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论股骨头坏死误诊的现状与分析*

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摘要:股骨头坏死是一种常见的疾病,在 30 岁至 60 岁年龄段的人群中较为常见,临床的症状包括疼痛以及髋部不适等,股骨头坏死在早期很难发现,由于没有得到准确的诊断,耽误了最佳的治疗时间和有效的治疗,随着病情的发展,最终将会造成股骨头变形以及塌陷,从而引起骨性关节炎,对髋关节功能的影响是很大的,甚至会丧失髋关节的基本功能。股骨头坏死的病理体征和早期症状存在一定的隐蔽性,因此,造成误诊的情况频繁发生。此外,有些疾病的症状表现为髋关节疼痛,最后反而容易被误诊为股骨头坏死。

关键词:股骨头坏死;疾病症状;误诊;分析

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Current Situation and Analysis of Misdiagnosis for Avascular Necrosis of the Femoral Head*

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ABSTRACT: Avascular necrosis of the femoral head is a common disease which was more common in the age of 30 to 60 years old with the clinical symptoms of pain and hip discomfort and avascular necrosis of the femoral head that is hard to find in the early stage. It could not get the accurate diagnosis so that delay the best and effective time for treatment. With the development of the disease, this will ultimately result in the femoral head deformation, collapse, and the osteoarthritis with the influence on hip joint function, even worse lossing the basic function of hip joint. Morbidity signs and early symptoms of avascular necrosis of the femoral head had some hidden, so misdiagnosis frequently. In addition, some disease symptoms of hip pain which was easily misdiagnosed as avascular necrosis of the femoral head.

Key words: Avascular necrosis of the femoral head; Symptoms; Misdiagnosis; Analysis

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前言

股骨颈骨折是股骨头坏死最主要的创伤因素,而髋臼的骨盆骨折导致的股骨头坏死少见。因此详细了解患者是否有髋部创伤史,有无髋关节后脱位、转子间骨折等对股骨头坏死诊断很重要,由于股骨头坏死的早期症状很难及时发现,此外,有些疾病的症状类似于股骨头坏死的临床症状,如骨质疏松症的临床症状和股骨头坏死的临床症状也及其相似,包括股骨头的密度降低、结构稀疏以及骨小梁的排列结构不明显等,对于影像表现无明显异常,只有髋部症状的髋周神经、肌肉等软组织的病变,也应仔细考虑并做鉴别,因此,造成误诊的情况时有发生^[1-3]。据调查得知,近年来,我国股骨头坏死被误诊的案例正在不断地增长^[4-7]。如何提高股骨头坏死的确诊率是目前社会各界

关注的重点问题。本文将针对股骨头坏死被误诊的主要因素进行科学的分析,力求减少股骨头坏死的误诊率,从而让医学界对股骨头坏死的诊断水平有所提高。

1 股骨头坏死易被误诊为其他疾病

1.1 类风湿性关节炎

类风湿性关节炎一般是由人体关节病变所引起的,会造成肢体的严重变形以及引发其他免疫性疾病。据调查显示^[8-10],由于股骨头坏死的部分症状类似于类风湿性关节炎,因此被误诊为类风湿性关节炎的情况较为普遍。因为患者早期的体征和临床症状都不明显,放射性检查并不能得出任何结论,医生只根据类风湿因子阳性就判定是类风湿性关节炎,忽略了类风湿性关节炎具有间接性的反复发作的特点,股骨头坏死却不会出现

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这类症状^[11-13]。类风湿性关节炎多数是由小关节引起的,逐渐延伸至全身各个关节,发作时关节有疼痛感和肿胀感,经过一段时间关节不适会慢慢消失,但会经常性的发作^[14-16]。类风湿性关节炎在影像学中的表现是关节之间的空隙变窄,股骨头内出现囊变,但是不会出现股骨头凹陷以及硬化带的情况^[17-19]。

