

研究業績 英文表記

和文	
表題	ゾーン I および II における屈筋腱断裂修復後の指の固定位置の違いによる治療成績の比較：ヒストリカルコントロール群を用いた非ランダム化比較試験
著者名	太島孝也 ¹⁾ , 吉田史郎 ²⁾ , 高島広樹 ¹⁾ , 釜崎大志郎 ³⁾ , 神保幸太郎 ⁴⁾ , 平岡弘二 ¹⁾
所属	1) 聖マリア病院リハビリテーション室 2) Hand and Microsurgery, Christine M. Kleinert Institute 3) 西九州大学リハビリテーション学部リハビリテーション学科 4) 聖マリア病院整形外科 5) 久留米大学医学部整形外科学教室
英文	
Title	Comparison of Treatment Outcomes of Different Immobilized Finger Positions After Repair of Flexor Tendon Rupture in Zones I and II: A Nonrandomized Controlled Trial With Historical Control Group
Author	Takaya Tajima ¹⁾ , Shiro Yoshida ²⁾ , Hiroki Takashima ¹⁾ , Taishiro Kamasaki ³⁾ , Kotaro Jinbo ⁴⁾ , Koji Hiraoka ⁵⁾
Affiliation	1) St. Mary's Hospital 2) Hand and Microsurgery, Christine M. Kleinert Institute 3) Faculty of Rehabilitation Sciences, Department of Rehabilitation Sciences, Nishikyushu University 4) Orthopaedic Surgery, St. Mary's Hospital 5) Orthopaedic Surgery, Kurume University School of Medicine
Abstract	This study aimed to characterize follow-up outcomes of flexion and extension fixation after zones I and II flexor tendon rupture repair. This nonrandomized controlled trial with historical controls included 25 patients with flexor tendon ruptures of 30 fingers. The flexion fixation group consisted of 12 patients (n=16 fingers) and the extension fixation group consisted of 13 patients (n=14 fingers). The group with flexion fixation comprised patients who slept with their injured fingers in the flexed position (intervention group). The group with extension was retrospectively selected between April 2017 and March 2019, who slept with their injured finger in the extended position (historical control group). Strickland assessments of the range of motion (ROM) of each joint at the conclusion of hand therapy, the ratio of total active motion of the repaired, to the healthy finger (%TAF), and IP joint extension limitation angles were compared using Mann-Whitney U tests. Ratios of excellent and good ratings based on the Strickland assessment were compared using Fisher exact tests. The results of the Strickland assessment showed excellent or good outcomes for 22 (73%) of 30 fingers, which was in line with our previous findings. Strickland ratings of excellent were achieved in seven (44%) of 16 fingers and four (28%) of 14 fingers in the groups with flexion and extension fixation, respectively. The outcomes for two (22%) of 16 fingers and seven (78%) of 14 fingers in the groups with flexion and extension fixation were, respectively, rated as good. The proportion of patients rated as excellent was significantly higher in the group with flexion than extension fixation (p=0.040). The %TAF and the active flexion angle of the distal interphalangeal (DIP) joint were higher in the group with flexion than extension fixation (p=0.008 and p=0.025, respectively). Furthermore, the total angle of the IP joint limit of extension did not significantly differ between the groups. Flexion fixation after flexor tendon rupture achieved an excellent Strickland rating and was more effective than extension fixation, especially in terms of the active flexion ROM of the DIP joint. Flexion fixation might be an alternative to extension fixation because the range of flexion should be greater and might provide a range of finger extension motion equivalent to that of extension fixation.
keyword	postoperative outcome; fixation methods; flexor zone ii; early active mobilization; flexor tendon injury

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