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肩关节脱位

# 关节脱位 DISLOCATION

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# 定义 DEFINITION

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- ◆ 关节面的对合关系发生改变
- ◆ Pairing relation of joint surface changed

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# 分类 CLASSIFICATION



## 原因 cause

创伤性脱位 (traumatic dislocation)

先天性脱位 (congenital dislocation)

病理性脱位 (pathologic dislocation)

复发性脱位 (recurrent dislocation)

## 病程 course of disease (two weeks)

新鲜脱位 (fresh dislocation)

陈旧性脱位 (old dislocation)

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# 病理(PATHOLOGY)

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- ↖ 相应骨折(fracture)
- ↖ 软组织损伤(soft tissue injury)
- ↖ 关节腔血肿(hematoma)
- ↖ 神经血管损伤(nerve and vessel injury)

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# 临床表现和诊断

## Clinical Manifestation and Diagnosis



外伤史 **injury history**

症状 **symptom**

疼痛、肿胀、运动障碍

**pain swelling dysfunction**

体征 **physical sign**

畸形、弹性固定、关节空虚

**deformity elastic fixation joint lack**

影像学 **imageology**

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# 并发症 COMPLICATION



- ✦ 骨折(fracture)
- ✦ 软组织损伤(soft tissue injury)
- ✦ 关节不稳 ( joint instability)
- ✦ 关节僵硬 ( joint stiffness)
- ✦ 骨关节炎 ( osteoarthritis)
- ✦ 异位骨化 (ectopic ossification)

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# 治 疗 TREATMENT

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## 早期复位 reduction

闭合复位：尽可能早 as soon as possible

成功的标志

被动活动正常 normal passive activity

骨性标志恢复 bone mark recover

X线照片证实 X-Ray confirm

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## 闭合复位失败的原因

### Cause of Failed Closed Reduction



- ✦ 麻醉不满意 anaesthesia dissatisfaction
- ✦ 方法不正确 wrong method
- ✦ 软组织嵌入 soft tissue inlay
- ✦ 关节内骨折 intra-articular fracture
- ✦ 陈旧性脱位 old dislocation

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## 开放复位的适应证 Indication of Open Reduction

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- ↖ 关节内骨折 intra-articular fracture
- ↖ 软组织嵌入 soft tissue inlay
- ↖ 陈旧性脱位 old dislocation
- ↖ 闭合复位失败 closed reduction failure

# 治疗 TREATMENT

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妥善固定 **fixation**

时间：2~3周

方法：

石膏 **plaster**

皮牵引 **skin traction**

悬吊 **suspension**

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# 治疗 TREATMENT

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适宜功能锻炼

rehabilitation training

顺序渐进

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# 肩关节脱位

# Shoulder Dislocation

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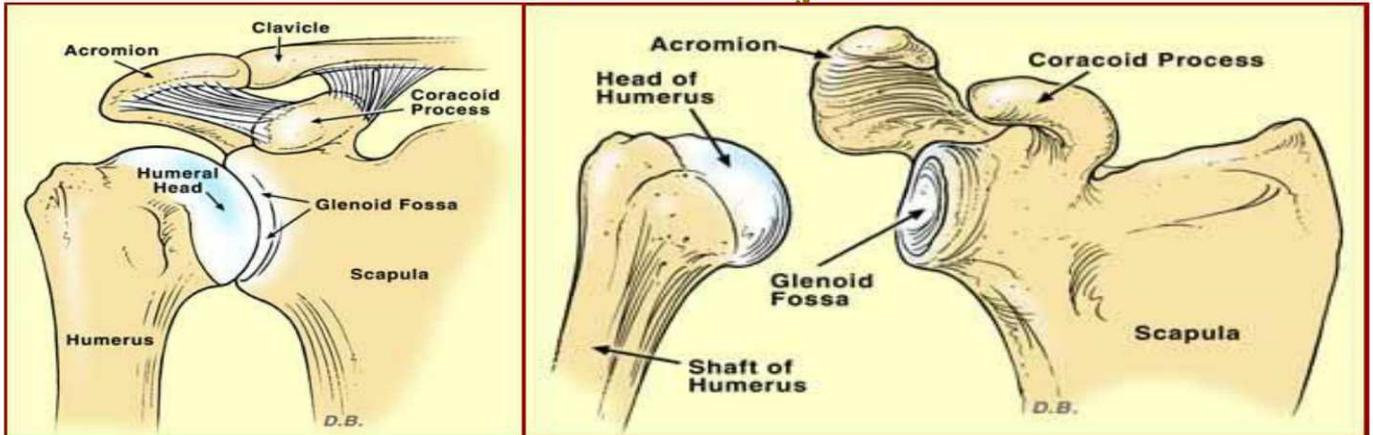
# 解剖概要

