

### 鎖骨骨折

是最常見的新生兒骨頭傷害

#### 表徵

Pain with movement and Moro reflex

Pseudoparalysis of extremity on fracture side

Sternocleidomastoid muscle spasm on affected side

Crepitus at fracture site

Palpable bony irregularity at fracture site

要注意是否同時合併鄰近組織的傷害，例如臂叢神經麻痺及

humerus 骨折

診斷：X 光

處理：

Immobilize arm and shoulder 7-10 days

Safety pin infants sleeve to shirt

預後很好

病程：7 到 10 天後即有 callus formation，4 到 6 周內癒合

### 臂叢神經麻痺傷害

雖然一般是發生在困難而持久的生產過程後，但是有一半可能在生產前即發生，和shoulder dystochia或過度的拉扯無關。可能是因為胎兒的肩膀受到母親恥骨縫合處symphysis pubis擠壓的關係，而無法避免。Gherman (1998) *Am J Obstet Gynecol* 178:423-7

受傷的變化型態：

avulsion: nerve is torn from the spine;

rupture: nerve is torn but not at the spinal attachment;

neuroma: scar tissue has grown around the injury

neuropraxia or stretch: nerve has been damaged but not torn

臨床的表現型態

#### ◆ Duchenne-Erb Paralysis (C5,C6)

表徵：Waiter's Tip

Arm adducted and internally rotated, forearm pronated, wrist flexed , finger function and grasp reflex are normal, Moro Reflex and biceps reflex absent on affected side

#### ◆ Klumpke's Paralysis (C7,C8,T1)

表徵：Clawhand deformity

Hand Intrinsic muscle weakness, grasp reflex absent on affected side

biceps reflex and radial reflex present, Horner's Syndrome may be associated(occurs if T1 sympathetic fibers are affected), upper part of arm unaffected

#### ◆ Whole Arm Paralysis (uncommon)

Limb completely flacid , hands dry and atrophic, all reflexes absent

鑑別診斷：骨折，局部感染

可能合併疾病：膈神經麻痺，Horner's Syndrome

處理：避免攣縮 contractures。 會診復健，頭一週維持在正常自然姿勢，之後開始 ROM 運動。如果三個月後，手肘仍無彎曲或抗地心引力的動作，考慮外科手術。

預後：一週內有明顯改善者完全恢復的機會很大，六個月仍無改善者表示永久性障礙機率非常大，兩年後不可能再有進步的空間。