1.2 腰椎间盘突出症

腰椎间盘突出症的症状和股骨头坏死表现出的症状相接近,股骨头坏死在早期时症状较轻,临床体征不明显,和其他疾病表现出的腰腿痛症状非常相似,都是表现出髋部和腰部出现疼痛感,因此,很容易将股骨头坏死判定为腰椎间盘突出症^[20-21]。股骨头坏死的症状特点表现在髋膝关节部位的疼痛,髋膝关节在活动的过程中会出现关节功能受到限制、疼痛以及肿胀感。股骨头坏死的患者在接受腰椎 CT 检查时存在腰椎间盘突出,由于目前判定腰椎间盘突出症的方法存在一定的局限性,医生没有对病历资料进行详细的分析、没有进行临床检查以及对类似的症状进行仔细研究,仅凭 CT 检查的结果就判定患者所患的是腰椎间盘突出症,造成了误诊的情况^[22-23]。在对股骨头坏死的患者进行诊断的过程中,要对患者的疾病史进行详细的了解、加强体格检查、对引起发病的原因进行深入了解、通过结合影像学对患者进行全面的检查和综合的分析,从而减少股骨头坏死误诊的情况。

1.3 髋关节骨膜炎

髋部出现疼痛感是髋关节骨膜炎的主要临床症状,这种症状和早期的股骨头坏死表现出的临床症状极其相似。两者之间的区别在于髋关节滑膜炎一般多发于儿童,而股骨头坏死一般高发于 30 岁至 60 岁年龄段的人群,其发病的原因各不相同,如果是髋关节骨膜炎,影像检查也无法起到重要的作用,最多只能从中看出关节出现小量的积液,而股骨头坏死在进行影像检查时,可以明显看出硬化性死骨、髋关节空隙变窄以及股骨头凹陷变形等情况^[24-25]。髋关节骨膜炎的具体症状体现在出现疼痛感、肿胀感,关节活动受到限制。把股骨头坏死误诊为髋关节骨膜炎,医生使用治疗髋关节的药物对股骨头坏死的患者进行治疗,必定会加重股骨头坏死疾病的恶化。

2 其他疾病被误诊为股骨头坏死

2.1 髋关节绒毛结节性滑膜炎

髋关节绒毛结节性滑膜炎的主要临床表现在滑囊、腱鞘以及关节中出现慢性滑膜的情况,它跟股骨头坏死有一定相似的特征,比如肌肉萎缩、早期症状不明显、疼痛感不强烈以及各个关节的活动都到限制等临床症状,因此,很容易把髋关节绒毛结节性滑膜炎误诊为股骨头坏死^[26-28]。髋关节绒毛结节性滑膜炎的症状特点在于关节部位表现为静息疼痛、髋关节出现肿胀,通过 X 光可以看出髋关节出现囊变,关节之间的空隙变窄,股骨头未出现凹陷等。股骨头坏死的症状特点一般是关节在活动时会出现疼痛感以及肿胀感,通过 X 光可以看出股骨头出现大面积的坏死并且凹陷严重,髋臼比较正常,关节空隙变窄。两者之间的症状虽然相似,但是可以通过 X 光发现不同的问题,髋关节绒毛结节性滑膜炎是由于病变关节出现滑膜才

导致关节空隙变窄,而股骨头坏死是由于股骨头凹陷坏死后才导致关节空隙变窄^[29,30]。

2.2 骨质疏松症

由于人体骨量的减少以及骨骼的微观结构退化造成了骨质疏松,骨质疏松症可以让骨骼的脆性增强,很容易引发骨折的现象。骨质疏松症的临床症状和股骨头坏死的临床症状也及其相似,包括股骨头的密度降低、结构稀疏以及骨小梁的排列结构不明显等,因此,根据这些症状很容易将骨质疏松症误诊为股骨头坏死^[31]。其实,骨质疏松症并非只是股骨头部位的骨质疏松,而是表现为全身性的骨质疏松。股骨头坏死的症状只集中在膝部、髋部等范围,所以,只要做好对患者病历的详细了解以及做好相关部位的检查,就能较容易的鉴别出骨质疏松症与股骨头坏死。

2.3 髋臼发育不良

由于先天性骨性结构发育畸形导致了髋臼发育不良,髋臼发育不良的发病率较低,而且症状缺乏一定的特殊性,髋臼发育不良的症状与股骨头坏死的症状类似,从 X 光中可以看出髋臼区域出现明显的囊性变以及关节之间的空隙变窄,因此,误诊的情况较为普遍^[32,33]。其实,髋臼发育不良多发于女性,囊变一般出现于髋臼部位,股骨头虽出现变形但不太严重。而股骨头坏死会出现股骨头变形、碎裂以及严重凹陷。所以,在判断两者时,必须对患者进行详细的检查,不能仅根据囊变来判断患者所患的就是股骨头坏死。

