

年~1 年去除内固定,只在胫骨内髁处局麻下切开一小口,找出钢丝抽出即可。

### 治疗结果

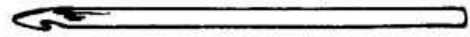
1 年后随访,8 例骨折块均骨性愈合,1 例膝关节伸直较健侧差 15 度,2 例走路久或活动量大时有酸痛感,余 5 例无膝关节疼痛及压痛,关节活动正常。全部 8 例麦氏征、浮髌试验及抽屉试验均阴性,无肌萎缩及关节不稳现象,效果满意。

### 讨论

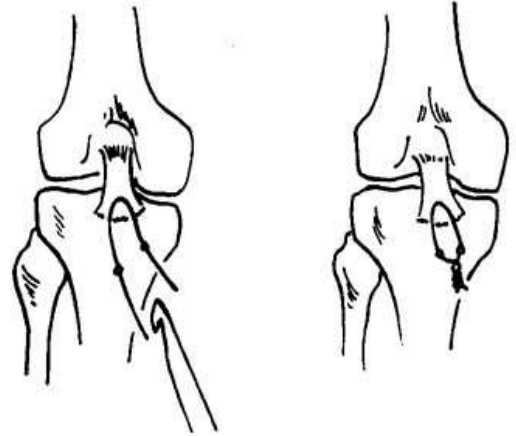
1. 早期诊断问题:该病早期症状不甚突出,甚至关节可活动及负重走路,易延误诊断。早期诊断要点:(1) 如有胫骨髁间前嵴骨折,其肿胀及疼痛较一般扭伤为重,且关节内有积血,可出现浮髌试验(+);(2) 伤后病人有关节松弛失稳现象,(3) 膝关节半屈曲位,胫骨向前牵拉下拍侧位 X 光片可见胫骨向前移位及髁间前嵴随交叉韧带牵拉向后上撬起或移位影像。

2. 损伤机制和分型:受伤时膝关节半屈曲位,小腿外旋或外展使交叉韧带受到严重牵拉,若在成人则发生交叉韧带损伤,在青少年胫骨髁间嵴未完全骨化,对抗张力强度比韧带差。因此韧带牵拉其附着点造成软骨板下松质骨撕裂骨折,拉力重者骨折片随韧带移位。我们根据 X 光片及术中所见分为 III 型:I 型为胫骨髁间前嵴骨折,仅能看到骨折线而且无移位;II 型为骨折片前缘撬起,但后缘仍与胫骨相连,侧位片看似鸟咀状;III 型为骨折片完全与胫骨分离或有移位。

(3) 治疗方法:该病治疗方法较多,无移位者多行保守治疗。对分离移位明显者,有螺丝钉固定或粗丝线



附图 1 自制带钩状克氏针



附图 2 用带钩状克氏针将钢丝两端引出,

抽紧钢丝两端扭紧固定缝合固定等。用螺丝钉固定骨折片,使钉尾在关节内异物偏大,有可能影响功能练习,另外取钉时需再次进入关节。粗丝线固定因其不太结实,在骨折片未愈合前关节活动或磨擦易造成丝线断裂,影响手术效果。本组对 III 型患者的手术治疗,用细钢丝固定,牢靠、确实,不太影响关节活动,取钢丝时在胫骨内髁处切一小口抽出即可,避免再次进入关节,是其优点。另外,对半月板损伤严重者可同时行半月板切除;本组 2 例半月板前角撕裂,均未切除,用丝线缝合修补,这对维持关节的稳定及功能均有益处。 (收稿:1994-09-06)

## 改良的 Stimson 法整复髋关节脱位

西安医科大学第二临床医学院(710004) 史明起 党晓谦 王坤正 王有全

**摘要** 本文报告了 74 例外伤性髋关节后脱位,按作者设计的 Stimson 改良法进行手法复位,取得了满意的临床效果。本文详细地介绍了复位方法,并论述了本法的优点。

**关键词** 外伤性髋关节后脱位 stimson 改良法。

外伤性髋关节后脱位(Traumatic Posterior Dislocation of the Hip 以下简称 TPDH)以往多采用 Allis 法、Bigelow 法和 Stimson 法进行复位,笔者在临床实践中对 Stimosn 法加以改良<sup>[1]</sup>,从 1982 年至今用改良的 Stimson 法治疗 TPDH 患者 74 例,效果显著,报导如下。

### 临床资料

74 例中男 57 例,女 17 例;左髋 31 例,右髋 43 例;农民 29 例,工人 23 例,干部 13 例,学生 9 例;年龄 5 岁~69 岁,其中 5~20 岁 9 例,21~50 岁 54 例,51~69 岁 11 例;伤后就诊时间,24 小时以内 51 例,24~72 小时 21 例,4~6 天 2 例;致伤原因:塌方受压 7 例,高处

