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Bone Joint Surg (Am) 1960;42:625
9. Rhinelander FW. Circulation in bone. In: Bourne GH. The biochemistry and physiology of bone. Vol. II. 2nd ed. New York: Academic Press, 1972:4~7
10. 沈型初 柳用墨 周江南。胫骨干骺端与骨干截骨延长术骨愈合过程对比实验研究，中华骨科杂志 1988;8(5):381
11. Kawamura B, Hosono S, Takahashi T, et al. Limb lengthening by means of subcauaneous osteotomy. J Bone Joint Surg (Am) 1968;50:851
12. Peltonen J, Alitalo L, Karaharju E, et al. Distraction of the growth plate. Acta Orthop Scand 1984;55:359
13. De Pablos J, Villas C, Canadell J. Bone lengthening by physial distraction. Int Orthop 1986;10:163
14. Kawamura B, Hosono S, Takahashi T. The principles and technique of limb lengthening. Int Orthop 1981;5:69
15. De Bastiani G, Aldegheri R, Renzi Brivio L, et al. Limb lengthening by distraction of the epiphyseal plate. J Bone Joint Surg (Br) 1986;68:545

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A Study of the Effects of Different Lengthening Rates on Bone Regeneration and Reconstruction

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Abstract Proximal metaphyseal osteotomy to lengthen the tibia in 4 lengthening rates (1.0, 1.5, 2.0, and 2.5 mm/day) was performed on 20 goats and 20 rabbits. It was found that a relatively slow lengthening rate of 1mm/day was better since it induced less tissue reactions and quicker bony regeneration and created more dense and more mature bony trabeculae in the lengthened zone than the other 3 rates. In addition, it was also found the new bone formation in the lengthened zone of the proximal metaphysis of the tibia proceeded quickly and both intramembranous and endochondral ossifications contributed to the bone healing process with the former in predominance.

Key words bone; tibia; lengthening.

新生儿先天性结肠穿孔治愈一例报告

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新生儿先天性结肠穿孔，死亡率高，1987年6月，我科治愈一例，现报道如下。

刘×，男，住院号136122，1987年6月25日16时45分第一胎足月正常分娩，体重3700g。出生后哭声小，吃奶少，腹胀，体温38.7℃。因腹胀加重，体温38.2℃。于27日转小儿科。查体，神志清，头颅无畸形，前囟张力高，咽不红，胸廓无畸形，心律齐，心率136次/min，未闻及杂音，呼吸40次/min，呼吸音清晰。腹胀，脐部未见分泌物，脐带已脱落，残端无红肿。按压腹部患儿哭叫，腹软，肠鸣音存在。大便隐血（－）。白细胞3.7×10⁹/L，中性0.46，淋巴0.54。胸片未发现异常。腹部平片，膈下可见大量游离气体，肠胀气，提示消化道穿孔。即转普外科。局麻下，右腹直肌切口入腹，有气体从切口中溢出，腹腔内有黑色胎粪及渗液约1500ml，吸净腹腔内污染液体，穿孔处应用洗必泰消毒后修剪边缘并缝合修补，冲洗腹腔。于肝下，盆腔放置香烟，潘氏引流条各一根。逐层关腹。术后每日应用氨苄青霉素0.4 g静脉滴入，应用1周。伤口中部愈合欠佳，经换药1周愈合。术后第3天解黑便1次。第4天进食，第16天出院。1月后门诊复查，除身体发育欠佳外，无明显异常。

关键词 新生儿；肠穿孔；诊疗

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