

## 临床论著

## 臀肌挛缩症

安徽中医学院第二附属医院 (230061) 欧良树 刘德春 张学广

**摘要** 本文报道了 18 例 30 侧髋部的臀肌挛缩症, 18 例中单侧 6 例, 双侧 12 例, 其中 5 例无注射史, 13 例有不同程度注射史。18 例均行手术治疗, 4 例术后伤口出现疤痕疙瘩现象。其病理变化是肌肉退化, 变性, 最后纤维化挛缩。关于发病原因, 作者认为除注射之外, 本病可能与先天性肌性斜颈、股四头肌挛缩症一样有其特发的肌挛缩致病因素。

**关键词** 臀肌挛缩症 诊断与治疗

我科自 1984 年以来收治臀肌挛缩症 18 例 30 个髋关节。现对本病的原因, 诊断和治疗提出一些看法。

## 临床资料

本组 18 例中, 男 11 例, 女 7 例; 年龄 4~22 岁, 其中 1 例于生后 8 个月时发现臀部有肿块硬结; 单侧 6 例, 双侧 12 例; 5 例无臀部注射史, 12 例有不同程度臀部注射史。18 例 30 个髋均行手术治疗切除挛缩组织, 术中见臀大肌前缘及臀中肌纤维化, 病变组织色灰, 失去正常肌肉弹性, 与正常肌肉分界不清, 臀中肌纤维与臀大肌及髂胫束粘连, 病理检查肌肉及筋膜均纤维变性。4 例患儿术后伤口出现疤痕疙瘩现象。

## 讨 论

肌肉纤维化不是常见病, 尤其侵犯一块肌肉更为少见, 临床上所见的只有先天性肌性斜颈一种, 而广泛的肌肉纤维化亦往往以多关节挛缩症为主。1961 年 Fairbank 等<sup>[1]</sup>报道四头肌中间肌萎缩病例以来, 散在地区亦有一些报道。1970 年 Devalderrama<sup>[2]</sup>报道 7 例儿童臀肌挛缩, 国内马承宣等<sup>[3]</sup>吴守义等<sup>[4]</sup>陆续有一些报道, 看来这个症候已开始引起大家的注意。

1. 关于发病的原因: 目前仍无统一意见。Devalderrama<sup>[2]</sup>、李承球<sup>[5]</sup>、马承宣等<sup>[3]</sup>均认为此症是注射引起的, 因为发病的区域都在注射的部位, 同胞兄妹中未见类似的情况, 而且并不伴有其他畸形。但是我们认为很难理解为什么每日有几千到几万儿童打针注射, 而发病却

如此稀少, 且有些作者根本否定打针病史。此病在儿童时期发病, 多数为双侧性, 尤其 Fairbank<sup>[1]</sup>报道一对双胞胎同样发病, Shen<sup>[6]</sup>报道 9 例中有 4 对兄妹根本没有打针史, 而且其中 7 例为双侧性。国内许新军等<sup>[7]</sup>报道一例先天对称性臀肌挛缩症, 说明此病似乎与遗传有密切关系。亦有人认为这是一种局限性多关节挛缩症。本组有 4 例术后伤口出现疤痕疙瘩现象, 支持一些人认为本症与过敏体质有关。但我们认为本症与肌性斜颈、股四头肌挛缩症的病理改变非常相似, 可能有某种特发的共同发病原因。这方面的原因尚需更多的临床资料证实。

2. 病理改变: 此病的病理变化主要是肌肉的纤维化, 众人公认此病是肌肉退化、变性、到最后纤维化的过程。其发病的部位有臀大肌、臀大肌筋膜、臀中肌筋膜、阔筋膜张肌等。虽病变范围和病变程度有所不同, 而临床表现则一致, 因此, 这些差异仅仅是一个疾病中可能出现的区别, 它并不影响诊断与治疗。

3. 关于诊断问题: 典型的病例诊断并不困难, 只要适当注意就可以发现。此症多发生在 4~7 岁之间, 虽有报道为 14~22 岁, 而发病仍在儿童时期, 性别差异不大。其临床表现为步态呈双髋外展外旋, 坐时双髋分离, 严重时呈蛙式坐位。检查时双下肢伸直位屈髋仅有 30°~40°, 此后继续屈曲时, 必须将下肢外展外旋才能做到。双下肢绝对不能内收内旋。有人<sup>[4]</sup>称为“下蹲试验”, 意为双下肢中立性患儿蹲不下

