

# 十字韌帶病人的未來

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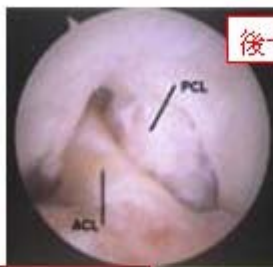
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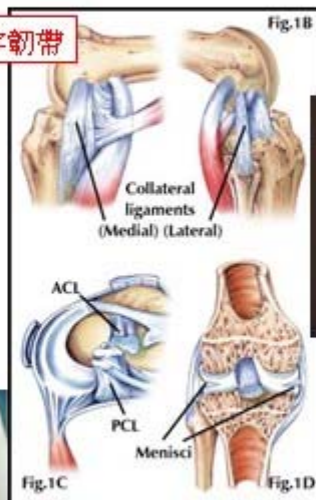


## 膝關節之韌帶



前十字韌帶

後十字韌帶



Popliteal tendon

LCL



LCL



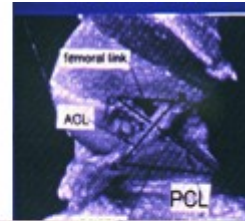
MCL





# Biomechanism - 6-degree freedom

簡單的講功能構造複雜

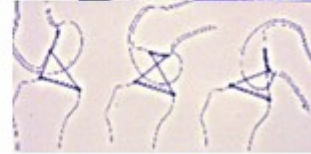


為維持膝關節之

## Instant center of rotation

十字韌帶要遵循“four bar linkage”

側副韌帶要遵循“Burmester curve”



# HEY



## Isometry 等長?目前單股手術之準則

- 1 永遠有一部份韌帶有張力.
- 2 事實上無等張這一回事

### ACL or PCL Reconstruction

以韌帶植入物取代原有韌帶

手術法為尋找等長點 isometric point



韌帶植入物

自體

**PB-T-B**

**Four-strand**

**Hamstring**

**Quadriceps**

異體

人工韌帶



# 老了

韌帶也跟著老  
所已不足以成爲韌帶植入物

韌帶重建手術後  
質變且量變  
簡單的講 跟原來已完全不同  
強度只剩 30-40% 且組成也不同  
韌帶重建手術後

- Tendons to replace ligaments
- Does this work?
- What happens to them “biologically”?
- “Ligamentization”?

## Graft biology

- 1.Revascularization
- 2.Repopulate with cell
- 3.Ligamentization ?

## Tendon Grafts Become Scar-Like Over Time

Activities	Max Force (N)	Cycles/Yr	Cycles 59 yrs	Max Strain (%)
Ascending stairs	67	$4.2 \times 10^4$	$2.5 \times 10^6$	7
Ascending ramp	107	$3.7 \times 10^3$	$2.2 \times 10^5$	7
Descending stairs	133	$3.5 \times 10^4$	$2.1 \times 10^6$	7
Sitting and rising	173	$7.6 \times 10^4$	$4.5 \times 10^6$	
Level Walking	210	$2.5 \times 10^6$	$1.5 \times 10^8$	5
Descending ramp	485	$3.7 \times 10^3$	$2.2 \times 10^5$	7
Jogging	630	$6.4 \times 10^5$	$3.8 \times 10^7$	7
Jolting	700	$1.8 \times 10^3$	$1.1 \times 10^5$	10
TOTAL		$4.4 \times 10^6$	$2.9 \times 10^8$	

