

- [16] Akbarnia BA. Transpedicular posterolateral decompression in spinal fracture and tumors. In: Bridwell KH, Dewald RL. The text-book of spinal surgery [M]. 2nd Edition. Philadelphia: Lippincott-Raven, 1997: 1925-1934.
- [17] 李晶, 吕国华, 王冰, 等. 胸腰椎骨折脱位伤椎固定的可行性研究[J]. 中华骨科杂志, 2005, 25(5): 293-296.  
Li J, Lü GH, Wang B, et al. Posterior operation for thoracolumbar spinal fracture and dislocation complicated with longitudinal ligaments and intervertebral disc rupture [J]. Zhonghua Gu Ke Za Zhi, 2005, 25(5): 293-296. Chinese.
- [18] 吴卫平, 楼列名, 史永振, 等. 经骨折椎椎弓根直接复位固定治疗胸腰椎爆裂性骨折[J]. 中华创伤骨科杂志, 2006, 8(9): 838-842.  
Wu WP, Lou LM, Shi YZ, et al. Treatment of thoracolumbar burst fractures with direct reduction and fixation through the pedicle of fractured vertebra [J]. Zhonghua Chuang Shang Gu Ke Za Zhi, 2006, 8(9): 838-842. Chinese.
- [19] 曾至立, 程黎明, 钱列, 等. 单侧伤椎置钉联合短节段椎弓根螺钉内固定治疗轻中度不稳定性胸腰椎骨折[J]. 中华外科杂志, 2012, 50(3): 234-237.  
Zeng ZL, Cheng LM, Qian L, et al. Unilateral pedicle screw fixation through the pedicle of fractured vertebra in combination with the short segment of pedicle screw in the treatment of thoracolumbar fracture of mild to moderate instability [J]. Zhonghua Wai Ke Za Zhi, 2012, 50(3): 234-237. Chinese.
- [20] Vacaro AR, Lim MR, Hurlbert RJ, et al. Surgical decision making for unstable thoracolumbar spine injuries: results of a consensus panel review by the Spine Trauma Study Group [J]. J Spinal Disord Tech, 2006, 19(1): 1-10.
- [21] 林达生, 郭林新, 丁真奇, 等. 椎旁肌间隙入路经伤椎椎弓根植骨内固定治疗胸腰椎骨折[J]. 中华外科杂志, 2011, 49(2): 125-129.  
Lin DS, Guo LX, Ding ZQ, et al. Transpedicular intracorporeal hydroxyapatite grafting and pedicle screw fixation via paraspinous approach for thoracolumbar fractures [J]. Zhonghua Wai Ke Za Zhi, 2011, 49(2): 125-129. Chinese.

(收稿日期: 2013-09-06 本文编辑: 王宏)

## · 病例报告 ·

## 髋关节无症状滑膜软骨瘤病 1 例

郭滢, 金合, 周举贵

(延庆中医院, 北京 102100)

关键词 软骨瘤病, 滑膜; 髋关节; 病例报告

DOI: 10.3969/j.issn.1003-0034.2014.05.011

Asymptomatic hip joint synovial chondromatosis: a case report GUO Ying, JIN He, and ZHOU Ju-gui. Yanqing TCM Hospital, Beijing 102100, China

KEYWORDS Chondromatosis, synovial; Hip joint; Case reports

Zhongguo Gu Shang/China J Orthop Trauma, 2014, 27(5): 399-400 www.zggszz.com

患者, 男, 72 岁。1 个月前发现右腹股沟有一肿物, 无疼痛及其他不适, X 线片检查: 髋关节及周围见大量大小不等的结节状类圆形高密度影(图 1a)。B 超示: 右髋关节内及周围软组织囊性包块伴多发钙化。考虑“右髋滑膜软骨瘤病”收入院, 入院后查体: 右髋皮肤完整, 局部无红肿, 皮温不高。右腹股沟区可触及由外上向内下 5 cm×8 cm 呈倒置梨形的可复性肿物, 肿物进入阴囊, 平卧位时压住内环口处, 嘱患者站立, 肿物不再出现, 松开手后复现, 外环口松动, 嘱患者咳嗽时有冲击感。平卧位右髋内侧可触及多个大小约 2 cm×3 cm 椭圆形囊性肿物, 触之坚硬, 无异常血管搏动, 与周围组织无明显粘连, 局部压痛(-), 右髋活动无受限, “4”字试验阴性, 右髋 CT 检查示: 右髋关节囊内可见多发大小不一结节状类圆形高密度影, 未见明显关节积液, 右股骨头可见多发囊状低密度影, 边界清楚, 硬化, 股骨头残余骨质硬化、密度增高, 髋臼处囊性改

