例(2.9%) 였다.

14) 食道鏡 施行回數는 1回升 17例(54.8%), 2回升 9例(29.0%), 3回 以上이 5例(16.1%)였다.

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6개월간 체류한 식도이물 1례

경북의대

성창섭・김성식・유지훈

식도이물은 드문 질환은 아니다. 근년에 급격히 발달한 기관식도학과 더불어 이에 대한 보고도 많다. 또한, 식도이물의 경우 식도 제 1 협착부에 介在하는 것이 대부분이나 저자는 최근 식도 제 2 협착부에 介在된 뒤 식도전벽을 뚫고 기관내로 돌출된 흥미있는 식도이물 1례를 경험하였기에 문헌적 고찰과 더불어 보고하는 바이다.

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식도이물 1례

가톨릭의대

문영철・조승호・김병우

가톨릭의과대학 흉부외과학교실

곽문섭・이홍균

식도이물은 대부분의 경우 식도경하에서 적출이 가능하지만 이물이 예리하여 적출시 더 큰 위험을 초래할 수 있거나, 식도강에 단단히 박혀있어 적출이 곤란한 경우 혹은 식도벽을 뚫고 들어가 농양을 형성한 경우등에서는 외과적 적출을 시도할 수 밖에 없다.

최근 저자들은 진행성근위축증을 가진 59세 남자의 의치가 식도 제 3 협착부에 깊숙히 박혀있어 식도경하 적출술을 시도하였으나 실패하여 흉부적출술로 제거한 예가 있기에 보고하는 바이다. **— 14 —**

食道異物 1例

서울赤十字病院

金 錫 道

食道異物은 耳鼻咽喉科領域에서 흔히 볼 수 있는 것 이며 많은 症例 및 統計學的考察이 報告된 바 있다.

著者는 양잿물을 삼킨적이 있는 57歲 女子에서 膽囊 管을 실로 묶어서 膽汁을 含有하고 있는 개(狗)의 쓸 개(膽囊)를 씹지 않고 삼키다가 食道의 第二生理狹窄 部와 第三生理狹窄部사이에 介在된 興味있는 食道異物 1例를 報告하는 바이다.

— 15 —

드문 식도이물 3예

최정현・손영규・조광수・이용화・이선철

한강성심병원

식도이물은 이비인후과 영역에서 혼히 볼 수 있는 질환으로 그에 대한 보고도 허다하다. 또한 그 종류도 여러가지로써 우리들 주위에 있는 모든 물건이 이물이될 수 있다. 저자들은 최근에 드물고 흥미있는 식도이물 3례를 경험하였다. 식도이물은 내시경술을 시행하여 제거하였으며, 이들 제거된 이물들은 모두 정방형의 단단한 플라스틱 캪슐로 포장된 알약이었다. 여기문헌고찰과 더불어 임상소견을 보고하는 바이다.

— 16 —

食道穿孔 및 縱隔洞炎을 초래한 食道異物 1例

忠南醫大

金無名・羅基庠・金光顯・朴賛日

食道異物은 耳鼻咽喉科 영역에서 혼히 볼 수 있는

hematuria in 4 cases(11.8%), and coca cola urine in 3 cases(8.8%).

11. Associated diseases were 3 cases (8.8%) of cancer, 1 cases (2.9%) of diabetes mellitus, and 1 cases (2.9%) of manic depressive illness.

12. Various treatment was given: Esophageal and gastric washing in 23 cases (67.6%) for the emergent treatment, antibiotics in 32 cases (94.1%), steroids in 30 cases (88.2%), bougienation in 5 cases (14.7%), hemodialysis in 1 case (2.9%), and partial esophagectomy with gastrostomy and gastroileal anastomosis in 1 cases (2.9%).

13. Serious complications were observed in 9 cases (26.5%), consisted of 6 cases (17.6%) of esophageal stricture, 1 cases (2.9%), of aute renal failure, 1 cases (2.9%) of pneu momediastinum with pneumonia, and 1 cases (2.9%) of pneumonia.

