精密檢査를 곧 施行하여 治療를 遲滯없이 始作해야만 될 것이다. 感覺神經性難聽患者에 對해서 아무것도 할 것 없다는 觀念은 버려야 되겠다.

突發性難聽을 일으키는 어떤 病因은 治療에 順應 않거나 또는 다만 一部만 正常回復이 可能하다. 그러나 그냥 두면 조금은 回復되거나 또는 스스로는 全然回復되지 않고, 適切한 治療에는 反應하는 病因들도 있다. 이 病因들을 確認하여 그 處置에 對하여 專心硏究하는 것은 緊要하다.

年齡 性別의 比率 및 病變의 片側 또는 兩側性은 그 原因에 關聯되며, 모은 患者群의 型에 依해서 다르다.

突發性難聽은 個別的으로는 드므나, 모이면 흔한데 外來新耳科患者의 約 2.5%에 이르렀으며, 約 70%는 片側性이였다. virus, 細菌 및 treponema 感染性은 約 30%였고, 約 16%는 cochlea의 血管性病變에 依해서였다. 거의 22%는 原因不明(idiopathic)으로 이것은 靑年層에서 主로發生하였으며, 感覺性이거나 神經性이였다. 12%는 外傷性이고, 9%는 耳中毒性이였다. 其他가 11%였다.

二大重要要素는 病變의 部位와 聽力障害의 期間인데 일찍 診斷하여 治療하면 그만큼 治療反應이 좋다. 同時에 原因, 病理 및 治療에 對한 考察을 더 하였다.

4. Meniere's 씨 병의 외과적 치료에 대하여

대구동산기독병원

김선우 · 홍래복

Meniere 씨 병은 1861년 Prosper Meniere에 의하여 처음으로 내이에 관한 임상증후군으로써 기술되었으며 이후 그의 이름으로 명명되었다.

최근 저자는 2례에서 Meniere's씨 병으로 진단한 뒤 내과적 요법으로 치료하였으나 실패하여, 수술적 요법으로써 1례에서는 Cawthorne's horizontal canal labyrinthectomy를, 1례에서는 endolymphatic sac decompression을 시행하여 만족할만한 결과를 얻었기에 문헌적 고찰과 함께 보고하는 바이다.

5. 고막천공 없이 자각난청을 호소하는 환자의 순음청력상에 관한 임상통계적 고찰

한양의대

김은우 · 장병일 · 추광철 · 김선곤

저자들은 1975~1976. 3까지 만 1년 3개월간 자각난청을 주소로 내원한 환자에게 실시한 순음청력검사중 고막 천공이 없는 165례(남 101, 녀 64), 총 223耳에 대하여 청력상에 따른 연령별, 성별, 측별, 발생기간별, 원인별, 고막소견 및 청력소실의 정도 등에 관하여 임상통계적 고찰을 하여 다음과 같은 결론을 얻었다.

1. 청력상은 정상(30례, 18.18%), 水平型(46례, 27.88%), 漸傾型(34례, 20.6%), 上昇型(5례, 3%), 山型(9례, 5.45%), 谷型(7례, 4.24%), 全聾(24례, 14.55%), 기타(10례, 6%)로 구분하였다.

2. 연령은 20대군이 50례(30.3%)로 가장 많았고 그 다음이 10대(43례, 26%), 30대(27례, 16.36%)의 순이었다.

3. 성별비는 남여비가 101명 : 64명으로 1.6 : 1이었다.

4. 측별빈도는 58례에서 양측성이었고 77례에서 일측성이었다.

5. 발생기간은 3개월 미만이 45례(27.3%)로 가장 많았고 10년 이상이 28례(16.9%), 6~10년 까지가 21례(12.7%)의 순이였으며 특히 전농에서는 10년 이상이 거의 대부분이였다.

6. 원인별로는 원인불명이 99례(60%)로 가장 많았고 두부외상이 31례(18.8%), 그 다음이 중이성 12례(7.3%)였으며 그 외 노인성, 음향성 등은 극소수였다

7. 고막소견은 정상소견을 나타낸 것이 177耳(79.4%)로 가장 많았고 고막내함이 28耳(12.6%)……등이었다.