## Anatomy Outline



盂肱关节:球窝关节,头为盂的3-4倍

ball-and-socket joint



# 前脱位机制 MECHANISM



✦ 肩脱位占1/2，前脱位占95%

✦ 间接暴力: 外展、外旋、后伸、手掌着地

the arm is pulled or twisted with extreme force in an outward, upward or backward direction.

✦ 直接暴力: 外力作用于肱骨后方所致

a direct forceful blow to the shoulder, a seizure or a severe electric shock

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# 临床表现与诊断

## Clinical Manifestation and Diagnosis



1.病人姿势特殊

special positioning

2.方肩畸形

A distortion in the contour of the shoulder

3.Dugas征阳性 Dugas Sign (+)

4.X线检查 X-ray

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# 治疗 Treatment



## Reduction

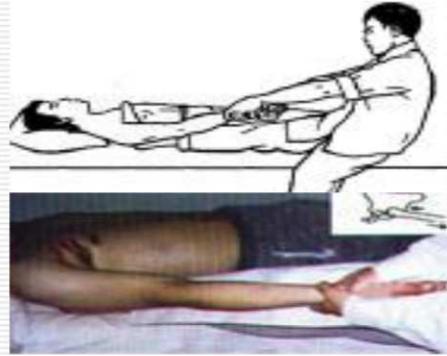
1. Hippocrates法: 牵引 → 内收 → 内旋 Traction → adduction → internally rotated

手牵足蹬法

2. 膝顶法

3. Rocher法

4. Milch法



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# 治疗 Treatment

Fixation



Exercise/Rehabilitaion



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# 肘关节脱位

# ELBOW DISLOCATION

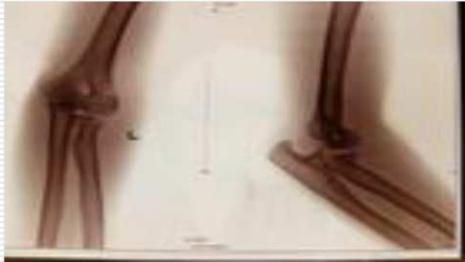
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## 分型 Types

