

外固定

锁骨骨折复位固定器治疗锁骨骨折 39 例

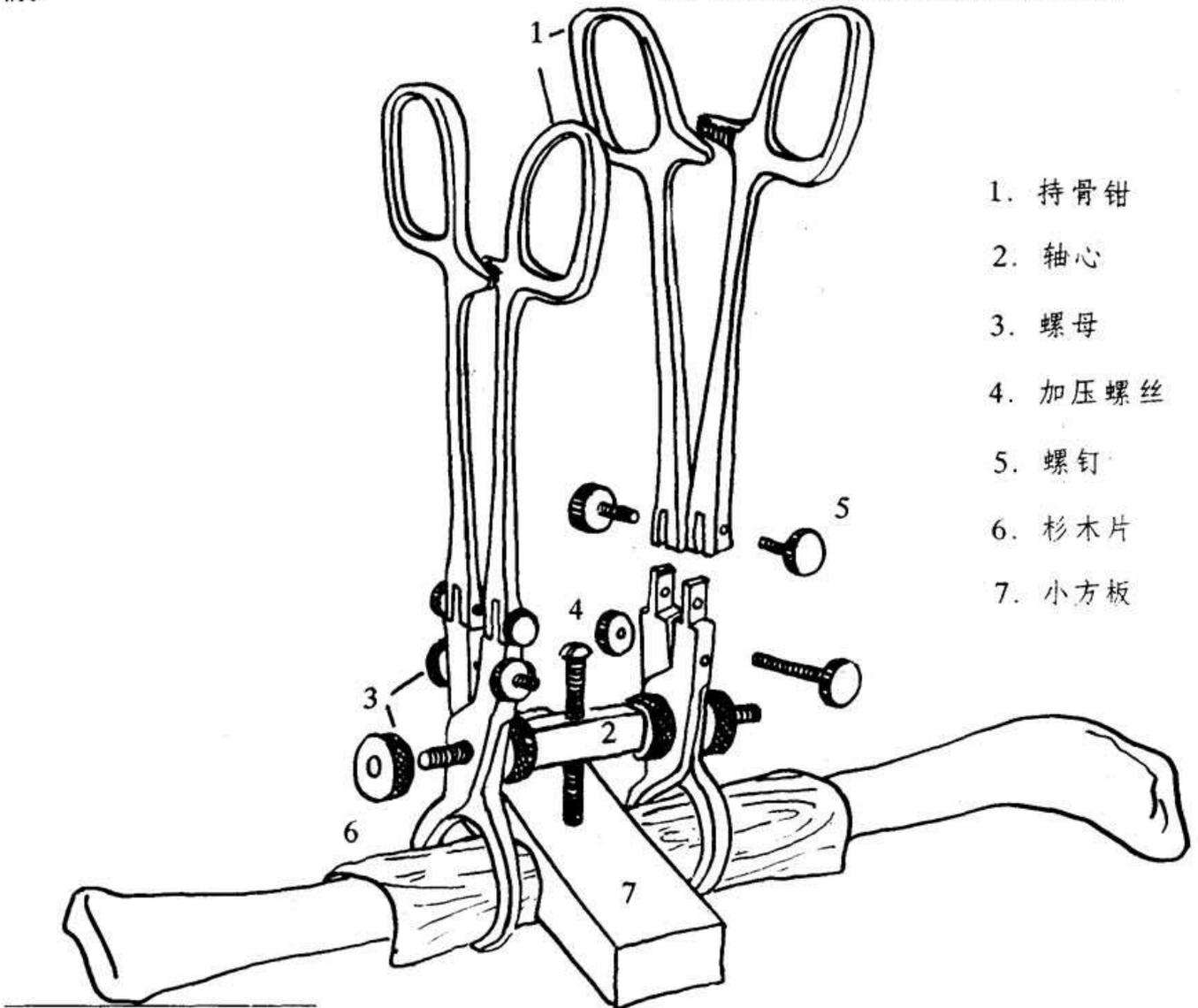
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自 1984 年以来,我们用自行设计的复位固定器治疗锁骨骨折 39 例,报告如下。

器械结构及操作

1. 器械:结构(如图)。持骨钳 2 把(分嘴和柄两部分,柄可解脱);6cm 长轴心 1 枚;套在轴心上螺母 4 枚,用于固定持骨钳及调节两钳在轴心上之距离,杉木片和有槽小方板各 1 块,交叉成十字夹板;在轴心中央有 1 枚活动螺丝,用于加压“十字夹板”协助固定锁骨断端,使器械稳定在胸壁上;钳嘴尾部各有 1 套螺母和螺丝轴用于钳柄解脱后固锁钳嘴;螺钉 4 枚用于固定钳柄。

