

17. Mercury 확장으로 치유된 achalasia

대구동산기독병원

이상호 · 홍래복

식도무이완증은 식도의 연동운동과 식도하 1/3의 이완장애로 인한 연하곤란이 특징인 질환이며, 그 원인은 확실하지 않으나 말초미주신경이나 미주신경의 dorsal motor nucleus에 원발병소가 있다고 주장된다.

저자는 최근 본원에서 식도 X-선검사, 식도경검사에서 식도무이완증으로 진단 받은 23세의 여자에서 mercury dilation으로 만족할만한 결과를 얻었기에 문헌적 고찰과 아울러 보고하는 바이다.

18. 無端消息子法에 의한 食道狹窄症 治驗例

서울醫大

吳耕均 · 安會英 · 白萬基

腐蝕劑에 의한 食道腐蝕症은 早期의 適切한 治療로써 食道狹窄症의 發生을 防止할 수 있다. 그러나 不適切한 治療등으로 不得이 惹起되는 食道狹窄症의 治療方法으로는 經口的 카테테르法, 引導絲法, 無端消息子法, 逆行消息子法등과 같이 各種 bougie를 使用하는 法과 手術의인 療法等이 使用되고 있다.

著者들은 腐蝕劑에 의해 發生한 甚한 狹窄症을 經口的 카테테르法으로 治療에 失敗한 患者를 營養攝取를 爲한 胃瘻形成術과 함께 無端消息子法에 依하여 治療에 成功한 2例를 報告하는 바이다.

19. 食道穿孔을 초래한 食道異物

忠南醫大

張善文 · 丁東奎 · 李可仁 · 朴贊日

食道異物에 의한 食道穿孔은 날카로운 異物에 의한

예가 대부분이며 드물게 異物의 長期殘留에 依한다.

著者들은 8個月된 小兒에서 한쪽 끝이 낚시모양으로 된 길이 20cm 굵기 3mm 정도의 철사를 연하하여 낚시모양의 끝은 제 1 식도협착부에서 食道를 穿孔하고 頸部 左側의 증창을 초래하였으며 철사의 반대쪽 끝은 입밖으로 나와 있는 흥미있는 食道異物 1例를 경험하였다. 食道鏡檢査下에서 異物제거를 시도하였으나 실패하여 頸部切開下에 낚시모양의 끝은 잘라서 제거하고 나머지는 食道鏡檢査下에 제거한 후 약 4週日동안 禁食 및 tube feeding으로 치유되었다.

20. 식도이물 사망례

가톨릭의대

배정보 · 조승호 · 강주원 · 김병우

식도이물은 이비인후과영역에서 흔히 볼 수 있는 질환으로서 국내의를 막론하고 수 많은 보고가 있으며 특히 유소아에 있어서 가장 많은 이물로는 주화라는 사실도 대부분의 보고자와 일치하는 것은 자타가 공인하는 사실이라고 하겠다. 그런데 특별한 경우를 제외하고는 이 주화로 인하여 합병증을 일으키는 경우는 별로 많지 않으며 간혹 유아에서 호흡곤란을 초래하여 기도이물과 혼동하기 쉬운 경우가 있다.

저자들은 최근에 만 1세된 여아에서 유아에게서는 보기드문 생선뼈가 식도 제 1 협착부에 5일간 개재되어 있으면서 연하곤란, 흡기성 호흡곤란 및 발열을 주소로 래원 하였으나 엑스선검사로 피하기중, 식도주위농양, 중격동기중, 중격동염 및 폐확장부전증의 병발이 확인되어 불행한 결과를 초래한 보기드문 1례를 경험하였기에 문헌적고찰과 함께 보고하는 바이다.

are very important in the Otolaryngological field, and practically there are many reports of them.

Also the kinds of these foreign bodies are variable and almost all things around us are likely to be foreign bodies by momentary mistake.

According to kinds and locations, clinicians often make mistakes in diagnosis with other physical examination except endoscopy, so foreign body was impacted for a long time and sometimes it may bring a grave outcome to the patient.

The authors have recently experienced, in a 13-year-old boy, a pink-colored plastic pencil cap in the right main bronchus which was very similar to the color and shape of the bronchial lumen, and so we had some difficulty in removal of it.

This is the report of clinical findings on this case along with literature review.

14. Foreign body in the air way

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

*Department of Otolaryngology,
Presbyterian Hospital, Taegu, Korea*

Foreign body in the air way occurs most frequently in children and can produce different symptoms and signs, which may be confused with other disease.

Recently we experienced 3 cases of air way obstruction due to foreign body, and removed under general anesthesia with foreign body forceps and brief review of literature was made.