分类: 后脱位、前脱位、桡侧脱位和尺侧脱位

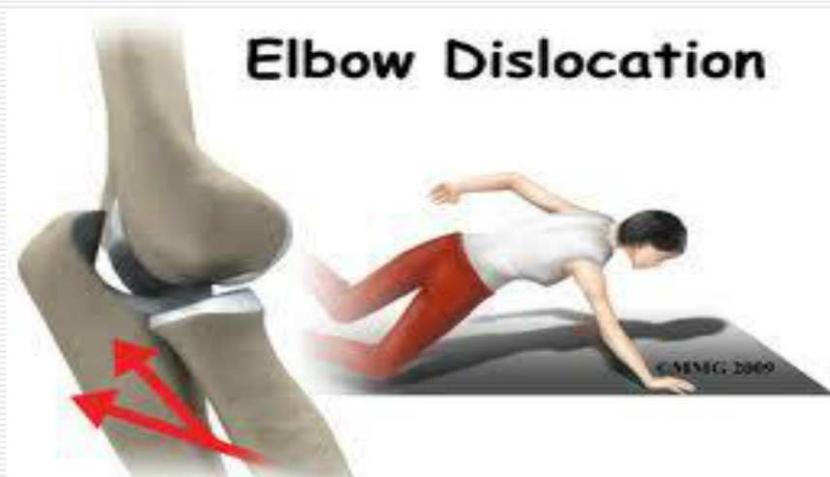


肘关节后脱位  
Posterior elbow  
dislocation



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# 后脱位机制 MECHANISM



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# 临床表现及诊断

## Clinical Manifestation and Diagnosis



肘部明显畸形、肘后三角失去正常关系

**Apparent elbow deformity and loss of normal relations between the posterior triangle of elbow**

肘关节弹性固定于半伸直位 **Elbow flexible fixed in Semi-extended**

肘前方可摸到肱骨远端，肘后可摸到尺骨鹰嘴

**Palpable distal humerus in front of Elbow , palpable olecranon at the back of Elbow**

前臂缩短，肘关节周围增粗

**Forearm shortening, thickening around the elbow joint**

X线检查了解脱位情况 **X-ray**

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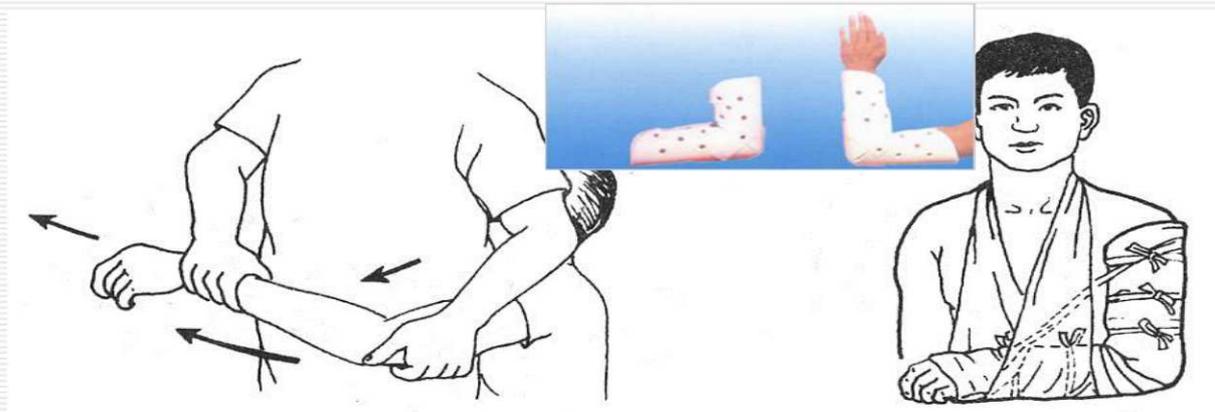
# 治疗 Treatment

## Reduction

麻醉满意后顺原有畸形位方向持续牵引  
先纠正侧方移位, 然后进行复位

During manipulation doctor will apply traction to the forearm while a assistant holds upper arm. Gradually the doctor will flex forearm and at the same pull it upwards, with the assistant applying downward pressure on the arm. The elbow will re-locate and it will be possible to flex it beyond 90 degrees.

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# 桡骨小头半脱位

## Subluxation of capitulum radii

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# MECHANISM

被大人握住其手于前臂旋前位用力向上牵拉时,使桡骨小头从环状韧带前下方脱出或环状韧带向外后方移位。

This disease often occurs when children play games arm-in-arm, and when their parents dress them, or lead them to walk, pulling their forearms with too much force



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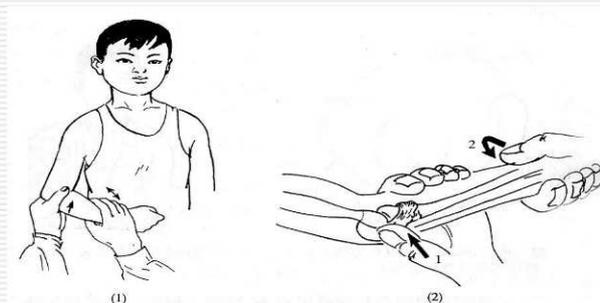


# TREATMENT

屈肘 $90^{\circ}$ ，一手拇指向后向内压迫桡骨小头，另一手稍向远端牵引并作旋后活动，或再将前臂向近端推挤。

$90^{\circ}$  elbow flexion thumb press radial head, the other hand slightly tow and supination

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# 髋关节脱位 Hip dislocation

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# 分型 TYPE

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前脱位 **Anterior dislocation**

后脱位 **Posterior dislocation**

中心脱位 **Central dislocation**

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# 髋关节后脱位 posterior hip dislocations



机制: 多为髋关节屈曲, 内收时间接暴力所致。

**In order to cause a posterior dislocation, a large force is required to strike the flexed knee with the hip flexed, adducted, and internally rotated.**