Adapted from Morrison 1969, Cheng and Black 1980 and Bolton and Bruchman 1984

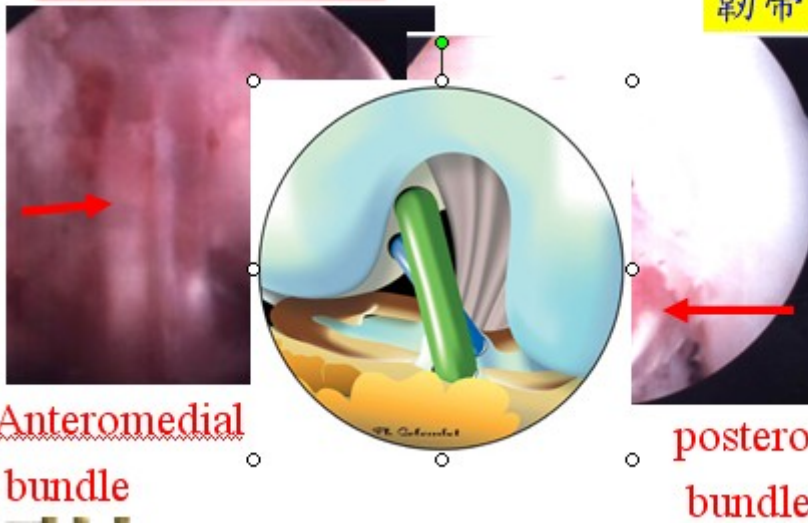
# 機械及技術法

## Double bundle ACL reconstruction



現在流行之主流

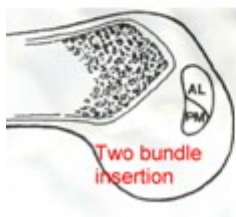
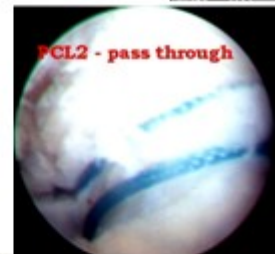
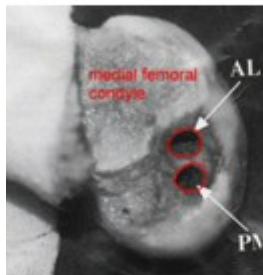
雙股前十字  
韌帶重建



Anteromedial bundle

posterolateral bundle

## 雙股後十字 韌帶重建







## Comparisons of Various Solutions

Solution	Ult. Tensile Strength (N)	Stiffness (N/mm)	Long Term Success Rate	Pros	Cons
Natural ACL (Uninjured)	2160	180	-	-	-
Autograft (Patella Tendon)	2950	2200	~70% normal after 4 years	<ul style="list-style-type: none"> <li>• Early bone to bone healing</li> <li>• Consistent size and shape of graft</li> </ul>	<ul style="list-style-type: none"> <li>• Harvest site morbidity</li> <li>• Patellar Tendonitis</li> <li>• Loss of range of motion</li> </ul>
Allograft (ACL)	Similar to natural ACL	Similar to natural ACL	~85% normal after 4 years	<ul style="list-style-type: none"> <li>• No harvest site morbidity</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of infection</li> <li>• Expensive</li> </ul>
Synthetic (Gore-Tex)	4800	320	<50% normal after 4 years	<ul style="list-style-type: none"> <li>• Stronger</li> <li>• No harvest site morbidity</li> </ul>	<ul style="list-style-type: none"> <li>• Creep</li> <li>• Poor long-term results</li> <li>• Expensive</li> </ul>
Synthetic (Dacron)	3600	420	~43% normal after 5 years	<ul style="list-style-type: none"> <li>• No disease transmission</li> <li>• Relatively easy and straightforward surgical process</li> </ul>	<ul style="list-style-type: none"> <li>• Increased risk of late infections</li> <li>• Material gets worn, leading to inflammations</li> </ul>
Tissue Scaffolding	2000	280	~50% after normal 5 years	<ul style="list-style-type: none"> <li>• No addition of cells or growth factors</li> </ul>	<ul style="list-style-type: none"> <li>• Fibers get worn</li> <li>• Creep</li> </ul>

# Graft choice:無理想之植入物

BPTB autograft is still the most commonly used graft source for primary ACL reconstruction, but hamstring autograft and allograft tissue grafts are becoming increasingly popular.

Good-to-excellent results can be expected with any of these graft selections provided the surgeon's expertise with the selected technique, proper selection of fixation devices, and formal rehabilitation.

