外科治疗类风湿关节炎
Preface

(2) Joint resection, resection arthroplasty: joint resection in the sixteenth century is described (Pare), has been used in the elbow, knee, and hip joints, but not generally get good effect. In 1911 the metatarsal head resection (Hoffmann), after the development of plantar/toe resection arthroplasty of the elbow, and the wrist radial head resection, resection of the ulnar head, they are not the whole joint resection, the surgical indications are usually chosen. Because of stiff and movement restrictions appear many joint after resection, and to remove the joint after the insertion of various materials. The variety, variety, such as muscle and fascia, fat, skin, bone, freeze-dried dura mater, even a pig's bladder and decalcified bone, rubber, collodion (Kollodium), Sai Luluo (Zelluloid), all kinds of metal (magnesium, zinc, tin, cobalt chromium molybdenum alloy—"Vitallium"). But the effect is not lasting. Often use the clinical or autologous tissue, such as tendon, joint capsule, fascia lata, etc.. Once with allogenic joint replacement due to damage and removal of the joint, but the existence of joint activities and other issues can not keep. Joint resection — Insert — plasty, today in the shoulder, elbow, wrist and metacarpophalangeal joints still has its indications; lower limb in metatarsophalangeal joint resection may be necessary to insert the joint capsule, main weight-bearing joints (hip, knee and ankle) will no longer have indications. (3) The artificial joint replacement: weight-bearing joint resection or insert after angioplasty, have the disadvantage of not pressure, abrasion resistance and poor activity, which prompted the weight-bearing joints appeared earlier than other joint arthroplasty. In 1939 the cobalt-chromium cup hip arthroplasty (Smith-Peterson) can be regarded as hip artificial joint shape, but also not ideal. In the twentieth century 60 time begin artificial joint has made significant progress, with metal on metal materials (due to foreign body reaction can cause Metallosis and osteolysis and loosening), ceramics, plastics, especially the principle of matching high molecular polyethylene and metal low friction. Method can be fixed without glue or glue, such as acetabular prosthesis to thread into the bone fixation, or pressure — optimal fixed, or part of the use of glue (hybrid) etc.. In 1961 the rheumatoid arthritis of hip joint replacement is an important breakthrough (Charnley). In addition to shaft chain structure, semi constrained, there are also many non shaft chain non limit or restrict type etc.. Computer navigation, computer assisted surgery to cut bone, prosthesis selection and placement, especially has obvious advantage of hip and knee and hip replacement. Minimally invasive computer navigation artificial joint replacement (such as hip and so on), also has the new progress. In recent years, the artificial joint replacement in reducing pain and joint activity, survival rate, there are many gratifying progress. It is worth mentioning that there are silicon resin (Swanson) elastic artificial joint (a distance object), its metacarpophalangeal and wrist joints is still in the world are usually chosen in the fingers.
Surgical treatment of rheumatoid arthritis

such as finger proximal joints, and distal interphalangeal metacarpophalangeal joint; Ji
metatarsophalangeal joint, wrist joint, talonavicular and calcaneocuboid, talocalcaneal
joint or shoulder joint, such as the reasonable selection of indication, often have
better results. Especially for the atlas / atlantoaxial instability, spinal cord
compression and the decompression of the spinal cord, cervical fusion, is a useful, even
to save the life of the important operation measures.......

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Wang Weinian, in 1958 graduated from Shanghai First Medical College (now the Fudan University Shanghai Medical College) the medical department of general surgery, Shanghai No.1 People’s Hospital, the teaching of thoracic surgery and Department of orthopedics physician hospital was the first Medical College of Shanghai.

1979 went to Germany to study by the University Tuebingen, Germany (Univeitat Tubingen) medical doctorate, Germany rheumatism surgery, orthopedic surgeon license. In 1980, Baden Ibaden (Baden-Baden) work, rheumatism orthopedic surgery and hand surgery hospital, in 1985 in a match, the state capital of Stuttgart (Stuttgart), orthopedic surgery, rheumatology surgery, hand surgery hospital as the attending physician, served as vice president of the German sarinah Orthopaedic Hospital, director of Department of rheumatism. 1990 in the ba a symbol, Mannheim (Mannheim), after 1998 in Speyer (Speyer), engaged in clinical orthopedic surgery, rheumatology.
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Rheumatic surgery as one of the branches of science of bone surgery, more than a century of history, the main treatment for rheumatoid arthritis, commonly refers to "Rheumatoid Arthritis", the German region is the use of "chronic polyarthritis" (Chronische Polyarthritis) is a word. Operation methods of rheumatism surgery for some diseases, such as surgical treatment of collagen disease and psoriasis arthritis associated with movement of organ lesions also have reference value. Rheumatoid arthritis in Europe and the incidence of various reports vary widely, some as high as 7.5% (Finland), also have low to 0.1% (Hammer), the author of the book, get a lot of report analysis of incidence after synthesis rate in 0.3% ~ 4%. In our country, the incidence of the disease by Feng Chuanhan in "artificial joint surgery" (1998) a preliminary investigation mentioned results for 0.3%, belong to the low incidence of countries. At the end of 2010, China's population is 1340000000, at 0.3%, a total of 4020000 patients. Rheumatoid arthritis patients need surgery, according to reports in the literature accounted for 20% ~ 30% (Schmidt, Miehlke). China is the world's most populous country, needs the surgery averages in about two million, so our bone surgery, rheumatic surgical people bear the no light task. The book is a summary of clinical experience accumulated in decades, with reference to the related monographs and literatures published recently in Europe and America. If the book publishing department doctors and related research and teaching staff can provide some useful reference, achieving the purpose of the initiate fortunate if! But also to his 30 years ago for the motherland and for studying abroad, hope to add a thin piece of brick, with a thin for the development of medical cause of our country in mind, this is one of my motivation for writing this book. In addition there is a power, is a group of medical workers feeling feelings. There I met, also I know but do not know the old timers, teacher, also my colleague, classmate peer. They have the ups and downs of the life experience of this or that, they have the ability to size, achievement is high and low, but whether in prosperity or adversity, they do not pessimistic, do not be discouraged, not complacent, always diligently and assiduously, as the progress of medical science, don't give up, unremitting efforts. Their health and well-being of the patient, regardless of personal gain or loss, the courage to take risks, heal the sick; and that they have the courage to examine their own, daring, calm reflection attitude and state, these are my role model forever learning, this book is for their heartfelt respect and! The two kind of power that I can't stop. Thank the Shanghai science and Technology Literature Publishing House leadership support and printing factory with hard work, a special thanks to Dr. Zhou Yongli editor and editor Zhang Jun, their enthusiasm to help and hard work made this publication possible. The manuscript by the daughter and son-in-law Wen Yi Lin in the German Limburgerhof inputComputer. In order to catch the time, early draft, they use all the spare time, also often continues to burn the midnight oil. Fatigue, hard work and contribution are. Author's limited knowledge and experience is limited, the book errors, omissions and deficiencies, I hope the readers feel.
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Rheumatoid arthritis in Europe and the incidence of various reports vary widely, some as high as 7.5% (Finland), also have low to 0.1% (Hammer), “surgery” rheumatoid arthritis. Author Wang Weini for large amounts of comprehensive analysis report incidence rate in 0.3% ~ 4%. The book is a summary of clinical experience accumulated in decades, with reference to the related monographs and literatures published recently in Europe and America.