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Wheelchair Modification for Ambulation Training: Case Experience

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脊椎硬腦膜外出血 三病例報告及文獻回顧

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脊椎硬腦膜外出血是一種少見的外科急症，它常被誤診或施以錯誤治療，而導致嚴重的脊髓損傷甚至死亡，文獻記載中約半數可找出致病因素，而以外傷及服用抗凝血藥物最常見；另外半數被歸為原發性出血。本文報告國立臺灣大學附設醫院的三個病例，其症狀由嚴重的突發性背痛開始，在數分鐘至數天之內進行至下肢癱瘓，第一例因早期診斷及減壓手術而有良好的恢復，第二例是低位胸椎的硬腦膜外出

血，其早期的疼痛被誤診為腹部急症；伴隨而來的感覺缺損被視為疼痛改善，局部背痛及與皮神經感覺分佈區相符的傳導痛可定位脊椎病變，在疼痛減低時重覆感覺系統檢查亦可免於誤診，第三例在弛緩性下肢癱瘓後才有正確的診斷，然而錯採保守療法延誤了手術時機。硬腦膜外出血在脊椎有別於顱部，即其為絕對外科急症，醫療人員應瞭解此症並作緊急，適當的處置及復健。