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A Case of Esophageal Foreign body retained for 6 Months

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Foreign body in esophagus is not uncommon in the field of otolaryngology. There are many reports about it with recent advanced development of esophagobronchology.

The authors have recently experienced an interesting case of foreign body retained in second constrictor portion of esophagus, which had been perforated the anterior wall of esophagus and then pierce the trachea.

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A Case of Esophageal Foreign Body

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Department of Otolaryngology, Catholic Medical College, Seoul, Korea

Moon Sub Kwack, M.D., Hong Kyun Lee, M.D.

Department of Chest Surgery, Catholic Medical College, Seoul, Korea

The majority of esophageal foreign bodies can be removed by esophagoscopy, but some cases may require removal by external route.

Recently, we experienced an impacted denture in the third esophageal constriction area, and the patient has pre-existing progressive muscular dystropy.

We tried esophagoscopic removal for several times, but failed because the denture clasps were penetrated into the esophageal wall. Open thoracotomy was performed and impacted denture was successfully removed.

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A Case of Foreign Body in the Esophagus Suk Do Kim, M.D.

Deparement of Otolaryngology, Seoul Red Cross Hospital

Foreign bodies in food passages are not uncommon problems in the otolaryngological fields. Many authors have reported many cases and statistical analysis of them.

This is a report of an interesting case, a 57-year-old woman who swallowed the gall bladder of a dog, containing the bile juice, which was lodged between the second and the third physiologic narrowing of the esophagus.

This patient had a past history of lye ingestion in her twenties.

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Three Cases of Unusual Foreign body in the Esophagus

Young Kyu Son, M.D., Jeong Hyon Choi, M.D., .Kwang Soo Joe, M.D., Yong Wha Lee, M.D., Sun Chul Lee, M.D.

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Foreign bodies in the esophagus are frequently seen in the otolaryngologic field and there are numerous reports of them.

Also the kinds of these foreign bodies are valiable and almost all things arround us are likely to be foreign bodies.

Authors have recently experienced three cases of rare and interesting foreign bodies in the esophagus.

Foreign bodies were removed by endoscopy and all of these were sharp square shaped hard plastic package which enclosing tablet of medicine. This is the report of clinical findings on these cases along with literature review.

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A Case of Esophageal Perforation and Mediastinitis complicated after Foreign Body Ingestion

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Foreign body in the esophagus is not uncommon in the otolaryngological field and esophageal perforation followed by mediastinitis is one of the most serious complications.

Authors had experienced such case developed in 69 year old female patient. This woman swallowed a piece of sharp glass accidentally. Severe pain and swelling around the neck developed after ingestion.

Marked subcutaneous emphysema was noted on first examination. By esophagoscopy, longitudinal laceration at right lateral wall of the cervical esophagus was noted and a lot of food debries were removed through this perforation, but foreign body could not be found. On third hospital day, patient complained chest pain and dyspnea. Mediastinal widening was noted on chest P-A. Tracheostomy was performed on next day and neck swelling decreased much. In spite of massive antibiotics, mediastinal abscess was developed and external drainage was performed on 15th hospital day. She was discharged on 38th hospital day with marked improvement and recovered completely on follow-up study. Still, we do not know where the foreign body is located.

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A Case of Traumatic Laryngeal Stenosis

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Now we are encountering with a growing number of severe head and neck injuries owing to automobile accidents, violence, and industrial injuries etc. In these circumstances, emergency tracheostomy and neurosurgical treatment are frequently necessary. When cervical trauma was ignored at initial stage, significant complications and sequelae may follow. So it deserves attention that meticulous and thoughtful treatments should be given to the cervical injuries as well as head injuries.

We have recently experienced a case of laryngeal stenosis resulted from head and neck trauma. The patient was a 20-year-old