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• 短篇报道 •

道路颠簸致高龄乘客脊柱骨折 2 例原因分析

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由于道路颠簸致高龄乘客脊柱骨折为少见。1995年3月8日我院收治2例,系同车高龄患者,约行3公里颠簸路段后出现腰背部痛而发现。现报告如下。

例1 女,74岁,农民,查体:脊柱生理弯曲存在,未见明显畸形及肿胀,胸口棘突部局限性固定性压痛及叩击痛,活动轻度受限。X线片示胸口椎体楔变,密度增高,轮廓不清,可见骨纹理中断,片内椎体骨质密度均明显降低。诊断:胸口椎体压缩性骨折(I度),严重骨质疏松症(Sight 分类法 I 级)。

例2 女 75岁,农民,查体:脊柱生理弯曲存在,未见明显畸形及肿胀,胸12—腰1棘突部局限性固定性压痛及叩击痛,活动轻度受限。X线片示腰1椎体楔变,密度增高,轮廓不清,未见明显骨折线,但可见骨纹理中断,片内椎体骨质密度均降低明显。诊断:腰1椎体压缩性骨折(I度),严重骨质疏松症(Singht 分类法 I

级)。

讨论:(1)严重骨质疏松症可能是高龄患者骨折发生的主要因素。本组2例均为严重骨质疏松症。据文献报道自50岁后人体骨量逐渐下降,即通过骨的吸收增加细胞外液的钙含量,以维持体内生理需要。从而使骨质密度降低,加之高龄患者椎间盘的退化不能有效缓冲暴力的传递而致脊柱骨折。(2)坐于行进在颠簸道路上的车上,使前后向、上下向作用力作用于胸腰段脊柱可能是引起高龄乘客脊柱骨折的外因。胸腰段为较稳定的胸、腰段脊柱交界处,且动度大,加之胸段脊柱生理性后突,腰段脊柱生理前突,使上下向,前后向的暴力在胸腰段集中,反复多次的短期内积累劳损,导致严重骨质疏松的脊柱骨折。