2. 操作方法:患者平卧位,肩背垫一小枕,行常规消毒铺巾,骨断端行局部麻醉,助手将患者双肩往下压,使骨断端拉开并初步进行整复。术者用一把持骨钳先将下沉侧锁骨断端钳夹拉起,后装上轴心,套上另一把持骨钳,再将另一端断端钳夹。根据患者骨折情况可左右、上下移动钳嘴调整骨断端位置,如有错位再调节轴心上螺母轻轻将钳间距离拉开,确定整复满意后旋紧螺母,固定好钳子,垫上棉垫,逐一套上夹板,旋紧加压螺丝,最后再旋紧钳嘴尾部的螺母,固定好钳嘴,手术结束。术后在经皮入口处缠绕上 75% 酒精棉花。经 X 光透视,见复位满意后解脱钳柄。



临床资料

本组 39 例,男 26 例,女 13 例;年龄 16~69 岁;中外 1/3 处骨折 18 例,中段骨折 8 例,外 1/3 处骨折 13 例;横断骨折 12 例,斜行骨折 18 例,粉碎性骨折 9 例(其中开放性骨折 1 例);错位 20 例,轻度移位 5 例,明显移位 14 例,受伤后 2~4 天施术 38 例,13 天后施术 1 例。于 X 光下见手术失败的 2 例(1 例骨断端重度移位,因断端嵌入软组织,断端不能靠拢,经手术切开证实,改为克氏针内固定治疗。1 例为重度粉碎性骨折,钳夹后因一侧断端撕裂,不能起固定作用,改用其它方法治疗)。另有 1 例为开放性骨折,术后 5 天发现皮肤伤口感染,坏死,改用它法治疗。余 36 例在术后 4~6 周解除器械,查骨折处稳定,摄 X 片复查,达解剖复位 8 例,近解剖复位 26 例,明显移位 1 例,轻度错位 1 例。总优良率达 87.2%。术后 3 个月至 3 年随访,患者均正常下地劳动,检查双锁骨区对称,皮肤表面平整,抽查 X 光片 12 例,骨折处愈合良好,未见畸形愈合。

讨 论

锁骨骨折复位固定器利用锁骨较凸出体表,肌张力不大,表面较粗糙,骨皮质比一般长骨薄,有利于锐器进行钳夹固定之解剖特点,用 2 把持骨钳经皮直接钳夹两侧锁骨断端,根据患者骨折情况可左右、上下移动钳嘴调整骨断端位置,对错位又可通过轴心上螺母的调节将钳间距离拉开,从而达到准确的复位。然后

通过钳嘴将锁骨断端牢固地固定在器械之轴心上,借助“十字夹板”和加压螺丝的作用将器械稳定在胸壁上。为骨折的愈合创造了有利条件。

该器械操作简便,灵活可调,通过手法及器械的调整骨折断端可达解剖或接近解剖复位的效果。持骨钳能直接钳夹锁骨之断端,机械固定牢固、骨折处稳定患者痛苦小,钳柄解脱后,钳嘴短小、穿衣、活动不受影响,通过练功促进早期愈合,由于创口小而浅不易感染,愈合后外形美观而受患者欢迎。

本法治疗注意点:(1)在操作中钳夹锁骨断端时应钳夹其柱状切面 2/3 以上处,防钳夹过深损伤锁骨下神经、血管及胸膜。本组病例无发生上述并发症。(2)手术后应经常检查螺旋的松紧度。防器械松脱及夹板压迫过紧导致皮肤组织坏死。(3)在钳夹锁骨断端时应力求靠近断端,双侧着力点对称,以加强骨折断端稳定性,提高疗效。(4)合并手臂麻木或桡动脉搏动异常为本疗法禁忌症。对较严重的粉碎性骨折及开放性骨折一般不宜采用此法治疗。在操作中,断端不能靠拢,疑有软组织嵌入的也应改用其它方法治疗。(5)本法仅适于 3~4 天内新鲜骨折,10 余天后,因骨断端有新鲜纤维骨痂形成,断端难于靠拢,达不到满意的复位。

(本文承蒙福州市骨科研究所陈天肖审阅,深表谢意)

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旋后复位外固定治疗 Colles 骨折 38 例

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自 1990 年 2 月~1992 年 4 月间,应用旋后复位外固定的方法治疗 Colles 骨折病人 35 例,计 38 只患腕,随访结果提示优良率为 90%。现将具体方法及体会报告如下:

临床资料

本组病例 35 例,其中 3 例为双侧骨折,共计为 38 只患腕,均为新鲜骨折。左侧 18 例,右侧 20 例;年龄最大 79 岁,最小 17 岁;女性 24 例计 26 只患腕,男性 11 例计 12 只患腕。随访时间 2~15 个月不等,平均为 5.3 个月。