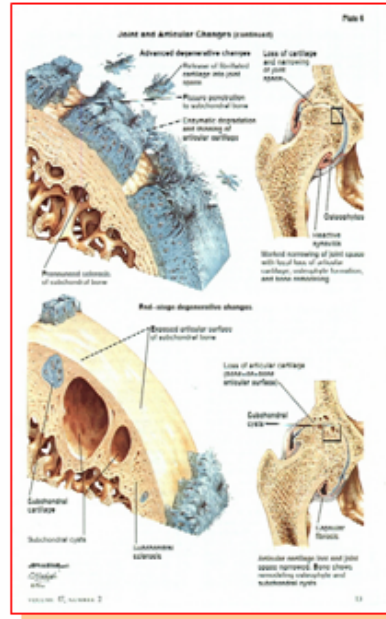
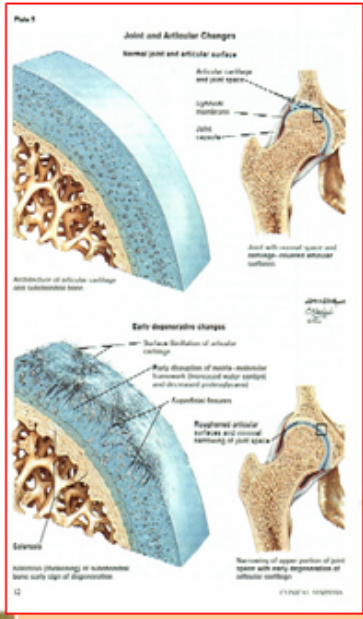
## Tissue engineering