去，必须将下肢外展外旋方可蹲下，蹲下后呈蛙式位。臀部检查肌肉萎缩，肌肉中间可摸及束带，纤维条带，肿块或凹陷，尤以在屈髋 30°~70°时上述症状更显。此症常是以一侧病变来门诊就医，但在检查中却发现为双侧性，仅程度不同而已。骨盆 X 线片可提示：髋臼上缘骨质疏松，申通氏线变异，髋关节外缘可见条束状阴影。

4. 关于治疗问题：本症的治疗是需要广泛切除病变组织，至于切断或延长肌腱则应视病变程度而定。切口一般采用后外侧切口，自髂后上棘前开始至大粗隆，以后转向下沿大粗隆后向下延伸 5~7cm。手术探查，病变一般是在臀大肌、臀中肌间筋膜、臀大肌肌腱、臀中肌止点（大粗隆周围）。手术应切除所有影响活动的纤维化组织，使髋关节屈曲、内收、内旋都完全正常为止。术后双下肢中立位皮牵引 7~10 天，下地活动功能锻炼。术后患儿行走步态

稳定，可单腿站立、下蹲，能参加各项体育活动。

**参考文献**

1. Fairbank JJ, et al. Vaseus intermedius contracture in early childhood. J Bone Joint Surg (br), 1961, 43: 326.
2. De Valderrama JAF. A cause of limited flexion and abduction of the hip in the children. J Bone Joint Surg (Br), 1970, 52: 179.
3. 马承宣, 等. 注射性臀大肌挛缩症. 中华外科杂志, 1978, 6: 345.
4. 吴守义, 等. 臀肌挛缩症 3 例报道. 上海医学, 1979, 2: 31.
5. 李承球, 等. 小儿肌肉注射后臀肌挛缩症. 中华小儿外科杂志, 1984, 5: 101.
6. Shen YS. Abduction contracture of the hip in children. J Bone Joint Surg (Br), 1975, 57: 463
7. 许新军, 等. 先天对称性臀部肌肉纤维挛缩一例. 陕西新医药, 1983, 12 (11): 62.

(收稿: 1995-12-20; 修回: 1997-03-28)

**骨盆骨折合并股动脉断裂一例**

山东省烟台市牟平区整骨医院 (264100) 阮洪涛 于洪祥 韩小武

××, 男, 28 岁, 1993 年 7 月 19 日入院。入院前一小时因被铲车挤伤左髋部, 剧痛, 左下肢不能活动, 急诊来院。入院后查体: 神志清, 急性病容。脉搏 105 次/分, 血压 11/8KPa (82. 5/60mm/Hg)。左髋及左股外侧大面积皮下瘀血及皮肤擦伤。骨盆挤压试验阳性。局部压痛。左下肢温度、颜色正常。脚趾活动好。左足背动脉搏动消失, 胭动脉未扪及。仔细触诊左腹股沟区于腹股沟韧带下可扪及股动脉搏动, 但向下约 3cm 处, 股动脉搏动突然消失。比较对侧, 该处股动脉搏动向下延续。左趾甲床毛细血管充盈尚好。腹平软, 左下腹压痛, 右下肢无异常。骨盆平片示: 左耻、坐骨枝粉碎骨折。尿液正常。初诊: 左髋挤压伤, 骨盆骨折; 左股动脉断裂? 补充液体观察 1 小时后, 反复检查左股动脉搏动于腹股沟韧带下 3cm 处突然停止。局部压痛。左足温度较右侧略低。趾甲床毛细血管充盈时间: 2”。临床诊断为股动脉断裂。遂急行股动脉探查术。术中见股动脉于腹股沟韧带下 5cm 处血栓形成, 长约 2. 5cm。剥离外膜见股动脉管壁断裂, 内膜剥离并剥脱, 血栓形成。于显微镜下清创, 对端吻合。术毕足背动脉立刻恢复搏动, 足端及甲床毛细血管充盈明显改善。探查股中

经及股静脉, 未见明显异常。术后屈髋、屈膝制动。下肢无肿胀及感觉异常现象出现, 脚趾活动好。两月后下地扶拐行走。随访 2 年, 左髋、膝关节功能良好, 已恢复正常体力劳动。