8. 청력평균소실 정도는 청력상과 관계 없이 경도의 난청에서 고도의 난청에 이르기까지 균등하게 분포되어 있었다.

6. 외이도의 편평상피암

대구동산기독병원

이상도 · 홍래복

외이도의 편평상피암은 드믄 질환으로 진단이 내려질 때는 이미 상당히 침범되어 외이도와 중이가 다 같이 침범되어 있는 경우가 대부분이다.

최근 저자들은 외이도에 발생한 편평상피암 1례를 경험하고 외이도의 광범위한 절제술 및 유양돌기 절개근치술과 술후 방사선 치료를 하였기에 문헌적 고찰과 더불어 보고하는 바이다.

and treat if there is to be any prospect of salvaging the hearing. It present an otological emergency and a diagnostic challenge. Sn Sudden sensorineural deafness can be caused by a wide variety of pathologies. A battery of tests and investigations must be performed forthwith if treatment is to be started without further delay. The concept that nothing can be done for the patient with sensorineural deafness must be abandoned.

Some pathologies causing sudden deafness are not amenable to therapy or can show only partial reversibility. But there are several causes, showing little or no spontaneous recovery, which do responed to appropriate treatment. It is important to identify them and concentrate on their management.

The age and sex ratios and the unilaterral or bilateral nature of the lesion are related to the etiology and depend upon which type of case is included in the series. Though individually rare, collecting for about 2.5 per cent of new otological patients. Some 70 per cent of cases are unilateral. Viral, bacterial and treponemal infections accounted for about 30 per cent of the cases. Some 16 per cent were due to vascular lesions of the cochlea. In almost 22 per cent there was no obvious cause (idiopathic), they occurred in young adult and were either sensory or neural.

About 12 per cent were traumatic and 9 per cent were ototoxic in origin. The remaining 11 per cent were due to a group of rarities. The two vital factors are the site of the lesion and the duration of the hearing loss. The earlier these are diagnosed and treated the better the response.

The etiology, pathology and treatment are reviewed.

4. Surgical Treatment of Meniere's Disease

S.W. Kim, M.D. and **R.B. Hong**, M.D., **F.A.A.O.O.**

Department of Otolaryngology,
Presbyterian Hospital, Taegu, Korea

In 1861 Prosper Meniere in a series of five articles described as a clinical entity related to the inner ear, the disease that goes by his name.

The authors recently experienced two cases of Meniere's disease which were considered medical failure and we performed surgical operation with endolymphatic sac decompression in one case and Cawthorne's horizontal canal labyrinthectomy in other case.

5. Audiological Study in Hearing Impaired Patient with Non-Perforated Ear Drums

E.W. Kim, M.D., **B.I. Chang**, M.D.,
K.C. Chu, M.D., and **S.K. Kim**, M.D.

Department of Otolaryngology, College of Medicine, Hanyang University

Authors have performed the audiological analysis in accordance with age, sex, site, duration, cause, ear drums, curve pttern, and hearing level taken from 165 patients (Male; 101, Female; 64) with non-perforated ear drums who had complained hearing impairment. The results are as follows.

1. The audiographic pattern has classified into Normal (30 cases, 18.18%), Flat form (46 cases, 20.6%), Ascending form (5 cases, 3%), Mountain form (9 cases, 5.4%), Basin form (7 cases, 4.2%), Total deaf (24 cases, 14.55%) and Others (10 cases, 6%).

2. In age distribution, the highest is in 3rd decade (50 cases, 30.3%), and the next is in 2nd (43 cases, 26%), 4th (27 cases, 16.3%) in order.

3. Male (101 cases) is more than female (64 cases) giving ratio of 1.9 : 1

4. Bilateral involvement is in 58 cases and unilateral is in 77

5. 45 cases (27.3%) in duration of hearing loss is as short as 3 months and the next is overs; 28 cases (16.9%) 6 to 10 years; 21 cases (12.7%). And in cases of total deaf, nearly all cases is over 10 years.