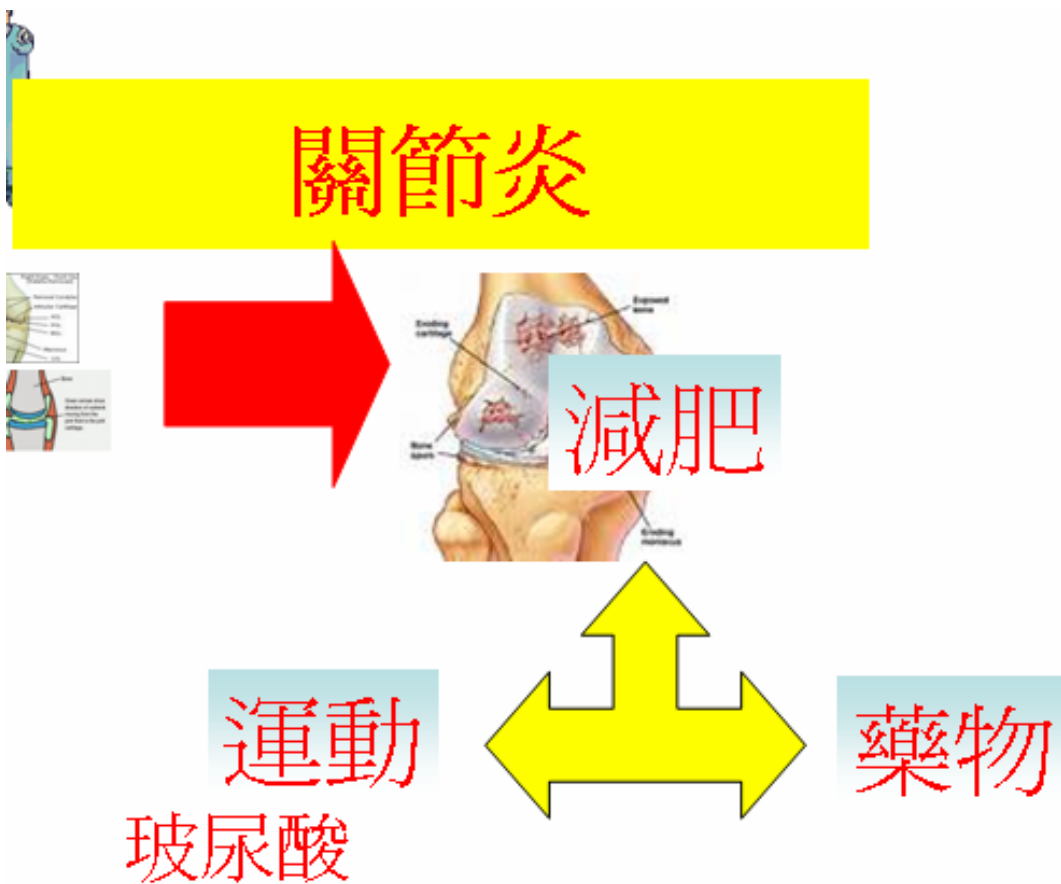
### 組織工程

關節炎怎麼辦

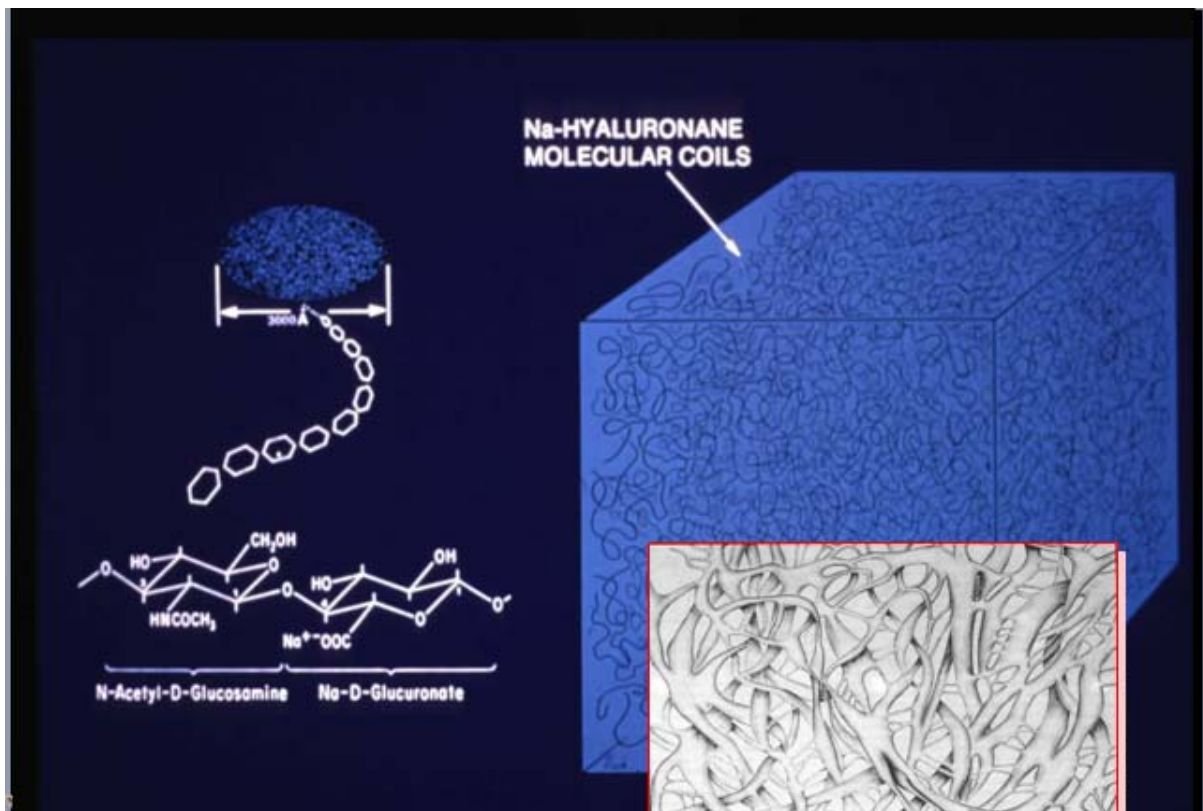


## Joint and Articular Changes





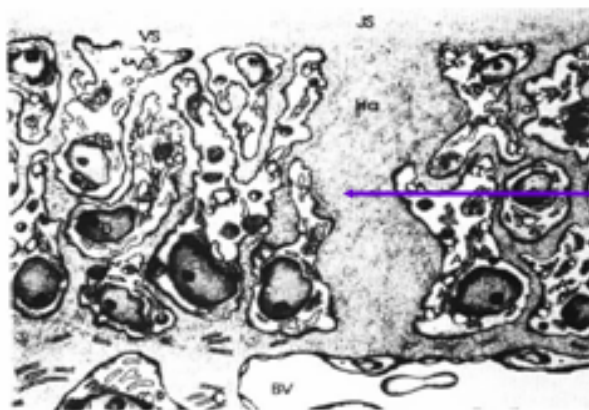




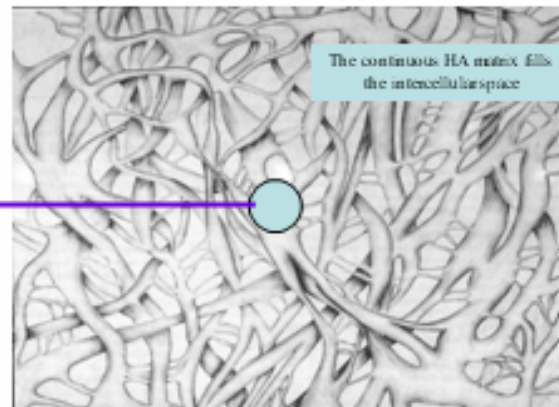
## Hyaluronan in the Synovial Tissue

Although HA matrix is freely permeable to smaller molecules (water & nutrients), the hyaluronan molecular matrix affects the free movement and chemical activity of large molecules like antibodies and fibrinogen (the excluded volume effect)

