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老年肝硬化失代偿期合并股骨颈骨折两例

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股骨颈骨折是老年人的常见病,现报告两例肝硬化失代偿期合并无外伤病史的股骨颈骨折病例。

例1:男,56岁,干部。因下车感左髋部疼痛,左下肢活动受限,自认为拉伤、镇痛治疗无效。X片示:左股骨颈头下型骨折。95年9月1日入院,查体:左下肢轻度外旋畸形,左髋部叩痛,腹部膨隆;B超示:肝硬化腹水;实验室检查:AKP为10U/L,肝功能示肝硬化失代偿期,A/G值0.86:1,蛋白电泳:A₁45/dL、α₁6/dL、α₂4.1/dL、β5.2/dL、γ14/dL。经骨牵引、保守治疗,骨折愈合不理想。

例2,女,61岁,教师。因坐躺位输液完毕站起时,左髋部骤痛,左下肢活动受限。两家医院诊断为肌肉扭伤,给予理疗无效。96年4月9日来我院拍X片示:左股骨颈头下型骨折。住院查体:左下肢轻度外旋畸形,左髋叩痛,活动受限,B超示:肝边缘变钝、肝内光点增加、结构紊乱、脾增大;实验室检查:AKP为14U/L,

HBs Ag(-),肝功示肝硬化失代偿期,A/G值0.7:1,蛋白电泳A₁49/dL、α₁6.8/dL、α₂3.7/dL、β4.6/dL、γ15.2/dL,经左下肢牵引、保守治疗,骨折线模糊。

两例患者均为老年人,体育锻炼少,均为更年期,体内性激素分泌减少,促使单核细胞释放IL-1和肿瘤坏死因子(TNF-α)的释放,加快了骨质吸收。血中生长激素含量的变化与肝功能损害的程度密切相关,生长激素可由于肝功能受损而明显下降,因而加重了骨质疏松症,骨质丢失增加。两患者同为肝硬化失代偿期,由于肝功能损害,白、球蛋白比值倒置,蛋白电泳提示A₁、α₂、β、γ蛋白下降,α₁增高,因此骨质疏松增加、骨质疏松。两例间接验证了“血清蛋白的变化与骨量呈正相关,与骨质疏松程度呈负相关”(李玉坤.中华老年医学杂志,1994,4:12)。在无外伤史情况下,自身重力和腰背下肢力形成的剪力就可大于股骨颈应力,造成了股骨颈头下型骨折,临床初诊时往往容易忽视,应引起外科医师的高度警惕。