15. A case of a bronchial foreign body

In Won Chang, M.D., Jong Yung Kim, M.D.,
Sung Kon Kim, M.D., Young Choon Kwon, M.D.
and Han Mo Ryang, M.D.

*Dept. of Otolaryngology,
Chonnam University Medical School*

This is a case of a left lower bronchial foreign body in a 11 years old boy.

This boy was admitted to E.N.T. clinic, Chonnam

University Hospital with the complaints of paroxysmal attack of cough and dyspnea for 45 days. He had been treated at a local clinic under the diagnosis of active pulmonary tuberculosis, however, no significant response was achieved by the treatment.

The chest X-ray film showed atelectatic shadow, however, no density of suspicious foreign body was observed. On the clinical points of view and the patient's history, bronchoscopy was carried out under the general anesthesia and a plastic gun bullet was removed from the left main bronchus.

The boy was discharged from the hospital with good aeration of the left entire lung field and good recovery.

16. 3 Cases of interesting foreign bodies

Joong Hwan Cho, M.D. and Tai Hyun Yu, M.D.

*Dept. of Otolaryngology,
Maryknoll General Hospital, Busan*

We have recently removed three interesting foreign bodies uneventfully.

Case 1: In 20 years old boy, the bullet which penetrated his trachea and esophagus through, lodged on second thoracic vertebra.

Case 2: In 1 5/12 year old boy, 52 cm metallic neck lace was hung on the bifurcation of bronchus.

Case 3: In 17 years old boy, the pin was stuck in the wall of his esophagus.

17. Achalasia treated with mercury dilation

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

*Department of Otolaryngology
Presbyterian Hospital, Taegu, Korea*

Achalasia is a disorder of the esophagus. Characterized principally by dysphagia resulting from lack of effective forward peristaltic movement of the body of the esophagus and failure of relaxation of the lower esophageal segment.

It is probably caused by an extra-esophageal vagal

lesion, either of the peripheral vagus nerve or of its dorsal motor nucleus. Recently the author had experienced one case of achalasia which was diagnosed by the esophagogram and esophagoscopy examination.

18. Esophageal stricture treated with endless bougination

**Kyung Kyoon Oh, M.D., Hwoe Young Ahn, M.D.
and Man Kee Paik, M.D.**

*Dept. of Otolaryngology,
College of Medicine,
Seoul National University*

The esophageal stricture after ingestion of caustic agent can be prevented with adequate procedure and management, but if unfortunately developed a stricture, it was treated with various kinds of bougie; peroral esophagoscopy bouginage, Hurst or Maloney type weighted bougie, endless bouginage, retrograde esophageal bouginage and an open surgery.

Recently the authors experienced two cases of severe esophageal stricture after ingestion of acetic acid, which were treated by endless bougination with good results.

19. Esophageal foreign body with esophageal perforation

**Sun Moon Chang, M.D., Dong Kyu Chung, M.D.,
Ka In Lee, M.D. and Chan Il Park, M.D.**

*Dept. of Otolaryngology,
College of Medicine,
Chung Nam National University*

The authors experienced an unusual case of esophageal foreign body with esophageal perforation.

A 8-month-old boy swallowed a long (about 20

cm) thick (about 3 mm in diameter) wire, which had a hooked end and the another straight. The hooked end was located at near the first esophageal narrowing with swelling on the left lateral neck and the another end was out of his mouth.

As failure of complete removal of the foreign body with esophagoscopy, the hooked end was cut and removed with the lateral incision of the neck and the remainder was removed with esophagoscopy.

After removal of the foreign body, nothing was given by mouth and the patient feed through nasogastric tube for about 4 weeks and the perforated esophagus was healed completely without any other complication.

20. A rare case of esophageal foreign body complicating mediastinitis, pulmonary atelectasis, and daeth

**Jung Bo Bae, M.D., Seung Ho Cho, M.D.,
Ju Won Kang, M.D. and Byung Woo Kim, M.D.**

*Department of Otolaryngology,
Catholic Medical College, Seoul, Korea*

Foreign bodies of the esophagus are frequently seen in otolaryngological fields and there are numerous reports about the cases of esophageal foreign bodies in the literatures.

It is well known and agreed to most of the authors that the most common subjects of foreign bodies in the esophagus are coins in young children.

The authors recently experienced a rare case of foreign body in the first narrowing of the esophagus in a 1-year-old female who visited with the complaints of fever, dysphagia and inspiratory dyspnea for 5 days, complicating subcutaneous emphysema, periesophageal abscess, mediastinal emphysema, mediastinitis and lung atelectasis causing death.