Hyaluronan controls transsynovial flow



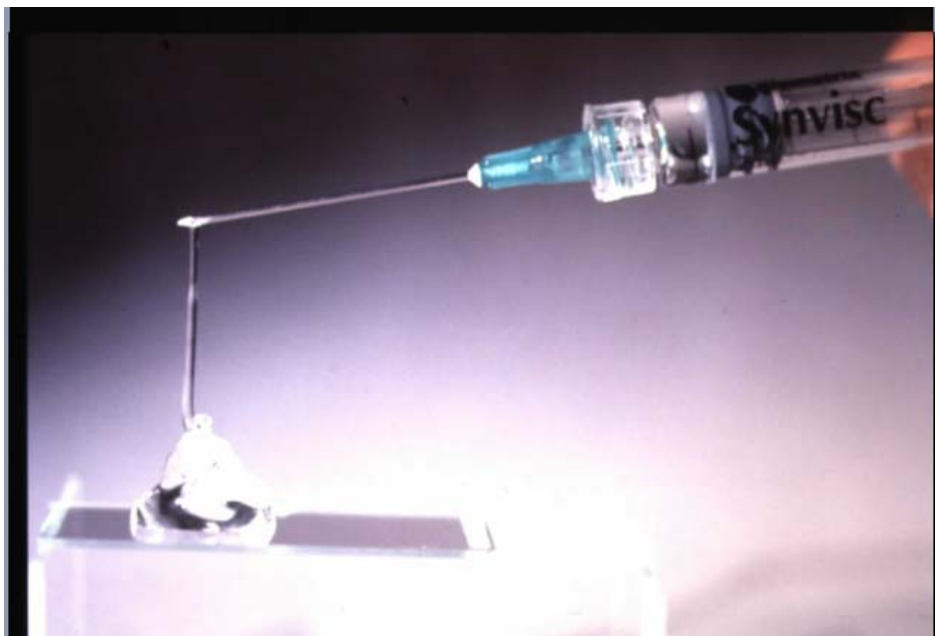
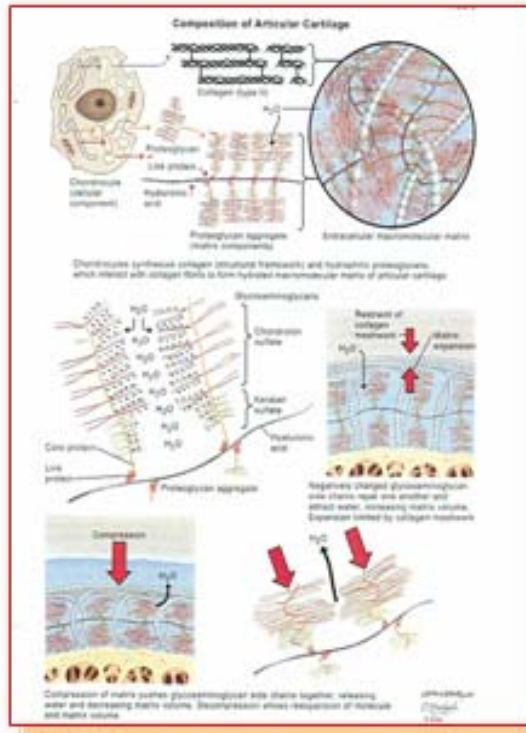
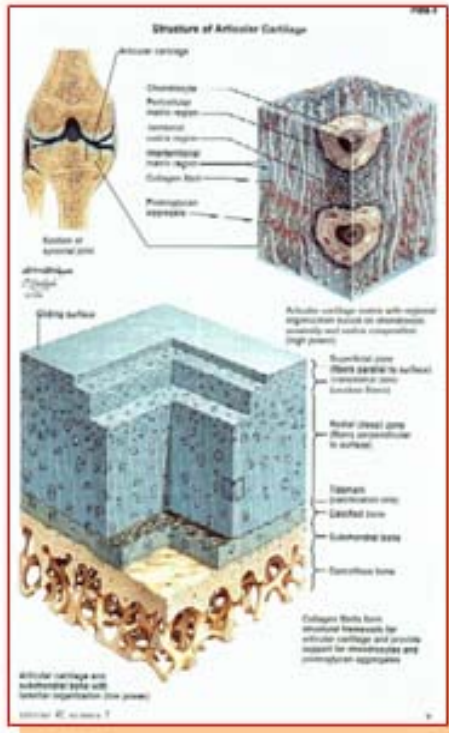
A schematic representation of normal synovial membrane. Type A and type B cells (lymphocytes) lie suspended in a network of hyaluronan molecules (HA). From Weiss C. The basic structure of synovial joints. In Wess J (ed): Arthroscopic Surgery. New-York, McGraw-Hill, 1988.



