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## 中西医结合治疗32例同侧股骨与胫骨干骨折

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内容提要 本文报道采用中西医结合疗法(那骨牵引加手法复位、小夹板固定、早期功能锻炼)治疗同侧股骨与胫骨干骨折 32 例 (33个肢体)。平均临床愈合时间,股骨为 15.4 周、胫骨为12.5周。优良率股骨为62.5%、胫骨为50%。主要合并症:不愈合胫骨1例;成角畸形股骨8例、胫骨7例;短缩畸形≤2 cm股骨3例、≤4 cm胫骨1例;踝关节强直1例;膝关节功能受限8例;死亡1例。

同侧股骨与胫骨干骨折,又称"浮动膝", 治疗既复杂又困难。1973年以来,我院采用中 西医结合疗法,治疗 32 例 (33 个肢体)同侧股 骨与胫骨干骨折,取得较好疗效,现分析讨论 如下。

## 临床资料

- 一、一般资料:本组病例男性23例,女性9例。年龄在15~70岁之间,16~30岁24例,占75%。致伤原因:汽车撞伤18例,机器绞伤7例,砸伤7例。复查时间最短2年零11天,最长9年半。
- 二、骨折部位与类型:股骨上1/3骨折10例,中1/3骨折11例(其中1例为双侧),下1/3骨折4例,髁上骨折6例,多段骨折1例;胫骨上1/3骨折9例,中1/3骨折11例,下1/3骨折11例(其中1例为双侧),多段骨折1例。斜面骨折:股骨7例、胫骨17例。横断骨折:股骨12例(其中1例为双侧),胫骨9例。螺旋骨折:股骨2例,胫骨1例。粉碎骨折:股骨9例,胫骨4例(其中1例为双侧)。多段骨折:股骨4例(其中1例为双侧)。多段骨折:股骨与胫骨41例。
- 三、骨折性质与移位程度:闭合性骨折:股骨 27 例(其中 1 例为双侧),胫骨 20 例。开放性骨折:股骨 5 例,其中 II°损伤 2 例,II°损伤 3 例;胫骨 12 例(其中 1 例为双侧),其中 II°损伤 3 例,II°损伤 10 例。移位程度(本

骨直径): 移位1/2至完全移位者, 股骨 30 例, 胫骨 32 例。

四、早期合并症与合并伤: 休克 6 例, 脂肪栓塞综合征 2 例, 小腿间隔综合征 3 例, 急性肾功能衰竭 1 例。血管损伤 5 例, 骨盆骨折 2 例, 踝部骨折 6 例, 胫骨平台骨折 4 例, 股骨颈骨折及髋脱位各 1 例, 股骨粗隆间骨折 1 例, 腓骨骨折 32 例(其中 1 例为双侧)。膝关节韧带损伤 13 例(其中漏诊 8 例),半月板损伤漏诊 2 例。

## 治疗方法与结果

#### 一、方法

- 1. 早期合并症的治疗: 抗休克治疗 6 例, 抢救脂肪栓塞综合征 2 例, 小腿间隔综合征减 张术 3 例。
- 2.合并伤的治疗: 血管损伤探查修补术 5 例。骨盆骨折行股骨髁上牵引 2 例,踝部骨折 行手术复位小夹板固定 6 例,胫骨平台骨折行 跟骨牵引及手术复位和小夹板固定 4 例,髋脱 位和股骨粗隆间骨折行股骨髁上牵引各 1 例, 股骨颈骨折先行胫骨结节牵引、 2 个月后行三 刃钉内固定 1 例。
- 3. 股骨与胫骨骨折的治疗:闭合性骨折: 股骨行髁上牵引小夹板固定,胫骨行跟骨牵引 小夹板固定 17 例;股骨行髁上牵引小夹板固 定,而胫骨单纯夹板固定 3 例。开放性骨折:

股骨和胫骨先行早期彻底清创,合理的闭合伤口,股骨行髁上牵引,胫骨行跟骨牵引,待伤口愈合后,再行夹板固定,4周去跟骨牵引,4~8周去髁上牵引共5例。股骨行髁上牵引小夹板固定,胫骨行清创跟骨牵引,小腿伤口愈合后夹板固定7例(其中1例为双侧)。

伤后1~2周,作踝关节的背伸蹠屈及股四头肌的收缩,目的是促进肿胀消退,防止肌肉萎缩,预防肌肉粘连。伤后3~4周,可增加全身的自动活动,来带动患肢的关节活动。伤后5~7周,骨折已达临床愈合或接近临床愈合,解除牵引,继续水振过定,直至临床愈合,方可下地锻炼。

二、结果: 1 例因無管损伤虽经手术修补,结果失败,引起足及小腿缺血性坏死,先行截肢,后引起急性肾功能衰竭,抢救无效而死亡。早期合并症均治愈。除 1 例股骨颈骨折不愈合外,其他骨折均愈合,2 例时踝骨折对位差。股骨和胫骨骨折的治疗结果:除 1 例胫骨不愈合外,其它均愈合。平均临床愈合时间:股骨为 15.4 周,胫骨为 12.5 周。晚期合并症:不愈合:胫骨 1 例;延迟愈合:股骨 6 例,胫骨 7 例;成角畸形:>10°<20°股骨 6 例、胫骨 7 例;成角畸形:>10°<20°股骨 6 例、胫骨 3 例,>20°股骨 2 例;感染 6 例;短缩畸形:≪1cm股骨和胫骨各 1 例,≪20m股骨 3 例,≪4cm胫骨 1 例;踝关节强直 1 例,膝关节功能受限 8 例。膝关节韧带损伤13例(其中 8 例 复查时发现),内侧半月板损伤 2 例。

根据1975年全国中西医结合治疗骨折经验交流座谈会<sup>(1)</sup>订的骨折疗效标准评定,优良,股骨 20 例(62.5%), 胫骨 16 例(50%); 尚可: 股骨 7 例(21.8%), 胫骨 12 例(37.5%); 差: 股骨 5 例(15.6%)、胫骨 4 例(12.5%)。

## 讨论

同侧股骨与胫骨骨折是一种严重的损伤, 常常合并其他部位骨折和软组织损伤,这种损 伤能导致或加重早期合并症的发生,如休克、 脂肪栓塞综合征、间隔综合征等。不仅影响骨 折的治疗,且能危及肢体的存活,甚至能导致 死亡。因此,对此类骨折的治疗原则,早期合并症一旦出现,即应作为治疗的重点,全力抢救生命和肢体,伤肢只能暂时制动,待全身情况较为好转,再处理伤口和骨折问题,其结果必然会延误骨折与软组织损伤处理时机,影响晚期疗效。Fraser 报告 222 例股骨与胫骨骨折分,其中早期合并症 8 例(25%)。因此,对早期合并症,必须高度警惕,严密观察,积极预防,早期发现,及时治疗。膝部韧带损伤,易漏诊。Fraser 报告 222 例中<sup>(2)</sup>,膝部韧带损伤 41 例,其中 35 例是晚期发现的。本文 32 例中,膝部韧带损伤 13 例,其中 8 例是晚期发现的。

对同侧股骨与胫骨于骨折的治疗,各家争 论不一。Fraser报道采用内固定及保守疗法(2). 其结果均不理想。本组采用中西医结合疗法, 其优良率股骨为 62.5 %, 胫骨为 50 %。显示 出中西医结合疗法比较优越。本法吸收了中 医、西医的优点,根据下肢的生理解剖特点, 骨折类型、软组织损伤程度,股骨选髁上牵 引,胫骨选跟骨牵引,通过短期牵引,克服因 肌力回缩引起的重迭畸形和成角畸形,然后选 择适当的夹板和纸垫,并通过纸垫压力和布带 的约束力作用,使夹板与骨折部的肢体能紧密 的接触。通过功能锻炼,夹板随着肢体一起 动,利用肌肉活动所产生的内在动力,反复强 化压垫的压力,从面增强固定力。本法强调早 期练功(3)。通过膝踝关节屈伸活动,使它沿着 股骨和胫骨干纵轴进行肌肉收缩和松驰作用, 在骨折两端之间产生-种生理性对向挤压力, 使骨折断端持续接触,紧密嵌插,促进骨痂生 长。本法既起牵引固定作用,又不妨碍肢体的 功能锻炼,符合下肢生物力学原理,亦适合下 肢的生理要求。本法治疗同侧 股 骨 与 胫 骨 骨 折, 其疗效具有一定的优越性。

