

7. 产教融合成果——研究生科研拓展

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序号	分类	研究生	导师	内容	时间
1	大会壁报	沈帅	周岩冰	胃周淋巴结分类文章参加国际胃癌大会壁报	2019
2	大会壁报	杜钰莛	西永明	中日韩青年医师论坛	2021
3	大会汇报	徐同帅	西永明	中日韩青年医师论坛	2021
4	产教融合学术论坛	刘单、杨方正	周岩冰	第一届青岛国际胃肠微创-机器人外科高峰论坛	2017
5	产教融合学术论坛	沈帅、田玉龙	周岩冰	第二届青岛国际胃肠微创-机器人外科高峰论坛	2018
6	产教融合学术论坛	周鑫、王道胜、田玉龙	周岩冰	第三届青岛国际胃肠微创-机器人外科高峰论坛	2019
7	产教融合学术论坛	张兴起、刘淦、田玉龙	周岩冰	第四届青岛国际胃肠微创-机器人外科高峰论坛	2020
8	产教融合学术论坛	钟浩、贾琢玉、杨浩	周岩冰	第五届青岛国际胃肠微创-机器人外科高峰论坛	2021
9	产教融合学术论坛	刘洋洋	王培戈	CSEM2020 中华医学会急诊医学分会第二十三次全国急诊医学学术年会	2020

1. 大会壁报, 沈帅 (研究生), 周岩冰 (导师), 胃周淋巴结分类文章参加国际胃癌大会壁报



2. 大会壁报, 杜钰堃 (研究生), 西永明 (导师), 中日韩青年医师论坛



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中日韩青年医师论坛
China-Japan-Korea Youth Doctor Forum



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THE RETROPHARYNGEAL REDUCTION PLATE FOR ATLANTOAXIAL DISLOCATION

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OBJECTIVE

To evaluate its feasibility of placement and biomechanical strength and to help surgeon understand the important surrounding structure of atlantoaxial joint.

METHODS

The five cadaveric specimens were included in this study. The atlantoaxial dislocation (AAD) of five cadaveric specimens was obtained by external force. The retropharyngeal reduction plate was placed on atlantoaxial joint of cadaveric specimens for simulating the placement and evaluating the placement feasibility. The X-ray and three-dimensional(3D) spiral CT were used for evaluating the placement safety of retropharyngeal reduction plate. The DICOM data was obtained after three-dimensional(3D) spiral CT scanning for the morphometric trajectory analysis and finite element analysis.

RESULTS

The reduction plates were successfully placed on the atlantoaxial joint of five cadaveric specimens through the retropharyngeal approach, respectively. The X-ray and three-dimensional(3D) spiral CT showed the accurate screw implantation and satisfying plate placement. The length of the left/right atlas screw trajectory (L/RAT) was, respectively, $1.73 \pm 0.01\text{cm}$ (LAT) and $1.71 \pm 0.02\text{cm}$ (RAT). The length of odontoid screw trajectory (OST) was $1.38 \pm 0.02\text{cm}$. The length of the left/right axis screw trajectory (L/RAXT) was, respectively, $1.67 \pm 0.02\text{cm}$ (LAXT) and $1.67 \pm 0.01\text{cm}$ (RAXT). There was no statistically significance between left side and right side in terms of AST and AXST ($P > 0.05$). The angle of atlas screw trajectory angle (ASTA), axis screw trajectory angle (AXSTA) and odontoid screw trajectory angle (OSTA) were $38.04^\circ \pm 2.03^\circ$, $56.92^\circ \pm 2.66^\circ$ and $34.78^\circ \pm 2.87^\circ$, respectively. The stress was distributed evenly on the retropharyngeal reduction plate in different motion states.

CONCLUSION

The cadaveric test showed that the retropharyngeal reduction plate is feasible to place on the atlantoaxial joint, which is also a safe treatment choice for atlantoaxial dislocation.



The demonstration of placing the retropharyngeal reduction plate.



The diagrams of placing the retropharyngeal reduction plate on the cadaveric specimen.



The different size T-type titanium plates and the screws.



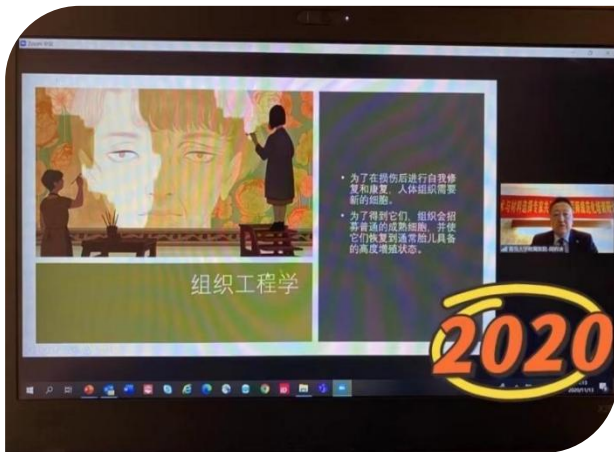
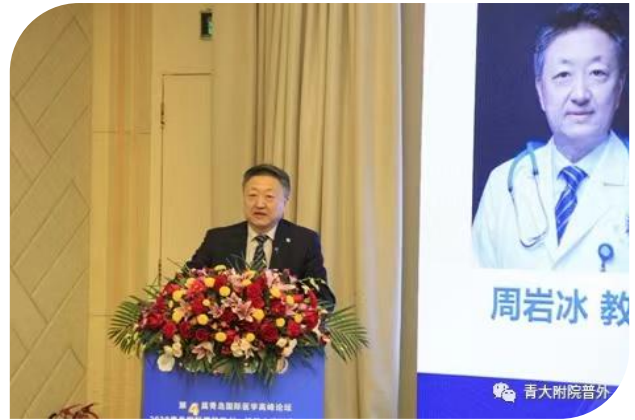
The stress distribution of two different fixations under the movements including flexion, extension, left/right bending and rotation, respectively.

THE THIRD CHINA-JAPAN-KOREA YOUTH DOCTOR FORUM

3. 大会汇报，徐同帅（研究生），西永明（导师），中日韩青年医师论坛



4-8. 产教融合学术论坛，刘单等（研究生），周岩冰（导师），青岛国际胃肠微创-机器人外科高峰论坛（2017-2021）



9. 产教融合学术论坛，刘洋洋（研究生），王培戈（导师），CSEM 2020 中华医学会急诊医学分会第二十三次全国急诊医学学术年会

