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- (收稿日期: 2003-06-29)
(本文编辑: 吴 倩)

· 短篇论著 ·

微波治疗颞下颌关节病

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1998 年以来我院采用微波治疗颞下颌关节病 108 例, 疗效满意, 报道如下。

一、资料与方法

经确诊颞下颌关节病患者 108 例, 其中男 72 例, 女 36 例; 年龄 19 ~ 61 岁, 平均 38 岁; 病程 3 d ~ 1 个月。所有患者均为单侧发病, 临床表现为: 下颌运动受限; 关节和周围肌肉疼痛; 关节运动时有杂音和弹响。108 例患者分为 2 组, 每组各 54 例, 症状和体征等差异均无显著性。

治疗组采用日本产 ME-7200 型微波治疗仪, 频率为 2 450 MHz, 波长 12.24 cm, 输出功率 0 ~ 200 W 连续可调, 圆形辐射器直径 17 cm, 病侧颞下颌关节照射, 距离体表 5 ~ 100 cm, 微热量 (30 ~ 60 W), 每日 1 次, 按照发病时间长短每次治疗 10 ~ 15 min, 10 次为 1 个疗程 (为防止医源性白内障, 治疗时患者佩戴护目镜)。对照组采用国产五官短波治疗仪, 频率 43 MHz, 波长 7 m, 输出功率 50 W, 对置两侧颞下颌关节, 间隙 0.5 ~ 1.0 cm, 微热量, 每日 1 次, 每次 10 ~ 15 min, 10 ~ 20 次为 1 个疗程。

疗效标准: 治愈——关节功能恢复正常, 症状消失; 显效——关节功能明显改善, 症状明显减轻; 好转——关节功能有所改善, 症状有所减轻; 无效——症状、体征无好转。

二、结果

治疗组治疗 3 ~ 10 次, 平均治疗 6 次, 治愈 40 例, 显效 12 例, 好转 2 例, 治愈率 74.1%; 对照组治疗 5 ~ 20 次, 平均治疗 14 次, 治愈 25 例, 显效 10 例, 好转 18 例, 无效 1 例, 治愈率 46.3%。经 Ridit 分析, $P < 0.01$, 两组差异有非常显著性意义, 治疗组疗效显著优于对照组。

三、讨论

微波系高频电磁波, 作用于机体时产热局限, 肌肉、脂肪产热相近, 故热分布均匀。其热作用可降低 γ 纤维的兴奋性, 通过反射减弱传向普通肌纤维的传出冲动, 降低肌张力, 同时还能改变纤维结缔组织的物理性质, 减弱其张力, 增加其弹性。适当的热可使肌腱、韧带、关节囊等组织的延展性增大 5 ~ 10 倍^[1]。微波所产生的生物热效应, 可使局部血管扩张, 改变病变组织局部血液循环和代谢, 促进组织的再生和修复, 故有良好的消炎、止痛的作用。微波治疗颞下颌关节病, 操作简便, 治疗时间短, 疗效显著, 值得推广。

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(收稿日期: 2003-03-25)

(本文编辑: 阮仕衡)