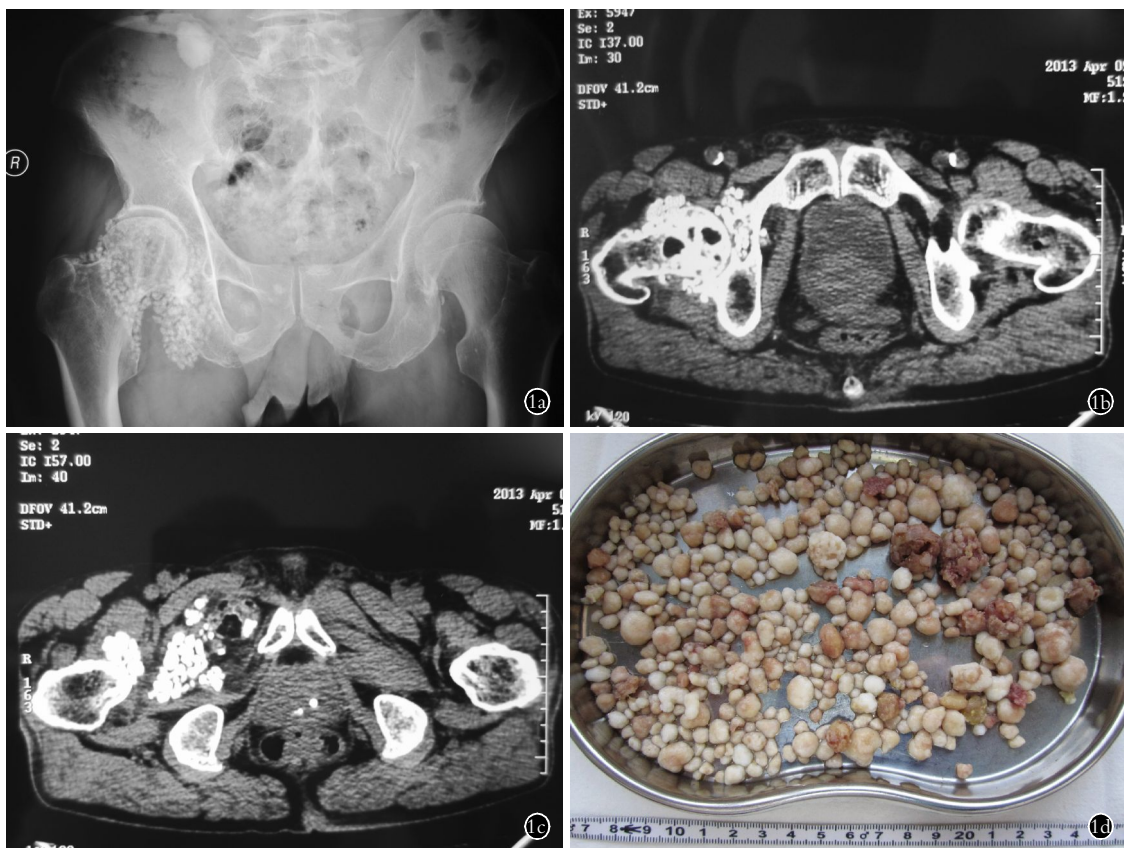
变, 边缘硬化, 关节间隙变窄(图 1b, 1c)耻骨联合右侧可见囊性改变。诊断为右腹股沟斜疝, 右髋滑膜软骨瘤病可能, 双侧股骨头骨内脂肪瘤可能。行右髋游离体及滑膜切除术, 术中见滑膜水肿增厚, 切除滑膜, 见滑膜内包埋有多个游离体, 并由关节囊及周围软组织内取出数百枚直径 0.5~3 cm 大小不等、表面光滑的白色游离体(图 1d)。术中未见游离体累及疝囊, 未同时行右腹股沟斜疝修补术。术后病理诊断为滑膜软骨瘤病, 根据 Milgram 分期为 III 期<sup>[1]</sup>。

## 讨论

原发性滑膜软骨瘤病又称滑膜软骨化生, 是一种罕见的慢性滑膜增殖性疾病, 好发于 30~50 岁男性, 发病率是女性的 2 倍。此病好发于大关节, 尤以膝、髋、肘、肩关节多见, 多为单侧发病。以滑膜上形成软骨结节为特征, 这些软骨小体多呈砂粒状, 多时可达数十个, 可带蒂生长, 向关节腔内突出, 亦可脱落进入关节腔内, 成为游离体, 受关节滑液滋养而逐渐长大, 后期软骨结节可发生钙化或骨化。本病具有早期诊断率低, 临床易误诊, 治愈率低的特点。

