

中西医结合治疗胫腓骨开放性骨折 82 例

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摘要 对 82 例胫腓骨开放性骨折,采用中西医结合治疗收到良好效果。治疗中主张在彻底清创的基础上使开放性骨折变为闭合性骨折。外固定时要求患者呈坐位,让伤肢自然下垂悬空,利用肢体的垂直重力作用使骨折正确复位,再根据具体情况进行有效的外固定,少用内固定。在用药方面,根据骨折治疗的不同时期采用中西药结合的辨证论治。同时强调早期进行功能锻炼。

关键词 胫腓骨骨折 中西医结合

本文就我院 1982 年至 1992 年用中西医结合治疗胫腓骨开放性骨折 82 例,现报告如下。

临床资料

82 例中男 64 例,女 18 例;年龄 8 岁~68 岁;致伤原因,车祸 48 例,机械或泥石压伤 17 例,高处坠落伤 9 例,其它 8 例;中上段骨折 11 例,中段骨折 23 例,中下段骨折 44 例,多段骨折 4 例;骨折类型:胫腓骨双骨折 6 例,单纯胫骨骨折 48 例,胫腓骨粉碎性骨折 22 例,其它如螺旋骨折 5 例,横形骨折 3 例,长斜形骨折 3 例,纵形骨折 1 例;均为开放性骨折。

治疗方法

本组 82 例,各类伤口都进行了彻底清创,把开放性骨折通过缝合修补软组织变为闭合性骨折,不使骨外露。病人取坐位,患肢与地面自然垂直悬空,利用下肢的重力作用有利于复位。复位时一助手握住膝关节,另一助手握住踝关节,二助手同时慢慢上下对抗牵引使胫腓骨拉成垂直位,术者用双手拇指沿着小腿前缘皮下胫骨嵴,双手其余 4 指如抱住小腿似的手势,慢慢按压触摸,如有移位,骨折片使其复位,复位后手感胫骨嵴已连续在同一直线上,使小腿呈功能位。然后根据不同骨折类型和创面情况分别采用下列外固定:手法复位后用小夹板或石膏外固定。

跟骨结节牵引外加小夹板外固定 12 例(对不稳定性有成角畸形性骨折,通过跟骨结节牵引的重力使骨折复位),切开复位普通钢板内固定术 3 例(用于估计骨折复位后极不稳定型骨折或软组织挫伤面积过大,不能用外固定者)。以上治疗结果见表。另外,皮肤感染 17 例,经换药植皮后愈合。内固定后并发骨感染 1 例,经再次清创换药后延期愈合,其余临床愈合时间多在

30~55 天之间。

骨折固定方法	例数	平均住院日	初生骨痂出现最早时间(天)
小夹板、石膏外固定	67	34.2	15
跟骨结节牵引小夹板外固定	12	41.1	28
普通钢板内固定	3	35	32

讨论

骨折的复位固定必须在伤口进行彻底清创的基础上,把开放性骨折经缝合修补后变为闭合性骨折,消灭骨组织外露。在清创后除用普通钢板内固定者在手术台上固定外,其余外固定患者应取坐位,使伤肢与地面自然垂直悬空,有助于骨折的对位对线。对不稳定骨折或软组织挫伤严重的骨折,考虑到固定后的稳定性及创面换药、植皮需要,可采用超膝关节和踝关节的短腿管型石膏。如果稳定性骨折(如胫骨中段骨折)或管型石膏固定后,骨痂已生长,肿胀消退,创面已愈合可用杉树皮小夹板外固定,这便于膝、踝关节的早期活动。对粉碎性骨折和不稳定性骨折可采用跟骨结节牵引。

运用中西医结合辨证论治。本组病例用药从病情和治疗的整体出发,如骨折早期用复元活血汤,中期用和营止痛汤,后期用补中益气汤等,继以补肾壮骨,通利关节,加速骨折愈合。

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Abstract of Original Articles