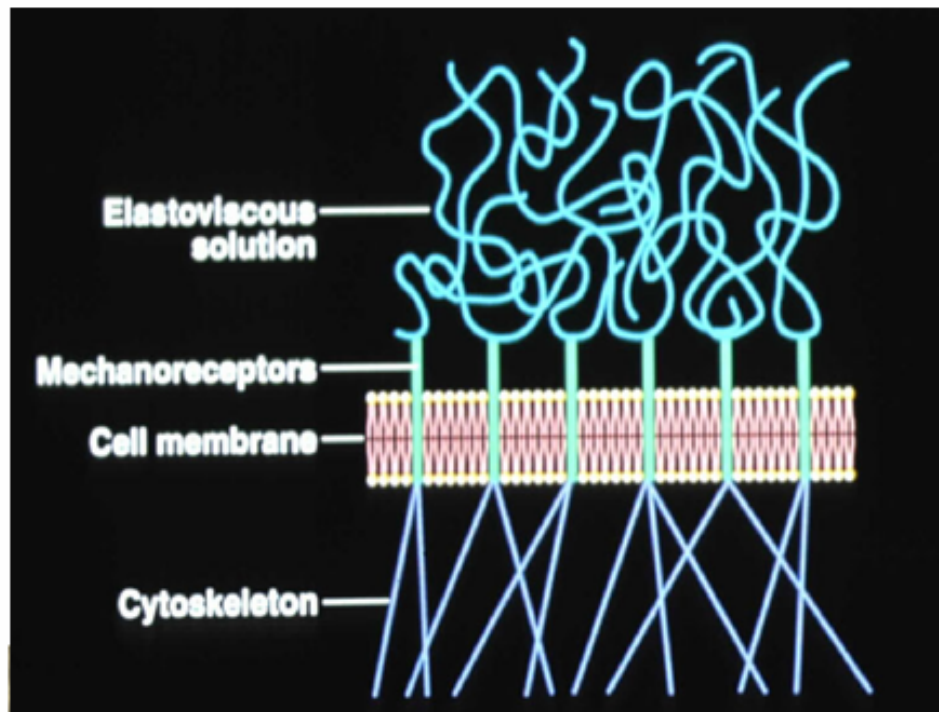
Artist's impression of a HA meshwork at physiological concentration of HA, taken from electron micrographs of rotary shadowed HA.

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# HA in Cartilage



# Pericellular Environment in Presence of Elastoviscous Hyaluronan



玻尿酸可促進軟骨生長



# Pericellular Environment in Presence of Non-Elastoviscous Hyaluronan

