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RESEARCHING ON DELTOID FIBROSIS

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I. Introduction.

During last time, people and mass media have focused on deltoid fibrosis which was found many cases in some local regions and patients are mainly children and youth. According to lack statistic in Nghe An Province, 1200 children were found as deltoid fibrosis patients. This number in the whole country was more than 10.000 children.

Public concern over the problem is reasonable because of current limited knowledge of the disease in Vietnam and in the world. Health ministry and responsible sectors has promoted research for finding the efficient therapy for the disease and providing accurate information about patients to call for public involvement on prevention and treatment as well. However media have recently released inaccurate information about the disease that is still controversial issue among medical scientists and some de-scientific comments driving people into doubt and panic. We have collected the information from different sources to have overall look at the issue.

II. Disease evolution

- In 2001, the first deltoid muscle fibrosis cases were discovered in Central Pediatric Clinic.
- The first two cases were operated in Sep 2004, in Central Pediatric Clinic.
- In 2005, hundreds of children found in Ha Tinh province were suffering form deltoid muscle fibrosis.
- In April 2005, similar cases were found in Ha Tay province; therefore health ministry forced all medical establishments throughout the country take investigation and collect statistical figures on the diseased children.
- In late 26th May, 2006 provinces and cities announced number of deltoid muscle fibrosis patients were over 10,000 and the figure was getting increasing.
- On 15th May, 2006, health ministry gave out the treatment map for deltoid muscle fibrosis. Thank to this, provincial clinics are allowed to take operation, then about 2000 children patients are operated according to Central Pediatric Clinic's report.
- Right after the map was put into practice, lots of questions and debates were posed by scientists in the county, as follows: Is the operation whether necessary or not? Is treatment implementation extremely in hurry? What is the cause of deltoid muscle fibrosis?

In this situation, Health ministry on June 6th chaired a meeting with the presence of technical specialists and scientific assembly to reconsider criteria for diagnosis and operation assignment of the disease. And on June 14th 2006, a specialty assembly responsible in technical process setting for deltoid muscle fibrosis treatment was established under Health ministry's decision. There were 25 members in the assembly led by Pr., Doc. Do Van Son, chair man of Vietnamese surgery association.

III. Nature of deltoid muscle fibrosis:

Deltoid muscle is a triangle-shaped muscle covering shoulder joints. Its function is to lift up the arms. Deltoid muscle shrinkage or deltoid muscle fibrosis is a disorder of muscle. Its nature is that hoops of deltoid muscle surrounding shoulder area are fibrous. As a result, shoulder-blades jut out as wings, while the zone between them is sunken. Sometimes backbone is bent. In fact, deltoid muscle fibrosis is not a new illness. Some countries in the world have reported the case since 1960s. The disease is able to cause deltoid fibrosis injury and limit certain movement of arms, but the disease evolution is so slow that children and their parents don't pay much attention to. Majority of patients lead normal life. Few who have more serious injury can have body-shaped change (sunken shoulder), difficulty moving their arms, because most external appearance changes are also on shoulders. Most cases are mistaken for handicap. Even some patients' parents who are doctors consider the deltoid muscle fibrosis as the disease without need to cure.

In terms of disease density, so far few counties in the world have reported the disease, including India,



Taiwan, and Japan. The disease is notably territorial density. It doesn't play part in course books and curricula of many colleges and universities in the world, including in Vietnam. Therefore many physicians couldn't certainly know it. In Taiwan the ratio of the disease at some time reached 10% in certain regions, which drew serious concern of public. This situation could not be stopped without medical interference.

In Vietnam, 10,539 cases have been discovered. According to Health ministry's report on June 9th, 2006 the ratio gets rather high. Ha Tinh town, for instance, where the Central Pediatric Clinic's research is chosen to take place, get 20%. In general the disease tends to center in Northern provinces, especially in rural areas with irregular density.

The cause hasn't officially been announced yet but the following suggesting causes have been motioned by global scientists:

- Much injection to deltoid muscle area
- Some types of medicines are able to cause deltoid muscle fibrosis after much injection to the same position, (vaccines are not mentioned)
- Quite large number of the disease without injection, but the internal factors can cause deltoid fibrosis

IV. Diagnosis and treatment (Under detective no 1569/QD-BYT on May 5th, 2006, Health ministry)

1. Aims

Deltoid muscle fibrosis treatment aims to free shoulder joints which are limited to move and deformed because deltoid muscle is partially fibrous. (Usually the part along vertical muscle axis from tip of shoulder-blade to bottom deltoid muscle point)

2. Criteria for deltoid muscle fibrosis diagnosis and treatment:

- a. Arms can't be shut down closely to rib cage when patients stand up naturally and shoulder joints firmly held by doctor.
- b. Shoulder-blades jut out backward and twisted out when shoulders are extremely closed, arm bones jut out forward or backward the hole of shoulder joints.
- c. When shoulder joints are kept along with closed arms, the sunken ditch skin along deltoid muscle axis.
- d. Other arm movements like opening wide, bending forward and backward and twisting are carried on regularly.