3 股骨头坏死误诊结果分析

出现误诊的原因有:①股骨头坏死患者的临床表现主要为髋关节疼痛、下肢跛行及功能受限,而关节炎、软组织损伤、滑膜炎等同样具有这些症状和体征,早期症状和体征不明显且不具有特异性;②临床医师水平参差不齐,部分医院的临床医师的技术水平较差,经验较少,诊断过程依赖影像学报告,且对病史采集不完整,以“优先考虑高发疾病”为原则,因此容易误诊为腰椎间盘突出症、坐骨神经痛等疾病,而忽视了股骨头坏死的发生;③诊断扩大化,近年来随着股骨头坏死的发病率上升,临床医师对股骨头坏死的诊断敏感性增加,常有髋关节症状则首先考虑股骨头坏死,扩大了股骨头坏死的诊断范围,容易将其他髋关节的疾病诊断为股骨头坏死;④影像学表现:髋关节病变最常见的表述为囊性改变、骨密度减低、间隙狭窄、关节边缘增生、股骨头塌陷;MRI 检查中类风湿关节炎、强脊性脊柱炎、骨性关节炎等疾病均可具有长 T1、长 T2 低信号或混杂信号影。Goffin^[34]等对 27 例股骨头坏死误诊病例 27 例进行了分析与研究,得出如下结果:本组病因分类为:乙醇中毒 12 例,激素 6 例,不明原因 9 例,具体如下表 1 所示。本组误诊和漏诊为腰椎间盘突出症的患者中,曾行骨盆牵引 12 例(3 例疼痛减轻,下地活动后加重),曾行腰椎间盘突出摘除术 7 例(2 例神经症状缓解),再次行摘除术 1 例(“症状”未缓解);误诊为骨质疏松症 2 例,服用药物后,症状未缓解;误诊为髋关节骨性关节炎、髋关节滑膜炎、膝关节滑膜炎及膝关节骨性关节炎患者共 6 例,服用药物后,早期疼痛减轻,后又加重。Bartonicek 等^[35]对 31 例

成年人股骨头坏死误诊原因进行了分析与研究,误诊及漏诊情况为:风湿性关节炎 0 例,髌关节结核 7 例,髌关节滑膜炎 3 例,坐骨神经痛 5 例,类风湿性关节炎 3 例,膝骨性关节炎 3 例。

4 结论

准确的诊断来源于收集准确、完整、真实的临床资料,以及科学的检查和分析。对与股骨头坏死患者首先要详细询问病史,调查显示,股骨颈骨折是股骨头坏死最主要的创伤因素,而髌臼的骨盆骨折导致的股骨头坏死少见。因此详细了解患者是否有髌部创伤史,有无髌关节后脱位、转子间骨折等对股骨头坏死诊断很重要。其次要熟悉发病特点,应用激素后 6 个月或者髌部外伤或是股骨头坏死发病的高峰期,因此对此类患者应引起高度重视。另外要明确掌握股骨头坏死的影像学特征,虽然股骨头坏死的早期 X 片无特异性,但对髌关节结构的了解及疾病的评估和鉴别同样具有重要的临床价值。CT 检查的意义重点在于判断对软骨下骨折及治疗前后囊进行判断。最后要做好鉴别诊断,强直性脊柱炎并发髌关节炎,类风湿关节炎及绒毛结节性髌关节滑膜炎,X 线和 MRI 检查均提示全关节间隙狭窄;先天性髌关节发育不良,X 线主提示髌关节中心边缘角 $<20^{\circ}$;发育性髌关节炎及髌骨性关节炎及 X 线表现为负重区关节间隙狭窄,软骨下硬化,在 MRI T1 和 T2 加权像上显示弥漫性低信号;另外对于影像表现无明显异常,只有髌部症状的髌周神经、肌肉等软组织的病变,也应仔细考虑并做鉴别。

股骨头坏死的早期症状存在一定的隐蔽性,因此,很难被确诊,反而会被误诊为另一些疾病。股骨头坏死到了中晚期时,表现出的临床症状和其他疾病的症状极其相似,所以很难做出鉴别。要实现对这些疾病的准确鉴别,必须加强对类似疾病的深入认识,掌握不同疾病的不同发病位置,通过影像检查分析不同疾病的特征,对患者的病史进行深入的了解,然后进行全方位的检查,从而提高股骨头坏死的诊断水平。

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