通讯作者: 郭滢 E-mail: quanix@126.com

Corresponding author: GUO Ying E-mail: quanix@126.com



**图 1** 患者,男,72 岁,滑膜软骨瘤病 **1a**. 骨盆正位示右髋关节可见多发散在高密度影 **1b,1c**. 右髋 CT 示关节囊内可见多发大小不一结节状类圆形高密度影,右股骨头可见多发囊状低密度影,边界清楚,硬化,股骨头残余骨质硬化、密度增高,耻骨联合右侧可见囊性改变,考虑为右腹股沟斜疝改变 **1d**. 右髋滑膜软骨瘤切除术取出的白色游离体

**Fig.1** A 72-year-old male patient with synovial chondromatosis **1a**. AP pelvic X-ray showed the multiple and scattered high density shadows in right hip joint **1b,1c**. The right hip joint CT scan showed the high density shadows in joint capsule, and the shadows were multiple, nodular, round with different sizes; in right femoral head can find multiple and capsular low density shadows with clear border and hardening; residuary femoral head occurred osteosclerosis with higher density; in right pubic symphysis can find cystic changes and regarded as right oblique inguinal hernia **1d**. The picture of removed synovial chondromatosis with white loose bodies

滑膜软骨瘤病主要表现为关节间歇性疼痛、肿胀、功能受限,活动时关节有摩擦感,少数有关节交锁,体表甚至可触及活动性包块为主要临床症状。本病病因尚不明确,多认为是滑膜化生所致,为化生性疾病,即由纤维母细胞化生为软骨细胞,进而形成软骨小体,脱落则为游离体。MRI 可为本病的早期诊断提供有力依据,也有学者<sup>[2]</sup>认为原发性滑膜软骨瘤病是一种良性的肿瘤。有文献报道有极少数病例可发展为滑膜软骨肉瘤<sup>[3]</sup>或软骨肉瘤<sup>[4]</sup>。游离体在关节囊外的扩散方式,有学者<sup>[5]</sup>认为分别由髂腰肌扩散或闭孔外肌扩散,本例是沿闭孔外肌扩散。目前对于是否切除滑膜的问题也存在较多争议,有学者认为应切除全部滑膜及游离体,也有学者认为如果滑膜外观正常,应保留滑膜组织<sup>[6]</sup>。鉴于本例右侧股骨头内骨内脂肪瘤可能,关节面多发游离体,有全髋关节置换指征,由于患者目前髋关节无疼痛及特殊不适,不同意接受全髋置换手术。故此采用取出游离体,并切除部分水肿增厚滑膜的手术方式。3 个月后,再考虑行右腹股沟斜疝修补术。此例患者以右腹股沟斜疝就诊,无髋关节滑膜软骨瘤病的常见症状,较少见。

**参考文献**

[1] Milgram JM, Dunn EJ. Periarticular chondromas and osteochondro-

mas; a report of three cases[J]. Clin Orthop Res, 1980, 148: 147.  
 [2] Hopyan S, Nadesan P, Yu C, et al. Dysregulation of hedgehog signaling predisposes to synovial chondromatosis[J]. J Pathol, 2005, 206: 143-150.  
 [3] Kenan S, Abdelwahab IF, Klein MJ, et al. Case report 817. Synovial chondrosarcoma secondary to synovial chondromatosis[J]. Skeletal Radiol, 1993, 22: 623.  
 [4] Wuisman PI, Noorda RJ, Jutte PC. Chondrosarcoma secondary to synovial chondromatosis: report of two cases and a review of the literature[J]. Arch Orthop Trauma Surg, 1997, 116(5): 307.  
 [5] Robinson P, White LM, Kandel R. Primary synovial osteochondromatosis of the hip: extracapsular patterns of spread[J]. Skeletal Radiol, 2004, 33(4): 210.  
 [6] 韩纲,王岩,周勇刚,等. 原发性滑膜软骨瘤病 19 例手术治疗及随访[J]. 军医进修学院学报, 2005, 26(5): 385-386.  
 Han G, Wang Y, Zhou YG, et al. Surgical treatment and follow-up for 19 patient with primary synovial chondromatosis[J]. Jun Yi Jin Xue Yuan Xue Bao, 2005, 26(5): 385-386. Chinese.

(收稿日期:2013-11-23 本文编辑:李宜)