坠落伤 3 例, 车祸 64 例; 74 例均为髋关节后脱位, 其中 6 例伴髋臼后缘小块骨折。

### 整复方法

患者俯卧于床上, 患侧平行于床边, 患肢悬垂于床下, 髋关节屈曲约 90°。术者一手紧握患肢小腿踝上部, 使膝关节屈曲至 90°, 同时, 术者膝部压在患肢腘窝稍下方, 逐渐用力下压, 此时踝部为力点, 膝下为支点, 髋部为重点, 形成一个较大的杠杆力。与此同时, 术者另一手向下按压脱位的股骨头, 手腿一起, 稍施力量即可感到或听到一个明确的复位响声和股骨头的滚动感。

单纯 TPDH 手法复位后, 可用皮肤牵引固定患肢于轻度外展位, 约 2 周后疼痛和关节创伤反应即可消退, 逐渐开始髋关节功能锻炼, 待 3~4 周股四头肌和髋部肌力恢复正常后即可扶拐步行, 但 2~3 月内患肢不宜负重, 以免缺血的股骨头因受压而塌陷。伤后每隔 3 个月拍片一次, 证明股骨头血运供给良好, 无股骨头缺血性坏死, 方可弃拐逐步恢复正常活动。

本组有 6 例属 Steoart 和 Milgord 提出分类标准的 I 型, 即髋关节后脱位伴髋臼小块骨折<sup>(2)</sup>。但因骨折片很小, 闭合复位良好, 只是复位术后牵引固定时间延长至 4~6 周。

### 讨 论

传统的 Allis 法和 Bigelow 法多需要麻醉而且尚需

1~2 名助手协助方能完成, 既费时又费力, 病人也比较痛苦。Stimson 法仅靠肢体重力复位, 只适用于老年及体质瘦弱者, 且成功的机会也比较少。对于肌肉发达的中青年患者则更不适用。而改良的 Stimson 法, 在利用肢体重量复位的基础上, 强调用术者的膝下方压在患肢腘窝下方, 同时术者一手向上提拉患肢踝部, 使术者膝下成为支点, 患肢踝部为力点, 髋部为重点, 形成一个较大的杠杆力。同时术者的另一只手向下按压脱位的股骨头, 达到复位的目的。由于符合生物力学原理增加了复位力量, 因此改良的 Stimson 法对于肌肉发达的中青年外伤性髋关节后脱位也同样适用, 扩大了 Stimson 法的应用范围。

本组 74 例外伤性髋关节后脱位, 采用 Stimson 改良法均一次复位成功, 不用任何麻醉, 既省力又不需要助手协助或任何器械, 患者无痛苦又无复位并发症发生, 说明本法是一种值得推广的新方法。

### 参考文献

1. 史明起. 髋关节复位的一种新方法. 中华外科杂志 1983;4:203
2. Steoart MJ Milford. Fracture—dislocation of the hip on end—result study. J Bone Joint Surg (Am) 1954;36:315

(收稿: 1994-09-02)

## 狭窄性腱鞘炎两种疗法比较

中日友好医院(北京 100029) 王桂业 梁立 孟官维 奚达

狭窄性腱鞘炎是一种常见病, 多发病, 包括桡骨茎突腱鞘炎及屈指肌腱鞘炎(扳机指)。1985 年 10 月至今采用针刀药疗法治疗本病 134 例, 用局封治疗 108 例, 取得了不同的治疗效果, 现做临床总结如下。

### 临床资料

疾病确诊后按接受不同的治疗方法分成 A、B 两组。A 组为针刀药治疗组, B 组为局封治疗组。因 B 组病例未能完成治疗者 10 例及失访 28 例, 剩余者 108 例, A 组病例为 134 例。

1. 性别: A 组 134 例中男性 43 例, 女性 91 例; B 组 108 例中男性 35 例, 女性 73 例。

2. 年龄: A 组中 30 岁以下者 4 例, 31~40 岁者 10 例, 41~50 岁者 46 例, 51~60 岁者 57 例, 61~70 岁者 17 例; B 组相应为 5、15、36、46、6 例。

3. 病程: A 组 1~3 月者 5 例, 4~11 月者 47 例, 1

~2 年者 72 例, 2~3 年者 8 例, 3 年以上者 2 例; B 组相应病程分别为 19、46、43、3 例。

### 治疗方法

针刀药组(A 组): 在患者疼痛明显处常规消毒, 盖无菌孔巾, 找出局部疼痛及肿胀明显处为针刀刺入点。在此点用 2% 利多卡因局麻, 再将针刀在此点刺入, 重要一点是针刀的刀口线与肌腱平行刺入达肌腱腱膜外层。顺着肌腱走行, 行纵行切割纤维鞘, 而后横行剥离肌腱腱鞘直到活动患指无弹响, 则为切割成功, 剥离结束后在此处注入 0.3~0.5ml 强的松龙+2% 利多卡因 1ml, 盖上无菌纱布。注意在剥离时医生一定用左手拇指找到腱鞘狭窄处并固定好, 再将针刀直接刺入狭窄处, 予以切割及剥离。这样准确性高, 效果好, 防止因剥离不准确损伤周围正常软组织及关节囊等。防止局部着水及经常作患指屈伸活动, 3 天后取下无菌纱布, 本

## English Abstract

### **Radiographic findings of derangement of atlanto-axial joint**

*Institute of Orthopaedics and Traumatology, China Academy of TCM(100700)*

Based on the radiographic study and analysis of atlanto-axial joint of normal and abnormal, we consider that the derangement of atlanto-axial joint can be diagnosed as: the difference of bilateral distance between the dens and the lateral mass is larger than 1mm, the difference of central sagittal line of dens and atlas is larger than 1mm; there is an abnormal movement of atlanto-axial joint on the X-ray film of open mouth with 15° rotation; and the patient bears the symptoms and signs of cervical spondylosis.