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Group B was of great significance statistically  $(P \le 0.01)$ , while that between Group D and Group C was not significant  $(P \ge 0.05)$ . It was suggested by the authors that the pathogeny of the disease was dysfunction of pylorus and increased pressure in the duodenum which forced the bile to flow back to the stomach, whereas in the view of Chinese traditional medicine it was due to the function deficiency of the spleen and the stomach, and stagnancy of the liver. Therefore, regulating the liver activity to alleviate the symptoms and invigorating the spleen and the stomach for essence—support should be used as main treatment for this disease. Acupuncture on Tsusanli point also helps to serve these purposes and to dispel the stasis of the liver and wetness of the spleen, by which the health of the patients got greatly improved.

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## Study on Laboratory Finding and Treatment of Rotavirus Caused Infantile Autumn Diarrhea

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The purpose in the study was to compare the sensitivity of monoclonal antibodies (McAb) ELISA with polyacrylamide gel electrophoresis (PAGE), polyclonal antibodies (PcAb) ELISA, and electron microscopy (EM) for the detection of human rotavirus in stools from infants with acute diarrhea. The samples from 52 diarrheal children and 32 normal children were examined, with the results that the positive rate of diarrheal group and normal control by McAb ELISA were 80.8 % (42/52) and 18.8 % (6/32).71.2 % (37/52) and 0 % (0/32) by PAGE, 69.2 % (36/52) and 21.8 % (7/32) by PcAb ELISA respectively. The EM positive rate of diarrheal group was 63.2 % (24/38). The results showed that McAb ELISA was a reliable method for detection of rotavirus in a clinical laboratory. It was suggested that Zhi Xie Ding (北海定) was an effective drug for the treatment of infantile diarrhea caused by rotavirus, the curing period was significantly shortened than the control.

(Original article on page 347)

# Clinical Analysis of Effects of a Combined Therapy of Vernonia anthelmintica and Others on 329 Cases of Vitiligo

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THE Xinjiang Uighur remedy in treating vitiligo is very popular among the Uighur people, and bears great fame for it. Since the Uighur drug Vernonia anthelmintica was transformed into an injection, and was applied together with the nitrogen mustard tincture, sunbathing, and ultraviolet irradiation to 329 cases with the result of 44 (13 %) completely cured, 107 (33 %) improved, 172 (52 %) effective, and 6 (2 %) no effect at all. This comprehensive treatment had an apparently better effect, and thus shortened the course of treatment. In general, the administration of 60 ampoules of Vernonia anthelmintica injections, 10 bottles of nitrogen mustard tincture, 60 days sunbathing (2 ~ 4 hrs / day) will display an evident effect.

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## 32 Cases of Ipsilateral Fractures of Femur and Tibia Treated with TCM-WM

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32 cases of the ipsilateral fractures of femur and tibia were treated with TCM-WM, including skeletal traction, manipulative reduction, immobilization with small splints and early functional exercise. The average time for the clinical union was 15.4 weeks and 12.5 weeks in femur and tibia respectively. The rate of good union was 62.5 % and 50 % respectively. The main complications were non-union of tibia in one case, angulation of femur and tibia in 8 and 7 cases respectively, femur shortening < 2 cm in 3 cases, tibia shortening < 4 cm in one case, stiffness of ankle joint in one case and the limitation of knee joint in 8 cases. One patient died.

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