Observation of the rabbit tibial interfragmental gap in vivo by light guide fiber method

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In this article, changes of the healing process of rabbit tibial interfragmental gap treated with small splints and intramedullary nail fixation were observed. Through light guide fiber method, image pattern analysis measurements and radiographic analysis of the callus, the results showed that the mean value of fracture interfragmental gap decreased along with increasing of the time. There are also correlation between the tendency of changes of fracture and post-fracture time and burden of the limb ($p < 0.01$). Roentgenogram showed that the fractures were healed by the external bridge callus across the fracture site at sixth week. The results suggested that longitudinal displacement within $0.33 \pm 0.17 - 0.95 \pm 0.43$ mm of the experimental rabbit tibial fracture ends can facilitate bone healing.

Key words Fracture healing Fracture end gap Light guide fiber method Rabbit

Phagocytic function and heterogenicitic motive studies of surface wound healing

—Studies on the mechanism of Wei Nong Zhang Rou(2)

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Rabbit infected surface wound models were prepared. Wound exudation and surface wound cells were collected with modified Schilling stainless steel tube embedded in the hypoderm. The surface wound cells were stained with Wright-Giemsa stains. It was found that number of macrocytes(M) increased during process of the surface wound healing in external application of Chinese drug group, besides the wandering macrocytes were more than permanent ones. The differences were significant statistically. Through histochemical staining, there were very significant difference of the acid-phosphatase (AcP) and sugar metabolic rate-limiting succinate dehydrogenase (SDH) between surface wound healing and control group. It is suggested that external application of Chinese medicine can activate surface wound cells and elevate intracellular enzymic activity. It plays an important role in promoting surface wound healing.

Key words Surface wound healing Macrocytes Acid phosphatase Succinate dehydrogenase

A comparison between two kinds of internal fixation in treating fracture of patella

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Fifty-three cases of fracture of patella were treated with coarse silk thread cerclage internal fixation in 39 cases, and tension steel wire internal fixation in 14 cases. Three months postoperatively showed that the former was superior than the later. It is because in later group tail of the Kirschner pin brought a touching pain postoperatively, so recovery of the function was generally slower than the

former group. It is suggested that in the treatment of fracture of patellar the former method was first choice.

Key words Fracture of patellar Internal fixation of fracture Clinical study

Eighty-two cases of open tibio-fibular fracture treated with integration of traditional Chinese and modern medicine

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Better results were obtained in the treatment of **82** cases of open tibio-fibular fracture treated with integration of traditional Chinese and modern medicine. It is advised to let the open fracture becoming closed fracture after through debridement. During external fixation the patient kept in sitting position, let the affected limb hanging naturally in order to reduce the fracture ends in position correctly by means of gravity, then correct external fixation was applied instead of internal fixation. Application of drugs according to differentiation of symptom-complex in different stages and early functional exercises were emphasized.

Key words Fracture of tibia and fibula Integration of traditional Chinese and modern medicine

Compressive fracture of thoracic and lumbar vertebrae treated with buttock-shoulder style of training

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In this article, a kind of new functional exercise was introduced in the treatment of compressive fracture of thoracic and lumbar vertebrae. Twenty eight cases were treated. After a follow-up study of **3-41** months, satisfactory results were found in **24** cases. The characteristics of the exercise are small amplitude of movement, easy to be carried on, they were well accepted by middle and senile patients. The difference between the method and traditional therapy was introduced.

An analysis of reoperated cases following replacement of the femoral head in senile

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Twenty-nine reoperated cases following failure of replacement of the femoral head have been performed from March of **1979** to Feb. of **1992**. Regarding the main causes of reoperation, inappropriate between the head and acetabulum and loosening of the prosthesis; secondly breaking of prosthesis, infection and dislocation etc. were also mentioned. Prophylactic measures were suggested.

Key words Artificial femoral head Neck-shaft angle of the femur Anterior incline angle of the femur