**Key words** Atlanto-axial joint Derangement of atlanto-axial joint X-ray film

(original article page 3)

### **Tension band and circular fixation in treating patellar fracture**

*Second Affiliated Hospital Of Xian University of Medical Science(710004)*

Sixty five cases of fracture of patella were treated with tension band, circular fixation with stainless steel and circular fixation with silk thread, the average rate of excellent and good being 91.52%. In the excellent group, the tension band group was 80%, and the stainless steel and silk thread group being 56% and 56.5% respectively. Due to internal fixation with tension band do not need external fixation with plaster of paris, so it facilitates early knee joint exercise and rehabilitation. The therapeutic efficacy is superior than the other two methods ( $P < 0.05$ ). It requires accurate and fine manipulation during operation. As compared with stainless steel circular fixation, silk thread circular fixation bears the advantage of avoiding another operation for withdrawing of the wire, though their therapeutic effect was in similarity.

**Key words** Fracture of patella Internal fixation

(original article page 5)

### **Clinical observation and animal experimental study on influence of electric effect in**

### **bone remodelling**

*Academy of Science, Hubei Province (050081)*

There is different explanation for the mechanism of the influence of electric effect in bone remodelling. Experimental study was carried on in observation of magnetic field in the influence of bone healing and electric current in bone remodelling. Through clinical observation and animal experiment, it indicates that electric effect can influence bone remodelling and promote bone healing.

**Key words** Electric effect Bone Bone remodelling

(original article page 8)

### **Transplantation of medial head of gastrocnemius muscle in treating old injury of posterior cruciate ligament**

*Guangdong Hospital of TCM, Guangdong College of TCM(510120)*

since 1991, five cases (2 moderate instability, 3 severe instability) of old traumatic posterior cruciate ligament injury were treated with medial 1/3 to 1/2 of medial head of gastrocnemius muscle of the same side. Marked improvement of function (walking, quick working, going upstairs and downstairs, no instability) was found postoperatively, except there was a little bit sensation of instability (during rapid turning round or rapid stopping).

**Key words** Disposition of gastrocnemius muscle posterior cruciate ligament Injury of knee surgical operation Joint ligament

(original article page 10)

### **Treatment of avulsion fracture of tibial spine Luoyang Railway Hospital, Hunan province(471002)**

In this article, 8 cases with an average of 14 years of age suffering avulsion fracture of tibial spine were reported. they were classified into 3 types, two of them were treated with conservative therapy; 6 of them, internal fixation with steel wire. Bony healing nearly normal joint function and satisfactory results were found in

all of these 8 followup cases. Classification and method of operation were introduced. Advantage of the operation, early diagnosis and mechanism of injury were discussed.

**Key words** Tibia Fracture peration  
(original article page 11)

**Improved Stimson's method in treating hip joint dislocation**

*Second College of Medical Science, Xi'an University of Medical Science(710004)*

Seventy four cases of traumatic posterior dislocation of hip joint were reported in this article. Satisfactory clinical results were obtained after treatment with self--designed modified stimson manore duction. Method of reduction was introduced in detail, advantage of it was discussed.

**Key words** Traumatic posterior dislocation of hip joint Modified stimson's method  
(original article page 12)

**Characteristics of protrusion of L5S1 intervertebral disc (An analysis of 86 cases with symptoms and signs, myelogram, MRI, CT scanning**

**and operative findings)**

*General Hospital of Railway Construction Corporation of China(100043)*

Eighty six operated cases of protrusion of lumbar intervertebral disc were reported. Among them, 29 cases (33.72%) were L5S1 level, next to L4, 5. The results show that the lower back pain in L5S1 level is more severe; for Laseque's sign, L5S1 level being  $39.66^{\circ} \pm 18.46^{\circ}$ ; L4, 5,  $49.90^{\circ} \pm 21.37^{\circ}$  ( $P < 0.0284$ ). water soluble myelogram, MRI and CT scanning bear better diagnostic action though there were no difference statistically. But each examination bear their own benefit. There was significant difference between type and degree of two intervertebral disc space ( $P < 0.013$ ,  $P < 0.012$ ) being found in the operation. Lateral or extreme lateral position were found more in cases in level L5S1. It is realized that myelogram is the first choice, MRI or CT scanning should be added in doubtful cases. Lateral recess and nerve root canal should be carefully explored during operation.

**Key words** Protrusion of lumbar intervertebral disc L5S1 level  
(original article page 29)

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