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闭合复位经皮螺钉固定治疗距骨颈骨折

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Closed reduction and percutaneous screw fixation for talar neck fractures

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摘要 目的 观察闭合复位经皮螺钉内固定治疗距骨颈骨折的临床效果,探讨距骨颈骨折微创治疗的可行性。方法回顾性分析2009年6月至2012年12月利用闭合复位经皮螺钉内固定治疗12例距骨颈骨折患者的病历资料,男10例,女2例;年龄21~52岁,平均34岁;均为单侧骨折,左足5例,右足7例。按照Hawkins分型: I型7例, II型5例。12例患者术前均采用CT评价骨折移位情况、骨折形态、有无碎骨块。对于7例 I型骨折患者直接采用经皮由后向前空心螺钉固定,5例 II型患者经过手法复位后经CT评价复位满意后,采用经皮由后向前空心螺钉固定。术后4、8、12周门诊随访,以后每6个月随访1次。采用美国足与踝关节外科协会(American Orthopaedic Foot and Ankle Society, AOFAS)踝与后足功能评分系统评价踝关节功能。记录随访期间并发症发生情况,如切口裂开、感染、神经血管损伤、距骨体坏死、创伤性关节炎等,并摄正、侧位X线片观察Hawkins征。结果 12例患者均获得完整随访,随访时间22~40个月,平均为34个月。末次随访时12例患者AOFAS评分平均为90分(84~95分)。9例患者术后6~10周出现Hawkins征;1例未出现Hawkins征的患者术后12周行MR检查提示距骨体前内侧少少许坏死,但关节面无塌陷,患者无症状,未行处理;另2例未出现Hawkins征的患者术后12周MR检查提示距骨体无坏死表现。3例患者随访期内经X线片检查提示出现距下关节创伤性关节炎,根据Paley分级标准为1级,但患者无临床症状,至末次随访时均未进一步处理。12例患者术后伤口均愈合,无感染、畸形愈合、神经血管损伤等。结论 闭合复位经皮螺钉内固定治疗距骨颈Hawkins I、II型骨折可取得满意的临床疗效,具有创伤小、并发症少的优点,是一种良好的治疗方法,但须严格掌握手术适应证,准确评价复位质量。

关键词: 距骨 骨折 骨折固定术 内 外科手术 微创性

Abstract: Objective To observe the clinical outcome of closed reduction and percutaneous screw fixation for talar neck fractures, and explore the minimally invasive treatment for talar neck fractures. Methods From June 2009 to December 2012, 12 cases with talar neck fracture were treated by closed reduction and percutaneous screw fixation, including 10 males and 2 females with an average age of 34 years (range, 21-52). All cases are unilateral side, including five cases of left foot and seven cases of right foot. All cases are evaluated the displacement, shape and number of fracture fragments by CT before fixing the fracture. According to Hawkins classification: type I 7 cases, type II 5 cases. Seven patients with type I were used direct percutaneous screw fixation, five patients with type II were treated with closed reduction and subsequent percutaneous screw fixation. The Computed Tomography was used to evaluate the quality of close reduction. The AOFAS (ankle-hindfoot scale) scores was used to evaluation clinical outcome in follow-up, and Computed Tomography was used to evaluate the result of reduction and fixation after operation. Recording Hawkins sign according to X-ray film, recording infection, talar body necrosis, traumatic arthritis and other complications. Results Twelve patients were followed up for an average of 34 months (range, 22-40). At the end of follow-up, the AOFAS scores was average 90 points (range, 84-95). Nine patients showed Hawkins sign 6 to 10 weeks after operation, 2 patients did not find Hawkins sign, but in the follow-up period didn't appear talar body necrosis. One case did not appear Hawkins sign, and who's talar body necrosis was diagnosed by MRI, but no collapse, no pain and did not need further treatment. There patients with postoperative subtalar traumatic arthritis, patients are asymptomatic, at end no further treatment. All patients with no wound

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complications and no neurovascular injury. Conclusion closed reduction and percutaneous screw fixation for talar neck fractures can obtain excellent clinical results, but should be selecting the appropriate patients, and Computed Tomography must be used to ensure satisfactory reduction.

Key words: Talus Fractures, Bone Fracture fixation, internal Surgical procedures, minimally invasive

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