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# 外伤性下颌关节窝后壁骨折 1 例

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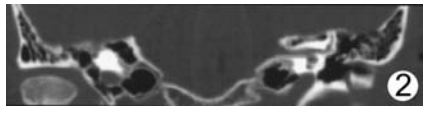
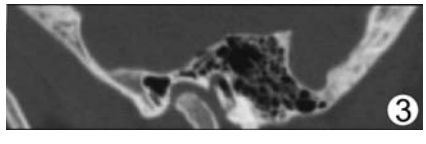
患者 男，21 岁。因夜间长期坐位工作，突然起立时，头晕，眼前发黑，倒地，头面部下颌骨着地。CT 检查：头颅 CT 未见颅内出血和颅骨骨折。做颞骨螺旋扫描，然后行 MPR 技术，在水平位上，左下颌关节窝后壁骨折断端向左外耳道倾斜，致外耳道骨部狭窄，有积液（图 1）。冠状位上左下颌关节头后，外耳道前壁有明显骨折线（图 2）。矢状位上左下颌关节窝后壁，在鼓部“U”形骨板的“U”字形成角处有明显的骨折线，并向左外耳道倾斜（图 3）。


**讨论**　头面部外伤损伤引起骨折，在临床上并不罕见，CT 能够准确诊断骨折程度及范围，但外伤引起下颌关节窝后壁骨折甚少。下颌关节窝后壁骨折形成与下颌关节窝后壁的解剖结构、厚薄密切相关。下颌关节窝的后壁位于颞骨的鼓部，鼓部位于鳞部之下，岩部之外，乳突部之前，为扁曲的“U”形骨板，构成骨性外耳道的前壁、下壁和部分后壁。其前上方以鳞鼓裂和鳞部相接，后方以鼓乳裂和乳突部毗邻，内侧以岩鼓裂和岩部接连。鼓部的前下方形成下颌窝的后壁，鼓部缺口居上，名“鼓切迹”。在临床上发现扁曲的“U”形骨板，因人而异，厚度约为 1.5～9mm。此例病人“U”形骨板较薄，再加上外力作用下颌关节头向下颌窝后壁作用，使较薄的下颌关节窝后壁骨折，致使骨折断端向外耳道倾斜，骨性外耳道狭窄。外耳道皮下组织甚少，皮肤与软骨膜和骨膜相贴，故骨折后，断端致皮肤破裂，使外耳道出血经外耳孔流出。

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