腰椎间盘突出症与马尾肿瘤

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摘要　马尾肿瘤与腰椎间盘突出症有许多相似的临床表现，易混淆，作者通过手术证实的17例马尾肿瘤临床分析，总结出本症特点以腰腿痛为显著表现，直腿抬高试验大多阴性，椎旁压痛少，马鞍区感觉减退少于半数，脑脊液蛋白定性阳性，蛋白定量明显升高，脊髓造影显示大杯口充盈缺损，早期X线示椎弓根变扁平，弓根间距增宽少见，不能依赖CT及MRI。一旦马尾肿瘤确诊，手术应尽早施行。

关键词：马尾肿瘤　腰椎间盘突出症　鉴别诊断　手术疗法

自1980年至1992年，我科收治腰椎间盘突出症三千余例，其中马尾肿瘤17例，均经手术病理确认，报告如下。

临床资料

男性13例，女性4例；年龄最小26岁，最大56岁；病程半年至2年6例，2年至4年7例，4年以上4例。

临床表现：均主诉腰腿痛，且多有夜痛为15例，腰部轻度活动受限7例，明显受限2例，下肢肌萎3例，椎旁压痛4例，直腿抬高受限8例，马鞍区感觉障碍9例，排尿功能障碍4例，脑脊液检查，潘氏试验均为阳性，蛋白定量119mg至4600mg，X线平片仅两例有椎弓根变扁，弓根间距增宽。15例CT均报告为腰椎间盘突出症，MRI仅报告两例可能为马尾肿瘤，14例均作碘水造影，均显示大杯口充盈缺损；梗阻部位在椎体后缘水平，L_1平面7例，L_2平面4例，L_4平面3例，S_1平面1例，余两例由CT及MRI确诊为马尾肿瘤。大多数CT及MRI报告均为腰椎间盘膨出，其中3例合并L_{4-5}突出。术后病理报告：神经鞘膜瘤12例，室管膜瘤4例，转移性淋巴肉瘤1例。

讨　论

1.关于早期诊断：马尾肿瘤早期诊断有一定困难，本组病例15/17均诊断为腰椎间盘突出症收入院，仅2例诊断为椎管内占位而入院。本组3/17，合并L_{4-5} L_5-S_1，椎间盘突出症，更易忽略马尾肿瘤。临床上两者均诉腰腿痛，体征也有相似之处，X平片早期无明显异常，仅2例有椎弓根变窄，内缘凹陷，弓根间距增宽。

2.关于鉴别诊断：马尾肿瘤均有夜痛，常有双侧神经根症状，而缺乏椎旁压痛与放射痛，但叩击痛，叩击放射痛可呈阳性。本组脑脊液均呈Froin氏综合症表现，蛋白定性阳性，蛋白定量在119～4600mg，脑脊液不同程度色黄，且有凝集表现。本组15/17例均作造影，并均显示不同平面的杯口状充盈缺损，这种充盈缺损不在椎间隙，而在椎体后缘水平，多数呈不完全梗阻，有部分造影剂通过，造影剂要包括L_1水平。

3.关于马鞍区感觉减退及排尿功能障碍问题：

本组仅有9例有马鞍区不典型痛觉减退，腰突症中有时也存在。而马尾肿瘤是双侧不规则痛觉减退。早期马尾肿瘤大多无明确的马鞍区感觉障碍。马尾肿瘤尿潴留出现较晚，本组排尿功能障碍仅4例。

4.关于CT及MRI检查：在骨科腰椎CT扫描的上界往往起始于$L_{3、4}$而L_3以上平面正是马尾肿瘤好发部位。此处应提高对CT及MRI读片能力。

5.腰椎间盘突出症及马尾肿瘤合并存在：

本组有3例两者并存，有1例在腰椎间盘髓核摘除术后半年经造影才证实L_1水平马尾肿瘤。

6.关于手术方法及预后，本组除一例恶性转移性淋巴肉瘤，其余均作瘤体完全切除。术中均发现有一支马尾神经贯穿，或密贴瘤体表面，可将该支点瘤体上作锐性切断，术后均无明显感觉运动的障碍，即使有小区域感觉障碍也在三个月内恢复，一例恶性，死于术后半年，16例良性，预后佳。

唐容川治血四法在伤科中应用的体会

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唐容川所著《血证论》一书，虽谓专论“血证”，实是阴阳水火气血同论。

唐氏所订治血“四法”对伤科临床亦具有广泛指导意义，现试谈如下。

1. 止血法

止血之法，专为出血而设。凡血离正常循行路线外溢，皆为出血。损伤之证，皆可损伤血脉而引起出血。唐氏认为：创伤出血，乃常人被伤出血，伤初既无偏阴偏阳之病，故其止血不分阴阳。轻者可用凉药桃花散，亦可用温药黑姜灰等外敷加纱布包扎，重者可用“绵帛缠之”加压包扎或指压可止。以上诸法不效，就须“以生丝缕系绝其血脉”之手术缝合法止之。如言内治，因出血之证属实、属热者居多，故清热凉血止血为第一要法，代表方为犀角地黄汤加止血药。如吐咯血可加十灰散；鼻衄多加白茅根；尿血多加大小蓟、蒲黄炭；便血多加地榆炭、槐米；头部损伤出血可加参三七、西琥珀；气血两燔可合白虎汤等等。如出血过多，伴发热、烦燥、口渴、脉洪大而按之如无者，宜用当归补血汤、圣愈汤之属；伴神气不续，手足清冷，脉按如微者，就须用独参汤，参附汤等以补气摄血，固脱回阳。若跌打损伤，未见破皮出血者，唐氏认为：“虽非失血之正病，而其伤损血脉，与失血之理固有可参。”故临床仍须酌情使用止血法。如轻者外敷清热凉血之品，内治当用行瘀止血法，可选用茜草、丹皮、赤芍、生地、丹参等祛瘀凉血止血之品；如离经之血蕴而化热，更进一步灼伤血脉而血出不止者，亦可酌选清热凉血之品配伍应用。重症患者，仍当速用手术探查缝合止血法，以防不测。有以下几点当注意：（1）使用清热凉血剂，须掌握病情发展趋势，中病即止，以防寒凉太过，血寒则凝，至瘀血内停，影响正常血运与新血生成。（2）唐氏曰：“吐衄必以降气，下血所以必升举也。”故上部出血忌用升麻、桔梗等升提药，下部出血忌用厚朴、枳实等沉降药。（3）皮肤破损出血在运用止血法时，要防外邪入侵，当酌情加清热解毒或祛风镇痉药，如用五味消毒饮加减或玉真散之类。