**讨论** 骨盆骨折合并股动脉损伤在临床较少见。骨折的局部疼痛、肿胀等因素往往掩盖了动脉损伤早期的症状。临床医师多因此而忽视了动脉损伤的诊断。高位股动脉损伤后, 下肢由于丰富的侧枝循环, 缺血症状 (如疼痛、麻痹及皮温、活动异常等) 早期不明显, 往往待下肢缺血症状明显时, 才注意到股动脉损伤的存在, 但为是已晚。由于肢体组织尤其肌肉缺血超过 4~6 小时后, 即可能发生不可逆性损害, 此时即便手术恢复动脉供血, 肢体也常遗留不同程度的功能损害, 甚而截肢; 或在术中、术后并发再灌注损害而危及生命。本例来诊较快, 由于查体细致, 发现异常后密切观察, 早期明确诊断, 手术果断及时。术中坚持显微镜下“微创”操作, 提高了吻合质量。患肢从伤后到再次通血, 间隔时间仅为 2. 5 个小时, 使肢体得到完全康复, 未留任何后遗症。

(收稿: 1995-07-21)

## Abstract of original Articles

**Contracture of Gluteal Muscles** *Ou Liangshu, Liu Dechun, Zhang Xuiguang. The Second Affiliated Hospital, Anhui College of Traditional Chinese Medicine, Hefei (230061)*

18 patients with contracture of gluteal muscles were reported in this paper. Among them, unilateral in 6 cases and bilateral in 12 cases; 5 cases without history of intragluteal injection and 13 cases with history of intragluteal injection in different extent. All cases were treated with operation, and only 4 cases occurred keloid after operation. The pathological changes were muscular degeneration, atrophy and fibrosis, resulting in contracture. It was considered that, in addition to injection, there might be a special pathogenic factor for gluteal muscle contracture, similar with that of congenital myogenic torticollis and quadriceps contracture.

**Key words** Contracture of gluteal muscles  
Diagnosis and treatment

(Original article on page 3)

**Treatment of Infected Pseudoarthrosis of Long Bone** *Yang Qingjiang, Zang Hu, Li Zhutian. The Third Teaching Hospital, N. Bethune University of Medical Sciences, Changchun (130031)*

Infected pseudoarthrosis of long bone in 34 patients had been treated in our hospital from 1985 to 1995. The therapeutic methods used were the control of infection, the staged debridement, the transposition of fasciocutaneous flap, musculocutaneous flap or arterial skin flap, the bone grafting with autogenous ilium, and the rigid external fixation. 32 cases were followed—up for 1.7 years in average. It was found that all of the grafted bones were healed in 4 to 6 months, noosteomyelitis was recurred in any case, and the function of joints was satisfactory. It was considered that this method is an effective, reliable and simple one for treating infected pseudoarthrosis and thus it is a method of first choice in clinic.

**Key words** Infected pseudoarthrosis  
Debridement Skin flap Bone grafting

(Original article on page 5)

**The Biomechanical Assay and Clinical Application of Unilateral Polyfunctional External Fixation Frame for Treating Femoral Neck Fracture** *Liu Anqing, Wang Kunzheng, Zhang Kaifang, et al. The Second Teaching Hospital of Xi'an Medical University, Xi'an (710004)*

The unilateral polyfunctional external fixation frame, designed for treating femoral neck fracture, was biomechanically assayed with 20 femoral samples from cadavers and applied to treat 128 patients with femoral neck fracture. The clinical data, followed—up for 4 months to 3 years, showed that the fractures were healed within 3 to 9 months in most cases, and nonunion or delayed union in 9 cases (7%) and femoral head necrosis in 19 cases (15%) were happened. The writers considered that a closed steel frame system is formed through fixating the fractured femoral neck and the femoral stem to the external fixation frame with three 4 mm Steinman's pins and screws. The large fixation range improves the ability of fixation and restricts the movement of screw. It converts shearing force into compression force. In addition, closed reduction and percutaneous pinning external fixation are easy to perform and receptive.

**Key words** Femoral neck fracture Percutaneous pinning external fixation Biomechanics

(Original article on page 7)

**Experimental Research on the Mechanism of Jing Zhui Tong for Treating Cervical Spondylopathy** *Zhao Jukai, Chen Qingping, Yan Rong, et al. The 157 Military Hospital, Guangzhou (510510)*

Jing Zhui Tong, with the effect of promoting blood circulation and eliminating stasis, has been applied in this experiment to find out the mechanism in treating cervical spondylopathy. This experiment was performed on rats' hemorheology (A), volume of rabbits' isolated aorta (B), blood flow volume of rabbits' internal carotid artery (C) and dogs' vertebral artery (D), and microcirculation of rats' mesentery (E). The effect of Jing Zhui Tong was compared with that of Jing Fu Kang and Fufang Danshen. The results showed that the