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·畸形与变异·

先天性右侧拇短伸肌腱缺如及功能重建1例

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Congenital absence of right extensor pollicis brevis tendon and its functional reconstruction:a case report

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[关键词]先天性;拇短伸肌;缺如;移位重建;关节半脱位;拇指掌指关节;环指指浅屈肌腱
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拇短伸肌系前臂后群深层肌之一,起自桡、尺骨背面和骨间膜,与外展拇长肌一起越过桡侧伸腕长、短肌的表面,通过同一腱鞘,止于拇指近节指骨基地部的背侧,其功能为伸拇指[1],受桡神经(颈6~8)支配。先天性肌腱缺如发病机制是由于胎儿本身发育异常或在宫内受机械性压迫而致肌肉发育缺陷。我院收治1例罕见的先天性局限性肌腱缺如患儿,且无家族史,现报告如下。

1 资料与方法

患儿男,4岁,于出生时发现右手拇指畸形,家属未予重视,随患儿年龄增长,发现拇指持物功能较差,影响其社会功能,遂就诊于当地医院,行X射线检查提示:右手拇指骨质未见明显异常。专科检查:脊柱生理弯曲存在,各棘突排列如序,未见明显侧弯或后凸畸形,无压痛及叩击痛。双下肢及左上肢各关节活动自如,肢体检查未见明显异常。右手拇指指间关节过度背伸畸形,拇指掌指关节外展明显受限,内收未见

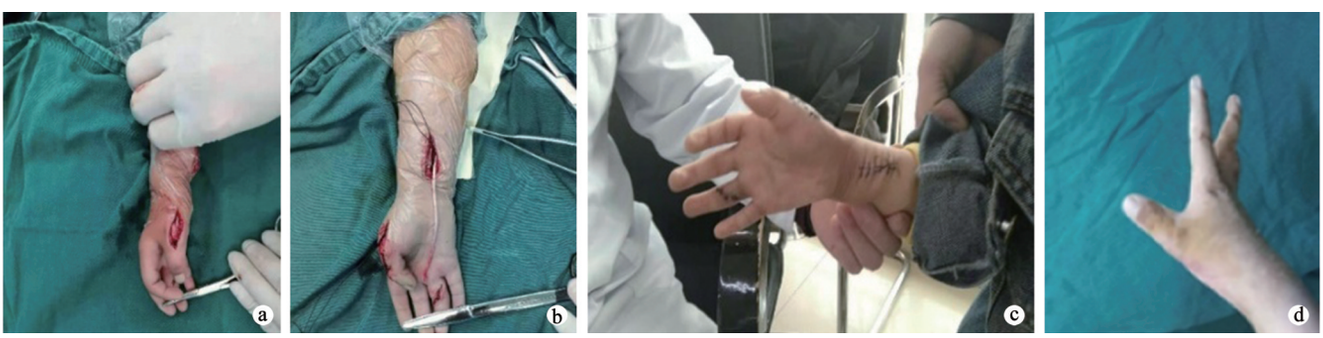
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明显异常,掌指关节主被动屈伸活动可,其余各关节活动未见明显异常,生理反射存在,病理反射未引出。入院诊断:先天性右侧拇短伸肌腱缺如。经相关检查,无明显手术禁忌,于2019年3月8日在全身麻醉下行肌腱探查术、手肌腱移植术,术中取右手拇指掌指关节以远桡背侧切口,长约3 cm,切开皮肤、皮下组织及筋膜,显露拇短伸肌腱。术中见右拇短伸肌腱缺如,拇长伸肌腱完好(图1a)。遂取右环指指浅屈肌腱,于止点处切断(图1b),通过皮下隧道,将指浅屈肌腱移至拇短伸肌腱止点处。用1.5 mm克氏针于拇指近节指骨近端1/3正中背侧钻孔,于拇指背伸位将指浅屈肌腱缝合于拇指钻孔处。术后以石膏托固定腕关节于屈曲位,拇指背伸位3周。

2 结果

术后1个月复查,右手拇指功能恢复一般,拇指活动略受限,掌指关节伸屈直略受限,屈掌指关节时,拇长伸肌腱未见滑脱(图1c);X射线示右手拇掌指关节半脱位已矫正。术后2个月复查,右手拇指功能恢复良好,拇指活动可,掌指关节伸屈正常,右手拇指和其他4指对指能成O形,术前症状已明显改善(图1d)。



a:拇短伸肌腱缺如;b:从止点处切断右环指指浅屈肌腱;c:术后1个月;d:术后2个月

图1 患儿术中及术后图片

3 讨论

先天性拇短伸肌腱缺如发病率低,国内外报道较少,其可以单独发生,或作为并发症发生。先天性拇短伸肌腱缺如归类为扣拇畸形[2]。根据Tsuyuguchi等[3]的分型,本病例为扣拇畸形Ⅰ型,其可能与性染色体隐性遗传有关,常见于男性[4-5]。表现为出生后3~4个月患儿拇指于手掌内,随着年龄的增长,伸拇和握拳欠灵活,抓物不稳,影响日常生活。查体可见拇指处于屈曲位,掌指关节无法主动伸直,可能是拇指屈肌和伸肌之间的不平衡造成的,可通过体格检查、核磁共振检查或肌骨超声检查进行诊断[6]。拇短伸肌腱缺如会引起拇指握物或对指无力和不稳,1岁以下的儿童可佩戴支具或夹板固定治疗,保守治疗失败或年龄较大且有功能障碍的儿童可进行手术治疗。本病例采用环指指浅屈肌转位重建拇短伸肌[7],术后随访功能评定证实,伸拇功能符合生物力学要求。临床应用此术式重建伸拇功能手术操作简单,效果满意,易于推广。该术式应注意的问题,拇短伸肌仅能使指背腱膜产生屈伸滑动,并不会出现产生侧方移动,由于拇长伸肌腱有偏向尺侧的牵拉力量,使拇指极度内收、尺偏到腕部桡偏。因此,将指浅屈肌腱移位至拇指钻孔处缝合时,在拇长伸肌腱尺侧,需将帽状腱膜切开,但不切开关节囊,以纠正拇长伸肌腱向尺侧滑脱。

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