6. The suspected cause of the hearing loss is unknown (99 cases, 60%) and the next is following head trauma by traffic accidents in 31 cases (18.8 %) and is related to the middle ear diseased in 12 cases (7.3%). Other causes like senile, noise etc.

are in few.

7. The most common findings in ear drums is normal in 177 ears (79.4%) and the next is retracted drums in 28 ears (12.6%).

8. The average hearing level is widely distributed from mild to profound hearing loss which was not related to the audigraphic pattern.

6. Squamous Cell Carcinoma of the External Ear Canal

S.D. Lee, M.D. and **R.B. Hong**, M.D., **F.A.A.O.O.**

Department of Otolaryngology,
Presbyterian Hospital, Taegu, Korea

The external ear canal is a rare site for development of squamous cell carcinoma which is usually in the advanced state of invasion by the time the diagnosis is made.

Recently the authors experienced squamous cell carcinoma of the external ear canal which was treated with wide excision of the external ear canal and radical mastoidectomy followed by post-operative radiotherapy.

7. The Clinical Application of Sound-Protection

Tomohiko Kamio, M.D.

Bekesy measured the sound transformation system of the middle ear 49 years ago. According to his reports, a ratio between the size of ear drum and the size of oval window is 17 : 1, and the lever function of the ossicles is physiologically 1.3 : 1. Therefore, the hearing might be aggravated to 27.5dB in the case of the vanishment of 3 ossicles.

In 1952, Wullstein reported 5 types of tympanoplasty and the fourth type among them was especially named for the sound-protection. The oval window is only exposed by the sound pressure and the round window is not exposed. According to the application by this idea, the post-operative hearing might be improved until 27.5dB.

Mean while, in 1942, Onchi verified through his experiment that the results of Bekesy's measurement was not completely conformed to Onchi result. Bekesy measured the sound pressure on the stapes plate of the oval window, on the other hand, Onchi measured the sound pressure on the surface of the perilymph of the oval window after removing the stapes plate(Fig. 1).

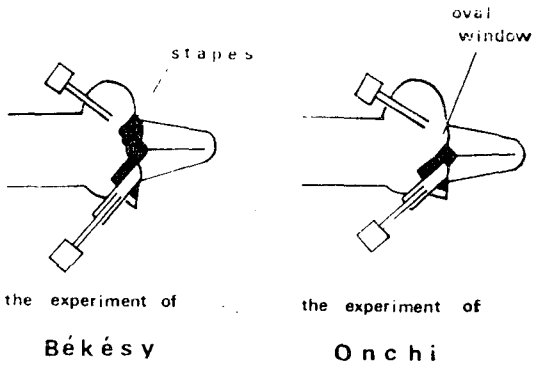

Fig. 1.

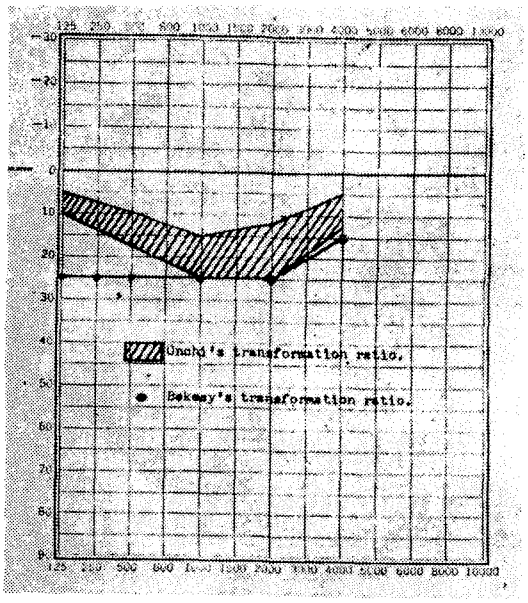

Fig. 2.