

<<整形外科学>>

图书基本信息

书名：<<整形外科学>>

13位ISBN编号：9787117147835

10位ISBN编号：7117147830

出版时间：2011-11

出版时间：人民卫生

作者：泰勒

页数：154

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内容概要

《整形外科学》覆盖面已扩大到涵盖大部分医学临床专业，包括：急诊医学、家庭医学、神经病学、心脏病学、影像学、儿科学、妇产科学、精神病学、麻醉学、骨科学及外科学等专业。该套丛书是科学性的集中体现，无论在篇章设置、概念引用、文字表达，还是图表运用上都秉承严肃认真的科学态度，进行了合理的安排与控制。

已成为美国广大医学生和住院医师获取专业知识的最佳读物，深受广大读者的喜爱，已被打造成为高质量、值得信赖的品牌丛书。

本套丛书采用中英文对照的形式，在获得丰富医学知识的同时还可以提高专业英语水平，该丛书可供医学生、住院医师、全科医师学习阅读，也可作为专科医生参考用书。

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作者简介

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((Brain Tumor Pathology))国际编委，《中国神经肿瘤杂志》副主编，《中华神经外科疾病研究杂志》、《中华神经医学杂志》、《中国临床神经外科杂志》、《中国微侵袭神经外科杂志》、《中国急救医学杂志》、《中华脑血管病杂志》编委，《European Journal of Cancer》、《中华医学杂志英文版》、《中华神经外科杂志》特约审稿专家。

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曾承担国家973计划前期研究专项、国家自然科学基金等国家、省部级各类课题20余项。
获国家发明专利4项。
在国际、国内等核心期刊发表论文100余篇(其中SCI收录18篇)。

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Most nasal bone fractures can be managed by closed reduction techniques and splinting. Late deformities such as a dorsal hump, saddle-nose deformity, and deviation can be managed with formal rhinoplasty (see Chapter 10).

Naso-Orbito-Ethmoidal Fractures Fractures of the naso-orbito-ethmoidal complex of the central midface have a high potential for significant facial deformity because of displacement of the nose and eyes. Injury leads to lateralization of the frontal processes of the maxilla, which in turn leads to widening of the intercanthal distance, or telecanthus. Other common stigmata include a wide and shortened nose, epistaxis, orbital hematomas, and crepitation over the involved area. The frontal processes of the maxilla are mobile on palpation. Examination of the lacrimal apparatus, including the naso-lacrimal duct, reveals concomitant injury. Naso-orbito-ethmoidal complex fractures demand open reduction and internal fixation to relieve telecanthus and nasal deformities. If injured, the lacrimal duct may be repaired with fine suture and stented with silastic tubing.

Zygomatic Fractures Because of the prominence of the cheek, the zygoma (cheek bone) is commonly fractured. The zygoma articulates with the maxilla medially and inferiorly, the frontal bone superiorly, the sphenoid bone laterally, and the temporal bone via its arch. With the exception of isolated zygomatic arch fractures, all fractures of the zygoma affect the orbit, and thus diagnosis and treatment incorporates the orbit. Isolated zygomatic arch fractures are managed nonoperatively or through small incisions (the Gilles approach). Displaced fractures of the body of the zygoma with resultant orbital and cheek deformity are treated with open reduction and internal fixation.

Maxillary Fractures Fractures of the maxilla essentially involve the entire midface region, and are classified by the Le Fort classification system. Le Fort fractures can occur unilaterally, bilaterally, in combination (a left Le Fort II and right Le Fort I), and at multiple levels (a left Le Fort I and right Le Fort II). A Le Fort I fracture is a transverse fracture separating the lower, tooth-bearing segment of the maxilla from the rest of the midface. A Le Fort II fracture is pyramidal in shape, and separates the tooth-bearing, lower maxillary bone from the orbits and upper craniofacial skeleton. A Le Fort III fracture, or craniofacial dysjunction, separates the upper maxilla from the skull base. The hallmark of a Le Fort fracture is mobility of the maxilla on physical examination. Other signs and symptoms include orbital hematomas, epistaxis, pain in the midface, facial elongation, midface retrusion, and tooth occlusal abnormalities. Nondisplaced Le Fort fractures may be managed nonoperatively. Displaced Le Fort fractures often require open reduction and internal fixation, as well as maxillomandibular fixation. Important concerns include stabilization of tooth occlusion and reduction of facial buttresses.

Mandible Fractures The prominent position of the mandible makes it the second most commonly fractured facial bone. Because of its shape, it is commonly broken in two places. Areas that are weakest, like the subcondylar area, are the most frequently fractured. A mandible fracture is suspected any time acute malocclusion exists in the trauma setting. Other signs and symptoms of a mandible fracture include pain, swelling, trismus (pain on moving the jaw), inability to open or close the jaw, fractured teeth, discrepancies in the height of dentition, and intraoral lacerations. Radiographic examination with a CT scan or Panorex aids in diagnosis. (A Panorex is a specialized plain radiograph in which the x-rays rotate around the mandible, essentially transforming it from a curved structure to a flat image.) Treatment of mandible fractures always begins with restoration of occlusion. It is essential that all stable teeth are reduced to their preinjury location so that the patient can continue to chew food. Restoration of proper occlusion usually requires binding the maxillary and mandibular teeth together with a series of wires, screws, or arch bars, so-called maxillomandibular fixation (MMF). Sometimes MMF is all that is required to adequately treat a mandibular fracture. Many mandibular fractures require open reduction and internal fixation. This can be performed through intraoral lower gingivobuccal sulcus incisions, extraoral incisions, or percutaneous methods. Titanium plates and screws hold the reduced bony segments in place. Complications of mandibular fracture treatment include chin numbness from injury to the inferior alveolar nerve, malocclusion, nonunion of bony segments, and infection.

编辑推荐

为了满足选择性轮转期间对高质量综合性参考书籍的要求，Blueprints出版社现奉上袖珍型参考书。这些书的主要对象是第4年短期选择性轮转的学生，该书具有与其他Blueprints书相同的质量和必需的内容。该书对于想掌握临床领域的基本知识而又不能，进行轮转实习的学生十分重要。对于医师助理、实习护士、骨科学生来说，该书能满足他们掌握临床知识的需要。

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