骨折情况按 Sarmiento 氏的分类法^[1]分为四型。

38 例骨折中 I 型 3 例,II 型 13 例,III 型 7 例,IV 型 15 例。其中合并下尺桡关节脱位者 18 例。

治疗方法

I、III 型骨折者无需行骨折复位,仅将患肢旋后,以短臂石膏托固定腕关节于背伸 30° 位即可。固定时间为 3~4 周。

II、IV 型骨折者须行骨折复位。方法是:患者端坐,患肩自然下垂、屈肘,一助手持前臂上段,术者持患肢之大、小鱼际处,抗力牵引,边牵引边将前臂由骨折后的原始位(多为旋前位)转至旋后位,待感觉有骨折处的滑动感后说明此时骨折重叠已经分开,此时用力

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Abstract of Original Articles

Application of integration of TCM and modern medicine in elevation of operative effect in treating prolapse of lumbar intervertebral disc

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Operative treatment of prolapse of lumbar intervertebral disc is not difficult, but reoperation of part of the cases were carried out due to improper master of indication, incorrect localization, improper operative style or technical fault ect. In elevation of operative therapeutic result, better effects were obtained after proper indication being mastered, applying Chinese herbs postoperatively and early physical exercise being used. One hundred and ten cases were operated, no one case needs reoperation. The rate of excellent and good was 98.1%.

Key words Prolapse of lumbar intervertebral disc Indication of operation Integration of traditional Chinese and modern medicine

An analysis on biomechanics in fixation of fracture of clavicle with steel wire perforating and annular ligating method

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Based on characteristics of anatomy and types of fracture of clavicle, steel wire perforating annular ligating method was designed, i. e. two wholes at one level were perforated on two ends of fractured clavicle, then a diameter of 0.3mm steel wire was passed through them and fixed with annular ligation, And it was compared with Kirschner's pin based on biomechanics. It was realized that the former bears advantages of antiwinding effect and anti-torsion strength. The mechanism of steel wire perforating annular ligating method was discussed.

Key words Steel wire perforating annular ligating method Clavicle

Experimental observation of rabbit osteo myelitis treated with Sheng Ji Xiang Pi Gao chain

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Models of chronic osteo myelitis in bilateral upper epiphyseal end of tibia of the rabbits were treated with debridement of the lesion, then Sheng Ji Xiang Pi Gao chains were implanted in the left bone marrow, the right side served as control. Through gross and pathological slice observation, the results showed that there were less and quick disappearance of blood clot within the marrow, and the granulation grew abundantly and healthy, very less formation of multiple abscesses in the experimental side. The local pus formation as increased on the experimental side, it was most prominent at 5th-10th day. The pus was decreased immediately after removal of the chain, then the wound was healed afterwards.

Key words Sheng Ji Xiang Pi Gao chain Chronic myelitis Rabbit

Motive study of fibrin binding protein in wound healing-Mechanism of Wei Nong Zhang Rou (IV)

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Thirty-two rabbits were selected to make infected wound surface models to observe the motive changes of fibrin binding protein and contents of it at the wound surface, and the influence of external application of Chinese herbs. The results of experiment indicated that there were positive correlation of fibrin binding protein and wound surface healing time, but there were evident negative correlation with wound fibrin. Application of Chinese herbs can elevate prominently in wound surface fibrin, there were significant difference($P < 0.01$) as compared with the control. This suggested that external application of chinese herbs is a good regulation of wound surface fibrin. It can elevate contents of wound surface fibrin, increase local anti-infective and repairing ability of injury and reach the aim of accerelate wound healing.

Key words External application Chinese herb Fibrin binding protein Wound healing

Thirty nine cases of fracture of clavicle treated with fixator

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Thirty nine cases of fracture of clavicle were treated with self-designed fixator with better results. Among them, three cases were failure due to operation and another therapeutic method had to be used. Thirty six cases were discharged at 4th-6th week postoperatively. Among them, 8 cases were reduced anatomically, 16 cases near anatomically, one case had displacement evidently, and one was mild dislocated, with a rate of excellent and good of 89.2%. A follow-up of 3 months to 3years postoperatively were carried out, all cases were healed in good condition. Two bone holding forceps were used to hold the fractured ends of two sides subcutaneously, then moved the forcep according to the position of two ends, regulating the screw to check if any displacement was found to obtain accurate reduction. The fixator was fixed on the chest wall by means of crossed wood splint and pressed-screw action. Due to the instrument is light and small, so it wouldn't influence the patient to wear clothes and action. Exercise was taken to improve healing. It was due to strong fixation, so it offers a googcondition in bone healing.

Key words Fracture of clavicle External fixator External fixation