3. Clinical Examination:

- a. When we contact patient, we see that, he cannot shut his arms tightly to his body.
- b. Let's command him to stand or sit on a chair, and you are in front of him, askew at the injured part; then, use one arm to hold patient's shoulders, other arm holds patient's elbow articulation and shut his arms into his body, we can see that, he cannot do that. In many cases, if the patients do that, his top-arm-bone can be dislocated.
- c. We can see a slot along to axis of the deltoid muscles from the top of shoulders when the patient cannot do it. However, it this phenomenon will disappear by itself when the patient stops doing that.

The patients need being examined carefully to diagnose correctly. The patients' arms will be limited acting when the middle part of deltoid muscles is fibrous. Other muscles around shoulders are normal. If there is a myasthenia, that can be another disease not applying this process.

In the case of the patients is limited acting their arm because of deltoid fibrosis, articulation of shoulders will be looser than the other is. As examining, we can push his arm as being dislocated. And his arm is easily dislocated to stand preventing of shutting his arm because of fibrosis and loose soft part around articulation.

Examining and appraising situation of cardiovascular, breathing, combining diseases, and some main test as applying in normal operation.

4. Indication

- 4.1. Function of shoulders articulation is limited; it cannot shut tightly into the body.
 - He cannot comb his hair by himself
 - He cannot use his arm to scratch the opposite back
 - He gets difficulty in wearing T- shirt
 - He often or sometimes hurts his shoulder articulation
- 4.2. This clinical situation can affect much badly to the patients' appearance: narrow-shouldered ...

Note:

- *This process is only used to appraise and treat patients with single deltoid fibrosis limiting activities of shoulders articulation.*
- *The others need being sent to level hospitals.*

5. Contraindication

- 5.1. Dystrophic muscle diseases develop

- 5.2. Shoulders bones are high natively
- 5.3. Myasthenia because of malnutrition makes changing thorax.
- 5.4. All of deltoid muscles are fibrous
- 5.5. Axillaries' diseases cause deltoid myasthenia

6. Conditions of operation

- 6.1. Material facilities: hospitals have enough material facilities and equipment for operations at the second level
- 6.2. Human resources: The doctors of orthopedic specialty in district, province and central hospitals are trained technique.

7. Steps of operation

- 7.1. Posture of patient: The patient lies on operating table with a lean of 45 degrees, using a mattress pillow to chock his back.

- 7.2. Steps of operation

- a. First step:

Slitting skin of patient about 3-5cm, along to directrix from the top of shoulders to position of fibrous deltoid muscles. In case, the fibrous deltoid muscles are not in the middle, we must slit from top of sunken line when his arm is limited to shut. However, this case is very scarce because his arm can shut when the fibrous deltoid muscles are leaning.

- b. Second step:

Using our hand to examine deltoid muscles again through skin and organization under skin, then, using two small styptic clips with a curved and sharp point or two small things splitting muscles to split and raise muscles, which are close bone, next, using an electric knife or an operating knife to cut these muscles between two clips. Using the clips one more time or your hand to check again, cutting more if it still exists. Later, shutting patient's arm to his chest, if it can do easily, it would be perfect; but if it has some difficulties because his shoulders have been changed in a long time, it can be restored after rehabilitating. Deltoid muscle has shape of a fan, its large part holds 1/3 collarbone, top of shoulders and 1/3 bone of shoulders, its small part holds deltoid point on the armed-bone. Fibrous muscle is between of two deltoid muscles from top of shoulders to deltoid point. It makes patient difficult to shut his arm to his chest when this muscle fibroses. After operating, this muscle disappears, his arm is free and easily to shut to the check.

Note: Do not split too widely or cut good parts of deltoid muscles causes bleeding, avoid hitting muscle-axillaries and harming to it, that cause more bad effects.

- c. Third step:

Suturing skin with two classes: suturing organizations under skin, skin; using 5/0 Vicryl thread to suture inside skin.

Bandaging incision up, using Desaul bandage but splint to locate patient's arm shutting close his armpit, after three days, patient can be rehabilitated.

Note:

- *It is not necessary to expose all of muscles and lengthen them.*
- *Avoid bleeding and harming to axillaries.*

8. Accident and its solution

- 8.1. Bleeding: After operating, if incision bleeds, we must bandage it up tightly; after bandaging, if it continues bleeding, we need find out bleeding point to stop it.
- 8.2. Infection: There is no infection when we ensure aseptic during and after operating. It depends on level of infection to choose suitable antibiotic
- 8.3. Deltoid muscles or neighbor muscles are paralyzed because of too large incision and strong activities, which are harm to axillaries. Ex: Nerves axillaries.
- 8.4. Long term accident: Deltoid fibrosis is very much because of cutting many good muscles.

9. Rehabilitation after operating

- 9.1. Ways to divide time:

There are 3 periods:

- Immediately after operating: two weeks
- After operating: four weeks
- After operating: 12 weeks

Specific procession:

10. Evaluating standards after operating:

Situation	Shutting arm (degree)	Widening Shoulders (degree)	Hand touches opposite shoulder	Touching two elbows	Raising and revolving shoulders	Fibrous muscles	Activities
Good	0	90	Normally	Closely	Easily	No	Normally
Fair	0	45 - 90	Hard	Hard	Hard	No	Little limitation
Bad	> 10	= 45	Unable	Unable	Unable	The same	The same

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