2. 消瘀法

创伤出血，运用止血法后，无论皮肤破否，肌肉、腠理、脉络之间必有离经之血存在。唐氏认为：“无论清凝鲜黑”皆是瘀血，故当“祛瘀为先。”瘀血之证，以实证居多，临床症状必有疼痛，其特点为疼痛不移，刺痛或热痛。伤科临床诊治时，须按创伤瘀血不同部位，辨证论治，具体应用如下：

（1）攻下通腑逐瘀法：适用于损伤后，瘀血蓄积所致阳明腑实证，体实而大便不通，腹痛拒按，不思饮食等。如胸部内伤，宜用桃仁承气汤加减；胁肋部内伤，宜复元活血汤加减；腹部内伤，宜失笑散合鸡鸣散加减；腰部损伤，宜大成汤加减；老年体弱，气血亏损及有宿疾者，宜六仁三生汤（桃仁、杏仁、郁李仁、瓜蒌仁、柏子仁、火麻仁、生香附、生元胡、生枳壳）加减；全身多处内伤，宜血府逐瘀汤合承气汤加减。

（2）行气活血消瘀法：适用于损伤后，内伤气血，外伤筋骨，经隧破损，血离经脉，气血运行障碍，至瘀肿，疼痛而无阳明腑实证者。如伤气偏重，治拟理气止痛为主，佐以活

Abstracts of Original Articles

Experimental study on prolapsed lumbar intervertebral disc treated by Ban Ti manipulation

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Drew on the experience of Nachemson's method, and mimicing Ban Ti manipulation, the changes of nuclear pressure of the intact fresh cadaver were measured in motion. The results of experiment indicated that there were an increasing tendency of the internuclear pressure during the process of manipulation between L_{3-4} and L_{4-5}, and a decreasing of the internuclear pressure between L_5-S_1. The author realized that the Ban Di manipulation couldn't restore the prolapsed nucleus, but it Could probably change the relation between the position of the prolapsed nucleus and the compressed nerve root.

Key words Prolapse of lumbar intervertebral disc Manipulation of bone setting Biomechanics Experimental study

(Original article on page 5)

Experimental study on Shang Tong Yi Cha Ling in treating soft tissue injury

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In this article, observation was made on the animal experimental muscle injury, and proved that Shang Tong Yi Cha Ling bore the effect of alleviation of the degree of muscular necrosis, decreasing the scar. And it explored the mechanism of treating trauma via semi-quantitative analysis of the pathology and plasma fibrinogin contents and pH value of the traumatic muscles.

Key words Shang Tong Yi Cha Ling Soft tissue injury Pharmacology Experimental study

(Original article on page 7)

Biomechanical tests on the adjustment fixator and knee joint functional frame

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Better clinical results had been obtained with the adjustment fixator and knee joint functional frame in treating intercondylar fracture of the femur designed by

the Deparment of Traumatology, Tianjin Hospital. In this Paper, clinical biomechanical measure ments were made, the results indicated that the traction force of the external and internal supporter were 5.5kg and 6.8kg respectively, the pressure force underneath the pressing cushion was about 4.5kg. Results of the motive measurement indicated that the pressure value of all parts bore a fluct uation around 10-20%. It accorded with the theory of elastic fixation of fracture treatment.

Key words Fracture fixator Biomechanics Experimental study

(Original article on page 9)

Prolapsed lumbar intervertebral disc treated with traditional Chinese medicine based on syndrome-differentiation

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In this article, the author applied traditional Chinese medicine with syndrome-differentiation, such as Chinese medication orally as well as external application, combined with pelvic traction in treating 281 cases of prolapsed lumbar intervertebral disc. The results were cured, 96 cases; markedly effective, 178 cases; ineffective, 7 cases; with a total effective rate of 97.4%.

Key words Prolapse of lumbar intervertebral disc traditional Chinese medicinal therapy treated by syndrome-differentiation

(Original article on page 11)

Protrusion of lumbar interveetbral disc and tumor of cauda equina

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There are plenty of similarities among clinical manifestations between tumor of cauda equina and protrusion of lumbar intervetebral disc, so they are easily to be mixed. Through clinical analysis of 17 cases of surgical proved tumor of cauda equina, the author realizes that the ailment has an evident characteristics of waist and leg pain, negative in Laseque's sign, tenderness over the paravertebral space, less than half of them with parasthesia around the saddle area. positive CSF protein content qualitatively, elevation of the protein content quantitatively, a large cup-like defect in the myelography, early X-ray film showed flattening of the pedicle of vertebral arch, rarely there is broadening between the distance within these pedicles. CT scanning and MRI examination can't be relied on. Early operation is recommended.

Key words Tumor of cauda equina Protrusion of lumbar intervertebral disc Differentiatial diagnosis Operative therapy

(Original article on page 28)