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经皮克氏针撬拨整复陈旧性肱骨大结节骨折 1 例

戴法瑞

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患者男性, 36岁。因左肩部外伤后左肩关节外展功能障碍 32 天入院。查体: 左侧冈上窝部凹陷, 左肩关节活动无力, 尤以外展活动为著, 被动活动受限伴肩外侧疼痛。X 线片示左肱骨大结节撕脱性骨折, 骨折块被拉至肩峰下。诊断明确后即在 X 线电视下行骨折撬拨复位, 具体操作如下:

患者仰卧于 X 线透视台上, 颈丛麻醉后, 沿肩峰外缘进针, 插入被拉至肩峰下的骨折块, 然后进行撬拨松动骨折块。骨折块松动后, 一方面外展外旋上臂, 另一方面用插入的克氏针将撕脱的大结节骨折块向下推移, 使其逐渐复位。复位满意后, 即用撬拨的这一克氏针钉入复位后的骨折线对侧 4cm, 另取一克氏针经皮与第一针交叉钉入。针尾皮外保留 1.5cm 处剪断, 末端折弯, 无菌纱布复盖。用三角巾悬挂伤肩, 主动逐渐进行手、腕、肘及肩关节的活动锻炼。6 周后 X 线片示骨折线消失, 拔出克氏针。对肩部萎缩的肌肉辅以按摩治疗。1 个月后, 伤肩能主动外展, 且能抗阻力, 关节活动功能基本恢复正常。

体会 肱骨大结节为肩袖 (冈上肌、冈下肌、小圆肌) 的抵止点, 有移位的单纯大结节骨折多系因受肩袖牵拉而产生的撕脱性骨折, 骨折块较小, 多被拉至肩峰下。如若不整复则肩袖失去止点, 肌肉失去功能, 日久则发生冈上、冈下肌废用性萎缩, 严重影响肩部外展功能。同时, 骨折块移位阻碍关节活动。这种类型骨折手法整复困难, 一般主张采用切开复位内固定。但由于肱骨头的关节面大部分包围在关节囊、韧带和肌肉之间, 切开复位内固定对肩部软组织损伤较大, 容易产生粘连, 造成关节强直, 影响活动。采用经皮克氏针撬拨复位内固定治疗, 同样达到了切开复位内固定的目的, 且方法简单, 创伤小, 避免了手术的后遗症, 对关节功能恢复有利, 不失为一种好的治疗方法。

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