

있고 그외에 肉類, 金屬類, 骨片, 바둑알, 조개껍질 등이었다.

5) 介在部位別로는 食道異物에서는 第1狹窄部가 126名(95.5%)였으며 氣道異物에서는 氣管支, trachea였다.

6) 異物の 殘留期間은 食道異物에서 112名(84.8%)가 24時間以內에 來院하였고 氣道異物에서는 4名(66.7%)가 24時間以內에 來院하였다.

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기도 이물의 임상통계적 고찰

서울의대

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저자는 1975년부터 1980년까지 서울대학교병원 이비인후과에 입원치료한 15세 이하의 기도이물환자 74례를 대상으로 임상통계학적으로 관찰하여 다음과 같은 결과를 얻었다.

1) 성별 및 연령별로 보면 유소아의 기도이물 74례 중 남자 55례, 여자 18례로 남녀비는 3:1이며 연령분포는 2세미만이 41.8%로 가장 많고, 3세까지의 증례는 75.5%이었고, 5세까지의 증례는 83.6%이었다.

2) 증상 및 이학적 소견에서는 내원시의 증상은 호흡곤란, 기침, 청색증등이었으며, 6.7%에서는 전혀 증상이 없었다.

초진시의 이학적소견은 흡기의 감소, 천식음, 거친 호흡음등이었으며 10.8%에서는 전혀 이학적 소견이 없었다.

3) 내원까지의 시간은 48.6%가 24시간내에 내원하였으나 2년이 지나서 내원한 예도 있었다.

4) 방사선학적 소견에서는 내원시의 단순흉부X-선 소견은 무기폐 25.0%, 폐기종 32.8%, 확실한 이물음영 17.2%이었고 17.2%에서 정상이었다.

5) 이물의 종류와 개재부위는 기도이물 74례중 식물성 60.8%, 금속류가 17.5%, 플라스틱류 16.2%, 어골류, 2.7% 기타 2.7%이었다.

이물의 개재부위는 우측기관지 40.5%, 좌측기관지 31.0%, 기관 9.4%, 다발성 6.7%이었다.

6) 연령에 따른 이물의 종류를 보면 5세이하에서는 대부분이 식물성이물이고, 6~15세에는 금속류와 플라스틱제품도 있었으며 특히 플라스틱 제품은 10세이

상의 남자에 많았다.

7) 이물적출방법을 보면 Ventilating Bronchoscopy 82.3%, 기관절개술 2.7%, 흡입적출 2.7%, 자연배출 1.3%, 개흉술 5.4%, 사망이 5.4%이었다.

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氣管 Cannula 拔去 困難症의 1例

서울赤十字病院

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本症例는 生後 52日된 男兒로써 急性喉頭氣管氣管支炎이란 診斷下에 심한 呼吸困難, 青色症, 胸骨上切痕部 및 上腹部의 軟部組織이 吸氣時에 陷沒이 있어 氣道確保를 爲한 氣管切開術을 받은 結果 氣管 cannula 拔去 困難이 發生한 症例이다.

그리하여 cannula corking下에서 自然氣道를 通한 꾸준한 呼吸練習으로 1年 6個月 만에 氣管 cannula의 拔去를 可能케 한 1例를 經驗하였기에 症例報告와 文獻의 考察을 하였다.

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氣管狹窄症에 對한 Silicone T-tube의 治療經驗

全南醫大

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最近 病院 各科에 있어서 氣管内 挿管 혹은 氣管切開에 依한 長期間에 걸친 呼吸管理 症例가 增加하고 있다. 이는 長期間의 呼吸管理上의 問題點으로서 挿管 그 自體 혹은 Cuff에 依한 組織損傷으로 喉頭 및 氣管에 狹窄을 일으키게 하고 있다는 것은 周知의 事實이다.

McLelland는 氣管切開를 받은 389例中 14例(3.6%)가 氣管挿管拔去困難症을 일으켰고, 우리나라에서도 洪등은 氣管切開를 받은 1514例中 23例(1.5%)가 氣管狹窄을 일으켰다고 報告하고 있다.

交通事故와 産業災害등에 依한 喉頭 및 氣管損傷도 增加의 傾向을 보이고 있다. 이러한 喉頭 및 氣管損傷

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We have observed foreign body in food and air passage in 138 cases during the period from Jan. 1972 to Dec. 1980 in E.N.T. department of Kyung Hee university hospital. The following results were obtained.

1) Age distribution was predominant in under 5 years old showing 102 cases(73.9%).

2) Distribution of location was 132 cases in food passage and 6 cases in air passage.

3) In food passage, male was 81 cases(61.4%). In air passage, male was 4 cases(66.7%).

4) Coin was the most frequent foreign body in food passage. Others were metals, meats, bony pieces, and shell.

5) Distribution of lodgement was frequent in first narrowing of esophagus.

6) Duration of lodgement was 112 cases (84.8%) within 24 hours in food passage and 4 cases(66.7%) within 24 hours in air passage.

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A Statistical Study of the Foreign Bodies in the Air Passages

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The statistical study was done on 74 cases of foreign bodies in the air passages, who visited the department of otolaryngology of SNUH during recent 5 years from 1975 to 1980. The result was as follows,

1) Of the total 74 cases, 55 cases were male and 18 cases were female. The ratio between male and female was 3 : 1. 41.8% of all cases were under 2 years of age, 75.5% were

under 3 years, and 83.6% were under 5 years.

2) Major symptoms on visit were dyspnea, cough, cyanosis. No significant symptoms was noted in 6.7%. Initial physical findings were coarse breathing sound, decreased breathing sound, and stridor. No abnormal physical findings were noted in 10.8%.

3) 48.6% of total cases visited hospital within 24 hours. There was one case who visited hospital over 2 years later.

4) Initial simple chest film showed atelectasis in 25.0%, emphysema in 32.8%, definite foreign body shadow in 17.2% and within normal limit in 17.2%.

5) 60.8% of total cases were vegetables, 15.5% were metals, 16.2% were fish bone, and 2.7% were others.

6) Vegetables were most frequent foreign bodies in the cases under 5 years of age.

7) 40.5% of total cases were lodged in the right main bronchus, 31.0% were in the left main bronchus, 9.8% were in trachea and 6.7% were in multiple sites.

8) Foreign bodies were removed by ventilating bronchoscopy in 82.3%, by tracheostomy only in 2.7%, by tracheal suction in 2.7%, by spontaneous removal in 1.3%, by thoracotomy in 5.4% and 5.4% of total cases were expired.

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A Case of Difficult Decannulation

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The author experienced a case of difficult decannulation in a 52-day-old male infant, in which decannulation was performed at one and half years after tracheostomy. Tracheostomy was performed for the maintenance of airway due to severe dyspnea,