临床表现: 内收、内旋、屈曲、缩短畸形

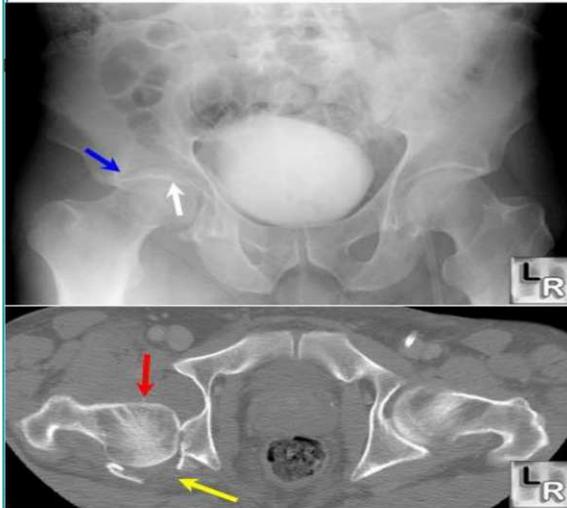
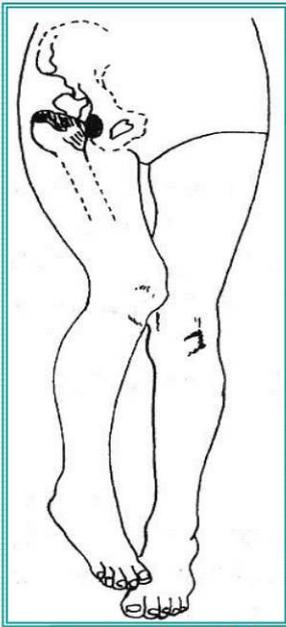
**Adduction, internal rotation, flexion, Shortening deformity**

复位: 麻醉下手法复位

Allis法: 屈髋屈膝各90° → 徐缓用力提拉及外旋 → 复位

- ↖ - knee and hip are flexed to relax the hamstrings in 90° ;
- ↖ - assistant stabilizes the pelvis
- ↖ - pull and external rotation
- ↖ - reduction

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## 髋关节前脱位

# Anterior hip dislocations



机制：过度外展、外旋时，加上外展暴力导致

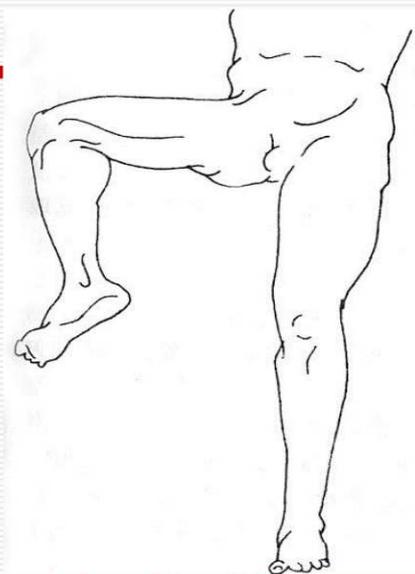
**Excessive abduction, external rotation, combined abduction violence**

临床表现：外展、外旋和屈曲畸形

**abduction, external rotation and flexion deformity**

复位：Allis法

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## 腕关节中心脱

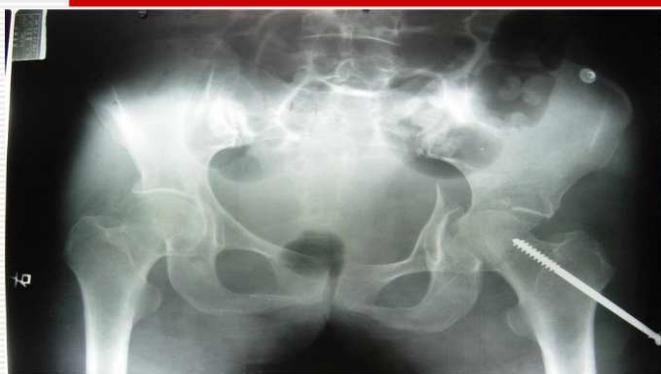
### Central dislocation

机制：髌臼骨折 **Acetabular fracture**

临床表现：肢体短缩 **Limb shortening**

复位：侧方牵引 **Lateral traction**

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## 重点

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- ✦ 关节脱位的特有体征
- ✦ 关节脱位的病理改变与并发症
- ✦ 治疗原则

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## 习 题

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↖ Bankart损伤

↖ Hill-sachs损伤

↖ Dugas征

↖ 肩锁关节脱位（自学）

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# THANKS

