾斜角调整骨折内外成角,确保牵引力线与股骨力线一致;利用小腿高低或大腿托布松紧调整骨折前后成角。

中西医结合治疗该骨折并发症的防治:骨筋膜室综合症:临床很难见到大腿骨筋膜室综合症的发生。但大腿肿胀使静脉回流缓慢,加上小夹板或皮牵引的外在压迫,严重地影响了小腿血循环,使小腿软组织肿胀,若小腿软组织也有不同程度的损伤,即可导致骨筋膜室综合症发生。故大腿骨折应注意小腿软组织情况。本组有1例因发现较晚而截肢,另1例及时解除了夹板、对小腿软组织及时减压后保存了肢体。

患肢静脉炎:外力使软组织挫伤,不同程度的累及了浅深静脉;伤肢不愿活动或活动明显减少,加上外固定的外力压迫,导致静脉回流受阻,组织渗出及软组织肿胀等影响了血液循环及淋巴回流,久而久之可产生静脉炎或静脉栓塞。本组发生 4 例,其中 1 例因广泛静脉栓塞而截肢。我们体会:肿胀明显者,在牵引复位后应迟上小夹板 3~5 天,除抬高患肢及鼓励病人活动肌肉外,应辅以丹参(一般口服、重者静滴)等中西药活血化瘀,可改善微循环,对

静脉炎有较好的防治作用,对骨折愈合也有促进作用。

脂肪栓塞综合症:本组病例显示该并发症 牵引高于髓内针固定组。其中3例发生在多发 骨折病人。对于复合伤和多发骨折病人应及早 行髓内固定。

畸形愈合和膝关节功能:本组有 5 例成角畸形愈合(均在 20~30°),主要因牵引力线、夹板等不当,或病人欠配合和床头拍片不及时造成。我们认为只要注意以上几点,可以避免其发生;若每周拍床头 X 线片一次,更便于指导治疗。当发现畸形、骨痂尚未牢固,可在麻醉下手法矫正并调整力线以延长牵引。牵引治疗中,患肢小腿屈伸活动仅有一定的范围,加上股四头肌在骨折端有一定的粘连,故较易引起膝关节僵硬,尤以成人为多。青少年以下病人因骨折愈合快,可塑性强,以中西医结合治疗较为理想。

髓内固定并发症问题:由于 V 型针抗弯力差,易卡壳等不足,我们对此已很少使用。髓内固定本组有两例浅表感染,与清创不彻底是否有关。针弯畸形多因过早负重所致,临床愈合后要根据 X 线情况,逐渐增加活动或弃拐行走。膝关节僵直较少见,这与早期活动及活动范围较大有关。肢体短缩。旋转畸形仍是髓内固定的一大缺点,尤其在下 1/3 骨折或 I ~ IV 级粉碎骨折易发生。前者因髓腔较松大,后者因骨折端不稳所致。Ender 钉可用 2~4 根,最好两边对称,防止因固定力不均而致侧方成角或旋转畸形。

桡骨干骨折伴肱桡关节脱位一例

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本院最近治疗一例特殊类型的前臂骨折,尚未见明确的命名,现报告如下。

患者男性,52岁,因不慎失跌左手撑地,即感左肘 及前臂疼痛,活动受限。检查发现左肘部及前臂上段肿 胀,肘外侧及桡骨中上段压痛,肘关节及前臂功能障 碍。X 线摄片报告:左桡骨中段粉碎性骨折伴桡骨小头脱位,骨折近远端均向前内方移位,桡骨小头向后方脱位。X 线透视下先整复肱桡关节,然后整复桡骨骨折,石膏托外固定。2 月后拆除外固定,开始功能锻炼,4 个月后复查功能恢复满意。

Abstract of Original Articles

Experimental study on Gu Bao Wan in treating rachitis

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In this article .changes of serum calcium ,phosphorus, alkaline phosphatase, 25—hydroxy—vitamin D3, bone tissue morphology and bone metrology were observed in treating rachitic rats with Chinese medicine Gu Bao Wan pre— and post—treatment and they were compared with Vitamin D3. The results indicated that Gu Bao Wan is effective in the prevention and treatment of rachitis especially it has prominent effects in the elevation of serum calcium.phosphorus, and decreasing of serum alkaline phosphatase and in the promotion of mineralization of osteoid. But it is different from the mechanism of Vitamin D3.

Key Words Rachitis C

Rachitis Gu Bao Wan

Prevention and treatment

(Original article on page 5)

Laboratory study of rotatory manipulation in the treatment of lumbar intervertebral disc protrusion

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The stress changes on posterior lateral edges of L_{4-5} , $L_5 - S_1$ discs and the positional alternates of articular processes of lumbar facet joints were measured while mimicing rotatory manipulations were performed on three spinal specimens from fresh cadavers. The study showed that rotatory manipulation with anterior and lateral flexion allowed a greater range of motion between articular processes of lumbar facet joints than straight rotatory manipulation. There was a sliding movement between articular processes while the spine was rotated. The interarticular space of the right facet joint was increased when the spine rotated to the left and vice versa. The sliding movement between the articular processes can adjust the position of lumbar vertebra. The pressure was increased at the left posterior lateral site of the disc and was decreased at the right posterior lateral site of the disc while the spinal specimen was rotated during flexion to the left and vice versa. Negative pressure would be changed to positive at the end stage of rotatory manipulation. Such kind of repeated changes of pressure will change the position and shape of the protruded nucleus, and modification of the pressure on the nerve root would be happened.

Key Words

Lumbar intervertebral disc protrusion

Manipulation therapy

Biomchanics

(Original article on page 7)

Experimental study on the influence of anti-bending force of the femur of senile rats with Fu Fang Wu Ming Yi Chong Ji

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Thirty—two twelve months old senile rats were divided randomly into four groups with eight in each group. Subjects in the experimental group were feeded with food and Fu Fang Wu Ming Yi Chong Ji (pyrolusite diluent, Chong Ji). The subjects in control group were feeded with food only. All of them were sacrified at 18—month old. Bending destroyed load and thickness of femoral cortex were measured. The results indicated that the bending destroyed load of both sex of the rats and average cortex thickness were prominently higher than the control group (p<0.05—0.01). In both experimental and control group, the bending destroyed load of male rats was prominently higher than that of female one's (p<0.01). This indicates that Chong Ji bears the action of prevention and delaying onset and developing of osteopo—rosis. In the same age group, bone loss of female rats are relatively evidently than that of male ones.

Key Words

Osteoporosis

Wu Ming Yi Chong Ji

Biomechanics

(Original article on page 10)

Integration of traditional Chinese and modern medicine and intramedullary treatment of fracture of femoral shaft

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Three hundred and sixty five cases of fracture of femoral shaft were treated with integration of traditional Chinese and modern medicine. A comparative analysis and exploration of these two methods were carried on in order to better application in the treatment of fracture of femoral shaft.

Key Words Fracture of femoral shaft Traditional Chinese medicinal therapy
Fixation of fracture, intramedullary

(Original article on page 12)

Enhanced clamp fixator in the treatment of fracture of olecranon

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Two hundred and ten cases of fracture of olecranon were treated with enhanced clamp fixator. There were a rate of anatomical or near anatomical reduction of 97.6% after a follow—up period from three months to eight years. It is realized that the instrument can be used in any type of fracture of olecranon, the key point is to select suitable fixating point based on different types of fracture.

Key Words Fracture of olecranon Enhanced clamp fixator Fracture fixator
(Original article on page 21)